

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



### **Return of Organization Exempt From Income Tax**

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

OMB	<u> No</u>	546	-004	7
2	0	1	2	<u>)</u>
_				

benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

	epartmer iternal Re		The organization may have to use a copy of this return to satisfy st	tate reporting	requirements	Open to Public Inspection
-			D12 calendar year, or tax year beginning JUL 1, 2012 and ending	<del></del>		- Inoperation
SS		ıf	C Name of organization		loyer identifica	ition number
		dress	COOMMODALE CUI MUDAL COUNCIL	-		
Ш	Jcha Nar	nge ne	SCOTTSDALE CULTURAL COUNCIL	<del></del>	06.05	02706
5	lcha	nge	Doing Business As	<del></del>	86-05	93786
	retu	irn min-	Number and street (or P.O. box if mail is not delivered to street address)  Room/s	suite E Teler	hone number	54 4645
<u> </u>	L——ate	d	7380 EAST SECOND STREET			74-4615
S.	retu	ended irn olica-	City, town, or post office, state, and ZIP code	G Gross		12,614,008.
~	tion tion	olica- iding	SCOTTSDALE, AZ 85251		his a group reti	
>	,		F Name and address of principal officer NEALE PERL	l l	affiliates?	Yes X No
~	· 		SAME AS C ABOVE	-	all affiliates inclu	
-			ot status: X 501(c)(3) 501(c) ( )			st (see instructions)
			► WWW.SCCARTS.ORG		oup exemption	
	Part I		nanization: X Corporation	Year of formatio	n: 198/  M	State of legal domicile: AZ
) L				7 / DD ODII	TNO OU	MITD & T
	g   1		efly describe the organization's mission or most significant activities. MANAGING			
	آ _ ع		OUCATIONAL AND ARTS ACTIVITIES FOR THE CITY			
	Activities & Governance		eck this box  if the organization discontinued its operations or disposed of i	more than 25%	of its net ass	
	္တိ   3		mber of voting members of the governing body (Part VI, line 1a)		3	23
	න් 4		mber of independent voting members of the governing body (Part VI, line 1b)		4	23
	ğ   ğ	Tot	al number of individuals employed in calendar year 2012 (Part V, line 2a) al number of volunteer <b>Sestima e il recess</b> ary)		5	172
	<b>≨</b>   €	Tot	al number of volunteer assimate in the case any) al unrelated business revenue from Part viil, column (C), line 12		6	270 020
	<b>∀</b> / ′				7a	370,830.
SCANNED	+-'	D Met	t unrelated business taxable income from Ferm 990-T, line 34	Die	7b	0.
$\mathcal{S}$	۰			Prior 6 1 1	22,340.	Current Year
2	8 <u>Fe</u>	Cor	ntributions and grants (Part VIII, line 1) NCH gram service revenue (PART BRANCH		8,129.	6,933,770. 3,593,484.
Z	9 49	Pro	estment income (Part VIII, column (A), lines 3, 4, and 7d)		4,838.	209,213.
Ö	စ်   10 ထိ   11		ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1,0c, and 1.e) 9 2015	24		261,817.
					6,377.	10,998,284.
JAN	12		al revenue - add lines 8 through 11 (must equal Part VIII, ċólum̃n (A), line 12)		9,000.	59,769.
<b>\rightarrow</b>	14		nefits paid to or for members (Part IX, column (A), line 4)		0.	0.
G	φ   15		aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4 46	2,532.	4,968,259.
9 2017	16		ressional fundraising fees (Part IX, column (A), line 11e)		0.	0.
$\exists$	De lo		al fundraising expenses (Part IX, column (D), line 25)			
_	<u>⊼</u>   17		ner expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5.13	5,897.	6,113,355.
	18		al expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		7,429.	11,141,383.
	19		venue less expenses Subtract line 18 from line 12		1,052.>	<143,099.
-				Beginning of		End of Year
o to	Balances 20	Tot	al assets (Part X, line 16)		4,774.	8,663,372.
_	70 I Z I		al liabilities (Part X, line 26)		8,630.	1,007,314.
<u>,</u>	된 22		assets or fund balances Subtract line 21 from line 20		6,144.	7,656,058.
	Part I		ignature Block			
	nder pe	nalties	s of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to	the best of my l	nowledge and belief, it is
			nd complete. Declaration of prepares (other than officer) is based on all information of which prep			
<u> </u>			x New ,		× 12/15	16
New S	ign		Signature of officer		Date	
t H	lere		NEALE PERL, PRESIDENT AND CEO			
<u> </u>			Type or print name and title			
;		Pri	nt/Type preparer's name Preparer's signature	Date	Check	PTÍN
P	aid	CC	COLETTE KAMPS, CPA COLETTE KAMPS, CPA	12/15/	16 self-employed	P00367616
P	reparer		m's name HENRY & HORNE, LLP		ırm's EIN	86-0133881
້ ປ	se Only	Firi	m's address 2055 E WARNER RD, STE 101			<del></del>
			TEMPE, AZ 85284	<u> </u>	Phone no. (4	80) 839-4900

May the IRS discuss this return with the preparer shown above? (see instructions)

232002 12-10-12 1

	(1) Olioculo: 01104m.00 Octobrilo			
٠			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		1	
	public office? If "Yes," complete Schedule C, Part I	_3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		,	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			,,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ '		٠,,
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		v	
_	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		x
10	If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	. 9		<u> </u>
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		- 41	
••	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	X	
b	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	11b		X
С	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	11c		X
d	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	11d		X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140		_25_
13	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	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, Parts III and IV	16		Х
17	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? If "Yes," complete Schedule G, Part I	17		Х
18	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	X	
19	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	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	لييا	
		Form	990	(2012)

Pa	rt IV Checklist of Required Schedules (continued)			
٠.,			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	1
22	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		X
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			l
	Schedule J	23	X	
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, 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		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		Ì
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	25a		X
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			1
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			[
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)		i	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31_		_X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	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	_33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u>X</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			]
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	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	36_		<u>x</u>
37	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	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			]

Form **990** (2012)

Note. All Form 990 filers are required to complete Schedule O

1

- ai	Check if Schedule O contains a response to any question in this Part V			
<u> </u>	Chock in Contraction of Contraction and Autority Autocates in Auto-		Yes	
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	$\cap$	168	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b  0	1 1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	1c		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	<del>-"</del> -		
20	filed for the calendar year ending with or within the year covered by this return 2a 172			1
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	İ
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			$\vdash$
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country.			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	$\neg \neg$	Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		$\neg \neg$	
	any contributions that were not tax deductible as charitable contributions?	6a	ı	х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	,		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		L
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			1
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		j	
	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	- 1	1	ł
	Initiation fees and capital contributions included on Part VIII, line 12			ĺ
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	.		
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders  Cross income from attendance (Do not not arround due or not do attended to attend	.		ł
D	Gross income from other sources (Do not net amounts due or paid to other sources against	. ]		
10-	amounts due or received from them.)  Continue 4047(a)(4) and approximate the arrangement of the Engineering 10412	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		<del> </del>
	· · · · · · · · · · · · · · · · · · ·		1	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	120	-+	
a	Note. See the instructions for additional information the organization must report on Schedule O.	13a		$\overline{}$
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
U	organization is licensed to issue qualified health plans  13b			
_	Enter the amount of reserves on hand			ı
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	$\neg \neg$	_ <del></del>
			990	(2012)

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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

	Check if Schedule O contains a response to any question in this Part VI					X
Sec	tion A. Governing Body and Management		_ <del></del> -			
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	2	3	Ì	Ì
	If there are material differences in voting rights among members of the governing body, or if the governing	1			1	-
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	l				}
b	Enter the number of voting members included in line 1a, above, who are independent	_1b_	2	3	]	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	p with	any other		ì	
	officer, director, trustee, or key employee?			2	<u> </u>	X_
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision	ľ		Ì
	of officers, directors, or trustees, or key employees to a management company or other person?			3	<b>↓</b>	X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	s filed?	4	<b>↓</b>	X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		_5_		X
6	Did the organization have members or stockholders?			6	<u> </u>	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or		1	
	more members of the governing body?			7a	<del> </del>	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockho	olders, or	Ì		1
	persons other than the governing body?			7b	<b>↓</b>	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:	}		
а	The governing body?			8a	X	ļ
þ	Each committee with authority to act on behalf of the governing body?			8b	X	<b> </b>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	iched a	t the	[		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	<b>├</b>	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	Code)		ļ	<u> </u>
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a	<del> </del>	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	napters	s, affiliates,			•
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	<b></b>	ļ
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	y beto	e filing the form?	11a	<u> </u>	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			1	ļ "	ĺ
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	. 4	44-0	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es, " de	scribe			ļ
40	In Schedule O how this was done			12c	X	<del> </del>
13	Did the organization have a written whistleblower policy?			13	X	<del> </del>
14	Did the organization have a written document retention and destruction policy?		daadab	14	X	<del> </del>
15	Did the process for determining compensation of the following persons include a review and approv	-	aepenaent		ľ	l
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45.	v	}
	The organization's CEO, Executive Director, or top management official			15a	X	<del> </del>
b	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			15b	X	<del> </del>
16-	·	mont :-	rth a			
,ua	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year?	nent W	mi a	16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ta ite n	articipation	iba	<del> </del>	
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate the organization the organization the organization that the organization the organization that the organization that the organization that the organization the organization that the organization the organization that the organization the organization that the organization the organization that the organizatio				l	•
	everent status with respect to such everences.	IIZatioi	13	16b	1	ŀ
Sec	tion C. Disclosure		***************************************			<u></u>
17	List the states with which a copy of this Form 990 is required to be filed ▶AZ					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	(Secti	on 501(c)(3)s only	) availat	ole -	
	for public inspection. Indicate how you made these available. Check all that apply	,0001		, availai		
	Own website Another's website X Upon request Other (explain	ın Sch	edule (1)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co			nd fina	ncial	
.5	statements available to the public during the tax year.			IIII (I	.0.0.	
20	State the name, physical address, and telephone number of the person who possesses the books a	nd reco	ords of the organi	ration:	•	
	THE ORGANIZATION - 480-874-4615					
	7380 EAST SECOND STREET, SCOTTSDALE, AZ 85251		<del></del>			
232006 12-10-		_		Forn	990	(2012)

•

#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

#### 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 organization's tax year.
- 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, if any See instructions for definition of "key employee"
- 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.

	Average hours per week (list any hours for related ganizations below line)  1.00  1.00	stee or director	not cl	ss pe	more rson	Highest compensated the single of the standard	n an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the
1) CAROLYN ALLEN RUSTEE 2) JENNIFER A. ANDERSON RUSTEE 3) DAVID BARBER RUSTEE 4) KEITH BAUM RUSTEE 5) ANDREW CHIPPINDALL RUSTEE 6) DON COGMAN RUSTEE 7) LEONARD GUBAR RUSTEE 8) RICHARD B. HAYSLIP RUSTEE 9) MARK HIEGEL	week (list any hours for related ganizations below line) 1.00	Individual trustee or director	cer an	d a d	recto	or/trus		from the organization	from related organizations	other compensation
1) CAROLYN ALLEN RUSTEE 2) JENNIFER A. ANDERSON RUSTEE 3) DAVID BARBER RUSTEE 4) KEITH BAUM RUSTEE 5) ANDREW CHIPPINDALL RUSTEE 6) DON COGMAN RUSTEE 7) LEONARD GUBAR RUSTEE 8) RICHARD B. HAYSLIP RUSTEE 9) MARK HIEGEL	(list any hours for related ganizations below line)  1.00	Individual trustee or director					,	the organization	organizations	compensation
1) CAROLYN ALLEN RUSTEE 2) JENNIFER A. ANDERSON RUSTEE 3) DAVID BARBER RUSTEE 4) KEITH BAUM RUSTEE 5) ANDREW CHIPPINDALL RUSTEE 6) DON COGMAN RUSTEE 7) LEONARD GUBAR RUSTEE 8) RICHARD B. HAYSLIP RUSTEE 9) MARK HIEGEL	hours for related ganizations below line)  1.00	Individual trustee or	Institutional trustee	Officer	ey employee	st compensated		organization		•
1) CAROLYN ALLEN RUSTEE 2) JENNIFER A. ANDERSON RUSTEE 3) DAVID BARBER RUSTEE 4) KEITH BAUM RUSTEE 5) ANDREW CHIPPINDALL RUSTEE 6) DON COGMAN RUSTEE 7) LEONARD GUBAR RUSTEE 8) RICHARD B. HAYSLIP RUSTEE 9) MARK HIEGEL	related ganizations below line)  1.00	Individual trustee or	Institutional trustee	Officer	ey employee	st compensate iyee		_	(11 2/ 1000 111100)	
1) CAROLYN ALLEN RUSTEE 2) JENNIFER A. ANDERSON RUSTEE 3) DAVID BARBER RUSTEE 4) KEITH BAUM RUSTEE 5) ANDREW CHIPPINDALL RUSTEE 6) DON COGMAN RUSTEE 7) LEONARD GUBAR RUSTEE 8) RICHARD B. HAYSLIP RUSTEE 9) MARK HIEGEL	ganizations below line) 1.00		Institutional fru	Officer	ey employee	st compe	١ ,			organization
1) CAROLYN ALLEN RUSTEE 2) JENNIFER A. ANDERSON RUSTEE 3) DAVID BARBER RUSTEE 4) KEITH BAUM RUSTEE 5) ANDREW CHIPPINDALL RUSTEE 6) DON COGMAN RUSTEE 7) LEONARD GUBAR RUSTEE 8) RICHARD B. HAYSLIP RUSTEE 9) MARK HIEGEL	below line) 1.00		Institution	Officer	ey emplo	stcc		( = , , , , , , , , , , , , , , , , , ,		and related
RUSTEE 2) JENNIFER A. ANDERSON RUSTEE 3) DAVID BARBER RUSTEE 4) KEITH BAUM RUSTEE 5) ANDREW CHIPPINDALL RUSTEE 6) DON COGMAN RUSTEE 7) LEONARD GUBAR RUSTEE 8) RICHARD B. HAYSLIP RUSTEE 9) MARK HIEGEL	1.00		Instil	∯ B	بَجَ	(4)	Ē	,		organizations
RUSTEE 2) JENNIFER A. ANDERSON RUSTEE 3) DAVID BARBER RUSTEE 4) KEITH BAUM RUSTEE 5) ANDREW CHIPPINDALL RUSTEE 6) DON COGMAN RUSTEE 7) LEONARD GUBAR RUSTEE 8) RICHARD B. HAYSLIP RUSTEE 9) MARK HIEGEL	1.00	X			L¥_	High	Former			
2) JENNIFER A. ANDERSON RUSTEE  3) DAVID BARBER RUSTEE  4) KEITH BAUM RUSTEE  5) ANDREW CHIPPINDALL RUSTEE  6) DON COGMAN RUSTEE  7) LEONARD GUBAR RUSTEE  8) RICHARD B. HAYSLIP RUSTEE  9) MARK HIEGEL		X	1	1						
RUSTEE  3) DAVID BARBER RUSTEE  4) KEITH BAUM RUSTEE  5) ANDREW CHIPPINDALL RUSTEE  6) DON COGMAN RUSTEE  7) LEONARD GUBAR RUSTEE  8) RICHARD B. HAYSLIP RUSTEE  9) MARK HIEGEL								0.	0.	. 0
3) DAVID BARBER RUSTEE 4) KEITH BAUM RUSTEE 5) ANDREW CHIPPINDALL RUSTEE 6) DON COGMAN RUSTEE 7) LEONARD GUBAR RUSTEE 8) RICHARD B. HAYSLIP RUSTEE 9) MARK HIEGEL	1.00									
RUSTEE 4) KEITH BAUM RUSTEE 5) ANDREW CHIPPINDALL RUSTEE 6) DON COGMAN RUSTEE 7) LEONARD GUBAR RUSTEE 8) RICHARD B. HAYSLIP RUSTEE 9) MARK HIEGEL	1.00	$ \mathbf{x} $						0.	0.	0
4) KEITH BAUM  RUSTEE  5) ANDREW CHIPPINDALL  RUSTEE  6) DON COGMAN  RUSTEE  7) LEONARD GUBAR  RUSTEE  8) RICHARD B. HAYSLIP  RUSTEE  9) MARK HIEGEL							-			
RUSTEE  5) ANDREW CHIPPINDALL RUSTEE  6) DON COGMAN RUSTEE  7) LEONARD GUBAR RUSTEE  8) RICHARD B. HAYSLIP RUSTEE  9) MARK HIEGEL		X						0.	0.	0
5) ANDREW CHIPPINDALL RUSTEE 6) DON COGMAN RUSTEE 7) LEONARD GUBAR RUSTEE 8) RICHARD B. HAYSLIP RUSTEE 9) MARK HIEGEL	1.00									
RUSTEE 6) DON COGMAN RUSTEE 7) LEONARD GUBAR RUSTEE 8) RICHARD B. HAYSLIP RUSTEE 9) MARK HIEGEL		X						0.	0.	0
6) DON COGMAN RUSTEE 7) LEONARD GUBAR RUSTEE 8) RICHARD B. HAYSLIP RUSTEE 9) MARK HIEGEL	1.00						١.,			
RUSTEE 7) LEONARD GUBAR RUSTEE 8) RICHARD B. HAYSLIP RUSTEE 9) MARK HIEGEL		X						0.	0.	0
7) LEONARD GUBAR RUSTEE  8) RICHARD B. HAYSLIP RUSTEE  9) MARK HIEGEL	1.00						-			
RUSTEE  8) RICHARD B. HAYSLIP RUSTEE  9) MARK HIEGEL		X			L_			0.	0.	0
8) RICHARD B. HAYSLIP RUSTEE 9) MARK HIEGEL	1.00						· '			
RUSTEE 9) MARK HIEGEL		X			L			0.	0.	0
9) MARK HIEGEL	1.00			l	l				ľ	
j <del>-</del>		X		]				0.	0.	0
RUSTEE	1.00				ļ					
4		X						0.	0.	0
10) ED HOWARD	1.00			j	ļ	}				
RUSTEE		X						0.	0.	0
11) ROBERT KARATZ	1.00			ĺ	İ			ĺ	1	
RUSTEE		X						0.	0.	0
12) RICK KIDDER	1.00			J						
RUSTEE		X						<u> </u>	0.	0
13) MICHAEL MEDICI	1.00			ł	ł	h				
RUSTEE		X			_			0.	0.	0
14) MICHAEL MEYER	1.00									
RUSTEE		X				Ш		0.	0.	0
15) MIKE MILLER	1.00				ļ			1		
RUSTEE		X				Ш		0.	0.	0
16) J.P. MILLON	1.00				ĺ					
RUSTEE		X			L			0.	0.	0
17) RANDY NUSSBAUM	1.00		J	J	] .	]				
RUSTEE		X						0.	0.	0 Form <b>990</b> (2012

Part VII   Section A. Officers, Directors, Trus		ploy	/ees			ghe	<u>st (</u>						
(A)	(B)	1		Pos	C) stion	1		(D)	(E)		_	(F)	
Name and title	Average hours per		not c	heck	more	than			Reportable	_	1	stimate	
	week		c, unle icer ar						compensatio from related		l	nount other	
	(list any	į					Γ.	the	organization			pensa	
	hours for	trustee or director		ļ	ł	8	1	organization	(W-2/1099-MIS		1	om th	
	related	tee 0	trustee		}	ensat		(W-2/1099-MISC)		,	org	anızat	tion
	organizations	al trus	na) tr		oyee	E a					an-	d relat	ted
	below	Individual	Institutional	Officer	Кеу етріоуее	Highest compensated employee	Former				orga	anızatı	ions
	line)	<u>=</u>	ļ <u>Ē</u>	_₹	₹ <u></u>	물통	횬						
(18) TERENCE ROBERTS	1.00	١	1	1							ł		•
TRUSTEE	1 00	X	├-	╢	<b>├</b> -	<u> </u>	<del> </del>	0.		0.	<del> </del>		0.
(19) DIANA SMITH	1.00	<b> </b>			1					_			^
TRUSTEE	1 00	X	├	├—	-	-	<del>-</del>	0.		0.	<del></del>		0.
(20) VICKI SMITH	1.00	٠,											^
TRUSTEE	1 00	X	├	├—	⊢	_	├	0.		0.	<del></del>		0.
(21) NORA TRULSSON	1.00	-	}			ĺ					1		_
TRUSTEE	1 00	X	<b>├</b>	<del> </del> -	├	<del>-</del>	┡	0.		0.	<del></del>		0.
(22) JOHN VORIS	1.00	١.,	1				1				1		_
TRUSTEE	1 00	X		_	-	┢	┝	0.	<del> </del>	0.	<del></del>		0.
(23) ELLEN ANDRES-SCHNEIDER	1.00	٠,				ŀ	ĺ			_			^
CHAIR	1 00	X	├-	X	-	$\vdash$	-	0.		0.	<del></del>		0.
(24) KEN OLSON	1.00	₹.	Į			l					ĺ		^
VICE CHAIR & TREASURER	1 00	X	├	X	<del> </del>	$\vdash$	$\vdash$	0.		0.			0.
(25) JOHN MORRELL	1.00	X	ł	v		ļ	ļ	,		_			0
SECRETARY	40.00	^	<del> </del> -	X		├-	-	0.		0.	<del>                                     </del>		0.
(26) WILLIAM BANCHS	40.00	┨	į	X	•	}	}	208,772.		0.	2	7 7	09.
PRESIDENT & CEO	<del></del>	Ш.	<u> </u>	Δ.		_	L.,	208,772.		0.			09.
1b Sub-total	II Castian A							453,748.		0.			16.
c Total from continuation sheets to Part V	ii, Section A							662,520.		0.			25.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but n	ot limited to th		liete	od al	hove	2) 144			1000 of reportable			<del>4</del> , 5	<u> 4J.</u>
compensation from the organization	iot iiiriited to ti	1026	11516	o ai	JUVE	3) WI	101	eceived more than \$100	,,000 or reportable	5			5
Compensation from the organization	<del></del>		_					<del></del>				Yes	No
3 Did the organization list any former officer,	director or th	eta	a ka	W On	nnlo	aa	or	highest compansated a	mnlovee on	Ţ			<del> </del>
line 1a? If "Yes," complete Schedule J for s	•		o, nc	, y - C i	i ipio	ycc	, 01	riigilest compensated e	inployee on	ļ	3		x
4 For any individual listed on line 1a, is the su			r Samo	ensa	ation	ano	to t	ther compensation from	the organization	Ì			<del>  **</del> -
and related organizations greater than \$15									ino organization	- {	4	х	
5 Did any person listed on line 1a receive or a			-						dual for services	Ì			<u> </u>
rendered to the organization? If "Yes," com	•				-			<b>3</b>		ł	5		х
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	acto	ors 1	that received more than	\$100,000 of com	pens	ation f	rom	
the organization. Report compensation for	the calendar y	ear (	endı	ng w	vith (	or w	ithii	n the organization's tax	/ear				
(A)								(B)			(0	 ;)	
Name and business	address			_				Description of s	ervices	_ C	ompe	nsatio	'n
LOVE LOSS TOUR LP, C/O DI	RTHEATI	RI(	CAI	ני ב	1G1	TP.							
101 E 15TH ST - 2ND FL, I	NEW YOR	Κ,	N.	<u> </u>				PERFORMER FE	ES		15	<u>5,1</u>	28.
PROEM								SECURITY LAB	OR AND				
1450 E GRANT ST, PHOENIX	<u>, AZ 850</u>	034	4					EQUIPMENT RE	NTALS		<u>13</u>	<u>3,7</u>	15.
									Ì				
								L					
2 Total number of independent contractors (i	ncluding but n	ot lii	mite	d to	tho	se li:	stec	d above) who received m	ore than				

\$100,000 of compensation from the organization > 2

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2012)

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	LE CULTU	_	_	_		_	_		86-059	3/80
Part VII Section A. Officers, Directors, Tr	<u>ustees, Key Er</u>	nple	oyee			High	est	1	ees (continued)	
(A) Name and title	(B) Average hours	(c		Pos	C) itior that	ı app	ıly)	( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
27) JEFF NICHOLS P & CFO	40.00			X			!	108,309.	0.	6,569
28) VALERIE VADALA-HOMER P - PUBLIC ARTS (THROUGH 9/30/12)	40.00					x		100,446.	0.	14,538
29) CORY BAKER P PERFORMING ARTS & EDUCATION	40.00					x		119,612.		16,996
30) TIMOTHY RODGERS P SMOCA	40.00					x		125,381.	0.	19,113
1 DINCEN										
							-			
							_			
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			-							
		-			-					· · · · · · · · · · · · · · · · · · ·
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		) 			_		_			
				_	_					<del></del>
			_		_		_			
					_					
		-								
										·
otal to Part VII, Section A, line 1c								453,748.	:	57,216

t

		Check if Schedule O contains a response	to any question i				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ts ts	1 6	Federated campaigns 1a					
ra 5	ŧ		146,675	Ĺ			
S,E	(	Fundraising events	520,136.				
ä	•	Related organizations 1d					
ii.	•	Government grants (contributions)	4,800,186,	'	1		1
r Fig.	1	All other contributions, gifts, grants, and		ŀ			ļ
t br		similar amounts not included above 11	1,466,773.				1
들	g	Noncash contributions included in lines 1a-1f \$	347,060.		}		,
Contributions, Gifts, Grants and Other Similar Amounts	<u> </u>	Total. Add lines 1a-1f		6,933,770.			<u> </u>
			Business Code	}			
9	2 8	TICKET SALES	711110	2,492,817.	2,492,817.		
اه ڲٙ	k	FACILITY RENTAL/LABOR REIMBURSEME	711300	551,927.	181,097,	370,830,	
Program Service Revenue	(	FOOD & BEVERAGE SALES	900099	131,459.	131,459,		
e a	•	BOX OFFICE	711110	124,252.	124,252.		
S.	•	EARNED MEMBERSHIP DUES	900099	103,088.	103,088,	_ <del></del>	
<u> </u>	f	All other program service revenue	611710	189 941.	189.941.		ļ
		Total. Add lines 2a-2f		3 593 484.			
	3	Investment income (including dividends, intere	est, and				
		other sımılar amounts)	▶	206,080,			206,080.
1	4	Income from investment of tax-exempt bond p	roceeds 🕨				
	5	Royalties	<b>&gt;</b>				
ĺ		(i) Real	(II) Personal		{		
	6 a	Gross rents		į			ļ
	t	·					
1	•		L				
		Net rental income or (loss)	<b>_</b>				
	7 8	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory 1,160,078,		į	j		1
	t	Less: cost or other basis					
1		and sales expenses 1,156,945,		Ì	ì		Ì
		Gain or (loss) 3 133,	<u> </u>				1
ĺ		Net gain or (loss)		3,133.	<del></del>	<del></del>	3,133.
ine	8 8	Gross income from fundraising events (not	,				}
		including \$ 520,136, of					
B.		contributions reported on line 1c). See				•	ł
Other Reve		Part IV, line 18 a	244,898,		i		
ᅙ		Less direct expenses b	244.898.				
		Net income or (loss) from fundraising events	<b>_</b>	0.	<del>  </del>		<del> </del>
	9 8	Gross income from gaming activities. See					
ı		Part IV, line 19 a					1
		Less, direct expenses b					
		Net income or (loss) from gaming activities Gross sales of inventory, less returns	<del></del>				<del> </del>
	10 a		474 073				
		and allowances a Less. cost of goods sold b	474 873				
l		<del>-</del>	213,881,	260 992	260 992.		1
ŀ		Net income or (loss) from sales of inventory  Miscellaneous Revenue	Business Code		200,332.	<del></del>	
ŀ	11 -	OTHER INCOME	900099	825.	825.		1
- 1	ıı e		300033				<del>                                     </del>
ł		A.H					
	,	Total. Add lines 11a-11d	825.				
Ì	12	Total revenue. See instructions.		10 998 284	3 484 471.	370,830	209_213.
23200							Form <b>990</b> (2012)

Form 990 (2012) SCOTTSDALE CULTURAL COUNCIL
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon		s Part IX (R)	(C)	(D)
	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
	ants and other assistance to governments and				
-	ganizations in the United States. See Part IV, line 21	59,769.	59,769.		
	ants and other assistance to individuals in				
	United States. See Part IV, line 22				
	ants and other assistance to governments,				
-	ganizations, and individuals outside the little States See Part IV, lines 15 and 16				
	nefits paid to or for members	<del></del>		<del></del>	
	impensation of current officers, directors,	<del></del>			
	stees, and key employees	314,733.	_83,200.	148,333.	83,200
	mpensation not included above, to disqualified	311,733.	03,200.	140,555.	03,200
	rsons (as defined under section 4958(f)(1)) and		[		
	rsons described in section 4958(c)(3)(B)	Ì			
-	her salaries and wages	3,740,936.	2,726,151.	567,206.	447,579
	nsion plan accruals and contributions (include	07:207000		,	<u> </u>
	ction 401(k) and 403(b) employer contributions)	77,710.	52,626.	14,744.	10,340
	her employee benefits	525,524.	355,888.	99,708.	69,928
	yroll taxes	309,356.	209,498.	58,694.	41,164
11 Fee	es for services (non-employees)				
a Ma	nagement				
b Leg	gal				
c Acc	counting	24,850.		24,850.	<del></del>
d Lot	bbying				<del></del>
e Pro	ofessional fundraising services. See Part IV, line 17				<del></del>
	estment management fees	34,312.		34,312.	
_	ner (If line 11g amount exceeds 10% of line 25,		244	4.5.0	
	umn (A) amount, list line 11g expenses on Sch O.)	534,744.	366,125.	132,520.	36,099
	vertising and promotion	179,170.	400 656	155,697.	23,473
	fice expenses	608,308.	480,676.	77,404.	50,228
	ormation technology	<del></del>			
	yalties	F20 140	F11 F0F	12 072	4 500
	cupancy	530,149. 71,035.	511,595. 60,779.	13,972.	4,582
	avel	/1,035.	00,779.	4,439.	6,017
	yments of travel or entertainment expenses	Ì		Í	
	any federal, state, or local public officials nferences, conventions, and meetings	469,330.		461,751.	7,579
	erest	403,330.		401,731.	1,319
	yments to affiliates	<del></del>			
	preciation, depletion, and amortization	293,005.	58,601.	208,034.	26,370
	surance	52,501.	1,380.	47,435.	3,686
24 Oth abo 24e	ler expenses. Itemize expenses not covered bye. (List miscellaneous expenses in line 24e. If line a amount exceeds 10% of line 25, column (A)				
	ount, list line 24e expenses on Schedule O.)  RTIST FEES	1,726,307.	1,587,350.	34,482.	104,475
	JBLIC ARTS PROJECT COS	679,553.	679,553.	34,404.	104,4/5
	ROGRAM SUPPORT	577,571.	471,556.	52,489.	53,526
	QUIPMENT REPAIR AND MA	212,476.	155,691.	38,616.	18,169
	other expenses	120,044.	43,882.	2,922.	73,240
	al functional expenses. Add lines 1 through 24e	11,141,383.	7,904,320.	2,177,408.	1,059,655
	nt costs Complete this line only if the organization		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	orted in column (B) joint costs from a combined	ļ			
-	icational campaign and fundraising solicitation.	•			
	= <u></u>	i	i	1	

Form 990 (2012)
Part X Balance Sheet

rai	τ <u>λ</u> `	Balance Sneet			
		Check if Schedule O contains a response to any question in this Part X		·	
			(A) Beginning of year		( <b>B</b> ) End of year
	1	Cash · non-interest-bearing	414,382.	1	418,792
	2	Savings and temporary cash investments	487,631.	2_	223,289
	3	Pledges and grants receivable, net	633,100.	3	_830,500
	4	Accounts receivable, net	14,702.	4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
SS.	8	Inventories for sale or use	101,871.	8	119,616.
`	9	Prepaid expenses and deferred charges	94,536.	9	101,491.
		Land, buildings, and equipment. cost or other			
ĺ		basis Complete Part VI of Schedule D 10a 5,584,572.			
	ь	Less accumulated depreciation 10b 4,489,433.	1,255,730.	10c	1,095,139
ł	11	Investments - publicly traded securities	5,283,430.	11	5,619,469.
1	12	Investments - other securities See Part IV, line 11	<u> </u>	12	
	13	Investments · program-related. See Part IV, line 11		13	<del></del>
	14	Intangible assets		14	<del></del>
	15	Other assets See Part IV, line 11	79,392.	15	77,937.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	8,364,774.	16	8,663,372
	17	Accounts payable and accrued expenses	186,516.	17	366,935.
1	18	Grants payable		18	<u> </u>
	19	Deferred revenue	829,770.	19	628,035.
	20	Tax-exempt bond liabilities	3-27	20	
ایر	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,	<del></del>		<del></del>
<u> </u>	_	key employees, highest compensated employees, and disqualified persons			
ן בֿ		Complete Part II of Schedule L		22	
H	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	<del></del>
-	25	Other liabilities (including federal income tax, payables to related third	_ <del></del>		
l		parties, and other liabilities not included on lines 17-24). Complete Part X of			
j		Schedule D	12,344.	25	12.344.
	26	Total liabilities. Add lines 17 through 25	1,028,630.	26	12,344. 1,007,314.
┪		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	2702070300		2700,70226
,		complete lines 27 through 29, and lines 33 and 34.		' i	
rei Asseis or rund balances	27	Unrestricted net assets	884,459.	27	912,347.
9	28	Temporarily restricted net assets	878,170.	28	1,170,196.
3	29	Permanently restricted net assets	5,573,515.	29	5,573,515.
š	20	Organizations that do not follow SFAS 117 (ASC 958), check here ▶	<u> </u>		9,0,0,010,
<u>.</u>		and complete lines 30 through 34.			
3	30	Capital stock or trust principal, or current funds		30	
}	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
:	32	Retained earnings, endowment, accumulated income, or other funds		32	
	<b>5</b> 2	Tiotamica carrings, and without, accountained income, or other famos	7 226 444		7,656,058.
8	33	Total net assets or fund balances	7,336,144.	33	ארנו מרמ./

Form 990 (2012)

om	n 990 (2012) SCOTTSDALE CULTURAL COUNCIL	_86-0	<u>593786</u>	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u> 10,99</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,14		
3	Revenue less expenses Subtract line 2 from line 1	3			<u>99.</u> :
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>7,33</u>		
5	Net unrealized gains (losses) on investments	5	46	<u>3,0</u>	<u>13.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	1 1			
	column (B))	10	7,65	<u>6,0</u>	<u>58.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_   :		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedu	e O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ed on a			
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		_2b	X	<u></u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	ate basis,			ĺ
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				1
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t	he audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u>X</u>	<u></u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sc	hedule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	Single Audit			
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	uired audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	-	
			Form	990	(2012)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# **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.

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

OMB No. 1545-0047

Open to Public Inspection

ame	of	the	ore	aani	za	tio	ſ

**Employer identification number** SCOTTSDALE CULTURAL COUNCIL 86-0593786 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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). 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: 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 b Type II c \_\_\_\_ Type III · Functionally integrated d \_\_\_ Type III - Non-functionally integrated 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (vi) Is the organization in col. (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary organization in col. in col. (i) listed in your (described on lines 1-9 (i) organized in the organization support (i) of your support? governing document? above or IRC section (see instructions)) Yes Yes No No Yes

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

232021

Total

Schedule A (Form 990 or 990-EZ) 2012 SCOTTSDALE CULTURAL COUNCIL 86-0593'

[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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received (Do not								
	include any "unusual grants ")	8,762,133,	7,183,602,	7,160,465.	6,122,340,	6,933,770,	36,162,310.		
2	Tax revenues levied for the organ-		1						
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities			-					
-	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	8,762,133,	7 183 602.	7 160 465	6,122,340,	6,933,770,	36,162,310,		
	The portion of total contributions	0,,02,200,	7,200,002,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Ŭ	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the					ŀ			
	amount shown on line 11,								
	column (f)								
6	Public support. Subtract line 5 from line 4	· · · · · ·					36 162 310.		
	etion B. Total Support	·					30,102,310.		
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
	Amounts from line 4	8,762,133,	7,183,602,	7,160,465.	6,122,340.	6,933,770,	36,162,310,		
-	Gross income from interest,	0,702,133,	7,103,002.	7,100,405,	0,122,040.	0,000,770,	30,102,310,		
٠	dividends, payments received on								
	securities loans, rents, royalties	ı İ							
	and income from similar sources	247,188.	153,107.	208,890.	224,713.	209,213.	1.043.111.		
۵	Net income from unrelated business		133,1371	200,000			1,043,111,		
3	activities, whether or not the								
	business is regularly carried on								
10	Other income Do not include gain								
.0	or loss from the sale of capital								
	assets (Explain in Part IV)			10,437.	5,038.	825.	16,300.		
11	Total support. Add lines 7 through 10			10,457	37030.		37,221,721,		
	Gross receipts from related activities,	etc (see instruction	nne)			12 11	,133,331.		
	First five years. If the Form 990 is for	•	•	fourth or fifth ta	ıx vear as a sectioi		7200 70021		
	organization, check this box and stop	=	mot, occorra, time	2, 100.11, 07 1.71.1	o, you. <b>ao a</b> oco		ightharpoons		
Sec	ction C. Computation of Publ	ic Support Per	centage				<u> </u>		
	Public support percentage for 2012 (I			olumn (f))		14	97.15 %		
	Public support percentage from 2011		•	``		15	95.48 %		
	33 1/3% support test - 2012. If the o			n line 13, and line 1	14 is 33 1/3% or m	nore, check this bo			
	stop here. The organization qualifies						<b>▶</b> X		
b	b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
_	and stop here. The organization qualifies as a publicly supported organization								
17a	a 10% -facts-and-circumstances test - 2012. 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								
h	10% -facts-and-circumstances test	_	•	• • •	-	7a, and line 15 is	 10% or		
-	more, and if the organization meets the								
	organization meets the "facts-and-circ				•		▶[		
18	Private foundation. If the organization						. <b>▶</b> □		
					-	dule A (Form 990			

#### 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support					-	
Cale	endar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants ")						
2	Gross receipts from admissions,	-			-		
	merchandise sold or services per-					İ	
	formed, or facilities furnished in any activity that is related to the			1			
	organization's tax-exempt purpose						
3	Gross receipts from activities that				1		
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	zation's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities					<del></del>	
_	furnished by a governmental unit to			}			
	the organization without charge						1
6	Total. Add lines 1 through 5		<u> </u>				
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons						
Ŀ	Amounts included on lines 2 and 3 received					<del> </del>	
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
,	Add lines 7a and 7b				-		
	Public support (Subtract line 7c from line 6)			<u> </u>	<del> </del>	· ·	
	etion B. Total Support		<u> </u>			<u>.                                    </u>	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(4) 2011	(2) 2010	/O Total
	Amounts from line 6	(a) 2000	(b) 2009	(6) 2010	(d) 2011	(e) 2012	(f) Total
_	Gross income from interest.						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
<b>.</b>	Unrelated business taxable income					<u></u>	
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975					]	
_	Add lines 10a and 10b	·					
	Net income from unrelated business						
•	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include gain						
	or loss from the sale of capital						
12	assets (Explain in Part IV)	<del></del>	-				
	Total support. (Add lines 9, 10c, 11, and 12)	the organization!	first soond #b	d fourth or fifth to	1		Lation .
1**	First five years. If the Form 990 is for check this box and stop here	trie organizations	s mst, secona, thir	u, iourin, or timh ta	ax year as a section	in 501(c)(3) organiz	auon,
Sec	ction C. Computation of Publi	c Support Pe	rcentage		<del></del>		
	Public support percentage for 2012 (li			olumn (fl)		15	
	Public support percentage from 2011	• • • • • • • • • • • • • • • • • • • •	•	Oldffir (1 <i>))</i>		15	<u>%</u>
	ction D. Computation of Inves			<del></del>		16	<u>%</u>
	Investment income percentage for 20			e 13 column (ft)		17	
	Investment income percentage from 2	•	•			17	%
	· · · · · · · · · · · · · · · · · · ·			nn line 14 and line	15 ic mare than 1	18 23 1/3% and line 1	
ıva	33 1/3% support tests - 2012. If the						/ is not
L	more than 33 1/3%, check this box an	•	-		• •		<b>▶</b>
D	33 1/3% support tests - 2011. If the	-			•	•	ario
20	line 18 is not more than 33 1/3%, chec						
	Private foundation. If the organization	i did Hot check a	DOX ON IIN <del>O</del> 14, 198	a, OF 19D, CHECK T		structions	000 571 0040

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

		ULTURAL COUNCIL	86-0593786
Pa	art I Organizations Maintaining Don	or Advised Funds or Other Similar Fo	unds or Accounts. Complete if 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		advisors in writing that the assets held in donor	advised funds
	are the organization's property, subject to the org	-	Yes No
6	Did the organization inform all grantees, donors,	•	
•	for charitable purposes and not for the benefit of		•
	impermissible private benefit?		Yes No
Pa		ete if the organization answered "Yes" to Form 9	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., red	<u> </u>	an historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		2 dorumou motorio diractare
2	Complete lines 2a through 2d if the organization	held a qualified conservation contribution in the	form of a conservation easement on the last
-	day of the tax year	riola a qualifica correctivation contribution in the	ioni of a conscivation easement on the last
	and or the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	T-1-1	nte	2b
	Number of conservation easements on a certified		2c
q	Number of conservation easements included in (	- · ·	<u></u>
u	listed in the National Register	of acquired after of 17700, and not on a historic s	2d
3	Number of conservation easements modified, tra	nsferred released extinguished or terminated b	
•	year ▶	noionou, reicascu, extinguisneu, or terminateu t	by the organization during the tax
4	Number of states where property subject to cons	servation easement is located	
5	Does the organization have a written policy regard	· · · · · · · · · · · · · · · · · · ·	a of
Ū	violations, and enforcement of the conservation e		Yes No
6	Staff and volunteer hours devoted to monitoring,		
7	Amount of expenses incurred in monitoring, inspe		
8	Does each conservation easement reported on lin	_	
Ū	and section 170(h)(4)(B)(ii)?	to zeta decisiy the requirements of socion	Yes No
9	In Part XIII, describe how the organization reports	s conservation easements in its revenue and exc	
•	include, if applicable, the text of the footnote to the		
	conservation easements	To organization o mandar diatements that door	ibes the organization a accounting to
Pai		ections of Art, Historical Treasures, o	or Other Similar Assets.
	Complete if the organization answered "Ye	•	
1a	If the organization elected, as permitted under SF		tatement and balance sheet works of art
-	historical treasures, or other similar assets held for		
	the text of the footnote to its financial statements	•	interest of public derives, provide, in Fact Ann,
h	If the organization elected, as permitted under SF		ment and halance sheet works of art, historical
-	treasures, or other similar assets held for public e		
	relating to these items	And the state of t	or public scriving, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line	11	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X	• •	► \$ ► \$
2	If the organization received or held works of art, h	ustorical treasures, or other similar assets for fine	ancial dain, provide
_	the following amounts required to be reported un		-
2	Developed to Ferm 000 Devi VIII has 4	as of the the page 300) relating to these items.	
	Assets included in Form 990, Part X		► \$ ► \$
U	resolutionada in ronn 330, Fant A		Ψ

Schedule D (Form 990) 2012

<u>S</u> che	dule D (Form 990) 2012 SCOTTSD	ALE CULTURA	AL COUNCIL	<u>.                                    </u>		86-0	59378	6 Pa	age <b>2</b>
Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, c	r Oth	er Similar As	sets(conti	nued)	
3,	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that	t are a s	significant use of i	ts collectio	n item	s
	(check all that apply)								
а	X Public exhibition	d	Loan or exc	hange progra	ms				
b	Scholarly research	e	Other						
С	X Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	he organizatio	on's exe	empt purpose in F	art XIII.		
5	During the year, did the organization solicit or	r receive donations o	f art, historical trea	sures, or othe	er sımıla	ır assets			_
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	ollection?		[	Yes	<u> </u>	No
Pai	t IV Escrow and Custodial Arrang	<b>gements.</b> Comple	te if the organizatio	n answered "	Yes" to	Form 990, Part I	/, line 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for contribution	s or other as:	sets no	t included		_	_
	on Form 990, Part X?					Į	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table						
						<b>——</b>	Amoun	<u>t</u>	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			<del></del>
2a	Did the organization include an amount on Fo	orm 990, Part X, line :	21?			Ĺ	Yes	·	No
	If "Yes," explain the arrangement in Part XIII								
Pai	t V Endowment Funds. Complete if			T					
		(a) Current year	(b) Prior year	(c) Two year		(d) Three years ba			
1a	Beginning of year balance	5,441,678.	5,717,886,	4,999	680.	4,644,51	5. 5	,578,	
b	Contributions	0.	112,106.		955.	39,10		223.	<u>175.</u>
	Net investment earnings, gains, and losses	549,456.	<108,275,	1,008	609.	595,46	3.	<u>&lt;855,</u>	<u>167.</u> >
	Grants or scholarships								
е	Other expenditures for facilities	ĺ		•			Ĭ		
	and programs	267,162.	246,738.		419,	248,24			910.
f	Administrative expenses	34,312.	33,301,	I	939.	31,15			000.
g	End of year balance	5,689,660,	5,441,678,	5,717	<u>.886,</u>	4,999,68	0. 4	,644,	<u>515.</u>
2	Provide the estimated percentage of the curr	•	-	i)) neid as:					
	Board designated or quasi-endowment	9.69_	_%						
	Permanent endowment > 90.31	%							
С	Temporarily restricted endowment ▶ The percentages in lines 2a, 2b, and 2c shou	%							
20	Are there endowment funds not in the posse		tion that are held a	nd administa	red for t	the organization			
Ja	ph.	colori or the organiza	triat are froid a		55 101	J. J. gai iiaanoi i		Yes	No
	(i) unrelated organizations						3a(i)	163	X
	(ii) related organizations						3a(ii)		X
h	If "Yes" to 3a(ii), are the related organizations	listed as required or	Schedule R2				3b	$\neg \neg$	
4	Describe in Part XIII the intended uses of the	•							
Par	t VI Land, Buildings, and Equipm								
	Description of property	(a) Cost or ot		or other	(c) A	ccumulated	(d) Boo	k value	
	- Compiler of property	basis (investm	1 ''	. 1	٠,,	preciation	<b>(-,</b>		
1a	Land						· ·		
	Buildings								
	Leasehold improvements		3,27	1,618.	2.	463,973.	80	7,6	45.
	Equipment			0,440.		017,744.		2,6	
	Other			2,514.		7,716.	12		98.
اعددا	Add lines 1s through 1s. (Column (d) must ex	gual Form 900 Port					1 09		30

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 SCOTTSDALE (	CULTURAL CO	OUNCIL	86-0593786 Page <b>3</b>
Part VII Investments - Other Securities. See			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-heid equity interests		<del></del>	
(3) Other		<del></del>	
(A)			
(B)	<del></del>	<del></del>	
(C) (D)	<del></del>	<del></del>	
(E)			
(F)	<del></del>		
(G)			
(H)			
(1)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Se			
(a) Description of investment type	(b) Book value	(c) Method of v	aluation: Cost or end-of-year market value
(1)			
(2)			
(3)	<del></del>		
	<del> </del>		
(5)			
(6)			
(7)			
(8)		<del></del>	
(10)	<del></del>		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line	 15	<u>+</u>	
	Description		(b) Book value
(1)			
(2)			
(3)			
		<del></del>	
(5)			
(6)			
(7)		<del></del>	
<u>(8)</u> (9)	<del></del>		
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)	<del> </del>	<b>•</b>
Part X Other Liabilities. See Form 990, Part X, II			
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) SPLIT-INTEREST AGREEMENT		12,344.	•
(3)			
(4)			
(5)			
(6)			
(7)		<del></del> -	
(8)			
(9)	<del></del>		
(10) (11)	<del></del>		
Total. (Column (b) must equal Form 990, Part X, col (B) line	25.)	12,344.	
2. FIN 48 (ASC 740) Footnote in Part XIII, provide the text			statements that reports the organization's
liability for uncertain tax positions under FIN 48 (ASC 74			

Complete this part to provide the descriptions required to 1 arth, lines 3, 3, and 3, arth, lines 1a and 4, arth, lines 2d and 4b. Also complete this part to provide any additional information PART III, LINE 1A: THE CITY OF SCOTTSDALE COLLECTION OF FINE ART CONSISTS

OF PURCHASED, COMMISSIONED AND DONATED WORKS OF ART. SCC EMPLOYS A

DIRECTOR OF PUBLIC ART TO ENSURE THAT THE COLLECTION ITEMS ARE PRESERVED

AND PROTECTED. THESE COLLECTIONS ARE NOT CAPITALIZED BY SCC AND ARE THE

PROPERTY OF THE CITY OF SCOTTSDALE. THERE WERE NO PURCHASES OF COLLECTION

ITEMS IN THE YEAR ENDED JUNE 30, 2013. COSTS RELATED TO COMMISSIONED WORKS

OF ART WERE \$674,146 FOR THE YEAR ENDED JUNE 30, 2013. PROCEEDS FROM

DEACCESSION AND INSURANCE RECOVERIES, IF ANY, ARE INCLUDED AS REVENUES.

Schedule D (Form 990) 2012

# SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

2012

Open To Public Inspection

Name of the organization				· -		Employer ide	ntification number
SCOTTSDA	LE CULTURAL COUN	CIL				86-0593	786
Part I Fundraising Activities. C required to complete this part.	omplete if the organization answ	ered "Y	'es" to	Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not
Indicate whether the organization raised a Mail solicitations     b Internet and email solicitations     c Phone solicitations     d In-person solicitations  2 a Did the organization have a written or okey employees listed in Form 990, Part b If "Yes," list the ten highest paid individed the compensated at least \$5,000 by the organization has a written or okey employees listed in Form 990.	e Solicità f Solicità g Specia  oral agreement with any individua  VII) or entity in connection with luals or entities (fundraisers) pure	ation of ation of al fundra al (inclui profess	non-g gover alsing ding o lonal 1	overnment grants nment grants events fficers, directors, true fundraising services?	stees	Yes Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) funda have co or con contrib	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
		ļ					
		-				<del></del>	
		-					
		<u> </u>					
<u>Total</u>			<b>&gt;</b>				
3 List all states in which the organization i or licensing.	s registered or licensed to solicit	contrib	utions	s or has been notified	d it is	exempt from re	egistration
					-		
LHA Paperwork Reduction Act Notice, see	e the Instructions for Form 990	or 990	-EZ.		s	ichedule G (Forn	n 990 or 990-EZ) 2012

232081 01-07-13

Schedule G (Form 990 or 990-EZ) 2012

232082 01-07-13

Sch	edule G (Form 990 or 990-EZ) 2012 SCOTTSDALE CULTURAL COUNCIL	<u>86-05937</u>	786	Page 3
	Does the organization operate gaming activities with nonmembers?	Y	es	☐ No
12.	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
·	to administer chantable gaming?	Y	'es	☐ No
13	Indicate the percentage of gaming activity operated in.			
	The organization's facility	13a		%
	o An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
•				
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Y	'es	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amoun	nt		
	of gaming revenue retained by the third party ▶\$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address >	~····		
16	Gaming manager information.			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	□ Y	es	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
	organization's own exempt activities during the tax year 🕨 \$			
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, column lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information.			
				<del></del>
				- <del></del>

232083 01-07-13

SCHEDULE (Form 990)

Department of the Treasury

Name of the organization

Part

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, line 21 or 22. ▶ Attach to Form 990.

|--|

**2** 

X Yes

21, for any

Employer identification number 86-0593786 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 SCOTTSDALE CULTURAL COUNCIL General Information on Grants and Assistance

crrtena use	critena used to award the grants or assistance?
Describe II	bescribe in Part IV the organization's procedures for monitoring the use of grant funds in the United States
art II Gran	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line

PERFORMANCES PROGRAMMING PERFORMANCES PROGRAMMING PERFORMANCES PROGRAMMING PERFORMANCES PROGRAMMING PERFORMANCES PROGRAMMING (h) Purpose of grant or assistance EDUCATION AND EDUCATION AND EDUCATION AND EDUCATION AND EDUCATION AND EDUCATION (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Ö Ö ା Ö o Ö (e) Amount of assistance non-cash recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant 14,000 7,500 6,162 5,000 5,000 14,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 26-1804044 86-0331150 86-0336473 01-0622545 86-1034396 (p) EIN 1 (a) Name and address of organization THE SCOTTSDALE INTERNATIONAL FILM SCOTTSDALE ARTISTS SCHOOL, INC. PESTIVAL - 619 E VISTA AVE -DETOUR COMPANY THEATRE, INC. 4614 N ALTRA HACIENDA DRIVE 7518 E ELBOW BEND RD # A3 or government JAZZ IN ARIZONA, INC. 3720 N, MARSHALL WAY SCOTTSDALE, AZ 85253 SCOTTSDALE, AZ 85251 CAREPREE AZ 85377 PHOENIX AZ 85020 PHOENIX AZ 85918 ARIZONA MUSICFEST CHILDSPLAY, INC. TEMPE AZ 85280 PO BOX 9651 PO BOX 517

232101 12-18-12

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2012)

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Page 2 Schedule I (Form 990) (2012) (f) Description of non-cash assistance 86-0593786 Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. PART I, LINE 2: THE ORGANIZATION HAS A PANEL RESPONSIBLE FOR APPLICATIONS RECEIVED AND APPROVES THE AMOUNT OF THE GRANTS BASED ON A THE PANEL REVIEWS GRANT (d) Amount of non-cash assistance (c) Amount of cash grant 30 SCOTTSDALE CULTURAL COUNCIL (b) Number of recipients ADMINISTERING THE GRANT FUNDING PROGRAM. (a) Type of grant or assistance Schedule I (Form 990) (2012) SCHEDULE I, 232102 12-18-12 BUDGET Part Part IV

#### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

► Attach to Form 990. ► See separate instructions.

SCOTTSDALE CULTURAL COUNCIL

**Employer identification number** 86-0593786

P	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.	1		
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g , maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Х	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant			
	X Approval by the board or compensation committee	ł		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of.			
а	The organization?	· 5a		_X_
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			ļ
	The organization?	6a		<u>X</u>
b	Any related organization?	6b		<u>X</u>
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
_	not described in lines 5 and 6? If "Yes," describe in Part III	7		<u>X</u>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			72
•	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		<u>X</u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2012

86-0593786

· Page 2

SCOTTSDALE CULTURAL COUNCIL

Schedule J (Form 990) 2012

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(Q)-(i)(B)	reported as deferred in prior Form 990
(1) WILLIAM BANCHS	8	200.772.	0	8,000.	8,320.	19,389.	236,481.	0
IDENT & CEO	3	0	0	0	0	0		0
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232112				Ċ			Sched	Schedule J (Form 990) 2012

232112 12-12-12

232113 12-10-12

33

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

Open to Public Inspection

Name of the organization

Employer identification number

	SCOTTSDALE C	ULTURA	L COUNCIL			86-	-0593	786	
Pa									
•		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribu amounts reported Form 990, Part VIII, I	on	Method of noncash contr			 s
1	Art - Works of art								
2	Art - Historical treasures							-	
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes				ł				
8	Intellectual property								
9	Securities - Publicly traded		~ .						
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or		-						
•	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other			<del></del>					
15	Real estate - Residential		**						
16	Real estate - Commercial					<del></del>			
17	Real estate - Other								
18	Collectibles		-	<del></del>		<del></del>			
19	Food inventory								
20	Drugs and medical supplies		" •	<del></del>					
21	Taxidermy			<del> </del>					
22	Historical artifacts			<del></del>					
23	Scientific specimens				<del></del>		<del></del>		
23 24	Archeological artifacts				-				
24 25	Other (SPECIAL EVENT)	X	91	142,36	8 F1	MV			
25 26	Other (ADVERTISING)	X	8	97,45		MV			
20 27	Other (FURNITURE)	X	1	52,50		MV			
21 28	Other (HOTELS)	X	5			MV			
<u>20</u> 29	Number of Forms 8283 received by the organi	·			<del>, σ • μ •</del>	<u></u>	·		
23	for which the organization completed Form 82		-		اه				
	Tot Willow the organization completed form of	00,1 01117,1		gerrierit <u>z</u>	<u> </u>			Yes	No
3 <b>บ</b> จ	During the year, did the organization receive b	v contributio	on any property rer	norted in Part I lines	I.28 that i	t must hold for		103	110
wa	at least three years from the date of the initial	=							
	the entire holding period?	COMMIDGION	, and which is not	equired to be ased it	or exempt	purposes for	30a		X
h	If "Yes," describe the arrangement in Part II						304		
	Does the organization have a gift acceptance	noticy that re	actures the review	of any non-standard	contribution	one?	21	ŀ	¥
31 20-		· -		•		) is t	31		<u> X</u>
sza	Does the organization hire or use third parties contributions?	OI THIALBU OF	yanızanıdıs tü SOII	cit, process, or sell no	measti		200		y
_	If "Yes," describe in Part II						32a		<u> </u>
		column (c) f	or a type of proper	ty for which column (	a) ie oboo	ked			ı
33	If the organization did not report an amount in describe in Part II.	Column (C) T	or a type or proper	ty for writer column (	aj is criec	NGU,			
<u></u>	For Panerwork Reduction Act Notice see	the Instruc	tions for Form 00			Schedule	M (Earm	990) (	20.123

Schedule M (Form 990) (2012) SCOTTSDALE CULTURAL COUNCIL	86-0593786	Page 2
Part II. Supplemental Information. Complete this part to provide the information required by Part I, the organization is reporting in Part I, column (b), the number of contributions, the number of items realist complete this part for any additional information.	lines 30b, 32b, and 33, and eceived, or a combination of	d whether of both
PART I, OTHER TYPES OF PROPERTY:		
CATERING		
(A) CHECK IF APPLICABLE = X		
(B) NUMBER OF CONTRIBUTIONS = 4		<del></del>
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 20000.		
(D) METHOD OF DETERMINING REVENUE: FMV		
SOFTWARE		
(A) CHECK IF APPLICABLE = X		
(B) NUMBER OF CONTRIBUTIONS = 2		
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 9295.		
(D) METHOD OF DETERMINING REVENUE: FMV		
ADVERTISING		
(A) CHECK IF APPLICABLE = X		
(B) NUMBER OF CONTRIBUTIONS = 3		
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 0.		
(D) METHOD OF DETERMINING REVENUE: FMV		
SCHEDULE M, PART I, COLUMN (B): THE NUMBER OF CONTRIBUTION	ING BEDDESERIES	
THE NUMBER OF INDIVIDUALS OR FIRMS WHO PROVIDED THE IN-KI		
SERVICES.	IND_IIEMS_OR	

#### SCHEDULE O

اه ين الو

(Form 930 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

SCOTTSDALE CULTURAL COUNCIL

Employer identification number 86-0593786

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROVIDING OF QUALITY MANAGEMENT, FUNDRAISING, AND FINANCIAL SERVICES TO
OUR OPERATING DIVISIONS AND OTHER ARTS ORGANIZATIONS DESIRING OUR
SERVICES.
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PRESENTED BY THE
FORM 990 PREPARER TO THE FINANCE COMMITTEE AT A REGULARLY SCHEDULED
MEETING. THE PRESENTER HIGHLIGHTS CERTAIN INFORMATION INCLUDED ON THE FORM
990, AND ALL BOARD MEMBERS RECEIVED A COPY OF THE FORM 990 PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION HAS A CONFLICT OF
INTEREST POLICY THAT ADDRESSES THE CONSIDERATION OF POTENTIAL CONFLICTS OF
INTEREST BY THE BOARD OF DIRECTORS, COMMITTEE MEMBERS, VOLUNTEERS, AND
EMPLOYEES, INCLUDING RELATIVES. AS PER THE POLICY, BOARD AND COMMITTEE
MEMBERS MUST MAKE DISCLOSURE OF ANY POTENTIAL CONFLICTS OF INTEREST AND
MUST ABSTAIN FROM VOTING ON ANY ACTION IN WHICH THEY MAY HAVE AN INTEREST.
ON AN ANNUAL BASIS, ALL BOARD MEMBERS ARE REQUIRED TO SIGN OFF ON AN ANNUAL
CONFLICT OF INTEREST FORM, EITHER STATING ANY KNOWN CONFLICTS, OR STATING
THAT THERE ARE NONE.

FORM 990, PART\_VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS HAS A COMPENSATION COMMITTEE TO DETERMINE REASONABLE AND APPROPRIATE SALARIES FOR KEY EMPLOYEES OF THE ORGANIZATION. THE COMMITTEE CONDUCTED A COMPENSATION STUDY, USING COMPARATIVE DATA, IN ORDER TO DETERMINE SALARY RECOMMENDATIONS. THE ORGANIZATION ALSO HAS A WRITTEN EMPLOYMENT CONTRACT

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2012)

WITH THE EXECUTIVE DIRECTOR.

**Employer identification number** Name of the organization 86-0593786 SCOTTSDALE CULTURAL COUNCIL FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THESE DOCUMENTS ARE ALSO GENERALLY AVAILABLE AT PUBLIC MEETINGS. AMENDMENT OF FORM 990 AND 990-T AFTER FILING THE ORIGINAL RETURN FOR THE TAX YEAR ENDING JUNE 30, 2013, MANAGEMENT BECAME AWARE OF CERTAIN EMPLOYEE EXPENSES INCURRED IN CONNECTION WITH UNRELATED BUSINESS INCOME THAT SHOULD HAVE BEEN TAKEN AS DEDUCTIONS ON THE FORM 990-T. NO AMOUNTS HAVE BEEN CHANGED ON THE FORM 990 FOR THE TAX YEAR ENDING JUNE 30, 2013. THE FOLLOWING LINES ON THE FORM 990-T HAVE BEEN CHANGED AS A RESULT OF THE AMENDMENT: PART II, LINE 15: 110,907 (PREVIOUSLY 70,215) PART II, LINE 19: 8,397 (PREVIOUSLY 5,284) PART II, LINE 25: 12,890 (PREVIOUSLY 5,482) PART II, LINE 29: 192,757 (PREVIOUSLY 141,544) PART II, LINE 30: 178,073 (PREVIOUSLY 229,286) PART II, LINE 31: 178,073 (PREVIOUSLY 229,286) THE AMENDMENT HAS RESULTED IN AN INCREASE OF 51,213 IN TOTAL DEDUCTIONS, A DECREASE OF 51,213 IN UNRELATED BUSINESS TAXABLE INCOME BEFORE NET OPERATING LOSS DEDUCTION, AND A DECREASE OF 51,213 IN THE

NET OPERATING LOSS DEDUCTION USED.