

Return of Organization Exempt From Income Tax

2012

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SCOTTSDALE CULTURAL COUNCIL		D Employer identification number 86-0593786
	Doing Business As		E Telephone number 480-874-4615
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	F Name and address of principal officer: NEALE PERL SAME AS C ABOVE		G Gross receipts \$ 12,614,008.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J Website: WWW.SCCARTS.ORG		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1987 M State of legal domicile: AZ	
H(c) Group exemption number ▶			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: MANAGING/PRODUCING CULTURAL, EDUCATIONAL AND ARTS ACTIVITIES FOR THE CITY OF SCOTTSDALE.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 23
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5 172
	6 Total number of volunteers (estimate if necessary)	6 0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 370,830.
b Net unrelated business taxable income from Form 990-T, line 34	7b 0.	

Revenue		Prior Year	Current Year
		8 Contributions and grants (Part VIII, line 1h)	6,122,340.
9 Program service revenue (Part VIII, line 2g)	2,728,129.	3,593,484.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	74,838.	209,213.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	241,070.	261,817.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,166,377.	10,998,284.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	59,000.	59,769.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,462,532.	4,968,259.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,059,655.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,135,897.	6,113,355.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,657,429.	11,141,383.	
19 Revenue less expenses. Subtract line 18 from line 12	<491,052.>	<143,099.>	

Net Assets or Fund Balances		Beginning of Current Year	End of Year
		20 Total assets (Part X, line 16)	8,364,774.
21 Total liabilities (Part X, line 26)	1,028,630.	1,007,314.	
22 Net assets or fund balances. Subtract line 21 from line 20	7,336,144.	7,656,058.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	NEALE PERL, PRESIDENT AND CEO				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	COLETTE KAMPS, CPA	COLETTE KAMPS, CPA	12/15/16		P00367616
	Firm's name ▶ HENRY & HORNE, LLP	Firm's EIN ▶ 86-0133881			
	Firm's address ▶ 2055 E WARNER RD, STE 101 TEMPE, AZ 85284	Phone no. (480) 839-4900			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: TO CREATE ARTS IN DIVERSE EXPERIENCES THAT ENGAGE THE COMMUNITY THOUGH THE DEVELOPMENT OF NEW AND EXCITING CULTURAL INITIATIVES FOR THE COMMUNITY; THE ENCOURAGEMENT OF ACTIVE PARTICIPATION AND COOPERATION OF THE GOVERNMENT, BUSINESS, EDUCATION AND PRIVATE SECTORS; AND THE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,288,581. including grants of \$) (Revenue \$ 3,035,723.) SCOTTSDALE CENTER FOR THE PERFORMING ARTS PRODUCED, PRESENTED AND HOSTED OVER 1,000 PERFORMANCES, EDUCATIONAL PROGRAMS, FESTIVALS, AND OTHER EVENTS TO OVER 300,000 PEOPLE.

4b (Code:) (Expenses \$ 2,173,349. including grants of \$) (Revenue \$ 448,748.) SCOTTSDALE MUSEUM OF CONTEMPORARY ART EXHIBITIONS OF CONTEMPORARY ART (SMOCA) PRESENTS EXHIBITIONS, LECTURES, EDUCATIONAL PROGRAMS AND OTHER ACTIVITIES ATTENDED BY APPROXIMATELY 47,000 PEOPLE.

4c (Code:) (Expenses \$ 1,442,390. including grants of \$ 59,769.) (Revenue \$) TO ENHANCE THE CULTURAL ENVIRONMENT OF THE CITY OF SCOTTSDALE, SCOTTSDALE PUBLIC ART INITIATED, INSTALLED, AND MAINTAINED MAJOR PERMANENT AND TEMPORARY ART INSTALLATIONS AT NUMEROUS PUBLICLY ACCESSIBLE LOCATIONS IN ADDITION TO PROVIDING FREE EVENTS, EXHIBITIONS, AND WORKSHOPS ATTENDED BY OVER 46,000 PEOPLE.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 7,904,320.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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 as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Main table with columns for question number, description, sub-questions (1a-14b), Yes, and No. Includes entries for 1a (182), 1b (0), 2a (172), and various other questions.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (23); 1b Enter the number of voting members included in line 1a, above, who are independent (23); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (X); 8b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (X); 15b Other officers or key employees of the organization (X); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 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-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: THE ORGANIZATION - 480-874-4615 7380 EAST SECOND STREET, SCOTTSDALE, AZ 85251

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CAROLYN ALLEN TRUSTEE	1.00	X						0.	0.	0.
(2) JENNIFER A. ANDERSON TRUSTEE	1.00	X						0.	0.	0.
(3) DAVID BARBER TRUSTEE	1.00	X						0.	0.	0.
(4) KEITH BAUM TRUSTEE	1.00	X						0.	0.	0.
(5) ANDREW CHIPPINDALL TRUSTEE	1.00	X						0.	0.	0.
(6) DON COGMAN TRUSTEE	1.00	X						0.	0.	0.
(7) LEONARD GUBAR TRUSTEE	1.00	X						0.	0.	0.
(8) RICHARD B. HAYSLIP TRUSTEE	1.00	X						0.	0.	0.
(9) MARK HIEGEL TRUSTEE	1.00	X						0.	0.	0.
(10) ED HOWARD TRUSTEE	1.00	X						0.	0.	0.
(11) ROBERT KARATZ TRUSTEE	1.00	X						0.	0.	0.
(12) RICK KIDDER TRUSTEE	1.00	X						0.	0.	0.
(13) MICHAEL MEDICI TRUSTEE	1.00	X						0.	0.	0.
(14) MICHAEL MEYER TRUSTEE	1.00	X						0.	0.	0.
(15) MIKE MILLER TRUSTEE	1.00	X						0.	0.	0.
(16) J.P. MILLON TRUSTEE	1.00	X						0.	0.	0.
(17) RANDY NUSSBAUM TRUSTEE	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TERENCE ROBERTS TRUSTEE	1.00	X						0.	0.	0.
(19) DIANA SMITH TRUSTEE	1.00	X						0.	0.	0.
(20) VICKI SMITH TRUSTEE	1.00	X						0.	0.	0.
(21) NORA TRULSSON TRUSTEE	1.00	X						0.	0.	0.
(22) JOHN VORIS TRUSTEE	1.00	X						0.	0.	0.
(23) ELLEN ANDRES-SCHNEIDER CHAIR	1.00	X		X				0.	0.	0.
(24) KEN OLSON VICE CHAIR & TREASURER	1.00	X		X				0.	0.	0.
(25) JOHN MORRELL SECRETARY	1.00	X		X				0.	0.	0.
(26) WILLIAM BANCHS PRESIDENT & CEO	40.00			X				208,772.	0.	27,709.
1b Sub-total								208,772.	0.	27,709.
c Total from continuation sheets to Part VII, Section A								453,748.	0.	57,216.
d Total (add lines 1b and 1c)								662,520.	0.	84,925.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
LOVE LOSS TOUR LP, C/O DR THEATRICAL MGMT. 101 E 15TH ST - 2ND FL, NEW YORK, NY	PERFORMER FEES	155,128.
PROEM 1450 E GRANT ST, PHOENIX, AZ 85034	SECURITY LABOR AND EQUIPMENT RENTALS	133,715.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **2**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b 146,675.				
	c Fundraising events	1c 520,136.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 4,800,186.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,466,773.				
	g Noncash contributions included in lines 1a-1f: \$	347,060.				
	h Total. Add lines 1a-1f	6,933,770.				
	Program Service Revenue	2 a TICKET SALES	Business Code 711110	2,492,817.	2,492,817.	
b FACILITY RENTAL/LABOR REIMBURSEME		711300	551,927.	181,097.	370,830.	
c FOOD & BEVERAGE SALES		900099	131,459.	131,459.		
d BOX OFFICE		711110	124,252.	124,252.		
e EARNED MEMBERSHIP DUES		900099	103,088.	103,088.		
f All other program service revenue		611710	189,941.	189,941.		
g Total. Add lines 2a-2f		3,593,484.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		206,080.		206,080.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)		3,133.		3,133.	
	8 a Gross income from fundraising events (not including \$ 520,136. of contributions reported on line 1c). See Part IV, line 18	a	244,898.			
		b Less: direct expenses	b 244,898.			
c Net income or (loss) from fundraising events			0.			
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a	474,873.				
	b Less: cost of goods sold	b 213,881.				
	c Net income or (loss) from sales of inventory		260,992.	260,992.		
Miscellaneous Revenue		Business Code				
11 a OTHER INCOME		900099	825.	825.		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		825.			
12 Total revenue. See instructions.		10,998,284.	3,484,471.	370,830.	209,213.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	59,769.	59,769.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	314,733.	83,200.	148,333.	83,200.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,740,936.	2,726,151.	567,206.	447,579.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	77,710.	52,626.	14,744.	10,340.
9 Other employee benefits	525,524.	355,888.	99,708.	69,928.
10 Payroll taxes	309,356.	209,498.	58,694.	41,164.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	24,850.		24,850.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	34,312.		34,312.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	534,744.	366,125.	132,520.	36,099.
12 Advertising and promotion	179,170.		155,697.	23,473.
13 Office expenses	608,308.	480,676.	77,404.	50,228.
14 Information technology				
15 Royalties				
16 Occupancy	530,149.	511,595.	13,972.	4,582.
17 Travel	71,035.	60,779.	4,239.	6,017.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	469,330.		461,751.	7,579.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	293,005.	58,601.	208,034.	26,370.
23 Insurance	52,501.	1,380.	47,435.	3,686.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ARTIST FEES	1,726,307.	1,587,350.	34,482.	104,475.
b PUBLIC ARTS PROJECT COS	679,553.	679,553.		
c PROGRAM SUPPORT	577,571.	471,556.	52,489.	53,526.
d EQUIPMENT REPAIR AND MA	212,476.	155,691.	38,616.	18,169.
e All other expenses	120,044.	43,882.	2,922.	73,240.
25 Total functional expenses. Add lines 1 through 24e	11,141,383.	7,904,320.	2,177,408.	1,059,655.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	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	177,139.
	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	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	101,871.	8	119,616.
	9	Prepaid expenses and deferred charges	94,536.	9	101,491.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,584,572.		
	b	Less: accumulated depreciation	10b 4,489,433.	10c 1,255,730.	1,095,139.
	11	Investments - publicly traded securities	5,283,430.	11	5,619,469.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	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.	
Liabilities	17	Accounts payable and accrued expenses	186,516.	17	366,935.
	18	Grants payable		18	
	19	Deferred revenue	829,770.	19	628,035.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	12,344.	25	12,344.
	26	Total liabilities. Add lines 17 through 25	1,028,630.	26	1,007,314.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	884,459.	27	912,347.
	28	Temporarily restricted net assets	878,170.	28	1,170,196.
	29	Permanently restricted net assets	5,573,515.	29	5,573,515.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	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	
33	Total net assets or fund balances	7,336,144.	33	7,656,058.	
34	Total liabilities and net assets/fund balances	8,364,774.	34	8,663,372.	

Part 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	10,998,284.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,141,383.
3	Revenue less expenses. Subtract line 2 from line 1	3	<143,099.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,336,144.
5	Net unrealized gains (losses) on investments	5	463,013.
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, column (B))	10	7,656,058.

Part XII Financial Statements and Reporting

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

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

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

2012

Open to Public Inspection

Name of the organization SCOTTSDALE CULTURAL COUNCIL	Employer identification number 86-0593786
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

- The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)
- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 - 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
 - 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 - 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
 - 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
 - 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 - 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 - 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 - 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
 - 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 - 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
11g(ii) A family member of a person described in (i) above?		
11g(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
 - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(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 organization'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.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						36,162,310.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	8,762,133.	7,183,602.	7,160,465.	6,122,340.	6,933,770.	36,162,310.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	247,188.	153,107.	208,890.	224,713.	209,213.	1,043,111.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain 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						37,221,721.
12 Gross receipts from related activities, etc. (see instructions)					12	11,133,331.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	97.15	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	95.48	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
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	<input type="checkbox"/>		
17a 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	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

2012

Open to Public
Inspection

Name of the organization

SCOTTSDALE CULTURAL COUNCIL

Employer identification number

86-0593786

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds 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 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,441,678.	5,717,886.	4,999,680.	4,644,515.	5,578,417.
b Contributions	0.	112,106.	27,955.	39,100.	223,175.
c Net investment earnings, gains, and losses	549,456.	<108,275.>	1,008,609.	595,463.	<855,167.>
d Grants or scholarships					
e Other expenditures for facilities and programs	267,162.	246,738.	285,419.	248,247.	271,910.
f Administrative expenses	34,312.	33,301.	32,939.	31,151.	30,000.
g End of year balance	5,689,660.	5,441,678.	5,717,886.	4,999,680.	4,644,515.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 9.69 %
 - b Permanent endowment 90.31 %
 - c Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		<input checked="" type="checkbox"/>
(ii) related organizations		<input checked="" type="checkbox"/>
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		<input type="checkbox"/>

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		3,271,618.	2,463,973.	807,645.
d Equipment		2,180,440.	2,017,744.	162,696.
e Other		132,514.	7,716.	124,798.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,095,139.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SPLIT-INTEREST AGREEMENT	12,344.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
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 of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	11,426,985.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	463,013.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	463,013.
3	Subtract line 2e from line 1	3	10,963,972.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	34,312.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	34,312.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	10,998,284.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	11,107,071.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	11,107,071.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	34,312.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	34,312.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	11,141,383.

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

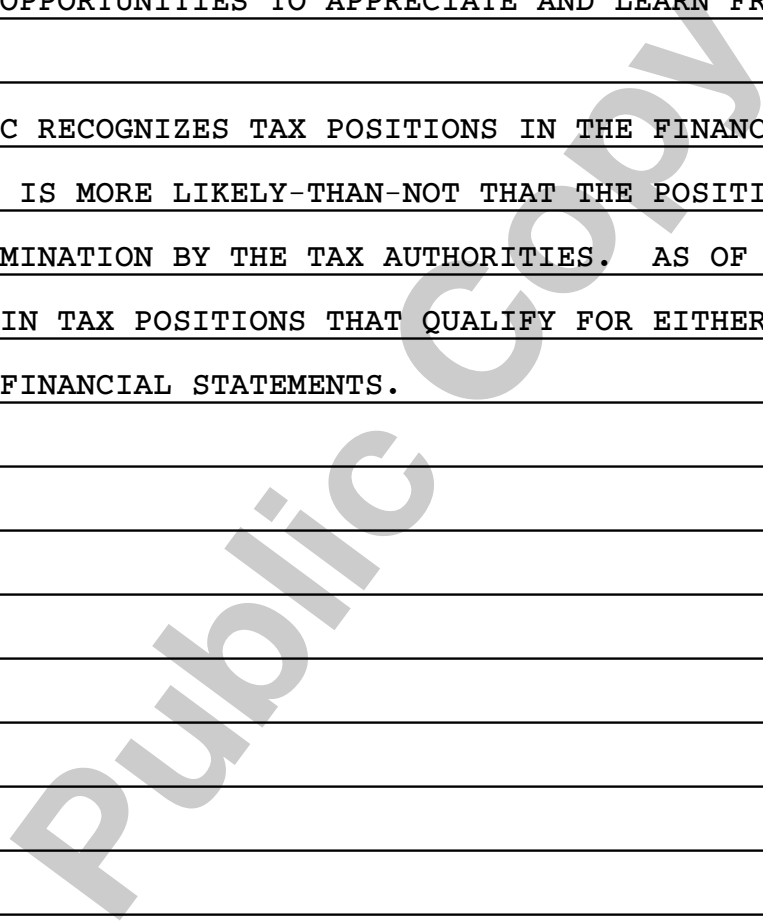
PART III, LINE 1A: THE CITY OF SCOTTSDALE COLLECTION OF FINE ART CONSISTS OF PURCHASED, COMMISSIONED AND DONATED WORKS OF ART. SCC EMPLOYS A DIRECTOR OF PUBLIC ART TO ENSURE THAT THE COLLECTION ITEMS ARE PRESERVED AND PROTECTED. THESE COLLECTIONS ARE NOT CAPITALIZED BY SCC AND ARE THE PROPERTY OF THE 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.

Part XIII Supplemental Information (continued)

THERE WERE NO DEACCESSIONS DURING THE YEAR ENDED JUNE 30, 2013.

PART III, LINE 4: THE SCOTTSDALE CULTURAL COUNCIL EXHIBITS, MANAGES AND PROVIDES CONSERVATION OVERSIGHT TO THE COLLECTIONS OF LOCAL, CONTEMPORARY, AND COMMISSIONED PUBLIC ART OWNED BY THE CITY OF SCOTTSDALE, IN ORDER TO ENHANCE THE CULTURAL ENVIRONMENT OF THE CITY AND OFFER ITS RESIDENTS AND VISITORS FREQUENT OPPORTUNITIES TO APPRECIATE AND LEARN FROM THESE WORKS.

PART X, LINE 2: SCC RECOGNIZES TAX POSITIONS IN THE FINANCIAL STATEMENTS WHEN IT IS MORE LIKELY-THAN-NOT THAT THE POSITIONS WILL NOT BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES. AS OF JUNE 30, 2013, SCC HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.



Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		ART FESTIVAL (event type)	ANNUAL GALA (event type)	4 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	240,474.	326,780.	197,780.	765,034.
	2 Less: Contributions	123,329.	211,142.	185,665.	520,136.
	3 Gross income (line 1 minus line 2)	117,145.	115,638.	12,115.	244,898.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes			115.	115.
	6 Rent/facility costs				
	7 Food and beverages	117,145.	55,663.	12,000.	184,808.
	8 Entertainment		59,975.		59,975.
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(244,898)
	11 Net income summary. Combine line 3, column (d), and line 10				0.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				(_____)	
8 Net gaming income summary. Combine line 1, column d, and line 7					

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization **SCOTTSDALE CULTURAL COUNCIL** Employer identification number **86-0593786**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SCOTTSDALE INTERNATIONAL FILM FESTIVAL - 619 E VISTA AVE - PHOENIX, AZ 85020	26-1804044	3	14,000.	0.			EDUCATION AND PERFORMANCES PROGRAMMING
JAZZ IN ARIZONA, INC. PO BOX 9651 SCOTTSDALE, AZ 85253	86-0331150	3	7,500.	0.			EDUCATION AND PERFORMANCES PROGRAMMING
CHILDSPLAY, INC. PO BOX 517 TEMPE, AZ 85280	86-0336473	3	6,162.	0.			EDUCATION AND PERFORMANCES PROGRAMMING
DETOUR COMPANY THEATRE, INC. 4614 N ALTRA HACIENDA DRIVE PHOENIX, AZ 85918	01-0622545	3	5,000.	0.			EDUCATION AND PERFORMANCES PROGRAMMING
ARIZONA MUSICFEST 7518 E ELBOW BEND RD # A3 CAREFREE, AZ 85377	86-1034396	3	5,000.	0.			EDUCATION AND PERFORMANCES PROGRAMMING
SCOTTSDALE ARTISTS SCHOOL, INC. 3720 N, MARSHALL WAY SCOTTSDALE, AZ 85251	86-0460092	3	14,000.	0.			EDUCATION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **6.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2012)

Part III **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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: THE ORGANIZATION HAS A PANEL RESPONSIBLE FOR ADMINISTERING THE GRANT FUNDING PROGRAM. THE PANEL REVIEWS GRANT APPLICATIONS RECEIVED AND APPROVES THE AMOUNT OF THE GRANTS BASED ON A BUDGET.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

SCOTTSDALE CULTURAL COUNCIL

Employer identification number

86-0593786

Part 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. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> 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		
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?	X	
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. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
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: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
4a		X
4b		X
4c		X
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: a The organization? b Any related organization? If "Yes" to line 5a or 5b, describe in Part III.		
5a		X
5b		X
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: a The organization? b Any related organization? If "Yes" to line 6a or 6b, describe in Part III.		
6a		X
6b		X
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		X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

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.

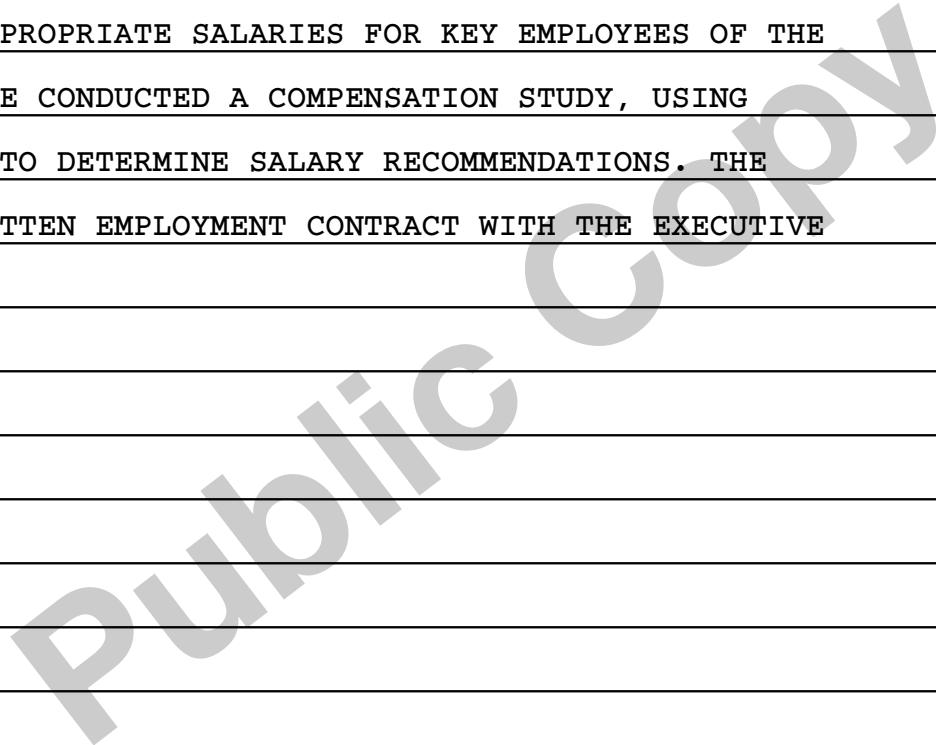
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WILLIAM BANCHS PRESIDENT & CEO	(i)	200,772.	0.	8,000.	8,320.	19,389.	236,481.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3: 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 WITH THE EXECUTIVE
 DIRECTOR.



**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

Open to Public Inspection

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.**

Name of the organization **SCOTTSDALE CULTURAL COUNCIL** Employer identification number **86-0593786**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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				
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				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SPECIAL EVENT)	X	91	142,368.	FMV
26 Other ▶ (ADVERTISING)	X	8	97,453.	FMV
27 Other ▶ (FURNITURE)	X	1	52,500.	FMV
28 Other ▶ (HOTELS)	X	5	26,000.	FMV

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2012)

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, OTHER TYPES OF PROPERTY:

CATERING

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 4

(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 CONTRIBUTIONS REPRESENTS THE NUMBER OF INDIVIDUALS OR FIRMS WHO PROVIDED THE IN-KIND ITEMS OR SERVICES.

SCHEDULE O
(Form 990 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

2012

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
WITH THE EXECUTIVE DIRECTOR.

Name of the organization

SCOTTSDALE CULTURAL COUNCIL

Employer identification number

86-0593786

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.

Form **990-W**

**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

OMB No. 1545-0976

(Worksheet)
Department of the Treasury
Internal Revenue Service

(and on Investment Income for Private Foundations) FORM 990-T

2013

(Keep for your records. Do not send to the Internal Revenue Service.)

1	Unrelated business taxable income expected in the tax year	1	134,327.
2	Tax on the amount on line 1. See instructions for tax computation	2	35,637.
3	Alternative minimum tax (see instructions)	3	0.
4	Total. Add lines 2 and 3	4	35,637.
5	Estimated tax credits (see instructions)	5	0.
6	Subtract line 5 from line 4	6	35,637.
7	Other taxes (see instructions)	7	0.
8	Total. Add lines 6 and 7	8	35,637.
9	Credit for federal tax paid on fuels (see instructions)	9	
10a	Subtract line 9 from line 8. Note. If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	35,637.
b	Enter the tax shown on the 2012 return (see instructions). Caution. If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	0.
c	2013 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	35,700.

	(a)	(b)	(c)	(d)
11	11	12/16/13	03/17/14	06/16/14
12	12	17,850.	8,925.	8,925.
13	13			
14	14	17,850.	8,925.	8,925.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2013)

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687

2012

Department of the Treasury Internal Revenue Service

For calendar year 2012 or other tax year beginning JUL 1, 2012, and ending JUN 30, 2013

Open to Public Inspection for 501(c)(3) Organizations Only

Header section containing organization name (SCOTTSDALE CULTURAL COUNCIL), address (7380 EAST SECOND STREET, SCOTTSDALE, AZ 85251), and other identifying information.

Section H: Describe the organization's primary unrelated business activity. EVENT FACILITATION. Section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No.

Section J: The books are in care of THE ORGANIZATION. Telephone number 480-874-4615.

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13 showing various income and expense categories, with a total of 370,830.

Part II Deductions Not Taken Elsewhere (see instructions for limitations on deductions) (except for contributions, deductions must be directly connected with the unrelated business income)

Table with 4 columns: Line number, Description, Sub-column, Total. Rows 14-34 showing various deduction categories, with a total of 192,757.

Part III Tax Computation

Table with 3 columns: Description, Line Number, Amount. Includes rows for Organizations taxable as corporations, Trusts taxable at trust rates, Proxy tax, Alternative minimum tax, and Total.

Part IV Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Includes rows for Foreign tax credit, Other credits, General business credit, Total credits, Other taxes, Total tax, Payments, Total payments, Estimated tax penalty, Tax due, Overpayment, and Credited to 2013 estimated tax.

Part V Statements Regarding Certain Activities and Other Information

Table with 3 columns: Question, Yes, No. Includes questions about foreign accounts, foreign trusts, and tax-exempt interest.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

Table with 3 columns: Description, Line Number, Amount. Includes rows for Inventory at beginning/end of year, Purchases, Cost of labor, Additional section 263A costs, Other costs, Total, and Do the rules of section 263A apply?

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

Sign Here: Signature of officer, Date, Title (PRESIDENT AND CEO), and a box for 'May the IRS discuss this return with the preparer shown below?' with Yes/No options.

Paid Preparer Use Only: Print/Type preparer's name (COLETTE KAMPS, CPA), Preparer's signature, Date (12/15/16), Check self-employed, PTIN (P00367616), Firm's name (HENRY & HORNE, LLP), Firm's EIN (86-0133881), Firm's address (2055 E WARNER RD, STE 101, TEMPE, AZ 85284), and Phone no. ((480) 839-4900).

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach statement)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ...
0.		0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach statement)	(b) Other deductions (attach statement)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	5. Average adjusted basis of or allocable to debt-financed property (attach statement)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
Totals				0.	0.	
				Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Alternative Minimum Tax - Corporations

▶ Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

2012

Name SCOTTSDALE CULTURAL COUNCIL		Employer identification number 86-0593786
Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).		
1	Taxable income or (loss) before net operating loss deduction	177,073.
2 Adjustments and preferences:		
a	Depreciation of post-1986 property	2a
b	Amortization of certified pollution control facilities	2b
c	Amortization of mining exploration and development costs	2c
d	Amortization of circulation expenditures (personal holding companies only)	2d
e	Adjusted gain or loss	2e
f	Long-term contracts	2f
g	Merchant marine capital construction funds	2g
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h
i	Tax shelter farm activities (personal service corporations only)	2i
j	Passive activities (closely held corporations and personal service corporations only)	2j
k	Loss limitations	2k
l	Depletion	2l
m	Tax-exempt interest income from specified private activity bonds	2m
n	Intangible drilling costs	2n
o	Other adjustments and preferences	2o
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	177,073.
4 Adjusted current earnings (ACE) adjustment:		
a	ACE from line 10 of the ACE worksheet in the instructions	177,073.
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions)	0.
c	Multiply line 4b by 75% (.75). Enter the result as a positive amount	4c
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). Note: You must enter an amount on line 4d (even if line 4b is positive)	4d
e	ACE adjustment. <ul style="list-style-type: none"> • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount 	0.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	177,073.
6	Alternative tax net operating loss deduction (see instructions)	6
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	177,073.
8 Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		
a	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	27,073.
b	Multiply line 8a by 25% (.25)	6,768.
c	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	33,232.
9	Subtract line 8c from line 7. If zero or less, enter -0-	143,841.
10	Multiply line 9 by 20% (.20)	28,768.
11	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)	11
12	Tentative minimum tax. Subtract line 11 from line 10	28,768.
13	Regular tax liability before applying all credits except the foreign tax credit	13
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	28,768.

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2012)

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions.

1 Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626		1	177,073.
2 ACE depreciation adjustment:			
a AMT depreciation		2a	
b ACE depreciation:			
(1) Post-1993 property	2b(1)		
(2) Post-1989, pre-1994 property	2b(2)		
(3) Pre-1990 MACRS property	2b(3)		
(4) Pre-1990 original ACRS property	2b(4)		
(5) Property described in sections 168(f)(1) through (4)	2b(5)		
(6) Other property	2b(6)		
(7) Total ACE depreciation. Add lines 2b(1) through 2b(6)	2b(7)		
c ACE depreciation adjustment. Subtract line 2b(7) from line 2a		2c	
3 Inclusion in ACE of items included in earnings and profits (E&P):			
a Tax-exempt interest income		3a	
b Death benefits from life insurance contracts		3b	
c All other distributions from life insurance contracts (including surrenders)		3c	
d Inside buildup of undistributed income in life insurance contracts		3d	
e Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)		3e	
f Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e		3f	
4 Disallowance of items not deductible from E&P:			
a Certain dividends received		4a	
b Dividends paid on certain preferred stock of public utilities that are deductible under section 247		4b	
c Dividends paid to an ESOP that are deductible under section 404(k)		4c	
d Nonpatronage dividends that are paid and deductible under section 1382(c)		4d	
e Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)		4e	
f Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e		4f	
5 Other adjustments based on rules for figuring E&P:			
a Intangible drilling costs		5a	
b Circulation expenditures		5b	
c Organizational expenditures		5c	
d LIFO inventory adjustments		5d	
e Installment sales		5e	
f Total other E&P adjustments. Combine lines 5a through 5e		5f	
6 Disallowance of loss on exchange of debt pools		6	
7 Acquisition expenses of life insurance companies for qualified foreign contracts		7	
8 Depletion		8	
9 Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property		9	
10 Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626		10	177,073.

FORM 990-T		OTHER INCOME	STATEMENT	1
DESCRIPTION			AMOUNT	
LABOR REIMBURSEMENT			95,430.	
FACILITY RENTAL			157,554.	
EQUIPMENT REIMBURSEMENT			105,642.	
OTHER OPERATIONS REIMBURSEMENT			12,204.	
TOTAL TO FORM 990-T, PAGE 1, LINE 12			370,830.	

FORM 990-T		OTHER DEDUCTIONS	STATEMENT	2
DESCRIPTION			AMOUNT	
CUSTODIAL, SECURITY, SUPPORT			41,326.	
OTHER MISCELLANEOUS EXPENSE			4,995.	
EQUIPMENT			14,242.	
TOTAL TO FORM 990-T, PAGE 1, LINE 28			60,563.	

FORM 990-T		NET OPERATING LOSS DEDUCTION		STATEMENT	3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
06/30/04	744,145.	420,900.	323,245.	323,245.	
NOL CARRYOVER AVAILABLE THIS YEAR			323,245.	323,245.	

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) - You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. SCOTTSDALE CULTURAL COUNCIL	Employer identification number (EIN) or 86-0593786
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 7380 EAST SECOND STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SCOTTSDALE, AZ 85251	

Enter the Return code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE ORGANIZATION

- The books are in the care of ▶ **7380 EAST SECOND STREET - SCOTTSDALE, AZ 85251**
 Telephone No. ▶ **480-874-4615** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2014**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2012**, and ending **JUN 30, 2013**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$ 41,572.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 41,572.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

ARIZONA FORM 99 **Arizona Exempt Organization Annual Information Return** **2012**

For the calendar year 2012 or fiscal year beginning 07/01/12 and ending 06/30/13

CHECK ONE: Original <input type="checkbox"/> Amended <input checked="" type="checkbox"/>	PLS Type or Print	Name SCOTTSDALE CULTURAL COUNCIL	Employer identification number (EIN) 86-0593786
Business telephone number (with area code) 480-874-4615		Number and street or PO Box 7380 EAST SECOND STREET	AZ transaction privilege tax number NONE
		City or town, state and ZIP code SCOTTSDALE, AZ 85251	

68 Check box if: This is a first return Name change Address change

A Date Arizona operations began: 10/01/1975

B Nature of Arizona activities: EDUCATIONAL, CULTURAL, & ARTS

C Federal form filed: 990 990-EZ Other (specify) _____

Attach a copy of the organization's federal return.

Nonprofit Medical Marijuana Dispensary (NMMD) only:

D NMMD Registry Identification Number: _____

E What type of entity is the dispensary?
 Corporation Limited Liability Company (LLC) Partnership S corporation
 Sole Proprietorship

F If the dispensary is an LLC, what is the federal tax classification?
 Corporation Disregarded Entity Partnership S corporation

If the dispensary is an LLC, a partnership or an S corporation, *attach a schedule* that lists ownership information including name, address, TIN, and ownership percentage at the end of the tax year.

G Federal form filed: 1040 1041 1065 1120 1120-S Other (specify) _____

H Check this box if you attached a copy of the dispensary's federal return to its Arizona Form 120S or Form 165 when it was filed; do not attach a copy of the same return to this form. *Otherwise, attach a copy of the dispensary's federal return.*

CHECK BOX IF: Return filed under extension.

82 3-mos. Fed 6-mos. AZ - Fed
 82C 82F

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

81 **66**

Sources of Income

1 Gross sales from business activities	1	719,771	00	
2 Less: Cost of goods sold or of operations - <i>attach itemized statement</i>	2	213,881	00	STMT 1
3 Gross profit from business activities - <i>subtract line 2 from line 1</i>	3	505,890	00	
4 Interest	4	206,080	00	
5 Dividends	5		00	
6 Rents and royalties	6		00	
7 Gain or (loss) from sales of assets, excluding inventory items	7	3,133	00	
8 Dues, assessments, etc., from members	8	146,675	00	
9 Dues, assessments, etc., from affiliates	9		00	
10 Contributions, gifts, grants, etc., received	10	6,787,095	00	
11 Other income - <i>attach itemized statement</i>	11	3,594,309	00	STATEMENT 3
12 Total income - <i>add lines 3 through 11</i>	12	11,243,182	00	

Administrative Expenses

13 Compensation of officers, directors, trustees, etc.	13	231,533	00	
14 Salaries and wages - <i>other than amounts included on line 2</i>	14	1,014,785	00	
15 Interest	15		00	
16 Taxes	16	99,858	00	
17 Rent expense	17	18,554	00	
18 Depreciation - <i>attach schedule</i>	18	234,404	00	STATEMENT 2
19 Miscellaneous expenses - <i>attach itemized statement</i>	19	1,882,827	00	STATEMENT 4
20 Total expenses - <i>add lines 13 through 19</i>	20	3,481,961	00	

Disbursements

21 Disbursements from current income for exempt purposes - <i>from page 2, line A6</i>	21	7,904,320	00	
22 Disbursements from principal for exempt purposes - <i>from page 2, line B6</i>	22		00	
23 Other disbursements not itemized on Schedule A or Schedule B - <i>attach schedule</i>	23	<463,013	00	

Accumulation of Income

24 Accumulation of income in current year - <i>line 12 less the sum of lines 20, 21, 22, and 23</i>	24	319,914	00	
25 Accumulation of income at beginning of year	25	7,336,144	00	
26 Accumulation of income at end of year - <i>add lines 24 and 25</i>	26	7,656,058	00	

Penalty

27 Penalty for late filing or incomplete filing. <i>See instructions</i>	27		00	
--	----	--	----	--

THE BUSINESS IS SUBJECT TO A PENALTY IF THIS RETURN IS FILED LATE OR IS INCOMPLETE. ARS § 42-1125(K).

SCHEDULE A - Disbursements From Current Income for Exempt Purposes

A1	Dues, assessments, etc., to affiliates	A1		00	
A2	Contributions, gifts, grants, etc., paid	A2	59,769	00	
A3	Benefit payments to or for members or their dependents:				
A3a	Death, sickness, hospitalization, disability, or pension benefits	A3a		00	
A3b	Other benefits	A3b		00	
A4	Dividends and other distributions to members, shareholders, or depositors	A4		00	
A5	Other	A5	7,844,551	00	
A6	Total - add lines A1 through A5. Enter total here and on page 1, line 21	A6			STATEMENT 8 7,904,320 00

SCHEDULE B - Disbursements From Principal for Exempt Purposes

B1	Dues, assessments, etc., to affiliates	B1		00	
B2	Contributions, gifts, grants, etc., paid	B2		00	
B3	Benefit payments to or for members or their dependents:				
B3a	Death, sickness, hospitalization, disability, or pension benefits	B3a		00	
B3b	Other benefits	B3b		00	
B4	Dividends and other distributions to members, shareholders, or depositors	B4		00	
B5	Other	B5		00	
B6	Total - add lines B1 through B5. Enter total here and on page 1, line 22	B6			00

SCHEDULE C - Balance Sheet

				(a)			(b)
				Beginning of Year			End of Year
NOTE: Amounts used in attached schedules and in this column should be end of year amounts.							
		Assets					
C1	Cash			902,013	00	C1	642,081
C2a	Accounts receivable	C2a			00		
C2b	Less: allowance for doubtful accounts	C2b			00		
C2c	Line C2a less line C2b. Enter difference in column (b)			14,702	00	C2c	177,139
C3a	Other notes and loans receivable - attach schedule	C3a			00		
C3b	Less: allowance for doubtful accounts	C3b			00		
C3c	Line C3a less line C3b. Enter difference in column (b)				00	C3c	
C4	Inventories			101,871	00	C4	119,616
C5	Investments (securities) - attach schedule		SEE STATEMENT 5	5,283,430	00	C5	5,619,469
C6	Investments (other) - attach schedule				00	C6	
C7a	Land, buildings, and equipment; basis	C7a	5,584,572		00		
C7b	Less: accumulated depreciation - attach schedule	C7b	4,489,433		00		
C7c	Line C7a less line C7b. Enter difference in column (b)			1,255,730	00	C7c	1,095,139
C8	Other assets - describe		SEE STATEMENT 6	807,028	00	C8	1,009,928
C9	Total assets - add lines C1 through C8			8,364,774	00	C9	8,663,372
		Liabilities					
C10	Accounts payable and accrued expenses			186,516	00	C10	366,935
C11	Mortgages and other notes payable - attach schedule				00	C11	
C12	Other liabilities - describe		SEE STATEMENT 7	842,114	00	C12	640,379
C13	Total liabilities - add lines C10 through C12			1,028,630	00	C13	1,007,314
		Net Assets					
C14	Capital stock or trust principal				00	C14	
C15	Paid-in or capital surplus				00	C15	
C16	Retained earnings or accumulated income			7,336,144	00	C16	7,656,058
C17	Total net assets - add lines C14 through C16			7,336,144	00	C17	7,656,058
C18	Total liabilities and net assets - add lines C13 and C17			8,364,774	00	C18	8,663,372

PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.

Name (as shown on page 1) **SCOTTSDALE CULTURAL COUNCIL**

EIN **86-0593786**

Certification Under penalties of perjury, I declare that I have examined this return, including the accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

Please

Sign Here

Officer's Signature

Date

PRESIDENT AND CEO

Title

Paid

Preparer's **COLETTE KAMPS, CPA**

12/15/16

P00367616

Use Only Preparer's Signature

Date

Preparer's PTIN

HENRY & HORNE, LLP

Firm's Name (or Preparer's Name, if self-employed)

86-0133881

Firm's EIN or SSN

2055 E WARNER RD, STE 101

TEMPE, AZ

Firm's Address

85284

ZIP Code

(480) 839-4900

Firm's Telephone Number

Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix AZ 85072-2153

AZ 99	COST OF GOODS SOLD	STATEMENT	1
COST OF GOODS SOLD			
1. INVENTORY AT BEGINNING OF YEAR		101,871	
2. MERCHANDISE PURCHASED.	231,626		
3. COST OF LABOR.			
4. MATERIALS AND SUPPLIES			
5. OTHER COSTS.			
6. ADD LINES 1 THROUGH 5		333,497	
7. INVENTORY AT END OF YEAR		119,616	
8. COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		213,881	

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AZ 99	DEPRECIATION/AMORTIZATION EXPENSE	STATEMENT	2
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DESCRIPTION	AMOUNT
DEPRECIATION/AMORTIZATION	234,404.
TOTAL TO FORM 99, PAGE 1, LINE 18	234,404.

AZ 99	OTHER INCOME	STATEMENT	3
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DESCRIPTION	AMOUNT
OTHER INCOME	825.
TICKET SALES	2,492,817.
FACILITY RENTAL/LABOR	551,927.
FOOD & BEVERAGE SALES	131,459.
BOX OFFICE	124,252.
EARNED MEMBERSHIP DUES	103,088.
ALL OTHER PROGRAM SERVICE REVENUE	189,941.
TOTAL TO FORM 99, PAGE 1, LINE 11	3,594,309.

AZ 99	MISC EXPENSES	STATEMENT	4
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DESCRIPTION	AMOUNT
DIRECT EXPENSES OF FUNDRAISING EVENTS	244,898.
PENSION PLAN CONTRIBUTIONS	25,084.
OTHER EMPLOYEE BENEFITS	169,636.
ACCOUNTING FEES	24,850.
INVESTMENT MANAGEMENT FEES	34,312.
OTHER PROFESSIONAL FEES	168,619.
ADVERTISING AND PROMOTION	179,170.
OFFICE EXPENSES	127,632.
TRAVEL	10,256.
CONFERENCES AND CONVENTIONS	469,330.
INSURANCE	51,121.
ARTIST FEES	138,957.
PROGRAM SUPPORT	106,015.
EQUIPMENT REPAIR AND MA	56,785.
ALL OTHER EXPENSES	76,162.
TOTAL TO FORM 99, PAGE 1, LINE 19	1,882,827.

AZ 99		INVESTMENTS (SECURITIES)	STATEMENT	5
DESCRIPTION	BEG OF YEAR	END OF YEAR		
PUBLICLY TRADED SECURITIES	5,283,430.	5,619,469.		
TOTAL TO FORM 99, PAGE 2, LINE C5	5,283,430.	5,619,469.		
AZ 99		OTHER ASSETS	STATEMENT	6
DESCRIPTION	BEG OF YEAR	END OF YEAR		
PLEDGES AND GRANTS RECEIVABLE	633,100.	830,500.		
PREPAID EXPENSES AND DEFERRED CHARGES	94,536.	101,491.		
ASSETS HELD UNDER SPLIT-INTEREST AGREEMENT	71,646.	70,191.		
OTHER ASSETS	7,746.	7,746.		
TOTAL TO FORM 99, PAGE 2, LINE C8	807,028.	1,009,928.		
AZ 99		OTHER LIABILITIES	STATEMENT	7
DESCRIPTION	BEG OF YEAR	END OF YEAR		
SPLIT-INTEREST AGREEMENT	12,344.	12,344.		
DEFERRED REVENUE	829,770.	628,035.		
TOTAL TO FORM 99, PAGE 2, LINE C12	842,114.	640,379.		
AZ 99		OTHER EXPENSES	STATEMENT	8
DESCRIPTION	AMOUNT			
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES, ETC.	83,200.			
OTHER SALARIES AND WAGES	2,726,151.			
PENSION PLAN CONTRIBUTIONS	52,626.			
OTHER EMPLOYEE BENEFITS	355,888.			
PAYROLL TAXES	209,498.			
OTHER PROFESSIONAL FEES	366,125.			
OFFICE EXPENSES	480,676.			
OCCUPANCY	511,595.			
TRAVEL	60,779.			
DEPRECIATION/AMORTIZATION	58,601.			
INSURANCE	1,380.			

SCOTTSDALE CULTURAL COUNCIL

86-0593786

ARTIST FEES	1,587,350.
PUBLIC ARTS PROJECT COS	679,553.
PROGRAM SUPPORT	471,556.
EQUIPMENT REPAIR AND MA	155,691.
ALL OTHER EXPENSES	43,882.
	<hr/>
TOTAL TO FORM 99, PAGE 2, SCHEDULE A, LINE A5	7,844,551.
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For the calendar year 2012 or fiscal year beginning 07/01/12 and ending 06/30/13

CHECK ONE: Original <input type="checkbox"/> Amended <input checked="" type="checkbox"/>	PIs Type or Print	Name SCOTTSDALE CULTURAL COUNCIL	Employer identification number (EIN) 86-0593786
Business telephone number (with area code) 480-874-4615	Number and street or PO Box 7380 EAST SECOND STREET	AZ transaction privilege tax number NONE	
City or town, state and ZIP code SCOTTSDALE, AZ 85251		CHECK BOX IF: Return filed under extension. 82 F <input checked="" type="checkbox"/>	
68 Check box if: <input type="checkbox"/> This is a first return <input type="checkbox"/> Name change <input type="checkbox"/> Address change		REVENUE USE ONLY. DO NOT MARK IN THIS AREA.	
A Date Arizona operations began: <u>10/01/1975</u> B Nature of unrelated trade or business activities: <u>EVENT FACILIAION</u> C Unrelated business activity codes: <u>711300</u> D Arizona apportionment: (check only one) Multistate organizations only. <input type="checkbox"/> AIR Carrier <input type="checkbox"/> STANDARD Sales Factor <input type="checkbox"/> ENHANCED Sales Factor E Did you file an Arizona Form 99T? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No F Check federal form filed: <input checked="" type="checkbox"/> 990-T <input type="checkbox"/> Other (specify) _____ Attach a copy of the organization's federal return.		81	66

Arizona Unrelated Trade or Business Taxable Income Computation

1 Unrelated trade or business taxable income - from federal Form 990-T	1	00
2 Apportionment ratio. Multistate organizations only - see instructions	2	
3 Taxable income attributable to Arizona - line 1 multiplied by line 2 (or enter amount from line 1, if 100% Arizona)	3	00

Arizona Tax Liability Computation

4 Enter tax. Tax is 6.968 percent of line 3, or \$50, whichever is greater	4	50 00
5 Clean Elections Fund Tax Credit. SEE INSTRUCTIONS BEFORE COMPLETING THIS LINE	5	00
6 Tax liability after Clean Elections Fund tax credit - subtract line 5 from line 4	6	50 00

Tax Payments

7 Extension payment made with Arizona Form 120EXT or online	7	00
8 Estimated tax payments	8	00
9 Payment made with original return plus all payments made after it was filed - see instructions	9	00
10 Subtotal payments - add lines 7 through 9	10	00
11 Overpayments of tax from original return or later adjustments - see instructions	11	00
12 Total Payments - subtract line 11 from line 10	12	00

Computation of Total Due or Overpayment

13 Balance of tax due - If line 6 is larger than line 12, enter balance of tax due. Skip line 14	13	50 00
14 Overpayment of tax - If line 12 is larger than line 6, enter overpayment of tax	14	00
15 Penalty and interest	15	00
16 Estimated tax underpayment penalty. If Form 220 is attached, check box 16A <input type="checkbox"/>	16	00
17 TOTAL AMOUNT DUE - Add lines 13, 15, and 16. If money is due, payment must accompany return	17	50 00
18 OVERPAYMENT - see instructions	18	00
19 Amount of line 18 to be applied to 2013 estimated tax	19	00
20 Amount to be refunded - subtract line 19 from line 18	20	00

Continued on page 2 ►

Schedule A - Apportionment Formula (Multistate Organizations Only)

See instructions, pages 5 through 7.

A1 Property Factor

Value of real and tangible personal property (by averaging the value of owned property at the beginning and end of the tax period; rented property at capitalized value)

Total owned and rented property

A2 Payroll Factor

Wages, salaries, commissions and other compensation paid to employees

A3 Sales Factor

a Total sales and other gross receipts

b Weight AZ sales - (STANDARD uses X 2; ENHANCED uses X 8)

c Sales factor (for column A - multiply item a by item b; for column B - enter the amount from item a)

A4 Total ratio - add A1, A2, and A3(c), in column C

A5 Average apportionment ratio - divide line A4, column C, by the denominator (STANDARD divides by four (4); ENHANCED divides by ten (10)). Enter the result in column C, and on page 1, line 2

Limited to Unrelated Trade or Business Amounts

Column A Total Within Arizona Round to the Nearest Dollar	Column B Total Everywhere Round to the Nearest Dollar	Column C Ratio Within Arizona A ÷ B
		.
		.
X 2 OR X 8		
		.
		.
		.

Certification Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

Please Sign Here	Officer's Signature	Date	PRESIDENT AND CEO Title
Paid Preparer's Use Only	COLETTE KAMPS, CPA Preparer's Signature	12/15/16 Date	P00367616 Preparer's PTIN
	HENRY & HORNE, LLP Firm's Name (or Preparer's Name, if self-employed)		86-0133881 Firm's <input checked="" type="checkbox"/> EIN or <input type="checkbox"/> SSN
	2055 E WARNER RD, STE 101 TEMPE, AZ Firm's Address	85284 ZIP Code	(480) 839-4900 Firm's Telephone Number

Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix AZ 85072-2153