

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> SCOTTSDALE CULTURAL COUNCIL Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 7380 EAST SECOND STREET City or town, state or province, country, and ZIP or foreign postal code SCOTTSDALE, AZ 85251 <b>F Name and address of principal officer:</b> NEALE PERL SAME AS C ABOVE	<b>D Employer identification number</b> 86-0593786 <b>E Telephone number</b> 480-874-4615 <b>G Gross receipts \$</b> 13,342,838. <b>H(a) Is this a group return for subordinates?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>H(b) Are all subordinates included?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <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		
<b>J Website:</b> ▶ WWW.SCCARTS.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1987 <b>M State of legal domicile:</b> AZ

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>CREATING, PRODUCING, AND MANAGING CULTURAL, EDUCATIONAL AND ARTS (CONTINUED ON SCHEDULE O)</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	24
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	24
<b>5</b>	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	202
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	1135
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	261,470.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	100,110.
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	7,001,044.	6,743,437.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,594,042.	3,222,938.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	320,670.	337,626.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	278,787.	734,907.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,194,543.	11,038,908.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	59,000.	57,385.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	4,793,098.	5,224,419.
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,050,696.	0.	0.
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,746,520.	5,970,308.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,598,618.	11,252,112.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<404,075.>	<213,204.>
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26)	8,892,792.	8,630,991.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	947,646.	1,258,921.
<b>22</b>		7,945,146.	7,372,070.

**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.

<b>Sign Here</b>	Signature of officer NEALE PERL, CEO Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name COLETTE KAMPS, CPA Preparer's signature COLETTE KAMPS, CPA Date 12/16/16 Check if self-employed <input type="checkbox"/> 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 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 or note to any line 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 (CONTINUED ON SCHEDULE O)

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 \$ 4,880,890. including grants of \$ ) (Revenue \$ 3,052,600.) SCOTTSDALE CENTER FOR THE PERFORMING ARTS PRODUCED, PRESENTED AND HOSTED OVER 1,000 PERFORMANCES, EDUCATIONAL PROGRAMS, FESTIVALS, AND OTHER EVENTS FOR THE BENEFIT OF OVER 300,000 PEOPLE.

4b (Code: ) (Expenses \$ 1,343,920. including grants of \$ ) (Revenue \$ 145,897.) 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 \$ 1,941,609. including grants of \$ 57,385.) (Revenue \$ 9,918.) 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 99,000 PEOPLE.

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

4e Total program service expenses 8,166,419.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	X	
<b>3</b> 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
<b>4 Section 501(c)(3) organizations.</b> 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
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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	
<b>9</b> 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
<b>10</b> 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	
<b>11</b> 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.		
<b>a</b> 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>b</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
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> 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	
<b>12a</b> 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>b</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
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> 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
<b>18</b> 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	
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</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
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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
<b>24a</b> 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 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</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
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> 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 or note to any line in this Part V

Table with columns for question number, description, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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 or note to any line 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 (24); 1b Enter the number of voting members included in line 1a, above, who are independent (24); 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); 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, address, and telephone number of the person who possesses the organization's books and records: 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 or note to any line 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) BRET SASSENBERG TRUSTEE	1.00	X					0.	0.	0.	
(2) JENNIFER A. ANDERSON TRUSTEE	1.00	X					0.	0.	0.	
(3) RICH FELDER TRUSTEE	1.00	X					0.	0.	0.	
(4) SUE HASENSTEIN TRUSTEE	1.00	X					0.	0.	0.	
(5) DICK HAYSLIP TRUSTEE	1.00	X					0.	0.	0.	
(6) JOHN MORRELL TRUSTEE	1.00	X					0.	0.	0.	
(7) ANDREW CHIPPINDALL TRUSTEE	1.00	X					0.	0.	0.	
(8) DON COGMAN TRUSTEE	1.00	X					0.	0.	0.	
(9) LEONARD GUBAR TRUSTEE	1.00	X					0.	0.	0.	
(10) MARK HIEGEL TRUSTEE	1.00	X					0.	0.	0.	
(11) STEPHEN CROSBY 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) ROCK RICKERT TRUSTEE	1.00	X					0.	0.	0.	
(15) MIKE MILLER TRUSTEE, PAST CHAIR	1.00	X					0.	0.	0.	
(16) J.P. MILLON TRUSTEE	1.00	X					0.	0.	0.	
(17) TERENCE ROBERTS 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) GERRI SMITH 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) ELLEN ANDRES-SCHNEIDER CHAIR	1.00	X		X				0.	0.	0.
(23) KEN OLSON VICE CHAIR & TREASURER	1.00	X		X				0.	0.	0.
(24) ED HOWARD SECRETARY	1.00	X		X				0.	0.	0.
(25) NEALE PERL PRESIDENT & CEO	40.00			X				111,943.	0.	4,747.
(26) CORY BAKER VP PERFORMING ARTS & EDUCA	40.00				X			122,675.	0.	14,926.
<b>1b Sub-total</b>								234,618.	0.	19,673.
<b>c Total from continuation sheets to Part VII, Section A</b>								225,703.	0.	19,035.
<b>d Total (add lines 1b and 1c)</b>								460,321.	0.	38,708.

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 **4**

	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	3	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	4	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	5	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
JEFF ZISCHKE 6400 CHOLLA, SCOTTSDALE, AZ 85254	ARTIST	421,500.
CHRISTOPHER FENNEL, 5984 N CATTLETRACK ROAD, SCOTTSDALE, AZ 85250	ARTIST	200,000.
MERGE CONCEPTUAL DESIGN LLC 2417 20TH ST, SANTA MONICA, CA 90405	ARTIST	122,619.

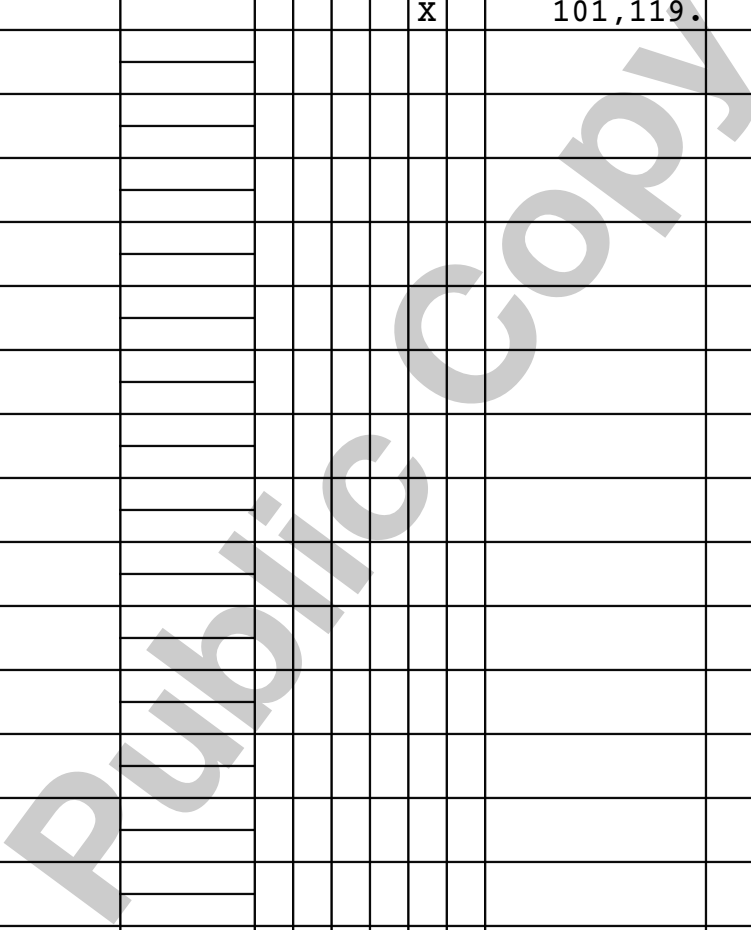
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**

SEE PART VII, SECTION A CONTINUATION SHEETS



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 (check all that apply)						(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			
(27) TIMOTHY RODGERS VP SMOCA	40.00					X		124,584.	0.	13,570.
(28) DONNA ISAAC VICE PRESIDENT	40.00					X		101,119.	0.	5,465.
Total to Part VII, Section A, line 1c .....								225,703.		19,035.



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line 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 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	255,048.				
	<b>c</b> Fundraising events	<b>1c</b>	51,372.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	5,133,161.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,303,856.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		181,393.				
	<b>h Total.</b> Add lines 1a-1f		6,743,437.				
	<b>Program Service Revenue</b>	<b>2 a</b> TICKET SALES	<b>Business Code</b>	711110	1,951,017.	1,951,017.	
<b>b</b> FACILITY RENTAL/LABOR REIMBURSEME			711300	476,354.	214,884.	261,470.	
<b>c</b> ART FESTIVAL			711300	262,770.	262,770.		
<b>d</b> FOOD AND BEVERAGE SALES			900099	192,552.	192,552.		
<b>e</b> BOX OFFICE			711110	123,790.	123,790.		
<b>f</b> All other program service revenue			611710	216,455.	216,455.		
<b>g Total.</b> Add lines 2a-2f				3,222,938.			
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)			235,053.		235,053.
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)			102,573.		102,573.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 51,372. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>		629,702.			
		<b>b</b> Less: direct expenses		141,742.			
<b>c</b> Net income or (loss) from fundraising events			487,960.			487,960.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>		487,692.				
	<b>b</b> Less: cost of goods sold		243,609.				
	<b>c</b> Net income or (loss) from sales of inventory		244,083.	244,083.			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> OTHER INCOME		900099	2,864.	2,864.			
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			2,864.			
<b>12 Total revenue.</b> See instructions.			11,038,908.	3,208,415.	261,470.	825,586.	

**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 or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21	57,385.	57,385.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	254,747.	101,899.	50,949.	101,899.
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	4,084,830.	2,938,688.	668,734.	477,408.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	75,967.	53,252.	12,596.	10,119.
9 Other employee benefits	486,367.	296,753.	103,752.	85,862.
10 Payroll taxes	322,508.	226,076.	53,473.	42,959.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	31,150.		31,150.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	36,353.		36,353.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	473,853.	307,655.	134,124.	32,074.
12 Advertising and promotion	492,323.	91,216.	388,832.	12,275.
13 Office expenses	201,016.	95,264.	88,425.	17,327.
14 Information technology				
15 Royalties				
16 Occupancy	533,125.	514,837.	13,860.	4,428.
17 Travel	47,108.	42,774.	873.	3,461.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	24,791.	17,514.	4,525.	2,752.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	238,368.	47,693.	169,213.	21,462.
23 Insurance	61,754.	16,631.	45,123.	
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 <b>ARTIST FEES</b>	1,562,750.	1,515,928.		46,822.
b <b>PUBLIC ARTS PROJECT COS</b>	928,984.	928,984.		
c <b>PROGRAM SUPPORT</b>	660,391.	566,350.	10,611.	83,430.
d <b>PRINTING AND PUBLICATIO</b>	252,427.	58,979.	149,515.	43,933.
e All other expenses	425,915.	288,541.	72,889.	64,485.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	11,252,112.	8,166,419.	2,034,997.	1,050,696.
26 <b>Joint costs.</b> 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 or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	417,685.	<b>1</b>	457,178.
	<b>2</b> Savings and temporary cash investments .....	349,727.	<b>2</b>	321,628.
	<b>3</b> Pledges and grants receivable, net .....	617,968.	<b>3</b>	789,744.
	<b>4</b> Accounts receivable, net .....	95,882.	<b>4</b>	66,819.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	128,929.	<b>8</b>	117,883.
	<b>9</b> Prepaid expenses and deferred charges .....	52,472.	<b>9</b>	139,452.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 5,597,018.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 4,855,929.	879,484.	<b>10c</b> 741,089.
	<b>11</b> Investments - publicly traded securities .....	6,269,790.	<b>11</b>	5,917,404.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	80,855.	<b>15</b>	79,794.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	8,892,792.	<b>16</b>	8,630,991.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	394,199.	<b>17</b>	470,376.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	541,103.	<b>19</b>	732,529.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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.	<b>25</b>	56,016.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	947,646.	<b>26</b>	1,258,921.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	1,274,204.	<b>27</b>	613,956.
	<b>28</b> Temporarily restricted net assets .....	1,087,427.	<b>28</b>	1,149,599.
	<b>29</b> Permanently restricted net assets .....	5,583,515.	<b>29</b>	5,608,515.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	7,945,146.	<b>33</b>	7,372,070.	
<b>34</b> Total liabilities and net assets/fund balances .....	8,892,792.	<b>34</b>	8,630,991.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,038,908.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,252,112.
3	Revenue less expenses. Subtract line 2 from line 1	3	<213,204.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,945,146.
5	Net unrealized gains (losses) on investments	5	<359,872.>
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	7,372,070.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line 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?		X
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		
b Were the organization's financial statements audited by an independent accountant?	X	
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		
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
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 (2014)

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.

OMB No. 1545-0047

2014

Open to Public Inspection

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 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 [X] 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

**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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	7,160,465.	6,122,340.	6,894,470.	7,001,044.	6,730,797.	33,909,116.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	7,160,465.	6,122,340.	6,894,470.	7,001,044.	6,730,797.	33,909,116.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						33,909,116.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 .....	7,160,465.	6,122,340.	6,894,470.	7,001,044.	6,730,797.	33,909,116.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	208,890.	224,713.	209,213.	231,483.	235,053.	1,109,352.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	88,231.	54,990.	229,286.	222,731.	146,953.	742,191.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	10,437.	5,038.	825.	981.	2,864.	20,145.
<b>11 Total support.</b> Add lines 7 through 10						35,780,804.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	15,920,664.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	94.77 %
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....	<b>15</b>	95.39 %
<b>16a 33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2013.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** 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 - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> From 2013			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2014 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> Excess from 2013			
<b>e</b> Excess from 2014			



**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.

OMB No. 1545-0047

**2014**

Open to Public Inspection

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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 value of contributions to (during year) .....		
3 Aggregate value of 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 a 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? .....

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)? .....

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) Revenue 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 Revenue 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, for escrow or custodial account liability?  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	6,342,901.	5,689,660.	5,441,678.	5,717,886.	4,999,680.
b Contributions	25,000.	10,000.		112,106.	27,955.
c Net investment earnings, gains, and losses	<50,903.>	968,550.	549,456.	<108,275.>	1,008,609.
d Grants or scholarships					
e Other expenditures for facilities and programs	291,191.	280,954.	267,162.	246,738.	285,419.
f Administrative expenses	36,353.	44,355.	34,312.	33,301.	32,939.
g End of year balance	5,989,454.	6,342,901.	5,689,660.	5,441,678.	5,717,886.

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

- a Board designated or quasi-endowment  9.60 %
- b Permanent endowment  90.40 %
- 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"/>	<input type="checkbox"/>

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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		3,270,885.	2,744,720.	526,165.
c Leasehold improvements				
d Equipment		2,167,169.	2,084,693.	82,476.
e Other		158,964.	26,516.	132,448.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				741,089.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>SPLIT-INTEREST AGREEMENT</b>	12,344.
(3) <b>CAPITAL LEASE</b>	43,672.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	56,016.

2. Liability for uncertain tax positions. 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.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	10,716,457.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	<359,872.>
<b>b</b>	Donated services and use of facilities	<b>2b</b>	73,774.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<286,098.>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	11,002,555.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	36,353.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	36,353.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	11,038,908.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	11,289,533.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	73,774.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	73,774.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	11,215,759.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	36,353.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	36,353.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	11,252,112.

**Part XIII Supplemental Information.**

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, 2015. COSTS RELATED TO COMMISSIONED WORKS OF ART WERE \$930,377 FOR THE YEAR ENDED JUNE 30, 2015. PROCEEDS FROM DEACCESSION AND INSURANCE RECOVERIES, IF ANY, ARE INCLUDED AS REVENUES. THERE WERE NO DEACCESSIONS DURING THE YEAR ENDED JUNE 30, 2015.

**PART III, LINE 4:**

432054  
10-01-14

**Part XIII** Supplemental Information (continued)

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 V, LINE 4:

SCC'S ENDOWMENT FUNDS CONSIST OF 7 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. A CERTAIN AMOUNT IS APPROPRIATED FOR EXPENDITURE EACH YEAR, BASED ON AN AVERAGE PERCENTAGE OF THE ENDOWMENT FUNDS BALANCE. AMOUNTS EXPENDED ARE ADDED TO THE ANNUAL BUDGET FOR USE WITH SMOCA, SCPA, AND GENERAL PROGRAM ACTIVITIES.

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, 2015, SCC HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public Inspection

Name of the organization

**SCOTTSDALE CULTURAL COUNCIL**

Employer identification number

**86-0593786**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
<b>Total</b> .....							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

**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 (add col. (a) through col. (c))	
		ANNUAL GALA (event type)	SMOCA MIX (event type)	1 (total number)		
Revenue	1	Gross receipts	496,054.	163,470.	21,550.	681,074.
	2	Less: Contributions	51,372.			51,372.
	3	Gross income (line 1 minus line 2)	444,682.	163,470.	21,550.	629,702.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	95,005.	29,212.	17,525.	141,742.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				141,742.
11	Net income summary. Subtract line 10 from line 3, column (d)				487,960.	

**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))
Revenue	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. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct 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: \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
 

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

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**Part IV** Supplemental Information *(continued)*

Public Copy

**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.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

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 Domestic Organizations and Domestic Governments.** 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	10,800.	0.			EDUCATION AND PERFORMANCES PROGRAMMING
DETOUR THEATRE COMPANY 4614 N ALTRA HACIENDA DRIVE PHOENIX, AZ 85918	01-0622545	3	9,600.	0.			IMPROV-BASED SKILLS WORKSHOPS
CHILDSPLAY, INC. PO BOX 517 TEMPE, AZ 85280	86-0336473	3	7,600.	0.			SCOTTSDALE SCHOOL TOURING PROGRAM
FREE ARTS OF ARIZONA 103 W HIGHLAND AVE PHOENIX, AZ 85013	86-0739613	3	5,600.	0.			COMMUNITY ART PERFORMANCE AND ART ACTIVITIES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **4.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2014)

**Part III** **Grants and Other Assistance to Domestic Individuals.** 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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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 M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

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.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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 ▶ ( <b>FOOD</b> )	X	15	90,232.	FMV
26 Other ▶ ( <b>EQUIPMENT</b> )	X	4	52,000.	FMV
27 Other ▶ ( <b>PRINTING</b> )	X	3	12,640.	FMV
28 Other ▶ ( <b>SOFTWARE</b> )	X	3	10,726.	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 through 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) (2014)

**Part II** **Supplemental Information.** 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:**

**SUPPLIES**

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 7
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 7795.
- (D) METHOD OF DETERMINING REVENUE: FMV

**MEMBERSHIP**

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 3
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 5000.
- (D) METHOD OF DETERMINING REVENUE: FMV

**BUS**

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 1
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 3000.
- (D) METHOD OF DETERMINING REVENUE: FMV

**SCHEDULE M, PART I, COLUMN (B):**

THE NUMBER NOTED IN COLUMN B OF PART I REPRESENTS THE NUMBER OF CONTRIBUTIONS.

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

SCOTTSDALE CULTURAL COUNCIL

Employer identification number

86-0593786

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ACTIVITIES FOR THE CITY OF SCOTTSDALE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PRIVATE SECTORS; AND THE 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

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

Schedule O (Form 990 or 990-EZ) (2014)

432211  
08-27-14

Name of the organization

SCOTTSDALE CULTURAL COUNCIL

Employer identification number

86-0593786

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 PRESIDENT AND CEO.

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, 2015, 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.

FORM 990, PART I, LINE 7B (NET UNRELATED BUSINESS TAXABLE INCOME) HAS BEEN CHANGED FROM 145,953 TO 100,109 AS A RESULT OF THE AMENDMENT. THIS IS THE ONLY CHANGE ON THE FORM 990 FOR THE TAX YEAR ENDING JUNE 30, 2015.

THE FOLLOWING LINES ON THE FORM 990-T HAVE BEEN CHANGED AS A RESULT OF THE AMENDMENT:

PART II, LINE 15: 85,461 (PREVIOUSLY 48,488)

PART II, LINE 19: 6,544 (PREVIOUSLY 3,716)

PART II, LINE 25: 7,361 (PREVIOUSLY 1,319)

PART II, LINE 29: 160,361 (PREVIOUSLY 114,517)

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

PART II, LINE 30: 101,109 (PREVIOUSLY 146,953)

PART II, LINE 32: 101,109 (PREVIOUSLY 146,953)

PART II, LINE 34: 100,109 (PREVIOUSLY 145,953)

PART III, LINES 35C, 39, 41, AND 43: 22,293 (PREVIOUSLY 40,172)

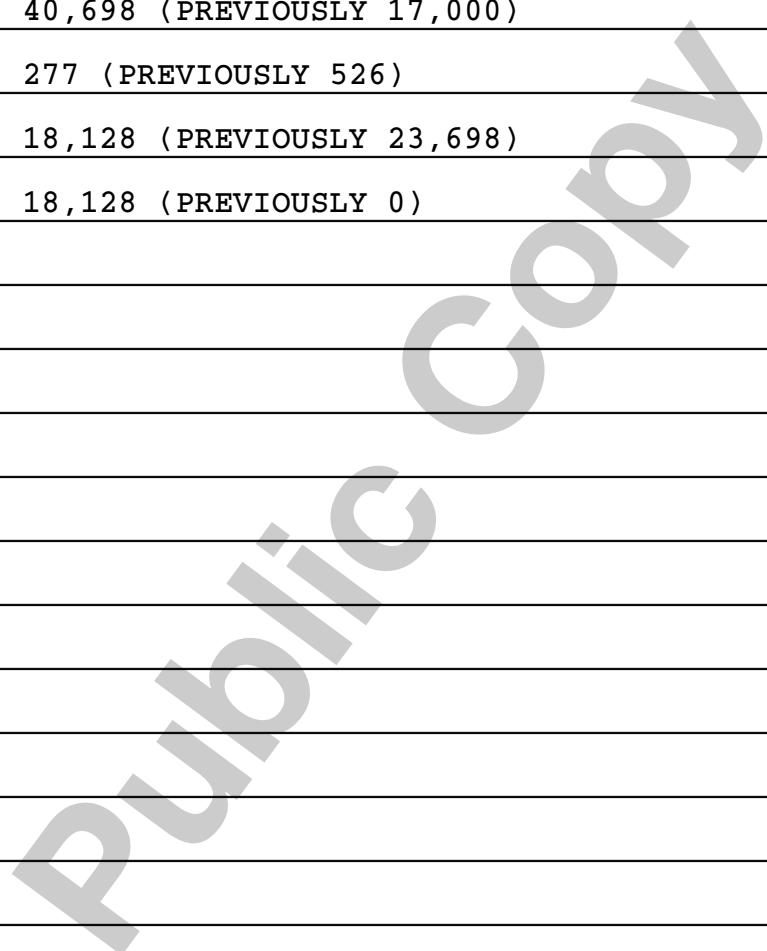
PART III, LINE 44G: 23,698 (PREVIOUSLY 0)

PART III, LINE 45: 40,698 (PREVIOUSLY 17,000)

PART III, LINE 46: 277 (PREVIOUSLY 526)

PART III, LINE 47: 18,128 (PREVIOUSLY 23,698)

PART III, LINE 49: 18,128 (PREVIOUSLY 0)



AMENDED RETURN

Form **990-T**

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

OMB No. 1545-0687

For calendar year 2014 or other tax year beginning **JUL 1, 2014**, and ending **JUN 30, 2015**

**2014**

Department of the Treasury  
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

<input type="checkbox"/> Check box if address changed	Print or Type	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions.)
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) ) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		SCOTTSDALE CULTURAL COUNCIL	86-0593786
		Number, street, and room or suite no. If a P.O. box, see instructions. <b>7380 EAST SECOND STREET</b>	E Unrelated business activity codes (See instructions.)
		City or town, state or province, country, and ZIP or foreign postal code <b>SCOTTSDALE, AZ 85251</b>	711300

C Book value of all assets at end of year **8,630,991.**

F Group exemption number (See instructions.)

G Check organization type  501(c) corporation  501(c) trust  401(a) trust  Other trust

H Describe the organization's primary unrelated business activity. ▶ **EVENT FACILIATION**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **THE ORGANIZATION** Telephone number ▶ **480-874-4615**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4 a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule) <b>STATEMENT 1</b>	12	261,470.	261,470.
13	<b>Total.</b> Combine lines 3 through 12	13	261,470.	261,470.

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.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	85,461.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	6,544.
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	7,361.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) <b>SEE STATEMENT 2</b>	28	60,994.
29	<b>Total deductions.</b> Add lines 14 through 28	29	160,360.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	101,110.
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	101,110.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	100,110.

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
(1) \$	(2) \$	(3) \$
<b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$		
(2) Additional 3% tax (not more than \$100,000) \$		
<b>c</b> Income tax on the amount on line 34		<b>35c</b> 22,293.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from:		
<input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		
<b>37 Proxy tax.</b> See instructions		<b>37</b>
<b>38 Alternative minimum tax</b>		<b>38</b>
<b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies		<b>39</b> 22,293.

**Part IV Tax and Payments**

<b>40a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>40a</b>	
<b>b</b> Other credits (see instructions)	<b>40b</b>	
<b>c</b> General business credit. Attach Form 3800	<b>40c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>40d</b>	
<b>e Total credits.</b> Add lines 40a through 40d	<b>40e</b>	
<b>41</b> Subtract line 40e from line 39	<b>41</b>	22,293.
<b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	<b>42</b>	
<b>43 Total tax.</b> Add lines 41 and 42	<b>43</b>	22,293.
<b>44a</b> Payments: A 2013 overpayment credited to 2014	<b>44a</b>	
<b>b</b> 2014 estimated tax payments	<b>44b</b>	17,000.
<b>c</b> Tax deposited with Form 8868	<b>44c</b>	
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>44d</b>	
<b>e</b> Backup withholding (see instructions)	<b>44e</b>	
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)	<b>44f</b>	
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input checked="" type="checkbox"/> Other 23,698. Total	<b>44g</b>	23,698.
<b>45 Total payments.</b> Add lines 44a through 44g	<b>45</b>	40,698.
<b>46</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>46</b>	277.
<b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed	<b>47</b>	
<b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	<b>48</b>	18,128.
<b>49</b> Enter the amount of line 48 you want: Credited to 2015 estimated tax Refunded	<b>49</b>	18,128.

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b> At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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

<b>1</b> Inventory at beginning of year	<b>1</b>		<b>6</b> Inventory at end of year	<b>6</b>	
<b>2</b> Purchases	<b>2</b>		<b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	
<b>3</b> Cost of labor	<b>3</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
<b>4a</b> Additional section 263A costs (att. schedule)	<b>4a</b>				
<b>b</b> Other costs (attach schedule)	<b>4b</b>				
<b>5</b> Total. Add lines 1 through 4b	<b>5</b>				

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

<b>Sign Here</b>	Signature of officer	Date	CEO	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	COLETTE KAMPS, CPA				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	COLETTE KAMPS, CPA	COLETTE KAMPS, CPA	12/16/16		P00367616
	Firm's name	HENRY & HORNE, LLP			Firm's EIN
	2055 E WARNER RD, STE 101			Phone no. (480) 839-4900	
	Firm's address			TEMPE, AZ 85284	

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

1. Description of property

(1)			
(2)			
(3)			
(4)			
<b>2. Rent received or accrued</b>		<b>3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)</b>	
<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</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)		
(1)			
(2)			
(3)			
(4)			
Total	0.	Total	0.
<b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) <span style="float: right;">▶</span>		<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) <span style="float: right;">▶</span>	
		0.	

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

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



**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 schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....		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)						
<b>Totals</b> .....		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)						
<b>Totals</b> (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)						
<b>Totals from Part I</b> .....		0.	0.			0.
<b>Totals, Part II</b> (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)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			0.

FORM 990-T	OTHER INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
LABOR REIMBURSEMENT		70,334.	
FACILITY RENTAL		86,921.	
EQUIPMENT REIMBURSEMENT		74,114.	
OTHER OPERATIONS REIMBURSEMENT		30,101.	
TOTAL TO FORM 990-T, PAGE 1, LINE 12		261,470.	

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	2
DESCRIPTION		AMOUNT	
CUSTODIAL, SECURITY, SUPPORT		31,362.	
OTHER MISCELLANEOUS EXPENSE		19,535.	
EQUIPMENT		10,097.	
TOTAL TO FORM 990-T, PAGE 1, LINE 28		60,994.	

FORM 990-T	OTHER CREDITS AND PAYMENTS	STATEMENT	3
DESCRIPTION		AMOUNT	
PAYMENT WITH RETURN		23,698.	
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART IV, LINE 44G		23,698.	

Public Copy

Name **SCOTTSDALE CULTURAL COUNCIL** Employer identification number **86-0593786**

**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

<b>Part I Required Annual Payment</b>			
1	Total tax (see instructions) .....	1	22,293.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	2a	
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	2b	
2c	Credit for federal tax paid on fuels (see instructions) .....	2c	
2d	<b>Total.</b> Add lines 2a through 2c .....	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....	3	22,293.
4	Enter the tax shown on the corporation's 2013 income tax return (see instructions). <b>Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5</b> .....	4	33,081.
5	<b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....	5	22,293.

<b>Part II Reasons for Filing</b> - Check the boxes below that apply. If any boxes are checked, the corporation <b>must</b> file Form 2220 even if it does not owe a penalty (see instructions).	
6	<input type="checkbox"/> The corporation is using the adjusted seasonal installment method.
7	<input type="checkbox"/> The corporation is using the annualized income installment method.
8	<input type="checkbox"/> The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

<b>Part III Figuring the Underpayment</b>		(a)	(b)	(c)	(d)
9	<b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	10/15/14	12/15/14	03/15/15	06/15/15
10	<b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column. ....	5,573.	5,574.	5,573.	5,573.
11	Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15 .....				17,000.
<i>Complete lines 12 through 18 of one column before going to the next column.</i>					
12	Enter amount, if any, from line 18 of the preceding column .....				
13	Add lines 11 and 12 .....				17,000.
14	Add amounts on lines 16 and 17 of the preceding column .....		5,573.	11,147.	16,720.
15	Subtract line 14 from line 13. If zero or less, enter -0- .....	0.	0.	0.	280.
16	If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....		5,573.	11,147.	
17	<b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	5,573.	5,574.	5,573.	5,293.
18	<b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....				

**Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.**  
LHA For Paperwork Reduction Act Notice, see separate instructions. Form 2220 (2014)

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)	<b>19</b>			
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2014 and before 7/1/2014	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\%}{365}$	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 06/30/2014 and before 10/1/2014	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\%}{365}$	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2014 and before 1/1/2015	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\%}{365}$	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2014 and before 4/1/2015	<b>27</b>	<b>SEE ATTACHED WORKSHEET</b>		
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\%}{365}$	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2015 and before 7/1/2015	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2015 and before 10/01/2015	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2015 and before 1/1/2016	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2015 and before 2/16/2016	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{366}$	<b>36</b> \$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36	<b>37</b> \$	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120; line 33; or the comparable line for other income tax returns	<b>38</b>			\$ <b>277.</b>

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.



• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**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.

4 I request an additional 3-month extension of time until **MAY 15, 2016**.

5 For calendar year       , or other tax year beginning **JUL 1, 2014**, and ending **JUN 30, 2015**.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension  
**THE INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE. WE REQUEST THE ADDITIONAL TIME TO FILE.**

<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	0.
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.

**Signature and Verification must be completed for Part II only.**

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

Signature  Title  **CPA** Date

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

- 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](http://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.

**Enter filer's identifying number**

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

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

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 (other than individual)	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, 2016**, 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, 2014**, and ending **JUN 30, 2015**.

**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

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For the  calendar year 2014 or  fiscal year beginning 07/01/14 and ending 06/30/15

<b>CHECK ONE:</b> <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amended Business Telephone Number (with area code) <b>480-874-4615</b>	Name <b>SCOTTSDALE CULTURAL COUNCIL</b>	Employer Identification Number (EIN) <b>86-0593786</b>
	Address - number and street or PO Box <b>7380 EAST SECOND STREET</b>	
	City, Town or Post Office <b>SCOTTSDALE, AZ 85251</b>	State ZIP Code

**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,**

**C** Federal form filed:  990  990-EZ  Other (specify) \_\_\_\_\_

**Include a copy of the organization's federal return.**

**CHECK BOX IF return filed under extension:**

**82 C**  3-month federal

**82 F**  6-month Arizona/federal

**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

**REVENUE USE ONLY. DO NOT MARK IN THIS AREA.**

**88**

**81 PM**  **66 RCVD**

**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, **include a schedule** that lists the following ownership information: 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 included a copy of the dispensary's federal return with its Arizona Form 120S or Form 165 when it was filed; do not include a copy of the same return with this form. **Otherwise, include a copy of the dispensary's federal return.**

**Sources of Income**

1	Gross sales from business activities	1	1,117,394	00	STMT 1
2	Less cost of goods sold or of operations: Include itemized statement	2	243,609	00	
3	Gross profit from business activities: Subtract line 2 from line 1	3	873,785	00	
4	Interest	4	235,053	00	
5	Dividends	5		00	
6	Rents and royalties	6		00	
7	Gain or (loss) from sales of assets, excluding inventory items	7	102,573	00	
8	Dues, assessments, etc., from members	8	255,048	00	
9	Dues, assessments, etc., from affiliates	9		00	
10	Contributions, gifts, grants, etc., received	10	6,488,389	00	
11	Other income: Include itemized statement	11	3,225,802	00	
12	Total income: Add lines 3 through 11	12	11,180,650	00	

**Administrative Expenses**

13	Compensation of officers, directors, trustees, etc.	13	152,848	00	STATEMENT 2 STATEMENT 5
14	Salaries and wages other than amounts included on line 2	14	1,146,142	00	
15	Interest	15		00	
16	Taxes	16	96,432	00	
17	Rent expense	17	18,288	00	
18	Depreciation: Include schedule	18	190,675	00	
19	Miscellaneous expenses: Include itemized statement	19	1,623,050	00	
20	Total expenses: Add lines 13 through 19	20	3,227,435	00	

**Disbursements**

21	Disbursements from current income for exempt purposes from page 2, line A6	21	8,166,419	00	STATEMENT 3
22	Disbursements from principal for exempt purposes from page 2, line B6	22		00	
23	Other disbursements not itemized on Schedule A or Schedule B: Include schedule	23	359,872	00	

**Accumulation of Income**

24	Accumulation of income in current year: Line 12 less the sum of lines 20, 21, 22, and 23	24	<573,076	00
25	Accumulation of income at beginning of year	25	7,945,146	00
26	Accumulation of income at end of year: Add lines 24 and 25	26	7,372,070	00

**Penalty**

27	Penalty for late filing or incomplete filing. See instructions	27		00
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THE BUSINESS IS SUBJECT TO A PENALTY IF THIS RETURN IS FILED LATE OR IS INCOMPLETE. A.R.S. § 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	57,385	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	8,109,034	00		STATEMENT 8
A6 Total: Add lines A1 through A5. Enter total here and on page 1, line 21 .....	A6			8,166,419	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**

**NOTE:** Amounts used in included schedules and in this column should be end of year amounts.

Assets		(a) Beginning of Year	(b) End of Year
C1 Cash .....		767,412	778,806
C2a Accounts receivable .....	C2a	00	
C2b Less - allowance for doubtful accounts .....	C2b	00	
C2c Line C2a less line C2b. Enter difference in column (b) .....		95,882	66,819
C3a Other notes and loans receivable: Include schedule .....	C3a	00	
C3b Less - allowance for doubtful accounts .....	C3b	00	
C3c Line C3a less line C3b. Enter difference in column (b) .....			00
C4 Inventories .....		128,929	117,883
C5 Investments (securities): Include schedule .....		6,269,790	5,917,404
C6 Investments (other): Include schedule .....			00
C7a Land, buildings, and equipment; basis: .....	C7a	5,597,018	00
C7b Less - accumulated depreciation: Include schedule .....	C7b	4,855,929	00
C7c Line C7a less line C7b. Enter difference in column (b) .....		879,484	741,089
C8 Other assets (describe): <b>SEE STATEMENT 6</b> .....		751,295	1,008,990
C9 <b>Total assets: Add lines C1 through C8</b> .....		8,892,792	8,630,991
Liabilities			
C10 Accounts payable and accrued expenses .....		394,199	470,376
C11 Mortgages and other notes payable: Include schedule .....			00
C12 Other liabilities (describe): <b>SEE STATEMENT 7</b> .....		553,447	788,545
C13 <b>Total liabilities: Add lines C10 through C12</b> .....		947,646	1,258,921
Net Assets			
C14 Capital stock or trust principal .....			00
C15 Paid-in or capital surplus .....			00
C16 Retained earnings or accumulated income .....		7,945,146	7,372,070
C17 <b>Total net assets: Add lines C14 through C16</b> .....		7,945,146	7,372,070
C18 <b>Total liabilities and net assets: Add lines C13 and C17</b> .....		8,892,792	8,630,991

PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.

Name (as shown on page 1) <b>SCOTTSDALE CULTURAL COUNCIL</b>	EIN <b>86-0593786</b>
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<b>Declaration</b>	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.		
<b>Please Sign Here</b>	OFFICER'S SIGNATURE	DATE	<b>CEO</b> TITLE
<b>Paid Preparer's Use Only</b>	<b>COLETTE KAMPS, CPA</b> PAID PREPARER'S SIGNATURE	<b>12/16/16</b> DATE	<b>P00367616</b> PAID PREPARER'S PTIN
	<b>HENRY &amp; HORNE, LLP</b> FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)		<b>86-0133881</b> FIRM'S <input checked="" type="checkbox"/> EIN OR <input type="checkbox"/> SSN
	<b>2055 E WARNER RD, STE 101</b> FIRM'S STREET ADDRESS		<b>(480) 839-4900</b> FIRM'S TELEPHONE NUMBER
	<b>TEMPE, AZ</b> CITY		<b>85284</b> ZIP CODE
		STATE	

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

Public Copy

AZ 99	COST OF GOODS SOLD	STATEMENT	1
COST OF GOODS SOLD			
1. INVENTORY AT BEGINNING OF YEAR . . . . .			128,929
2. MERCHANDISE PURCHASED. . . . .	232,563		
3. COST OF LABOR. . . . .			
4. MATERIALS AND SUPPLIES . . . . .			
5. OTHER COSTS. . . . .			
6. ADD LINES 1 THROUGH 5 . . . . .			361,492
7. INVENTORY AT END OF YEAR . . . . .			117,883
8. COST OF GOODS SOLD (LINE 6 LESS LINE 7) . . . . .			243,609

Public Copy

AZ 99	DEPRECIATION/AMORTIZATION EXPENSE	STATEMENT	2
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DESCRIPTION	AMOUNT
DEPRECIATION/AMORTIZATION	190,675.
TOTAL TO FORM 99, PAGE 1, LINE 18	190,675.

AZ 99	OTHER DISBURSEMENTS	STATEMENT	3
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DESCRIPTION	AMOUNT
UNREALIZED GAIN	359,872.
TOTAL TO FORM 99, PAGE 1, LINE 23	359,872.

AZ 99	OTHER INCOME	STATEMENT	4
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DESCRIPTION	AMOUNT
OTHER INCOME	2,864.
TICKET SALES	1,951,017.
FACILITY RENTAL/LABOR	476,354.
ART FESTIVAL	262,770.
FOOD AND BEVERAGE SALE	192,552.
BOX OFFICE	123,790.
ALL OTHER PROGRAM SERVICE REVENUE	216,455.
TOTAL TO FORM 99, PAGE 1, LINE 11	3,225,802.

AZ 99	MISC EXPENSES	STATEMENT	5
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DESCRIPTION	AMOUNT
DIRECT EXPENSES OF FUNDRAISING EVENTS	141,742.
PENSION PLAN CONTRIBUTIONS	22,715.
OTHER EMPLOYEE BENEFITS	189,614.
ACCOUNTING FEES	31,150.
INVESTMENT MANAGEMENT FEES	36,353.
OTHER PROFESSIONAL FEES	166,198.
ADVERTISING AND PROMOTION	401,107.
OFFICE EXPENSES	105,752.
TRAVEL	4,334.

CONFERENCES AND CONVENTIONS	7,277.
INSURANCE	45,123.
ARTIST FEES	46,822.
PROGRAM SUPPORT	94,041.
PRINTING AND PUBLICATIO	193,448.
ALL OTHER EXPENSES	137,374.
<b>TOTAL TO FORM 99, PAGE 1, LINE 19</b>	<b>1,623,050.</b>

AZ 99 OTHER ASSETS STATEMENT 6

DESCRIPTION	BEG OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	617,968.	789,744.
PREPAID EXPENSES AND DEFERRED CHARGES	52,472.	139,452.
ASSETS HELD UNDER SPLIT-INTEREST AGREEMENT	73,109.	72,048.
OTHER ASSETS	7,746.	7,746.
<b>TOTAL TO FORM 99, PAGE 2, LINE C8</b>	<b>751,295.</b>	<b>1,008,990.</b>

AZ 99 OTHER LIABILITIES STATEMENT 7

DESCRIPTION	BEG OF YEAR	END OF YEAR
SPLIT-INTEREST AGREEMENT	12,344.	12,344.
CAPITAL LEASE	0.	43,672.
DEFERRED REVENUE	541,103.	732,529.
<b>TOTAL TO FORM 99, PAGE 2, LINE C12</b>	<b>553,447.</b>	<b>788,545.</b>

AZ 99 OTHER EXPENSES STATEMENT 8

DESCRIPTION	AMOUNT
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES, ETC.	101,899.
OTHER SALARIES AND WAGES	2,938,688.
PENSION PLAN CONTRIBUTIONS	53,252.
OTHER EMPLOYEE BENEFITS	296,753.
PAYROLL TAXES	226,076.
OTHER PROFESSIONAL FEES	307,655.
ADVERTISING AND PROMOTION	91,216.
OFFICE EXPENSES	95,264.
OCCUPANCY	514,837.
TRAVEL	42,774.
CONFERENCES AND CONVENTIONS	17,514.

DEPRECIATION/AMORTIZATION	47,693.
INSURANCE	16,631.
ARTIST FEES	1,515,928.
PUBLIC ARTS PROJECT COS	928,984.
PROGRAM SUPPORT	566,350.
PRINTING AND PUBLICATIO	58,979.
ALL OTHER EXPENSES	288,541.
TOTAL TO FORM 99, PAGE 2, SCHEDULE A, LINE A5	8,109,034.

Public Copy

For the  calendar year 2014 or  fiscal year beginning 07/01/14 and ending 06/30/15

<b>CHECK ONE:</b> <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amended	Name <b>SCOTTSDALE CULTURAL COUNCIL</b>	Employer Identification Number (EIN) <b>86-0593786</b>
Business Telephone Number (with area code) <b>480-874-4615</b>	Address - number and street or PO Box <b>7380 EAST SECOND STREET</b>	
	City, Town or Post Office <b>SCOTTSDALE, AZ 85251</b>	State ZIP Code
<b>68</b> Check box if: <input type="checkbox"/> This is a first return <input type="checkbox"/> Name change <input type="checkbox"/> Address change		
<b>A</b> Date Arizona operations began ..... <u>10/01/1975</u>		
<b>B</b> Nature of unrelated business activities: <u>STATEMENT 9</u>		
<b>C</b> Unrelated business activity codes: <u>711300</u>		
<b>D</b> ARIZONA apportionment for multistate organizations only (check one box): <input type="checkbox"/> AIR Carrier <input type="checkbox"/> STANDARD <input type="checkbox"/> ENHANCED		
<b>E</b> <input type="checkbox"/> Check this box to elect to be treated as a multistate service provider, if qualified (include Schedule MSP). Indicate year of election <input type="checkbox"/> Yr 1 <input type="checkbox"/> Yr 2 <input type="checkbox"/> Yr 3 <input type="checkbox"/> Yr 4 <input type="checkbox"/> Yr 5		
<b>F</b> Did you file an Arizona Form 99? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>G</b> Check federal form filed: <input checked="" type="checkbox"/> 990-T <input type="checkbox"/> Other (specify) _____		
<b>Include a copy of the organization's federal return.</b>		
<b>CHECK BOX IF return filed under extension:</b> <input checked="" type="checkbox"/> 82 <input type="checkbox"/> 82F <input checked="" type="checkbox"/> 88		
<b>REVENUE USE ONLY. DO NOT MARK IN THIS AREA.</b>		
<input checked="" type="checkbox"/> 88		
<input checked="" type="checkbox"/> 81 PM		<input checked="" type="checkbox"/> 66 RCVD

**Arizona Unrelated Business Taxable Income Computation**

1 Unrelated business taxable income - from federal Form 990-T .....	1	100,110	00
2 Additions related to Arizona tax credits claimed .....	2		00
3 Subtotal: Add line 1 and line 2 .....	3	100,110	00
4 Apportionment ratio for multistate organizations only: See instructions .....	4	.	
5 Taxable income attributable to Arizona: Line 3 multiplied by line 4 (or if 100% Arizona, enter amount from line 3) .....	5	100,110	00

**Arizona Tax Liability Computation**

6 Enter tax: Tax is 6.5 percent of line 5, or \$50, whichever is greater .....	6	6,507	00
7 Tax from recapture of tax credits from Arizona Form 300, Part 2, line 31 .....	7		00
8 Subtotal: Add line 6 and line 7 .....	8	6,507	00
9 Nonrefundable tax credits from Arizona Form 300, Part 2, line 56 .....	9		00
10 Credit type: Enter form number for each nonrefundable credit claimed: <u>10</u> <u>3</u> <u>3</u> <u>3</u> <u>3</u> .....			
11 Tax liability: Subtract line 9 from line 8 .....	11	6,507	00

**Tax Payments**

12 Refundable tax credits: Check box(es) and enter amt: <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 308 <input type="checkbox"/> 342 <input type="checkbox"/> 349 .....	12		00
13 Extension payment made with Arizona Form 120EXT or online .....	13		00
14 Estimated tax payments .....	14	4,800	00
15 Amended returns: Payment made with original return plus all payments made after it was filed: See instructions .....	15	4,818	00
16 Subtotal payments: Add lines 12 through 15 .....	16	9,618	00
17 Overpayments of tax from original return or later adjustments: See instructions .....	17		00
18 Total Payments: Subtract line 17 from line 16 .....	18	9,618	00

**Computation of Total Due or Overpayment**

19 Balance of tax due: If line 11 is larger than line 18, enter balance of tax due. Skip line 20 .....	19		00
20 Overpayment of tax: If line 18 is larger than line 11, enter overpayment of tax .....	20	3,111	00
21 Penalty and interest .....	21		00
22 Estimated tax underpayment penalty: If Form 220 is included, check this box ..... 22A <input checked="" type="checkbox"/>	22	68	00
23 <b>TOTAL AMOUNT DUE:</b> Add lines 19, 21, and 22. If money is due, non-EFT payment must accompany return .....	23	68	00
24 <b>OVERPAYMENT:</b> See instructions .....	24	3,043	00
25 Amount of line 24 to be applied to 2015 estimated tax .....	25		00
26 Amount to be refunded: Subtract line 25 from line 24 .....	26	3,043	00

Continued on page 2 →

**Schedule A Apportionment Formula (Multistate Organizations Only)**

**IMPORTANT:** Qualifying air carriers must use Arizona Schedule ACA.  
 Qualifying multistate service providers must include Arizona Schedule MSP.  
 See instructions, pages 8, 9, and 10.

**A1 Property Factor**

- a 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 .....
- b Weight AZ property: (STANDARD uses x 1; ENHANCED uses x 7.5)
- c Property factor (for column A, multiply line a by line b; for column B, enter amount from line a) .....

**A2 Payroll Factor**

- a Wages, salaries, commissions and other compensation paid to employees .....
- b Weight AZ payroll: (STANDARD uses x 1; ENHANCED uses x 7.5) ...
- c Payroll factor (for column A, multiply line a by line b; for column B, enter amount from line a) .....

**A3 Sales Factor**

- a Sales delivered or shipped to Arizona purchasers .....
- b Sales of services for qualifying multistate service providers only (include Schedule MSP) .....
- c Other gross receipts .....
- d Total sales and other gross receipts .....
- e Weight AZ sales: (STANDARD uses x 2; ENHANCED uses x 85) .....
- f Sales factor (For column A, multiply line d by line e; for column B, enter the amount from line d) .....

**A4 Total Ratio:** Add A1c, A2c, and A3f, in column C .....

**A5 Average Apportionment Ratio:** Divide line A4, column C, by the denominator (STANDARD divides by four (4); ENHANCED divides by one hundred (100)). Enter the result in column C, and on page 1, line 4 .....

LIMITED TO UNRELATED BUSINESS AMOUNTS		
COLUMN A Total Within Arizona Round to nearest dollar.	COLUMN B Total Everywhere Round to nearest dollar.	COLUMN C Ratio Within Arizona A ÷ B
X 1 OR X 7.5		
X 1 OR X 7.5		
X 2 OR X 85.0		

<b>Declaration</b>	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.		
<b>Please Sign Here</b>	OFFICER'S SIGNATURE	DATE	CEO TITLE
<b>Paid Preparer's Use Only</b>	COLETTE KAMPS, CPA	12/16/16	P00367616
	PAID PREPARER'S SIGNATURE	DATE	PAID PREPARER'S PTIN
	HENRY & HORNE, LLP		86-0133881
	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)		FIRM'S <input checked="" type="checkbox"/> EIN OR <input type="checkbox"/> SSN
	2055 E WARNER RD, STE 101		(480) 839-4900
	FIRM'S STREET ADDRESS		FIRM'S TELEPHONE NUMBER
	TEMPE, AZ		85284
	CITY	STATE	ZIP CODE

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



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FORM AZ 99T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	9
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EVENT FACILIATION

TO FORM AZ 99T, PAGE 1

Public Copy

Include with the corporation's return.

For the calendar year 2014 or fiscal year beginning 07/01/14 and ending 06/30/15.

Name as shown on Form 99T, 120, 120A, 120S

SCOTTSDALE CULTURAL COUNCIL

Employer identification number (EIN)

86-0593786

In most cases, the taxpayer DOES NOT HAVE TO FILE Form 220. (See Part A below for exceptions.) The department will compute any penalty due and bill the taxpayer. (If the taxpayer does not have to file Form 220, the form may still be used to compute the penalty. Enter the amount of the penalty on the estimated tax underpayment penalty line of the taxpayer's return. Do not check the box on that line of the return or include Form 220 with the return.)

**Part A Reasons for Filing Form 220**

Check the boxes below that apply to the taxpayer. If any box is checked, the taxpayer must file Form 220 with the taxpayer's tax return, even though no penalty is due. See page 2 of the instructions.

- 1  The taxpayer is using the annualized income installment method.
- 2  The taxpayer is using the adjusted seasonal installment method.
- 3  **Forms 120 and 120A only:** The taxpayer is a "large corporation" computing its first required installment based on the prior taxable year's tax liability.
- 4  **Form 120S only:** The taxpayer is computing its required annual payment based on an amount equal to the sum of:
  - (a) ninety percent of the portion of the current taxable year's liability attributable to built-in gains income or certain capital gains income; plus
  - (b) one hundred percent of the portion of the prior taxable year's tax liability attributable to excess net passive income.

**Part B Calculation of Underpayment**

5	2014 Arizona tax liability from Form 99T, line 11 less line 12; or Form 120, line 21 less line 22; or Form 120A, line 13 less line 14; or Form 120S, line 17 less line 18. Taxpayers with a claim of right tax calculation. See instructions	5	6,507	00		
6	REQUIRED ANNUAL PAYMENT:					
a	Enter 90 percent of line 5	6a	5,856	00		
b	Forms 99T, 120, and 120A: Enter the tax as shown on the 2013 return. See instructions	6b	8,903	00		
c	Form 120S. See instructions	6c		00		
d	Forms 99T, 120, and 120A: Enter the smaller of line 6a or line 6b. Form 120S. Enter the smaller of line 6a or line 6c	6d	5,856	00		
7	<b>Installment due dates:</b> In columns (a) through (d), enter the 15th day of the 4th, 6th, 9th, and 12th months of the taxable year	7	(a) 10/15/14	(b) 12/15/14	(c) 03/16/15	(d) 06/15/15
8	<b>Required installments:</b> If the box on line 1 and/or line 2 above is checked, enter the amounts from Schedule A, Part III, line 48. If the box on line 3 above is checked (but not the box on line 1 or line 2), see instructions, page 3, for the amounts to enter. If the box on line 4 above is checked, or if none of these boxes are checked, enter 25 percent of line 6d in each column	8	1,464	1,464	1,464	1,464
9	<b>Estimated tax paid or credited for each period</b> (see instructions pages 3 and 4): <b>For column (a) only</b> skip lines 10 through 12. Enter the amount from line 9 on line 13	9				4,800
<b>Complete lines 10 through 16 of one column before completing the next column.</b>						
10	<b>For columns (b) through (d) only:</b> Enter the amount, if any, from line 16 of the preceding column	10				
11	<b>For columns (b) through (d) only:</b> Add lines 9 and 10. Enter the total	11				4,800
12	<b>For columns (b) through (d) only:</b> Add the amounts on lines 14 and 15 of the preceding column	12		1,464	2,928	4,392
13	<b>For columns (b) through (d) only:</b> Subtract line 12 from line 11. If zero or less, enter zero	13		0	0	408
14	<b>For columns (b) and (c) only:</b> If the amount on line 13 is zero, subtract line 11 from line 12. Otherwise, enter zero	14		1,464	2,928	
15	<b>Underpayment:</b> If line 13 is less than or equal to line 8, subtract line 13 from line 8. Then, go to line 10 of the next column (see instructions page 4). Otherwise, go to line 16	15	1,464	1,464	1,464	1,056
16	<b>Overpayment:</b> If line 8 is less than line 13, subtract line 8 from line 13. Then, go to line 10 of the next column	16				

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**Part C Penalty Calculation**

		(a)	(b)	(c)	(d)
<b>17 Forms 120 and 120A:</b> Enter the date of payment or the 15th day of the 4th month after the close of the taxable year, whichever is earlier. <b>Form 120S:</b> Use 3rd month instead of 4th month. <b>Form 99T:</b> Use 5th month instead of 4th month	<b>17</b>	<b>SEE ATTACHED WORKSHEET</b>			
<b>18</b> Number of days from due date of installment on line 7 to the date shown on line 17	<b>18</b>	Days:	Days:	Days:	Days:
<b>19</b> Number of days on line 18 after 4/15/2014 and before 7/1/2014	<b>19</b>	Days:	Days:	Days:	Days:
<b>20</b> Underpayment on line 15 x Number of days on line 19 x 3% 365	<b>20</b>				
<b>21</b> Number of days on line 18 after 6/30/2014 and before 10/1/2014	<b>21</b>	Days:	Days:	Days:	Days:
<b>22</b> Underpayment on line 15 x Number of days on line 21 x 3% 365	<b>22</b>				
<b>23</b> Number of days on line 18 after 9/30/2014 and before 1/1/2015	<b>23</b>	Days:	Days:	Days:	Days:
<b>24</b> Underpayment on line 15 x Number of days on line 23 x 3% 365	<b>24</b>				
<b>25</b> Number of days on line 18 after 12/31/2014 and before 4/1/2015	<b>25</b>	Days:	Days:	Days:	Days:
<b>26</b> Underpayment on line 15 + compounding, if applicable x Number of days on line 25 x 3% 365	<b>26</b>				
<b>27</b> Number of days on line 18 after 3/31/2015 and before 7/1/2015	<b>27</b>	Days:	Days:	Days:	Days:
<b>28</b> Underpayment on line 15 + compounding, if applicable x Number of days on line 27 x *% 365	<b>28</b>				
<b>29</b> Number of days on line 18 after 6/30/2015 and before 10/1/2015	<b>29</b>	Days:	Days:	Days:	Days:
<b>30</b> Underpayment on line 15 + compounding, if applicable x Number of days on line 29 x *% 365	<b>30</b>				
<b>31</b> Number of days on line 18 after 9/30/2015 and before 1/1/2016	<b>31</b>	Days:	Days:	Days:	Days:
<b>32</b> Underpayment on line 15 + compounding, if applicable x Number of days on line 31 x *% 365	<b>32</b>				
<b>33</b> Number of days on line 18 after 12/31/2015 and before 3/15/2016	<b>33</b>	Days:	Days:	Days:	Days:
<b>34</b> Underpayment on line 15 + compounding, if applicable x Number of days on line 33 x *% 365	<b>34</b>				
<b>35</b> Add lines 20, 22, 24, 26, 28, 30, 32, and 34	<b>35</b>				
<b>36 Penalty Limitation:</b> In columns (a) through (d), list the smaller of Part B, line 15 x 10% OR the amount from Part C, line 35	<b>36</b>				
<b>37 Penalty:</b> Add columns (a) through (d) of line 36. Enter the total here and on Form 99T, line 22; or Form 120, line 29; or Form 120A, line 21; or Form 120S, line 25	<b>37</b>			68	00

\* Percentage rate to be announced

Continued on page 3 →

**UNDERPAYMENT OF ESTIMATED TAX WORKSHEET**  
AZ

Name(s) <b>SCOTTSDALE CULTURAL COUNCIL</b>	Identifying Number <b>86-0593786</b>
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(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
10/15/14	1,464.	1,464.	61	.000082192	7.
12/15/14	1,464.	2,928.	90	.000082192	22.
03/15/15	1,464.	4,392.	73	.000082192	26.
05/27/15	<4,800.>	<408.>			
06/15/15	1,464.	1,056.	154	.000082192	13.

Penalty Due (Sum of Column F). .....	<b>68.</b>
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\* Date of estimated tax payment, withholding credit date or installment due date.