			_	EXTE	ENDED T	O MAY 15	, 2017			_
	<b>9</b>	חנ	Retu	rn of Orga	anizatio	on Exemp	ot From	Income	Tax	OMB No. 1545-0047
Form	J	50		501(c), 527, or 49						<b>2015</b>
		the Treasury		o not enter socia	-		-	-		Open to Public
		ue Service		nformation about				.irs.gov/form990 JUN 30,		Inspection
				ear beginning	JUL 1,	2015	and ending	<b></b>		
B Cl ap	heck if plicable		f organization					D Employer	Identificat	lion number
	Addres	s SCOI	TADALE C	ULTURAL C						
	]Name ]change			COTTSDALE				-	86-059	93786
	Initial return			.0. box if mail is not		eet address)	Room/suit	_		/
	Final return/			COND STRE		oor addroody	1100111/041			74-4615
	termin- ated	City or t	own, state or pro	ovince, country, a	nd ZIP or fore	eign postal code		G Gross receipt	ts \$	11,960,455.
	Amende return		TSDALE,			0		H(a) Is this a	group retu	rn
	Applica	F Name a	nd address of p	rincipal officer: <b>NE</b>	EALE PE	RL			ordinates?	
	pending	SAME	AS C ABO					H(b) Are all sub	ordinates inclu	Ided? Yes No
			X 501(c)(3)	501(c) (	)◀ (insert	no.) 🔲 4947(a	ι)(1) or 📃 52	27 If "No,"	attach a lis	t. (see instructions)
			SCCARTS.	ORG				H(c) Group e		
			X Corporation	Trust	Association	Other ►	L Yea	ar of formation: 1	<u>987 м</u> s	State of legal domicile: $\operatorname{AZ}$
Pa		Summary						DRADUGT		15
8	1 E	Briefly describ	be the organizati	on's mission or m	ost significan	t activities: CR	EATING,	PRODUCI	NG, AI	
and	-			AL, EDUCA						
Governance				e organization dis		-				ets. 24
ĝ			•	the governing bo						24
ര്				g members of the						199
itie				nployed in calenda stimate if necessa					···· – – – – – – – – – – – – – – – – –	1100
Activities &				nue from Part VIII,					····	215,952.
Ă				e income from Fo						75,055.
								Prior Yea		Current Year
a	8 (	Contributions	and grants (Par	t VIII, line 1h)			Г	6,743,	437.	6,515,974.
Revenue				t VIII, line 2g)				3,222,		3,484,218.
Seve				column (A), lines 3					626.	313,199.
"	11 (	Other revenue	e (Part VIII, colun	nn (A), lines 5, 6d,	8c, 9c, 10c, a	and 11e)			907.	271,843.
				ough 11 (must eq		( )/	12)	11,038,		10,585,234.
				aid (Part IX, colum	, n	3)		57,	385.	80,000.
				rs (Part IX, columr				E 224	0.	0.
ses				employee benefit		lumn (A), lines 5	-10)	5,224,	<u>419</u> .	5,061,283. 0.
Expense			-	(Part IX, column (A		1,134	803			0.
ă				art IX, column (D), nn (A), lines 11a-1				5,970,	308.	5,522,725.
				17 (must equal Pa				11,252,		10,664,008.
		-		ract line 18 from li				-213,		-78,774.
Sec			expenses. eub.					Beginning of Curre		End of Year
Net Assets or Fund Balances	<b>20</b> T	rotal assets (	Part X, line 16)					8,630,		9,232,662.
dBa			(Part X, line 26)					1,258,	921.	2,206,500.
Fun	<b>22</b> N	Vet assets or	fund balances.	Subtract line 21 fr	om line 20			7,372,	070.	7,026,162.
Pa		Signatur								
									-	nowledge and belief, it is
true,	correct	, and complete	. Declaration of pre	eparer (other than of	ficer) is based	on all information	of which prepar	er has any knowle	dge.	
		Cianatur	a of officer					Deta		
Sign			e of officer	CEO.				Date		
Here	•		<b>E PERL</b> , print name and title	CEO						
		,			Duancing	alapatives		Date	Chack	I PTIN
Paid		Print/Type pre	•	СРА		signature TE KAMDS	CDA	05/08/17	Check	

	i interspected a name	r reparer e erginatare		.,			
		COLETTE KAMPS, CPA	05/08/				
	Firm's name 🕨 HENRY & HORNE, L			Firm's EIN 🕨 86-0133881			
Use Only	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)							
532001 12-1	6-15 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form <b>990</b> (2015)			

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2015) SCOTTSDALE CULTURAL COUNCIL	86-0593786	Page
Par	t 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		יוסט
	THE DEVELOPMENT OF NEW AND EXCITING CULTURAL INIT		ЈСП
	COMMUNITY; THE ENCOURAGEMENT OF ACTIVE PARTICIPAT		V
		NUED ON SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not lis	ted on	-
	the prior Form 990 or 990-EZ?		XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any progra	am services? Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and alloc		
	revenue, if any, for each program service reported.	ations to others, the total expenses, a	IIIU
4a	(Code: ) (Expenses \$ 4,814,503 · including grants of \$	) (Revenue \$ 3,330,0	081.
	SCOTTSDALE CENTER FOR THE PERFORMING ARTS PRODUCE	ED, PRESENTED AND	
	HOSTED OVER 1,000 PERFORMANCES, EDUCATIONAL PROGR		D
	OTHER EVENTS FOR THE BENEFIT OF OVER 300,000 PEOF	PLE.	
4b	(Code: ) (Expenses \$ 1,133,694. including grants of \$	) (Revenue \$ 177, 5	583.
	SCOTTSDALE MUSEUM OF CONTEMPORARY ART EXHIBITIONS		
	(SMOCA) PRESENTS EXHIBITIONS, LECTURES, EDUCATION		HER
	ACTIVITIES ATTENDED BY APPROXIMATELY 47,000 PEOPL	JE.	
4c	(Code: ) (Expenses \$ 1,672,402. including grants of \$ 80,00	00.) (Revenue \$ 25,5	760.
10	TO ENHANCE THE CULTURAL ENVIRONMENT OF THE CITY C		
	SCOTTSDALE PUBLIC ART INITIATED, INSTALLED, AND M		
	PERMANENT AND TEMPORARY ART INSTALLATIONS AT NUME		
	ACCESSIBLE LOCATIONS IN ADDITION TO PROVIDING FRE	EE EVENTS, EXHIBITIO	ONS,
	AND WORKSHOPS ATTENDED BY OVER 99,000 PEOPLE.		
4d	Other program services (Describe in Schedule O.)		
14	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 7,620,599.	,	
32002		Form <b>9</b> 9	<b>90</b> (2015
2-16-	<sup>15</sup> 2		
80	508 758365 0503362 2015.05070 SCOTTSDALE CU	LTURAL COUNCIL 0503	3621
		0001,011 0000	

Form 990 (2015)

SCOTTSDALE CULTURAL COUNCIL

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
f	5 1 ,		х	
10	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Λ	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		х	
L	Schedule D, Parts XI and XII	12a		<u> </u>
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13 14a		13 14a		X
14a b		140		<u> </u>
U U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u> </u>
.0	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	- 10		<u> </u>
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		x

Form **990** (2015)

532003 12-16-15

Form	aan	(2015)	
	330	(2013)	

SCOTTSDALE CULTURAL COUNCIL

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 1	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		x
06	Schedule L, Part I	25b		
26	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</i> "Yes,"			
		26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
•	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
~-	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0-		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	х	
	note him out out are required to complete outedule o	00		

Form **990** (2015)

532004 12-16-15

Form	990 (2015) SCOTTSDALE CULTURAL COUNCIL 86-0593	786	Р	age 5
Pa	t 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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 191			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 199			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_	v	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
	to file Form 8282?	7c		X
d		_		v
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	•		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a			
a L	Initiation fees and capital contributions included on Part VIII, line 12       10a         Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b			
b 11	Section 501(c)(12) organizations. Enter:			
11	Gross income from members or shareholders 11a			
a b	Gross income from other sources (Do not net amounts due or paid to other sources against			
b				
120	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	Iza		
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	IJd		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans <b>13b</b>			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
	in real, has three a round zo to report these payments : in real, provide an explanation in Schedule O		000	(2015)

Form **990** (2015)

532005 12-16-15

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Form 990 (2015)
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SCOTTSDALE CULTURAL COUNCIL

Χ

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				
ect	tion A. Governing Body and Management			1	<b>-</b>
		1.1	24	Yes	╀
	Enter the number of voting members of the governing body at the end of the tax year	1a	24		l
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		~ .		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	24		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any other			
	officer, director, trustee, or key employee?		2		
3	Did the organization delegate control over management duties customarily performed by or under th	e direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?		3		
	Did the organization make any significant changes to its governing documents since the prior Form S				T
	Did the organization become aware during the year of a significant diversion of the organization's as				t
	Did the organization have members or stockholders?				t
	Did the organization have members, stockholders, or other persons who had the power to elect or a				t
			7a		
	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, s		<u>1a</u>		$^+$
	persons other than the governing body?		7b		+
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			v	ł
	The governing body?			X	╀
b	Each committee with authority to act on behalf of the governing body?		8b	X	1
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		
ect	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)			_
				Yes	
0a	Did the organization have local chapters, branches, or affiliates?		10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such cl				Ι
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			X	t
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,			t
			12a	X	L
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			X	t
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y		120		$^{+}$
			12c	x	
	in Schedule O how this was done			X	╉
	Did the organization have a written whistleblower policy?			X	+
	Did the organization have a written document retention and destruction policy?		14		╉
	Did the process for determining compensation of the following persons include a review and approva	•			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	The organization's CEO, Executive Director, or top management official				Ļ
	Other officers or key employees of the organization		15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				I
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranged	ment with a			1
	taxable entity during the year?		16a		ſ
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua				T
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga				
	exempt status with respect to such arrangements?		16b		I
	tion C. Disclosure				-
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright AZ$				
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	(Section 501/0)/2)0 07		ble	
		080101 301(0)(3)8 01	ny) availa		
	for public inspection. Indicate how you made these available. Check all that apply.	in Cohortula ()			
-		in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	ntlict of interest policy,	and final	ncial	
	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 bo	oks and records:			
20	THE ORGANIZATION - 480-874-4615	oks and records:			
0		oks and records: ►		n <b>990</b>	

Part VII	Compensation of Office	ers, Directors,	Trustees, Key	y Employees,	Highest (	Compensated
	Employees, and Indep	endent Contra	ctors			

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 report-

able 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.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos	itior	) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer ar	nd a d I	recto	or/trus	itee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for	or di	ee			sated		organization	(W-2/1099-MISC)	from the
	related organizations	'ustee	trust		ee	npen		(W-2/1099-MISC)		organization and related
	below	dual tr	tional		nploy	st cor	-			organizations
	line)	ndivic	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			e gameaterie
(1) DON COGMAN	1.00				×	1 0	<u> </u>			
TRUSTEE		X						0.	0.	0.
(2) RICH FELDER	1.00									
TRUSTEE		X						0.	0.	0.
(3) LEONARD GUBAR	1.00									
TRUSTEE		X						0.	0.	0.
(4) RICHARD HAYSLIP	1.00									
TRUSTEE		X						0.	0.	0.
(5) JP MILLON	1.00									
TRUSTEE		Х						0.	0.	0.
(6) TERRY ROBERTS, M.D.	1.00									
TRUSTEE		Х						0.	0.	0.
(7) DIANA SMITH	1.00									
TRUSTEE		Х						0.	0.	0.
(8) VICKI SMITH	1.00									_
TRUSTEE		Х						0.	0.	0.
(9) BRET SASSENBERG	1.00									_
TRUSTEE		х						0.	0.	0.
(10) KATHY WILLS	1.00									
TRUSTEE		Х						0.	0.	0.
(11) MICHAEL MEDICI	1.00									•
TRUSTEE		X						0.	0.	0.
(12) MASON CAVE	1.00								0	0
TRUSTEE	1 00	X						0.	0.	0.
(13) TOM CLARK	1.00								0	0
TRUSTEE (SINCE 09/2015)	1 00	X						0.	0.	0.
(14) SUZANNE DIAMOND	1.00								0	0
TRUSTEE (SINCE 09/2015)	1 00	X						0.	0.	0.
(15) ROSARY HERNANDEZ	1.00								0	0
TRUSTEE (SINCE 11/2015)	1 00	X						0.	0.	0.
(16) PEGGY KAPNER	1.00									_
TRUSTEE (SINCE 01/2016)	1 00	X		<u> </u>				0.	0.	0.
(17) PETER LARSON	1.00	v						0.	0.	0.
TRUSTEE (SINCE 06/2016)		X						<u> </u>	0.	Form <b>990</b> (2015)

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Form 990 (2015)

2015.05070 SCOTTSDALE CULTURAL COUNCIL 05033621

Form 990 (2015) SCOTTSDA	LE CULT	URZ	AL	CC	וטכ	NC	ΙL		86-0593	786	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	ompensated Employe	es (continued)			
(A) Name and title	<b>(B)</b> Average hours per week	box	not c , unle	Pos check ess pe nd a d	more rson	than is bo	th an	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	am	(F) timate iount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated emplovee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fro orga and	pensa om the anizat d relat nizatie	e ion ed
(18) HOPE LEIBSOHN TRUSTEE (SINCE 03/2016)	1.00	x						0.	0.			0.
(19) CHRIS IRISH TRUSTEE	1.00	x						0.	0.			0.
(20) ELLEN ANDRES-SCHNEIDER TRUSTEE, PAST CHAIR	1.00	x						0.	0.			0.
(21) ANDREW CHIPPINDALL CHAIR	1.00	x		x				0.	0.			0.
(22) GERRI SMITH VICE CHAIR	1.00	x		x				0.	0.			0.
(23) SUE HASENSTEIN SECRETARY	1.00	x		x				0.	0.			0.
(24) JEFFREY BEYERSDORFER TREASURER	1.00	x		x				0.	0.			0.
(25) NEALE PERL PRESIDENT & CEO	40.00			x				295,239.	0.	20	6,2	00.
(26) MALLARD D. OWEN, PH.D. CHIEF OF OPERATIONS & FINANCE	40.00			x				114,537. 409,776.	0.		3,0 9,2	
1b Sub-total c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A				)	) <i>.</i>		217,722.	0.	1:	1,1 0,3	82.
<ul> <li>2 Total number of individuals (including but in compensation from the organization)</li> </ul>			-				ho re	-	-		.,.	4
3 Did the organization list any <b>former</b> officer											Yes	No
line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> <b>4</b> For any individual listed on line 1a, is the s	um of reportab	ole co	omp	ensa	atior	n an	d otł	her compensation from		3	v	X
<ul> <li>and related organizations greater than \$15</li> <li>Did any person listed on line 1a receive or</li> </ul>	accrue compe	nsat	ion f	from	any	y un	relat	ed organization or indiv		4	X	X
rendered to the organization? If "Yes," con Section B. Independent Contractors	npiete Schedul	e J 1	or si	ucn	pers	son				5		Λ
<ol> <li>Complete this table for your five highest co the organization. Report compensation for</li> </ol>										sation f	rom	
(A) Name and business	s address	N	ONI	E				(B) Description of s	services (	<b>(C</b> Comper		n
2 Total number of independent contractors	(including but r	not li	mite	ed to	tho	se li	sted	l above) who received n	nore than			
\$100,000 of compensation from the organ SEE PART VII, SECTIO	ization 🕨				(	0				Form		2015
532008 12-16-15		1					111	010		Form	590 (ž	2015)

Form 990 SCOTTSDAI	LE CULTU	JRA	AL	CC	JUC	NC:	ГL		86-059	3786
Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	byee	es, a	nd I	ligh	est	Compensated Employ	rees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition	1		Reportable	Reportable	Estimated
	hours	(cl	hecł	k all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					oyee		the	organizations	compensation
	(list any	recto				empl		organization	(W-2/1099-MISC)	from the
	hours for related	e or di	tee			sated		(W-2/1099-MISC)		organization
	organizations	rustee	l trus		ee	npen				and related organizations
	below	d ual t	ıtiona		Uplo	st cor	5			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) TIMOTHY RODGERS	40.00	_	_	-	-	_	_			
VICE PRESIDENT						x		114,991.	0.	11,182.
(28) DONNA ISAAC	40.00							111/0010		
VICE PRESIDENT	40.00					x		102,731.	0.	0.
								102,751.	0.	
		1								
		<u> </u>	<u> </u>	<u> </u>	$\vdash$	-	<u> </u>			
					$\vdash$					
						r				
					r -					
			ľ							
Total to Part VII, Section A, line 1c								217,722.		11,182.

532201 04-01-15

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
irant		Membership dues		275,574.				
۳ ۳		Fundraising events		95,500.				
Contributions, Gifts, Grants and Other Similar Amounts		Related organizations		,				
		Government grants (contributi	······	4,819,787.				
ŝ		All other contributions, gifts, grant		, ,				
but	-	similar amounts not included abov		1,325,113.				
Ö	a	Noncash contributions included in lines		262,408.				
aŭ	-	Total. Add lines 1a-1f			6,515,974.			
				Business Code				
8	2 a	TICKET SALES		711110	2,192,608.	2,192,608.		
Program Service Revenue	b	FACILITY RENTAL/LABOR H	REIMBURSEME	711300	440,179.	224,227.	215,952.	
Sul	с	ART FESTIVAL		711300	277,813.	277,813.		
leve	d	FOOD AND BEVERAGE SALES	S	900099	188,704.	188,704.		
l Б С Ц	е	BOX OFFICE		711110	116,910.	116,910.		
ه ا	f	All other program service reve	nue	611710	268,004.	268,004.		
	g	Total. Add lines 2a-2f		►	3,484,218.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		►	271,737.			271,737.
	4	Income from investment of tax	k-exempt bond p	proceeds 🕨				
	5	Royalties		<b>&gt;</b>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
		Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		🕨				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	892,220					
	b	Less: cost or other basis						
		and sales expenses	850,758.					
		Gain or (loss)						
		Net gain or (loss)		▶	41,462.			41,462.
ne	8 a	Gross income from fundraising						
ven		including \$ 95						
Re		contributions reported on line		277 504				
Other Reven		Part IV, line 18		-				
₽		Less: direct expenses		270,909.	6 695			6 695
		Net income or (loss) from fund		▶	6,685.			6,685.
	9 a	Gross income from gaming ac						
	h	Part IV, line 19						
		Less: direct expenses						
		Gross sales of inventory, less		····· 🕨				
	iu a	and allowances		503,900.				
	h	Less: cost of goods sold		253,554.				
		Net income or (loss) from sales		<b></b>	250,346.	250,346.		
		Miscellaneous Revenue		Business Code	.,			
	11 a	OTHER INCOME		900099	14,812.	14,812.		
	b				,	, ,		
	c							
		All other revenue						
		Total. Add lines 11a-11d		<b></b>	14,812.			
	12	Total revenue. See instructions.		<b>&gt;</b>	10,585,234.	3,533,424.	215,952.	319,884.
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2015.05070 SCOTTSDALE CULTURAL COUNCIL 05033621

#### SCOTTSDALE CULTURAL COUNCIL Statement of Revenue

Form 990 (2015) Part VIII

Part IX Statement of Functional Expenses

SCOTTSDALE CULTURAL COUNCIL

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

	heck if Schedule O contains a respon mounts reported on lines 6b, 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
	ther assistance to domestic organizations		·		•
	c governments. See Part IV, line 21	80,000.	80,000.		
	other assistance to domestic				
	See Part IV, line 22				
	other assistance to foreign				
-	ns, foreign governments, and foreign				
	See Part IV, lines 15 and 16				
	id to or for members				
	ion of current officers, directors,	434,065.	149,282.	159,845.	124,938
	n not included above, to disqualified	434,003.	149,202.	135,045.	124,550
-	defined under section 4958(f)(1)) and		4		
	ribed in section 4958(c)(3)(B)				
	es and wages	3,807,021.	2,939,567.	479,736.	387,718
	accruals and contributions (include	5,007,0210	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2.57.50	,,10
	() and 403(b) employer contributions)	77,987.	56,833.	13,963.	7.191
	byee benefits	423,056.	317,909.	41,573.	7,191 63,574
	s	319,154.	228,076.	57,430.	33,648
	vices (non-employees):			.,	
	nt				
		27,050.		27,050.	
				,	
	fundraising services. See Part IV, line 17				
	management fees	35,885.		35,885.	
	e 11g amount exceeds 10% of line 25,				
	mount, list line 11g expenses on Sch 0.)	490,147.	303,880.	138,656.	47,611
2 Advertising	and promotion	528,905.	133,780.	356,875.	38,250
3 Office expe	nses	67,229.	8,071.	54,267.	4,891
	technology				
		482,406.	296,347.	177,804.	8,255
1 <b>7</b> Travel		35,082.	27,451.	4,610.	3,021
8 Payments c	of travel or entertainment expenses				
for any fede	eral, state, or local public officials				
9 Conference	s, conventions, and meetings	29,575.	22,340.	3,746.	3,489
	o affiliates	0.4.0 0.0.1			0
2 Depreciatio	n, depletion, and amortization	248,021.	176,095.	44,644.	27,282
3 Insurance		74,770.	13,553.	56,517.	4,700
above. (List r 24e amount e	es. Itemize expenses not covered niscellaneous expenses in line 24e. If line exceeds 10% of line 25, column (A) ine 24e expenses on Schedule 0.)				
a ARTIST		1,485,317.	1,485,317.		
	M SUPPORT	773,751.	575,198.	8,395.	190,158
	ARTS PROJECT COS	440,648.	440,648.		
-	NG AND PUBLICATIO	254,468.	57,334.	172,487.	24,647
e All other exp		549,471.	308,918.	75,123.	165,430
	nal expenses. Add lines 1 through 24e	10,664,008.	7,620,599.	1,908,606.	1,134,803
	Complete this line only if the organization	-		-	
	olumn (B) joint costs from a combined				
-	ampaign and fundraising solicitation.				
Check here	if following SOP 98-2 (ASC 958-720)				

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Form **990** (2015)

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SCOTTSDALE CULTURAL COUNCIL Part X Balance Sheet

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

(A) Beginning of year         (B) Edition of year           1         Cash - non-interest bearing         457,178.         1         648,225.           2         Savings and temporary cash investments         321,628.         2         334,293.           2         National scewable, net         789,744.         3         467,659.           4         Accounts necevable, net         66,819.         4         71,646.           5         Lans and other receivables from ournent and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L         6         6           6         Lans and other receivables from other disqualified persons (as defined under section 4858(c)(3),8, and contributing employees and sponsoring organizations of section 511(c)(8) voluntary employees beneficiary organizations of section 511(c)(8) voluntary employees and sponsoring organizations of section 511(c)(8) voluntary employees beneficiary organizations (additional section 4958(c)(3), ensertion 495(c) (10, 11, 11, 12, 12, 139, 190.           10         Land, building, and exiperment (addition for			Check if Schedule O contains a response or not	e to an	y line in this Part X			
2       Savings and temporary cash investments       321, 628, 2       384, 293.         3       Pledges and grants receivable, net       789, 744, 3       467, 659.         4       Counts receivable, net       66, 819, 4       71, 646.         5       Laans and other receivables from other disqualified persons (as defined under section 4958(0)), persons described in section 4958(0)(30), and contributing employees and sponsoring organizations of section 501(c)(9) voluntary employees is eneficiary organizations of section 501(c)(9) voluntary employees and depended depreciation       6         10       Loans and other receivable, net       7         10       Loans and clearer con orber       117, 883.         11       Investments - publicly traded securities       5, 917, 404.         11       Investments - publicly traded securities       5, 917, 404.         12       Investments - program cleads. See Part IV, line 11       13         13       Investments - program cleads. See Part IV, line 11       14         14       79, 794.       15       152, 355.         16       Total assets. See Part IV, line 11       13       14         14       Total assets. Counnet and former offices, dicectors, trustary apable </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>								
2       Savings and temporary cash investments       321, 628, 2       384, 293.         3       Pledges and grants receivable, net       789, 744, 3       467, 659.         4       Counts receivable, net       66, 819, 4       71, 646.         5       Laans and other receivables from other disqualified persons (as defined under section 4958(0)), persons described in section 4958(0)(30), and contributing employees and sponsoring organizations of section 501(c)(9) voluntary employees is eneficiary organizations of section 501(c)(9) voluntary employees and depended depreciation       6         10       Loans and other receivable, net       7         10       Loans and clearer con orber       117, 883.         11       Investments - publicly traded securities       5, 917, 404.         11       Investments - publicly traded securities       5, 917, 404.         12       Investments - program cleads. See Part IV, line 11       13         13       Investments - program cleads. See Part IV, line 11       14         14       79, 794.       15       152, 355.         16       Total assets. See Part IV, line 11       13       14         14       Total assets. Counnet and former offices, dicectors, trustary apable </td <th></th> <th>1</th> <td>Cash - non-interest-bearing</td> <td></td> <td></td> <td>457,178.</td> <td>1</td> <td>648,225.</td>		1	Cash - non-interest-bearing			457,178.	1	648,225.
3       Pledge and grame monovable, net       789,744.3       467,659.         4       Accounts receivables from current and former officers, directors, trustees, key employees, and highest componsated employees. Complete       71,646.         9       Pread of the receivables from current and former officers, directors, trustees, key employees, and highest componsated employees. Complete       5         9       Pread of Schedule L       5         6       100       5         7       Notes and loans receivables from other disqualified persons (as defined under section 4580(ft)), person desorbed in section 4580(ft)), and onthouting employees in deformed charges       137,883.         9       Prepad expenses and cloans receivable, net       137,78,881.         10a       6,778,881.       741,089.         11       Investments - program-related. See Part IV, line 11       133,452.       9         11       Investments - program-related. See Part IV, line 11       133       134         11       Investments - program-related. See Part IV, line 13       14       152,355.         16       Other assets. See Part IV, line 14       13       14         11       Intragible assets       170,376.       14       152,355.         17       Accounts payable and accrued exponses       470,376.       14         18		2	•			321,628.		384,293.
4       Accounts receivable, net       56,819.4       71,646.         5       Leans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L       5         6       Leans and other receivables from other disqualified persons (as defined under section 4958(h(1)), persons described in section 4958(h(2)(8), and contributing employees and sponsoring organizations (see inst). Complete Part II of Sch.       7         7       Notes and obser receivable, net       7       7         8       Inventices for sale or use       1177, 883.8       139, 190.         9       Prepaid expenses and deferred charges       133, 452.9       23, 691.         10a       6, 778, 881.       5, 917, 404.111       5, 622, 398.         11       Investments. publicly thadd securities       5, 917, 404.111       5, 623, 391.116         12       Investments. publicly thadd securities       5, 917, 404.111       112.2, 355.         13       Intrestments. publicly thadd securities       5, 633, 991.116       9, 233, 662.2         14       Intangule assets. Add lines 11 frough 53       732, 529.116       9, 233, 2652.         14       Intangule assets. Add lines 01 frouts equal line 34)       732, 529.196       678, 4455.         20       Eacrow or custoial account liabilitis       22							3	
5       Laans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete       5         6       Laans and other receivables from other disqualified persons (as defined under section 4958(f)), persons described in action 4958(c)(8), and contributing employees' beneficiary organizations (see instr). Complete Part II of Sch L.       6         7       Notes and loans receivable, not       6         8       Inventories for sale or use       117, 883.         9       Prepaid expenses and deferred charges       139, 452.         10a       6, 778, 881.       139, 190.         11a       117, 883.       139, 190.         11b       Lans, buildings, and equipment: cost or other basis. Complete Part II of Sch Adu D       5, 917, 404.       11, 742, 705.         11       Investments. other socurities. See Part IV, line 11       113       114       114         11       Intraspite assets.       66, 738, 681.       124       124         12       Investments. other socurities. See Part IV, line 11       133       133, 452.       9       13, 742, 705.         13       Investments. other socurities. See Part IV, line 11       134       144       152, 355.         14       Intargible assets       79, 794.       15, 92, 352.       156.       16, 63, 991.       16 <th></th> <th></th> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
Part II of Schedule L     5       B Lans and other receivables from other disqualified persons (as defined under section 4958(r)(1)), persons desorbed in section 4958(r)(2) voluntary employees' beneficiary organizations of section 501 (c)(2) voluntary employees' beneficiary organizations of section 501 (c)(2) voluntary employees' beneficiary organizations (see inst). Complete Part II of Sch L     6       7     Notes and loans neceivable, net     7       8     Inventories for sale or use     117,883.8     139,190.       9     Prepaid expenses and deferred charges     139,452.9     23,691.       10a     6,778,881.     5     5       10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D     10a     6,778,881.       11     Investments - publicity traded securities     5,917,404.11     5,602,898.       11     Investments - publicity traded securities     5,917,404.11     5,602,898.       12     Investments - publicity traded securities     5,917,404.11     5,602,898.       13     Investments - programeitated. See Part IV, line 11     13     14       14     6     732,529.19     678,445.       15     Total assets. Add lines 1 through 15 (must equal line 44)     8,630,991.16     9,232,662.       16     732,529.19     678,445.     20       21     Eastorw or custodial account lability. Complete Part IV of Schedule D     21 <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>-</th> <th></th>							-	
Part II of Schedule L       5         6       Loans and other receivables from other disqualified persons (as defined under section 4958(r)(1), persons described in section 501(c)(9) voluntary employees' beneficiary organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see insth). Complete Part II of Sch L       6         7       Notes and loans receivable, net       7         8       inventories for sale or use       7         9       repaid expenses and deferred charges       139, 4522.         10a       6, 778, 881.       6         b Less: accumulated depreciation       10a       6, 778, 881.         b Less: accumulated depreciation       10a       6, 778, 881.         11       investments. other securities. See Part IV, line 11       13         12       investments. other securities. See Part IV, line 11       13         13       investments. other securities. See Part IV, line 11       13         14       intangole assets.       470, 375.       14         15       Other assets. Add lines 1 through 15 (must equal line 34)       732, 529.       18       678, 445.         20       21       22       20       21       22       22         21       22       23       24       24       24       24         21		_						
6       Loans and other receivables from other disqualified persons (as defined under section 4958(r)(1), persons described in section 4958(r)(2)(8), and contributing employees' beneficiary organizations (see inst). Complete Part II of Sch L       6         7       Notes and case receivable, net employees' beneficiary organizations (see inst). Complete Part II of Sch L       6         10       117,883.8       1339,190.         9       Prepaid expenses and deferred charges       139,452.9       23,691.         10a       6,778,881.       6       1,742,705.         11       Investments - publicly traded securities       5,917,404.11       5,602,898.         12       Investments - publicly traded securities       5,917,404.11       5,602,898.         13       Investments - program related. See Part IV, line 11       13         14       Intarget related securities.       5,917,404.11       5,235.5         15       Total assets. Add lines 1 through 15 (must equal line 34)       732,523.19       678,445.         14       Scourds payable and accrued expenses       732,523.19       678,445.         16       Total assets. Add lines 1 through 15 (must equal line disqualified persons.       22       22         15       Secured mortgages and notes payable to unrelated thrid parties.       24       24         20       21       22							5	
section 4958(t)(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 inst). Complete Part II of Sch L		6					-	
employers and sponsoring organizations of section 501(c)(8) voluntary       6         7       Notes and loans recordvable, net       7         8       Inventories for sale or use       117,883.8       139,190.         9       Prepaid expenses and detired charges       139,452.9       23,691.         10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       6,778,881.         11       Investments - publicly traded securities       5,917,404.11       5,602,898.         11       Investments - publicly traded securities       5,917,404.11       5,602,898.         11       Investments - publicly traded securities       7       403,398.1         11       Investments - program-related. See Part IV, line 11       11       11         11       Intraspite assets. Add lines 11 through 15 (must equal line 24)       8,630,991.16       9,232,662.         17       Accounts payable and accrued expenses       470,376.17       403,338.         18       Grants payable       732,529.19       678,445.         20       Itservent count liabilities       20       22         21       Escrow or custodia daccount liability. Complete Part IV of Schedule D       24       24         20       Itserveny or custodia daccount liabilities       24       <			-	-				
employees' beneficiary organizations (see instr). Complete Part II of Sch L       6         7       Notes and loans receivable, net       117, 283.         8       Inventries for sale or use       117, 283.         9       Prepaid expenses and deferred charges       139, 452.       9       23, 691.         10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D       10a       6, 778, 881.       7       1, 742, 705.         11       Investments - publicly traded securities       10a       6, 778, 881.       12       1, 742, 705.         11       Investments - publicly traded securities       5, 917, 404.       11       5, 602, 898.         12       Investments - publicly traded securities       5, 917, 404.       13       11         14       Intargible assets       See Part IV, line 11       13       14         15       Other assets. See Part IV, line 11       79, 794.       15       152, 355.         16       Total assets. Add lines 1 through 15 (must equal line 34)       8, 630, 991.       16       9, 232, 662.         17       Accounts payable and accrued expenses       470, 376.       17       403, 398.         20       Tax exempt bond liabilities       20       21       22         21       Cost an								
7       Notes and loars receivable, net       7         8       Inventories for sale or use       117,883.8       139,190.         9       Prepaid expenses and deferred charges       139,452.9       23,691.         10a       Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D       10a       6,778,881.         10a       6,778,881.       741,089.10c       1,742,705.         11       Investments - publicly traded securities       5,917,404.11       5,602,898.         12       Investments - other securities. See Part IV, line 11       13       14         11       Investments - other securities. See Part IV, line 11       13       14         12       Investments - program-related. See Part IV, line 11       13         14       Intangible assets       7       403,398.         16       Total assets. Add lines 1 through 15 (must equal line 34)       732,529.19       678,445.         17       Accounts payable and accrued expenses       470,376.17       403,398.         18       Grants payable       10       6,613,991.16       9.232,662.         12       Loans and other payables to current and former offices, directors, trustes, key employees, highest compensated employees, and disqualified persons.       20       21         22	0						6	
6       8       Inventories for sale or use       117,883.       8       139,190.         9       Prepaid expenses and deferred charges       139,452.       9       23,691.         10a       6,778,881.       139,452.       9       23,691.         11       Ivestments - publicity traded socurities       5,036,176.       741,089,100.       1,742,705.         11       Investments - publicity traded socurities       5,917,404.       11       5,602,898.         12       Investments - publicity traded socurities       5,917,404.       11       5,602,898.         13       Investments - publicity traded socurities       5,917,404.       13       14         14       Intagible assets       5,917,404.       11       5,602,898.         14       Intagible assets       5,917,404.       13       14         15       Other assets, See Part IV, line 11       13       14       15,917.       403,398.         16       Grants payable and accrued expenses       470,376.       17       403,398.       18         19       Deferred revenue       732,529.       18       9       22,662.         21       Loans and other payables to current and former officers, directors, trustees, key employees, highest compenstated employees.		7			F		7	
9       Prepaid expenses and deferred charges       139,452.9       23,691.         10a       Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D       10a       6,778,881.         b       Less: accumulated depreciation       10b       5,036,176.       741,089.10c       1,742,705.         11       Investments - publicly traded securities       5,917,404.11       5,602,898.       12         13       Investments - program-related. See Part IV, line 11       13       12         14       Intangible assets       79,794.15       152,355.         16       Total assets. Acd lines 1 through 15 (must equal line 34)       8,630,991.16       9,232,662.         17       Accounds payable and accrued expenses       470,376.17       403,398.         19       Deferred revenue       732,529.19       678,445.         20       Escrow or custodial account liability. Complete Part IV of Schedule D       21       21         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       22         23       Secured nortagaes and otes payable to unrelated third parties       23       24         24       Unservert and sand disqualified persons.       24       25       1,124,657.         26       Total liabilities. Add lines 1	ξ	8				117,883.	8	139,190.
10aLand, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D10a6,778,881. 10b741,089.10c1,742,705.11Investments - publicly traded securities Investments - other securities. See Part IV, line 11131113Investments - sogarrelated. See Part IV, line 11131114Intangible assets.79,794.15152,355.115Other assets. See Part IV, line 11131116Tota assets. Adl lines 1 through 15 (must equal line 34)79,794.15152,355.17Accounts payable and accrued expenses470,376.17403,398.18Grants payable732,529.19678,445.20Tax exempt bond liabilities202121Land account liability. Complete Part IV of Schedule D2122Lans and other payable to currelated third parties2223Secured mortgages and notes payable to unrelated third parties2224Unsecured notes and loans payable to unrelated third parties2425Other liabilities noticiders directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D1,1258,9211.2623Secured mortgages and notes payable to unrelated third parties2424Unsecured notes and loans payable to unrelated third parties24Unsecured notes and loans payable to unrelated third parties25Total itabilities not infollow SFAS 117 (ASC 958), check here ►26Total itabilities nort		9				139,452.	9	23,691.
basis. Complete Part VI of Schedule D10a $6,778,881.$ 741,089.10c $1,742,705.$ b Less: accumulated depreciation $\overline{100}$ $5,036,176.$ $741,089.$ $10c$ $1,742,705.$ 11Investments other securities. See Part IV, line 11 $12$ $1,742,705.$ $1,742,705.$ 13Investments - program-related. See Part IV, line 11 $13$ $14$ 14Intangible assets $144$ 15Other assets. See Part IV, line 11 $13$ 16Total assets. Add lines 1 through 15 (must equal line 34) $8,630,991.$ $16,9232,662.$ 17Accounts payable and accrued expenses $470,376.$ $17,403,398.$ 18Grants payable and accrued expenses $470,376.$ $17,403,398.$ 19Deferred revenue $732,529.$ $19,678,445.$ 20Itserveny council account liability. Complete Part IV of Schedule D $21$ 21Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. $22$ 23Secured mortgages and notes payable to unrelated third parties $24$ 24Unsecured notes and loans payable to unrelated third parties $24$ 25Other liabilities not included on lines 17:24). Complete Part IV of 56, 016. $25, 1,124,657.$ 26Total liabilities. Add lines 17 through 25 $1,258,921.$ $26,206,500.$ 27Organizations that follow SFAS 117 (ASC 958), check here $30$ 30Capital assets. $5,608,515.$ $29,5,611,015.$ 31		10a						
b Less: accumulated depreciation       10b       5,036,176.       741,089.       10c       1,742,705.         11       investments - publicly traded securities       5,917,404.       11       5,602,898.         2       investments - other securities.       5,917,404.       11       5,602,898.         13       investments - other securities.       5,917,404.       11       5,602,898.         14       13       13       14       13         15       Other assets. See Part IV, line 11       13       14       14         16       Other assets. See Part IV, line 11       13       14       14         16       Other assets. See Part IV, line 11       13       14       15       152,355.         16       Total assets. Add lines 1 through 16 (must equal line 34)       79,794.       16       9,232,662.         17       Accounts payable and accound liabilities       20       18       18         19       Deferred revenue       732,529.       19       678,445.         21       Escrow or custocial account liability. Complete Part IV of Schedule D       21       21         22       Lans and other payables to current and former offices, directors, trustees, key employees, highest compensated employeés, and disqualified persons.       26				10a	6,778,881.			
12       Investments - other securities. See Part IV, line 11       13         13       Investments - program-related. See Part IV, line 11       13         14       Intangible assets       14         15       Other assets. See Part IV, line 11       13         16       Total assets. Add lines 1 through 15 (must equal line 34)       79,794.       15       152,355.         16       Total assets. Add lines 1 through 15 (must equal line 34)       8,630,991.       16       9,232,662.         17       Accounts payable and accrued expenses       470,376.       17       403,398.         18       Grants payable       18       18         19       Deferred revenue       732,529.       19       678,445.         20       Tax-exempt bond liabilities.       20       21       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       22         22       Secured mottagaes and notes payable to urrelated third parties       22       23       24         24       Unsecured notes and loans payable to urrelated third parties       24       24       24         25       Other liabilities not included on lines 17.24). Complete Part X of Schedule D       56,016. 25       1,124,657.         26 <t< td=""><th></th><th>b</th><td></td><td></td><td>5,036,176.</td><td>741,089.</td><td>10c</td><td>1,742,705.</td></t<>		b			5,036,176.	741,089.	10c	1,742,705.
12       Investments - other securities. See Part IV, line 11       12         13       Investments - program-related. See Part IV, line 11       13         14       Intangible assets       14         15       Other assets. See Part IV, line 11       13         14       Intangible assets       79,794.       15       152,355.         16       Total assets. Add lines 1 through 15 (must equal line 34)       8,630,991.       16       9,232,662.         17       Accounts payable and accrued expenses       470,376.       17       403,398.         18       Grants payable       18       18         19       Deferred revenue       732,529.       19       678,445.         20       Za       20       21       22         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       21         22       Laas and other payables to current and former officers, furctors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L       22       23         24       Unsecured notes and loans payable to unrelated third parties       24       24         25       Other liabilities not included on lines 17:24). Complete Part X of Schedule D       56,016. 25       1,124,657.         26				<u> </u>		5,917,404.	11	5,602,898.
13       Investments - program-related. See Part IV, line 11       13         14       Intangible assets       79,794.15         15       Other assets. See Part IV, line 11       79,794.15         16       Total assets. Add lines 1 through 15 (must equal line 34)       8,630,991.16       9,232,662.         17       Accounts payable and accrued expenses       470,376.17       403,398.         18       Grants payable and accrued expenses       732,529.19       678,445.         20       Tax exempt bond liabilities       20       21         21       Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities, not included on lines 17:24). Complete Part X of Schedule D       56,016.25       1,124,657.         26       Total liabilities, Add lines 37 through 25       1,258,921.26       2,206,500.         0       Organizations that follow SFAS 117 (ASC 958), check here        1       1,149,599.28       693,363.         29       Permanently restricted net assets       5,608,515.29       5,611,01		12					12	
14Intangible assets1415Other assets. See Part IV, line 1179,794.1516Total assets. Add lines 1 through 15 (must equal line 34)8,630,991.1617Accounts payable and accrued expenses470,376.1718Grants payable1819Deferred revenue732,529.1921Escrow or custodial account liability. Complete Part IV of Schedule D2122Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L2223Secured mortgages and notes payable to unrelated third parties2324Unsecured notes and loans payable to unrelated third parties2425Other liabilities (ncluding federal income tax, payables to related third parties, and other liabilities not included on lines 17.24). Complete Part X of Schedule D56, 016.2526Total liabilities ont included on lines 33 and 34.1, 1258, 9211.262, 206, 5000.27Unrestricted net assets1, 149, 599.28693, 363.28Temporarily restricted net assets5, 608, 515.295, 611, 015.29Permanently restricted net assets30303129Perdial occurrent funds303031Patelin encapital surplus, or land, building, or equipment fund3132Total net assets or fund balances7, 372, 070.337, 026, 162.		13					13	
15 Other assets. See Part IV, line 1179, 794. 15152, 355.16 Total assets. Add lines 11 through 15 (must equal line 34)79, 794. 15152, 355.8, 630, 991. 169, 232, 662.470, 376. 17403, 398.17 Accounts payable and accrued expenses470, 376. 17403, 398.18 Grants payable1819 Deferred revenue732, 529. 19678, 445.202120212021202120212021202120212021202120212022232425242610 for the liabilities not included on lines 17-24). Complete Part IX of Schedule D261, 124, 657.261, 124, 657.281, 258, 921. 262, 206, 500.Organizations that fo		14						
16       Total assets. Add lines 1 through 15 (must equal line 34)       8, 630, 991.       16       9, 232, 662.         17       Accounts payable and accrued expenses       470, 376.       17       403, 398.         18       Grants payable       18		15					15	152,355.
18       Grants payable       18         19       Deferred revenue       732,529.19         20       Tax-exempt bond liabilities       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21         22       Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       25         26       Total liabilities. Add lines 17 through 25       1, 258, 921.26       2, 206, 500.         27       Unrestricted net assets       1, 149, 599.28       693, 363.         29       Permanently restricted net assets       5, 608, 515.29       5, 611, 015.         29       Permanently restricted net assets       30       30       30         30       Capital stock or trust principal, or current funds       31       31         31       Paid-in or capital surplus, or land, building, or equipment fund       31       31		16					16	9,232,662.
19       Deferred revenue       732,529.19       678,445.         20       Tax-exempt bond liabilities       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21         22       Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities not included on lines 17:24). Complete Part X of Schedule D       56,016.25       1,124,657.         26       Total liabilities. Add lines 17 through 25       1,258,921.26       2,206,500.         27       Unrestricted net assets       1,149,599.28       693,363.         29       Permanently restricted net assets       5,608,515.29       5,611,015.         29       Permanently restricted net assets       5,608,515.29       5,611,015.         30       Capital stock or trust principal, or current funds       31       31         31       Patieni er assets or fund balances       7,372,070.33       7,026,162.         33       Total net assets or fund balances       7,372,070.33       7,026,162.    <		17	Accounts payable and accrued expenses			470,376.	17	403,398.
20       Tax exempt bond liabilities       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21         22       Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       56, 016. 25       1, 124, 657.         26       Total liabilities. Add lines 17 through 25       1, 258, 921. 26       2, 206, 500.         27       Unrestricted net assets       613, 956. 27       721, 784.         28       Temporarily restricted net assets       5, 608, 515. 29       5, 611, 015.         29       Permanently restricted net assets       5, 608, 515. 29       5, 611, 015.         29       Permanently restricted net assets       30       30         29       Perdial sock or trust principal, or current funds       30       31         30       Capital stock or trust principal, or current funds       32       32       33       7, 372, 070. 33 </td <th></th> <th>18</th> <td>Grants payable</td> <td></td> <td></td> <td></td> <td>18</td> <td></td>		18	Grants payable				18	
21       Escrow or custodial account liability. Complete Part IV of Schedule D       21         22       Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17:24). Complete Part X of Schedule D       56, 016. 25       1, 124, 657.         26       Total liabilities. Add lines 17 through 25       1, 258, 921. 26       2, 206, 500.         0       Organizations that follow SFAS 117 (ASC 958), check here ▶       X       and complete lines 27 through 29, and lines 33 and 34.         29       Permanently restricted net assets       5, 608, 515. 29       5, 611, 015.         29       Permanently restricted net assets       5, 608, 515. 29       5, 611, 015.         30       Capital stock or trust principal, or current funds       30       30         31       Paid-in or capital surplus, or land, building, or equipment fund       31       31         33       Total net assets or fund balances       7, 372, 070. 33       7, 026, 162. <th></th> <th>19</th> <td>Deferred revenue</td> <td></td> <td></td> <td>732,529.</td> <td>19</td> <td>678,445.</td>		19	Deferred revenue			732,529.	19	678,445.
22       Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties and other liabilities not included on lines 17-24). Complete Part X of Schedule D       56, 016. 25       1, 124, 657.         26       Total liabilities. Add lines 17 through 25       1, 258, 921. 26       2, 206, 500.         Organizations that follow SFAS 117 (ASC 958), check here ▶       X and complete lines 27 through 29, and lines 33 and 34.       6113, 956. 27       721, 784.         28       Temporarily restricted net assets       5, 608, 515. 29       5, 611, 015.         29       Permanently restricted net assets       5, 608, 515. 29       5, 611, 015.         30       Capital stock or trust principal, or current funds       30       31         31       Paid-in or capital surplus, or land, building, or equipment fund       31         33       Total net assets or fund balances       7, 372, 070. 33       7, 026, 162.		20	Tax-exempt bond liabilities				20	
key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       26       1,124,657.         26       Total liabilities. Add lines 17 through 25       1,258,921.       26       2,206,500.         0       Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.       613,956.       27       721,784.         28       Temporarily restricted net assets       5,608,515.       29       5,611,015.         29       Permanently restricted net assets       5,608,515.       29       5,611,015.         30       Capital stock or trust principal, or current funds       30       31         31       Retained earnings, endowment, accumulated income, or other funds       32       7,026,162.         33       Total net assets or fund balances       7,372,070.       33       7,026,162.		21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
Complete Part II of Schedule L       22         23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       56,016.25       1,124,657.         26       Total liabilities. Add lines 17 through 25       1,258,921.26       2,206,500.         27       Organizations that follow SFAS 117 (ASC 958), check here ▶ 🖾 and complete lines 27 through 29, and lines 33 and 34.       613,956.27       721,784.         27       Unrestricted net assets       1,149,599.28       693,363.         29       Permanently restricted net assets       5,608,515.29       5,611,015.         29       Permanently restricted net assets       30       30         30       Capital stock or trust principal, or current funds       31       32         31       Patchin or capital surplus, or land, building, or equipment fund       31       32         33       Total net assets or fund balances       7,372,070.33       7,026,162.	ß	22						
23       Secured mortgages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       24         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       26       1,124,657.         26       Total liabilities. Add lines 17 through 25       1,258,921.       26       2,206,500.         Organizations that follow SFAS 117 (ASC 958), check here ▶       X       and complete lines 27 through 29, and lines 33 and 34.       613,956.       27       721,784.         27       Unrestricted net assets       1,149,599.       28       693,363.       5,608,515.       29       5,611,015.         29       Permanently restricted net assets       5,608,515.       29       5,611,015.       00         30       Capital stock or trust principal, or current funds       30       31       31       32         33       Total net assets or fund balances       7,372,0770.       33       7,026,162.       0.020.0,600.								
24       Unsecured notes and loans payable to unrelated third parties         25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       56,016.25       1,124,657.         26       Total liabilities. Add lines 17 through 25       1,258,921.26       2,206,500.         Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.       613,956.27       721,784.         27       Unrestricted net assets       1,149,599.28       693,363.         29       Permanently restricted net assets       5,608,515.29       5,611,015.         0rganizations that do not follow SFAS 117 (ASC 958), check here ▶ □       30       30         31       Paid-in or capital surplus, or land, building, or equipment fund       31         32       Total net assets or fund balances       7,372,070.33       7,026,162.								
25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       56,016.25       1,124,657.         26       Total liabilities. Add lines 17 through 25       1,258,921.26       2,206,500.         Organizations that follow SFAS 117 (ASC 958), check here ▶       X       and complete lines 27 through 29, and lines 33 and 34.         27       Unrestricted net assets       613,956.27       721,784.         28       Temporarily restricted net assets       5,608,515.29       5,611,015.         29       Permanently restricted net assets       5,608,515.29       5,611,015.         30       Capital stock or trust principal, or current funds       30       30         31       Paid-in or capital surplus, or land, building, or equipment fund       31         32       Total net assets or fund balances       7,372,070.33       7,026,162.	-							
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       56,016.25       1,124,657.         26       Total liabilities. Add lines 17 through 25       1,258,921.26       2,206,500.         Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.       613,956.27       721,784.         27       Unrestricted net assets       613,956.27       721,784.         28       Temporarily restricted net assets       5,608,515.29       5,611,015.         0       Organizations that do not follow SFAS 117 (ASC 958), check here ▶       30       30         29       Permanently restricted net assets       5,608,515.29       5,611,015.         0       Capital stock or trust principal, or current funds       30       30         31       Paid-in or capital surplus, or land, building, or equipment fund       31         32       Total net assets or fund balances       7,372,070.33       7,026,162.						24		
Schedule D       56,016.25       1,124,657.         26       Total liabilities. Add lines 17 through 25       1,258,921.26       2,206,500.         Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗴 and complete lines 27 through 29, and lines 33 and 34.       613,956.27       721,784.         27       Unrestricted net assets       613,956.27       721,784.         28       Temporarily restricted net assets       5,608,515.29       5,611,015.         29       Permanently restricted net assets       5,608,515.29       5,611,015.         0       Capital stock or trust principal, or current funds       30       30         31       Paid-in or capital surplus, or land, building, or equipment fund       31       32         33       Total net assets or fund balances       7,372,070.33       7,026,162.		25						
26       Total liabilities. Add lines 17 through 25       1,258,921.26       2,206,500.         Organizations that follow SFAS 117 (ASC 958), check here ▶				17-24)	. Complete Part X of	56 016	0.5	1 1 2 4 6 5 7
Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.       and complete lines 27 through 29, and lines 33 and 34.         27       Unrestricted net assets       613,956.27       721,784.         28       Temporarily restricted net assets       1,149,599.28       693,363.         29       Permanently restricted net assets       5,608,515.29       5,611,015.         Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □       and complete lines 30 through 34.       30         30       Capital stock or trust principal, or current funds       30       31         31       Paid-in or capital surplus, or land, building, or equipment fund       31         32       Retained earnings, endowment, accumulated income, or other funds       32       7,372,070.33       7,026,162.         33       Total net assets or fund balances       0.023.0.001       0.023.0.001       0.023.0.000		00						2,124,037
complete lines 27 through 29, and lines 33 and 34.         27       Unrestricted net assets         28       Temporarily restricted net assets         29       Permanently restricted net assets         0 organizations that do not follow SFAS 117 (ASC 958), check here         30       Capital stock or trust principal, or current funds         31       Paid-in or capital surplus, or land, building, or equipment fund         32       Total net assets or fund balances		20		) choc	k horo X and	1,250,521.	20	2,200,500.
27       Unrestricted net assets       613,956.27       721,784.         28       Temporarily restricted net assets       1,149,599.28       693,363.         29       Permanently restricted net assets       5,608,515.29       5,611,015.         0rganizations that do not follow SFAS 117 (ASC 958), check here       □       30         30       Capital stock or trust principal, or current funds       30         31       Paid-in or capital surplus, or land, building, or equipment fund       31         32       Total net assets or fund balances       7,372,070.33       7,026,162.	•							
29       Permanently restricted net assets       5,608,515.29       5,611,015.         Organizations that do not follow SFAS 117 (ASC 958), check here ▶□       and complete lines 30 through 34.       30         30       Capital stock or trust principal, or current funds       30         31       Paid-in or capital surplus, or land, building, or equipment fund       31         32       Retained earnings, endowment, accumulated income, or other funds       32         33       Total net assets or fund balances       7,372,070.33       7,026,162.	ۆ د	27				613.956.	27	721.784.
29       Permanently restricted net assets       5,608,515.29       5,611,015.         Organizations that do not follow SFAS 117 (ASC 958), check here ▶□       and complete lines 30 through 34.       30         30       Capital stock or trust principal, or current funds       30         31       Paid-in or capital surplus, or land, building, or equipment fund       31         32       Retained earnings, endowment, accumulated income, or other funds       32         33       Total net assets or fund balances       7,372,070.33       7,026,162.	30							693,363.
Organizations that do not follow SFAS 117 (ASC 958), check here ▶□         and complete lines 30 through 34.         30         31         Paid-in or capital surplus, or land, building, or equipment fund         32         Retained earnings, endowment, accumulated income, or other funds         33         Total net assets or fund balances	č		<b>E</b>					5,611,015.
and complete lines 30 through 34.       30         30       Capital stock or trust principal, or current funds       30         31       Paid-in or capital surplus, or land, building, or equipment fund       31         32       Retained earnings, endowment, accumulated income, or other funds       32         33       Total net assets or fund balances       7, 372, 070.       33       7, 026, 162.	5	20					20	
30       Capital stock or trust principal, or current funds       30         31       Paid-in or capital surplus, or land, building, or equipment fund       31         32       Retained earnings, endowment, accumulated income, or other funds       32         33       Total net assets or fund balances       7, 372, 070.       33       7, 026, 162.	5							
31       Paid-in or capital surplus, or land, building, or equipment fund       31         32       Retained earnings, endowment, accumulated income, or other funds       32         33       Total net assets or fund balances       7,372,070.33       7,026,162.	ŝ	30					30	
32       Retained earnings, endowment, accumulated income, or other funds       32         33       Total net assets or fund balances       7,372,070.33       7,026,162.								
33         Total net assets or fund balances         7,372,070.33         7,026,162.	۲ ۲							
	ž							
		34					34	

Form 990 (2015)

Assets

Liabilities

Net Assets or Fund Balances

orm	990	(2015)	

Form	1990 (2015) SCOTTSDALE CULTURAL COUNCIL	86-0	593786	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			10 50		~ 4
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,58		
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,66		
3	Revenue less expenses. Subtract line 2 from line 1	3			74.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,37		
5	Net unrealized gains (losses) on investments	5	-26	/,1	34.
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,		7 0 0	c 1	<b>C D</b>
De	column (B))	10	7,02	ο,⊥	62.
Pa	rt 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: Cash X Accrual Other		-		
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				x
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
h	Separate basis Consolidated basis Both consolidated and separate basis		2b	Х	
D	Were the organization's financial statements audited by an independent accountant?				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e pasis,			
	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis				
•	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	o oudit			
C	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		20		
39	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
ou	Act and OMB Circular A-133?	-	20		x
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
				990	(2015)
			1 Olili	000	(2013)

SCHEDULE A	
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Department of the Treasury

(Form	990	or	990-	·ΕΖ
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# 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.

Onen	to	Public
open		1 00110
Insi	bec	ction

20

OMB No. 1545-0047

5

Internal Revenue Service

	Auton to Form 550		
ormation about Schedule	A (Form 990 or 990-EZ)	and its instructions is at	www.irs.gov/form990.

Name of the organization	
--------------------------	--

Inf

Nam	e of t	the organization							identification number	
				TURAL COUNCI					6-0593786	
	art I Reason for Public Charity Status (All organizations must complete this part.) See instructions.									
The	organ	ization is not a private found								
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in sect								
3		A hospital or a cooperative								
4		A medical research organiz	ation operated in co	onjunction with a hospita	l described	d in section	170(b)(1)(A	)(iii). Enter	the hospital's name,	
_		city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
5				ollege or university owne	d or opera	ted by a gov	vernmental (	unit describ	bed in	
_		section 170(b)(1)(A)(iv). (C	. ,							
6		A federal, state, or local go								
7	X	An organization that norma		antial part of its support	from a gov	ernmental u	unit or from t	he general	public described in	
•		section 170(b)(1)(A)(vi). (C								
8	$\square$	A community trust describe								
9		An organization that norma								
		activities related to its exen								
		income and unrelated busin		e (less section 511 tax) in	om busine	esses acquir	ed by the o	ganization	atter June 30, 1975.	
10		See section 509(a)(2). (Con		aivaly to toot for public or	ofaty Saa	section 500	$\lambda(\alpha)(A)$			
11	$\square$	An organization organized a An organization organized a			-			arry out the	purposes of one or	
••		more publicly supported or								
		lines 11a through 11d that								
а		<b>Type I.</b> A supporting orga							aivina	
		the supported organization	-		•					
		organization. You must c			amajonity				apporting	
b		<b>Type II.</b> A supporting org	-		tion with it	ts supported	d organizatio	on(s), by ha	vina	
-		control or management o								
		organization(s). You mus						.9	P	
с		Type III functionally inte			in connec	tion with. ar	nd functiona	llv integrate	ed with.	
		its supported organizatio	-					, ,	,	
d		Type III non-functionally						rted organi	zation(s)	
		that is not functionally int	egrated. The organi	zation generally must sa	tisfy a dist	ribution requ	uirement an	d an attent	iveness	
		requirement (see instruct	ions). You must co	mplete Part IV, Section	s A and D,	, and Part V	<i>.</i>			
е		Check this box if the orga	anization received a	written determination fro	om the IRS	5 that it is a <sup>-</sup>	Туре I, Туре	II, Type III		
		functionally integrated, or	r Type III non-functio	onally integrated support	ting organi	zation.				
f	Ente	er the number of supported o	organizations							
		vide the following informatior								
	(	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization in your	(v) Amount of	-	(vi) Amount of	
		organization		(described on lines 1-9 above (see instructions))		document?	support instruct	-	other support (see instructions)	
					Yes	No	motruct	10113)		
						┥──┤				
						┥──┤				
<b>.</b> .										
Tota							<u> </u>			
LHA	r or F	Paperwork Reduction Act N	Notice, see the inst	ructions for			Sche	aule A (For	m 990 or 990-EZ) 2015	

Form 990 or 990-EZ. 532021 09-23-15

14 2015.05070 SCOTTSDALE CULTURAL COUNCIL 05033621

#### Schedule A (Form 990 or 990-EZ) 2015 SCOTTSDALE CULTURAL COUNCIL Part II Support Schedule for Organizations Described in Sections 17

86-0593786 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6,122,340.	6,894,470.	7,001,044.	6,730,797.	6,515,974.	33,264,625.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6,122,340.	6,894,470.	7,001,044.	6,730,797.	6,515,974.	33,264,625.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						33,264,625.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	6,122,340.	6,894,470.	7,001,044.	6,730,797.	6,515,974.	33,264,625.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	224 712	200 212	221 402	225 052	271,737.	1 1 5 0 1 0 0
	and income from similar sources	224,713.	209,213.	231,403.	235,055.	2/1,/3/.	1,172,199.
9	Net income from unrelated business						
	activities, whether or not the	54,990.	229,286.	222 721	146,953.	76 055	730,015.
	business is regularly carried on	54,990.	229,200.	222,1JI.	140,955.	70,055.	750,015.
10	Other income. Do not include gain						
	or loss from the sale of capital	5,038.	825.	981.	2,864.	1/ 912	24,520.
	assets (Explain in Part VI.)	5,050.	025.	901.	2,004.	14,012.	35,191,359.
	<b>Total support.</b> Add lines 7 through 10	ata (aca inatructio				12 16	,858,843.
	Gross receipts from related activities, <b>First five years.</b> If the Form 990 is for			d fourth or fifth to			,050,045.
13	organization, check this box and stor						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2015 (			column (f))		14	94.52 %
	Public support percentage from 2014					15	94.77 %
	<b>33 1/3% support test - 2015.</b> If the o						
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2014. If the o						
	and <b>stop here.</b> The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	heck this box and	<b>stop here.</b> Explair	in Part VI how the	
	organization meets the "facts-and-cire	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	nd see instruction	s 🕨 🗌
					Sche	dule A (Form 990	or 990-EZ) 2015

532022 09-23-15

### Schedule A (Form 990 or 990 EZ) 2015 SCOTTSDALE CULTURAL COUNCIL

#### 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b			,			
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)			1			1
	First five years. If the Form 990 is for	r the organization's	s first, second. thi	rd, fourth. or fifth ta	ax year as a sectio	n 501(c)(3) organ	ization,
		-		,	-		
Sec	ction C. Computation of Publ						r
15	Public support percentage for 2015 (	line 8, column (f) d	ivided by line 13,	column (f))		15	%
	Public support percentage from 2014					16	%
	ction D. Computation of Inve						
17	Investment income percentage for 20		nn (f) divided by li	ine 13, column (f))		17	%
18	Investment income percentage from		- · · · · · · · · · · · ·	, ("		18	%
	33 1/3% support tests - 2015. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	-					
b	33 1/3% support tests - 2014. If the						and
	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization			•		0	
	23 09-23-15		,				0 or 990-EZ) 2015
				16		•	•

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2015.05070 SCOTTSDALE CULTURAL COUNCIL 05033621

#### Schedule A (Form 990 or 990-EZ) 2015 SCOTTSDALE CULTURAL COUNCIL

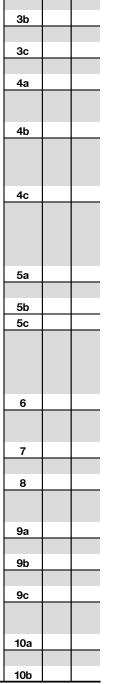
#### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a 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))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Yes

No

1

2

3a

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#### Schedule A (Form 990 or 990-EZ) 2015 SCOTTSDALE CULTURAL COUNCIL Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	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.	1		
2	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			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	-		<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how	0		
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	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	•		
<u></u>	supported organizations played in this regard.	3		<u> </u>
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test. <i>Complete line 2 below</i> .			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	L The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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 Part VI 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.	2a		
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 Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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 <i>Part VI.</i>	3a		
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.	3b		
532025	5 09-23-15 Schedule A (Form 9	90 or 99	90-EZ	2015

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#### Schedule A (Form 990 or 990-EZ) 2015 SCOTTSDALE CULTURAL COUNCIL

## 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

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.

Section A - Adju	sted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-te	rm 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 Depreciatio	n and depletion	5		
6 Portion of c	perating expenses paid or incurred for production or			
collection o	f gross income or for management, conservation, or			
maintenanc	e of property held for production of income (see instructions)	6		
7 Other expe	nses (see instructions)	7		
8 Adjusted N	et Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Mini	num Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate	air market value of all non-exempt-use assets (see			
instructions	for short tax year or assets held for part of year):			
a Average mo	onthly value of securities	1a		
<b>b</b> Average mo	onthly cash balances	1b		
<b>c</b> Fair market	value of other non-exempt-use assets	1c		
d Total (add	ines 1a, 1b, and 1c)	1d		
e Discount c	laimed for blockage or other			
factors (exp	olain in detail in <b>Part VI</b> ):			
2 Acquisition	indebtedness applicable to non-exempt-use assets	2		
3 Subtract lin	e 2 from line 1d	3		
4 Cash deem	ed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instruc	tions).	4		
5 Net value o	f non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line	e 5 by .035	6		
7 Recoveries	of prior-year distributions	7		
8 Minimum A	Asset Amount (add line 7 to line 6)	8		
Section C - Dist	ibutable Amount			Current Year
1 Adjusted ne	et income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85%	of line 1	2		
3 Minimum as	sset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter great	er of line 2 or line 3	4		
5 Income tax	imposed in prior year	5		
6 Distributat	le Amount. Subtract line 5 from line 4, unless subject to			
emergency	temporary reduction (see instructions)	6		
7 Chec	k here if the current year is the organization's first as a non-functiona	ally-integra	ated Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2015

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#### Schedule A (Form 990 or 990 EZ) 2015 SCOTTSDALE CULTURAL COUNCIL

Part V       Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)         Section D - Distributions       Current '         1 Amounts paid to upported organizations to accomplish exempt purposes of supported organizations, in excess of income from activity       Current '         2 Amounts paid to acquire exempt purposes of supported organizations       Administrative expenses paid to accomplish exempt purposes of supported organizations         3 Administrative expenses paid to accomplish exempt purposes of supported organizations       -         4 Amounts paid to upported organizations to accurre exempt use assets       -         5 Qualified set-aside amounts (closeribe in Part V), See instructions.       -         7 Total annual distributions (describe in Part V), See instructions.       -         9 Distributable amount for 2015 from Section C, line 6       -         10 Line 8 amount divided by Line 9 amount       -         11 Distribution Allocations (see instructions)       -         12 Underdistributions, if any, for years prior to 2015 (reasonable cause required see instructions)       -         13 Excess distributions carryover, if any, to 2015:       -         a       -       -         14 Distributable amount for 2015 from Section C, line 6       -         15 Distributable amount for 2015 from Section C, line 6       -         2 Underdistributions carryover, if any, to 2015:	
2       Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>f</b> ear
arganizations, in excess of income from activity         3       Administrative expenses paid to accomplish exempt purposes of supported organizations         4       Amounts paid to acquire exempt-use assets         5       Qualified set-aside amounts (prior IRS approval required)         6       Other distributions (describe in Part VI). See instructions.         7       Total annual distributions. Add lines 1 through 6.         8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.         9       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.         9       Distributable amount of 2015 from Section C, line 6         10       Line 8 amount divided by Line 9 amount         11       Distributable amount for 2015 from Section C, line 6         12       Underdistributions (range instructions)         3       Excess distributions carryover, if any, to 2015:         a	
3       Administrative expenses paid to accomplish exempt purposes of supported organizations         4       Amounts paid to acquire exempt-use assets         5       Qualified set-aside amounts (prior IRS approval required)         6       Other distributions, (describe in Part VI). See instructions.         7       Total annual distributions, Add lines 1 through 6.         8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.         9       Distributable amount for 2015 from Section C, line 6         10       Line 8 amount divided by Line 9 amount         (i)       Excess Distributions         9       Distributable amount for 2015 from Section C, line 6         1       Distributable amount for 2015 from Section C, line 6         2       Underdistributions, if any, for years prior to 2015 (reasonable cause required see instructions)         3       Excess distributions carryover, if any, to 2015:         a       a         b	
4       Amounts paid to acquire exempt use assets         5       Cualified set aside amounts (prior IRS approval required)         6       Other distributions (describe in Part VI). See instructions.         7       Total annual distributions. Add lines 1 through 6.         8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.         9       Distributable amount for 2015 from Section C, line 6         10       Line 8 amount divided by Line 9 amount         (i)       (ii)         9       Distributable amount for 2015 from Section C, line 6         1       Distributable amount for 2015 from Section C, line 6         2       Underdistributions         1       Distributable amount for 2015 from Section C, line 6         2       Underdistributions carryover, if any, to 2015:         a       a         b       c         c       c         d       From 2013         e       From 2013         f       Total of lines 3 <sub>4</sub> through e         g       Applied to underdistributions of prior years         h       Applied to 2015 distributable amount         i       Carryover from 2010 not applied (see instructions)         j       Remainder.	
5       Qualified set-aside amounts (prior IRS approval required)         6       Other distributions (describe in Part VI). See instructions.         7       Total annual distributions. Add lines 1 through 6.         8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.         9       Distributable amount for 2015 from Section C, line 6         10       Line 8 amount divided by Line 9 amount         (i)       Excess Distributions         9       Distributions (regenerations)         1       Distributions (regenerations)         2       Underdistributions, if any, for years prior to 2015 from Section C, line 6         2       Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)         3       Excess distributions carryover, if any, to 2015:         a       a         b	
6       Other distributions (describe in Part VI). See instructions.         7       Total annual distributions. Add lines 1 through 6.         8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.         9       Distributable amount for 2015 from Section C, line 6         10       Line 8 amount divided by Line 9 amount         (i)       (ii)         Section E - Distribution Allocations (see instructions)       Excess Distributions         1       Distributable amount for 2015 from Section C, line 6         2       Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)         3       Excess distributions carryover, if any, to 2015:         a	
7       Total annual distributions. Add lines 1 through 6.         8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.         9       Distributable amount for 2015 from Section C, line 6         10       Line 8 amount divided by Line 9 amount         (i)       (ii)         Section E - Distribution Allocations (see instructions)       Excess Distributions         1       Distributable amount for 2015 from Section C, line 6         2       Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)         3       Excess distributions carryover, if any, to 2015:         a       a         b       c         c       c         d       From 2013         e       From 2014         f       Total of lines 3a through e         q Applied to underdistributions of prior years       a         in Carryover from 2010 not applied (see instructions)       i         j       Remainder. Subtract lines 3g, 3h, and 3i from 3f.         4       Distributions for 2015 from Section D, line 7:       \$         in Applied to underdistributions of prior years       b         j       Remainder. Subtract lines 3g, 3h, and 3i from 3f.       j	
8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part V). See instructions.       9         9       Distributable amount for 2015 from Section C, line 6       (i)       (ii)         10       Line 8 amount divided by Line 9 amount       (i)       (iii)       (iii)         Section E - Distribution Allocations (see instructions)       Excess Distributions       Pre-2015       Distributable amount for 2015 from Section C, line 6         1       Distributable amount for 2015 from Section C, line 6       10       10       Section E - Distributions (arryover, if any, to 2015)         1       Distributable amount for 2015 from Section C, line 6       10       10       Section E - Distributions (arryover, if any, to 2015)         1       Excess distributions carryover, if any, to 2015:       10       10       10         2       Underdistributions carryover, if any, to 2015:       10       10       10         3       Excess distributions of prior years       10       10       10       10         4       From 2013       10	
(provide details in Part VI). See instructions.         9       Distributable amount for 2015 from Section C, line 6         10       Line 8 amount divided by Line 9 amount         (i)       (ii)         Section E - Distribution Allocations (see instructions)       Excess Distributions         1       Distributable amount for 2015 from Section C, line 6         2       Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)         3       Excess distributions carryover, if any, to 2015:         a       a         b       c         c       a         d       From 2013         e       From 2014         f       Total of lines 3a through e         g       Applied to underdistributions of prior years         h       Applied to underdistributions of prior years         j       Remainder. Subtract lines 3g, 3h, and 3i from 3f.         4       Distributions for prior years         j       Applied to underdistributions of prior years         j       Remainder. Subtract lines 3g, 3h, and 3i from 3f.         4       Distributions for prior years         j       Applied to underdistributions of prior years         j       Remainder. Subtract lines 4a and 4b from 4. <td< td=""><td></td></td<>	
9       Distributable amount for 2015 from Section C, line 6         10       Line 8 amount divided by Line 9 amount         9       Distribution Allocations (see instructions)       Image: Constructions (image: Constructions)         1       Distribution Allocations (see instructions)       Excess Distributions       Underdistributions Pre-2015         1       Distributable amount for 2015 from Section C, line 6       Image: Construction (image: Construction (	
10       Line 8 amount divided by Line 9 amount       (i)       (ii)       (iii)       (iiii)       (iiii)       (iiii)       (iiii)       (iiii)       (iiii)       (iiii)       (iiii)       (iiiii)       (iiiii)       (iiii)       (	
(i)       (ii)       (iii)       (iii)         Section E - Distribution Allocations (see instructions)       Excess Distributions       Underdistributions       Distribut         1       Distributable amount for 2015 from Section C, line 6       Image: Construction of the construction of th	
Section E - Distribution Allocations (see instructions)       Excess Distributions       Underdistributions Pre-2015       Distributions Amount for         1       Distributable amount for 2015 from Section C, line 6       Image: Construction of the construction o	
2       Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)         3       Excess distributions carryover, if any, to 2015:         a       b         b       c         c       c         d       From 2013         e       From 2014         f       Total of lines 3a through e         g       Applied to underdistributions of prior years         h       Applied to 2015 distributable amount         i       Carryover from 2010 not applied (see instructions)         j       Remainder. Subtract lines 3g, 3h, and 3i from 3f.         4       Distributions of prior years         a       Applied to underdistributions of prior years         j       Remainder. Subtract lines 3g, 3h, and 3i from 3f.         4       Distributions for 2015 from Section D, line 7:         s       s         a       Applied to underdistributions of prior years         b       Applied to 2015 distributable amount         c       Remainder. Subtract lines 4a and 4b from 4.         5       Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).	
2       Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)         3       Excess distributions carryover, if any, to 2015:         a       b         b       c         c       c         d       From 2013         e       From 2014         f       Total of lines 3a through e         g       Applied to underdistributions of prior years         h       Applied to 2015 distributable amount         i       Carryover from 2010 not applied (see instructions)         j       Remainder. Subtract lines 3g, 3h, and 3i from 3f.         4       Distributions of prior years         a       Applied to underdistributions of prior years         j       Remainder. Subtract lines 3g, 3h, and 3i from 3f.         4       Distributions for 2015 from Section D, line 7:         s       s         a       Applied to underdistributions of prior years         b       Applied to 2015 distributable amount         c       Remainder. Subtract lines 4a and 4b from 4.         5       Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).	
(reasonable cause required-see instructions)         3       Excess distributions carryover, if any, to 2015:         a	
3       Excess distributions carryover, if any, to 2015:         a	
a	
b	
d From 2013       e         e From 2014       e         f Total of lines 3a through e       g         g Applied to underdistributions of prior years       h         h Applied to 2015 distributable amount       i         i Carryover from 2010 not applied (see instructions)       j         j Remainder. Subtract lines 3g, 3h, and 3i from 3f.       i         4 Distributions for 2015 from Section D, line 7:       \$         a Applied to underdistributions of prior years       i         b Applied to 2015 distributable amount       c         c Remainder. Subtract lines 4a and 4b from 4.       i         5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).       if amount greater than zero, see instructions).	
e       From 2014	
f       Total of lines 3a through e	
g Applied to underdistributions of prior years	
h       Applied to 2015 distributable amount         i       Carryover from 2010 not applied (see instructions)         j       Remainder. Subtract lines 3g, 3h, and 3i from 3f.         4       Distributions for 2015 from Section D, line 7:         a       Applied to underdistributions of prior years         b       Applied to 2015 distributable amount         c       Remainder. Subtract lines 4a and 4b from 4.         5       Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).	
i       Carryover from 2010 not applied (see instructions)         j       Remainder. Subtract lines 3g, 3h, and 3i from 3f.         4       Distributions for 2015 from Section D, line 7:         a       Applied to underdistributions of prior years         b       Applied to 2015 distributable amount         c       Remainder. Subtract lines 4a and 4b from 4.         5       Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).	
j       Remainder. Subtract lines 3g, 3h, and 3i from 3f.         4       Distributions for 2015 from Section D, line 7:         a       Applied to underdistributions of prior years         b       Applied to 2015 distributable amount         c       Remainder. Subtract lines 4a and 4b from 4.         5       Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).	
4       Distributions for 2015 from Section D, line 7:       \$         a       Applied to underdistributions of prior years       •         b       Applied to 2015 distributable amount       •         c       Remainder. Subtract lines 4a and 4b from 4.       •         5       Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).       •	
line 7:       \$         a Applied to underdistributions of prior years          b Applied to 2015 distributable amount          c Remainder. Subtract lines 4a and 4b from 4.          5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).	
a Applied to underdistributions of prior years	
b       Applied to 2015 distributable amount         c       Remainder. Subtract lines 4a and 4b from 4.         5       Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).	
c       Remainder. Subtract lines 4a and 4b from 4.         5       Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).	
5       Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).	
any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).	
greater than zero, see instructions).	
6 Remaining underdistributions for 2015. Subtract lines 3h	
and 4b from line 1 (if amount greater than zero, see	
instructions).	
7 Excess distributions carryover to 2016. Add lines 3j and 4c.	
8 Breakdown of line 7:	
a	
b	
c Excess from 2013	
d Excess from 2014	
e Excess from 2015	

Schedule A (Form 990 or 990-EZ) 2015

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Schedule A	Form 990 or 990 EZ) 2015 SCOTTS	DALE CULTURAL COUNCIL	86-0593786 <sub>Pag</sub>
Part VI	<b>Supplemental Information.</b> Pro Part IV, Section A, lines 1, 2, 3b, 3c, 4b line 1; Part IV, Section D, lines 2 and 3;	vide the explanations required by Part II, line 10; , 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Pa Section E, lines 2, 5, and 6. Also complete this pa	Part II, line 17a or 17b; Part III, line 12; Section B, lines 1 and 2; Part IV, Section C, rt V, line 1; Part V, Section B, line 1e; Part V,
			▼
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	758365 0503362	21 2015.05070 SCOTTSDALE C	

<b>(Forn</b> Depart	HEDULE D n 990) ment of the Treasury	Complete if the org Part IV, line 6, 7, 8, 9, 10	al Financial Statements anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.	/form000	OMB No. 1545-0047
	l Revenue Service e of the organizati	-	rm 990) and its instructions is at www.irs.gov		identification number
	e er ine er gamzati	SCOTTSDALE CULTURA	L COUNCIL		6-0593786
Par	t I Organiza	ations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts.	Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin			
			(a) Donor advised funds	(b) Funds an	d other accounts
1		nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4 5		t end of year	ا writing that the assets held in donor advised fu	undo	
5	-		exclusive legal control?		Yes No
6			advisors in writing that grant funds can be used		
-	-		or donor advisor, or for any other purpose conf	-	
	impermissible priv				Yes No
Par	t II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part I	V, line 7.	
1	Purpose(s) of cons	servation easements held by the organizat	ion (check all that apply).		
		of land for public use (e.g., recreation or e		, ,	
		f natural habitat	Preservation of a certified	historic struct	ure
~		of open space			
2			fied conservation contribution in the form of a		easement on the last at the End of the Tax Year
а	day of the tax year				
b					
c			ructure included in (a)		
d			after 8/17/06, and not on a historic structure		
	listed in the Natior	al Register		2d	
3	Number of conser	vation easements modified, transferred, re	leased, extinguished, or terminated by the orga	anization durir	ng the tax
	year 🕨				
4		where property subject to conservation ea			
5		tion have a written policy regarding the pe			
~		orcement of the conservation easements i			
6	Staff and voluntee	r nours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	ition easemen	ts during the year
7	Amount of expens	es incurred in monitoring inspecting hand	dling of violations, and enforcing conservation	easements du	ring the year
'	► \$	es meaned in monitoring, inspecting, nare			ning the year
8	· · ·	vation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)	(B)(i)	
					Yes No
9			ion easements in its revenue and expense stat		alance sheet, and
	include, if applicat	ole, the text of the footnote to the organiza	tion's financial statements that describes the c	organization's	accounting for
-	conservation ease		/ A   11   1   <b> </b>   <b> </b>   <b> </b>   -   -   -   -   -   -   -   -   -	<u></u>	
Par		-	f Art, Historical Treasures, or Other	r Similar A	ssets.
		the organization answered "Yes" on Form			
1a			SC 958), not to report in its revenue statement		
			hibition, education, or research in furtherance of the states items	or public servic	Le, provide, in Part XIII,
b		note to its financial statements that description elected as permitted under SEAS 116 (AS	IDES these items. SC 958), to report in its revenue statement and	halance shoo	t works of art bistorical
U	-		ducation, or research in furtherance of public s		
	relating to these it			, provid	e the renewing amounts
	-			▶ \$	
2	.,		asures, or other similar assets for financial gair		
		unts required to be reported under SFAS 1			
а			-	🕨 💲	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. <sup>532051</sup> <sup>11-02-15</sup>

Schedule D (Form 990) 2015

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Sche	dule D (Form 990) 2015 SCOTTSD	ALE CULTUR	AL COUN	CIL		86-	-0593786	Page <b>2</b>
Par	t III Organizations Maintaining C	ollections of A	rt, Historica	I Treasures	s, or Othe	er Similar A	ssets(continue	əd)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any c	f the following	that are a s	ignificant use o	of its collection i	tems
	(check all that apply):							
а	LX Public exhibition	d	I 🛄 Loan d	r exchange pro	grams			
b	Scholarly research	e	e 🛄 Other_					
с	X Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how they fur	her the organiz	ation's exe	mpt purpose ir	n Part XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, historica	I treasures, or o	other simila	r assets		
	to be sold to raise funds rather than to be ma	aintained as part of t	the organizatio	n's collection?			Yes	X No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organ	ization answere	ed "Yes" on	Form 990, Pa	rt IV, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contrit	outions or other	assets not	included		
	on Form 990, Part X?						L Yes	No No
b	If "Yes," explain the arrangement in Part XIII							
							Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow	or custodial ad	count liabi	lity?	L Yes	No No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes"	on Form 990, F	art IV, line	10.		
		(a) Current year	(b) Prior ye	ar <b>(c)</b> Two y	/ears back	(d) Three years	back <b>(e)</b> Four ye	ears back
1a	Beginning of year balance	5,989,454.	6,342,	901. 5,	689,660.	5,441,	678. 5,7	17,886.
b	Contributions	2,500.	25,	000.	10,000.		1	12,106.
с	Net investment earnings, gains, and losses	40,454.	-50,	903.	968,550.	549,4	4561	08,275.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	339,302.	291,	191.	280,954.	267,3	162. 2	46,738.
f	Administrative expenses	35,885.	36,	353.	44,355.	34,3	312.	33,301.
g	End of year balance	5,657,221.	5,989,	454. 6,	342,901.	5,689,0	660. 5,4	41,678.
2	Provide the estimated percentage of the cur	rent year end balanc	ce (line 1g, colu	mn (a)) held as	:			
а	Board designated or quasi-endowment	9.65	%					
b	Permanent endowment  90.35	%						
с	Temporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organization	ation that are h	eld and admini	stered for t	he organizatior	n	
	by:						Y	es No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations							X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requi	red on Schedu	le R?			3b	
4	Describe in Part XIII the intended uses of the	organization's endo	owment funds.					
Par	t VI Land, Buildings, and Equipm	nent.						
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV, line	1a. See Form 9	990, Part X,	line 10.		
	Description of property	(a) Cost or o	ther (b)	Cost or other	(c) A	ccumulated	(d) Book v	alue
		basis (investr	ment) k	asis (other)	de	preciation		
1a	Land							
	Buildings							
	Leasehold improvements		4	,282,874	. 2,	903,712.		
	Equipment			,880,532		752,918.		,614.
	Other		1	615,475		379,546.		,929.
-	. Add lines 1a through 1e. (Column (d) must e		X, column (B).	line 10c.)			1,742	
-						Sche	edule D (Form 9	90) 2015

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Schedule D (Form 990) 2015 SCOTTSDALE	CULTURAL CC	DUNCIL	86-0593786 Page <b>3</b>
Part VII Investments - Other Securities.			
Complete if the organization answered "Ye	s" on Form 990, Part IV,	line 11b. See Form 990, Par	t X, line 12.
(a) Description of security or category (including name of security	) (b) Book value	(c) Method of valua	ation: 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)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII Investments - Program Related.			
Complete if the organization answered "Ye			
(a) Description of investment	(b) Book value	(c) Method of valua	ation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)	-		
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Ye		line 11d. See Form 990, Par	
	a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Ye	s" on Form 990, Part IV,		90, Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes (2) SPLIT-INTEREST AGREEMENT	1	12,344.	
		33,593.	
(3) CAPITAL LEASE		1,078,720.	
(4) DEFERRED RENT		1,0/0,/20.	
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)		1,124,657.	
2. Liability for uncertain tax positions. In Part XIII, provi			
organization's liability for uncertain tax positions unc	ler FIN 48 (ASC 740). Cł	neck here if the text of the fo	otnote has been provided in Part XIII $\lfloor X \rfloor$

Schedule D (Form 990) 2015
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Sche	edule D (Form 990) 2015 SCOTTSDALE CULTURAL COUNCIL	86-	0593786	Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue p			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements	1	10,417,	880.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а				
b	Donated services and use of facilities 2b 135,6	65.		
с	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIII.) 2d			
е	Add lines <b>2a</b> through <b>2d</b>	2e	-131,	
3	Subtract line 2e from line 1	3	10,549,	349.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 35,88	85.		
b	Other (Describe in Part XIII.) 4b			
с	Add lines <b>4a</b> and <b>4b</b>	4c		885.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		10,585,	234.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements	1	10,763,	700
2				/00.
-	Amounts included on line 1 but not on Form 990, Part IX, line 25:		2077007	/00.
а	Donated services and use of facilities 2a 135,60	65.	1077007	/00.
a b	Donated services and use of facilities 2a 135,6	65.	1071007	/00.
	Donated services and use of facilities 2a 135,60	65.		/00.
	Donated services and use of facilities       2a       135,6         Prior year adjustments       2b	65.		
b c d	Donated services and use of facilities       2a       135,6         Prior year adjustments       2b         Other losses       2c	65. 	135,	665.
b c d	Donated services and use of facilities       2a       135,6         Prior year adjustments       2b       2c         Other losses       2c       2d			665.
b c d e	Donated services and use of facilities       2a       135,60         Prior year adjustments       2b       2c         Other losses       2c       2d         Other (Describe in Part XIII.)       2d       2d         Add lines 2a through 2d       Subtract line 2e from line 1       Amounts included on Form 990, Part IX, line 25, but not on line 1:	<u>2e</u>	135,	665.
b c d e 3 4	Donated services and use of facilities       2a       135,60         Prior year adjustments       2b       2c         Other losses       2c       2d         Other (Describe in Part XIII.)       2d       2d         Add lines 2a through 2d       Subtract line 2e from line 1       1	<u>2e</u>	135,	665.
b c d e 3 4	Donated services and use of facilities       2a       135,6         Prior year adjustments       2b         Other losses       2c         Other (Describe in Part XIII.)       2d         Add lines 2a through 2d       2d         Subtract line 2e from line 1       4a         Amounts included on Form 990, Part IX, line 25, but not on line 1:       4a         35, 85	<u>2e</u>	135, 10,628,	<u>665.</u> 123.
b c d 3 4 a b	Donated services and use of facilities       2a       135,6         Prior year adjustments       2b       2c         Other losses       2c       2d         Other (Describe in Part XIII.)       2d       2d         Add lines 2a through 2d       2d       2d         Subtract line 2e from line 1       4a       35,8         Investment expenses not included on Form 990, Part IX, line 25, but not on line 1:       4a       35,8         Other (Describe in Part XIII.)       4b       4b	2e 3 35. 4c	135, 10,628, 35,	<u>665.</u> 123. 885.
b c d 3 4 a b c 5	Donated services and use of facilities       2a       135,6         Prior year adjustments       2b       2c         Other losses       2c       2d         Other (Describe in Part XIII.)       2d       2d         Add lines 2a through 2d       2d       2d         Subtract line 2e from line 1       4a       35,8         Investment expenses not included on Form 990, Part IX, line 25, but not on line 1:       4a       35,8         Other (Describe in Part XIII.)       4b       4b	2e 3 35. 4c	135, 10,628,	<u>665.</u> 123. 885.

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, 2016. COSTS RELATED TO COMMISSIONED WORKS OF ART WERE \$440,649
FOR THE YEAR ENDED JUNE 30, 2016. PROCEEDS FROM DEACCESSION AND INSURANCE
RECOVERIES, IF ANY, ARE INCLUDED AS REVENUES. THERE WERE NO DEACCESSIONS
DURING THE YEAR ENDED JUNE 30, 2016.

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PART III, LINE 4:

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Schedule D (Form 990) 2015	SCOTTSDALE C	ULTURAL COUN	CIL	86-0593786 Page 5
Part XIII Supplemental In	formation (continued)			
THE SCOTTSDALE CUI	LTURAL COUNCIL	EXHIBITS, MA	NAGES AND PROVI	DES
CONSERVATION OVERS	SIGHT TO THE CO	LLECTIONS OF	LOCAL, CONTEMP	ORARY, AND
COMMISSIONED PUBL	IC ART OWNED BY	THE CITY OF	SCOTTSDALE, IN	ORDER TO
ENHANCE THE CULTU	RAL ENVIRONMENT	OF THE CITY	AND OFFER ITS	RESIDENTS AND
VISITORS FREQUENT	OPPORTUNITIES	TO APPRECIAT	'E AND LEARN FRO	M 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, 2016, SCC HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE

FINANCIAL STATEMENTS.

Schedule D (Form 990) 2015

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete if the	ental Information Regarding organization answered "Yes" on organization entered more than \$1 Attach to Form 990	Form 9 5,000 ( ) or Fo	990, P on Fo rm 99	Part IV, lines 17, 18, rm 990-EZ, line 6a. 10-EZ.	or 19,	or if the	OMB No. 1545-0047
		bout Schedule G (Form 990 or 990-EZ	) and its	instru	uctions is at WWW.irs.g		111990.	•
Name of the organization								entification number
		ALE CULTURAL COUNC					86-0593	
	complete this par	Complete if the organization answe t.	ered "Y	es" o	n Form 990, Part IV,	line 17	'. Form 990-E	Z filers are not
a 📃 Mail solicitat	tions email solicitations tations		tion of tion of	non-g gover	overnment grants nment grants			
key employees list	ed in Form 990, P	or oral agreement with any individual art VII) or entity in connection with p ividuals or entities (fundraisers) purs	profess	ional f	undraising services?	>	Ye:	
compensated at le	east \$5,000 by the	organization.						
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have cu or con contribu	ustody trol of	(iv) Gross receipts from activity	to (or fi	mount paid retained by) undraiser ed in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
			Yes	No				
		C						
	ich the organizatio	on is registered or licensed to solicit	contrib		s or has been notifier	d it is e	exempt from	registration
or licensing.								

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

Schedule G (Form 990 or 990-EZ) 2015

532081 09-14-15

 Schedule G (Form 990 or 990-EZ) 2015
 SCOTTSDALE
 CULTURAL
 COUNCIL
 86-0593786
 Page

 Part II
 Fundraising Events.
 Complete if the organization answered
 "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

- 1		-	(a) Event #1		EZ, lines 1 and 6b. List (b) Event #2	(c) Other events	
- 1							(d) Total events (add col. (a) through
			ANNUAL GA	LA	SMOCA MIX	1	col. (c)
			(event type)	)	(event type)	(total number)	
	1	Gross receipts	209,2	93.	146,000.	17,801.	373,094
	2	Less: Contributions	. 95,5	500.			95,500
	3	Gross income (line 1 minus line 2)		93.	146,000.	17,801.	277,594
	4	Cash prizes					
,	5	Noncash prizes					
· · · · · · · · · · · · · · · · · · ·	6	Rent/facility costs					
	7	Food and beverages				R	
1	8	Entertainment					
	9	Other direct expenses	93,0	75.	117,809.	60,025.	270,909
	10					▶	270,909
	11	Net income summary. Subtract line 10 fron	n line 3, column (d)			►	6,685
a	rt I	<b>Gaming.</b> Complete if the organizatio \$15,000 on Form 990-EZ, line 6a.	n answered "Yes" o	n Form		r reported more than	1
			(a) Bingo	C	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
	1	Gross revenue					
	<u> </u>			_			
	2	Cash prizes					
	2 3	Cash prizes					
		Noncash prizes		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
	3 4 5	Noncash prizes		%	└── Yes % └── No	│ Yes % │ No	
	3 4 5	Noncash prizes Rent/facility costs Other direct expenses	YesNo		No	No	
	3 4 5 6	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	yes No ugh 5 in column (d)		No No	No	
	3 4 5 7 8	Noncash prizes	yes No ugh 5 in column (d) e 7 from line 1, colum	nn (d)	No No	No	
a	3 4 5 6 7 8 Ent	Noncash prizes	Pres No	nn (d) ties: these	No	No ►	Yes N
) a	3 4 5 6 7 8 Ent	Noncash prizes	Pres No	nn (d) ties: these	No	No ►	Yes N
) a b	3 4 5 6 7 8 Entit	Noncash prizes	In the second se	nn (d) ties: these	No states?	▶	
ab	3 4 5 6 7 8 Entit	Noncash prizes	In the second se	nn (d) ties: these	No states?	▶	

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Sch	edule G (Form 990 or 990-EZ) 2015 SCOTTSDALE CULTURAL COUNCIL 8	6-05	93786	5 Page 3
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:			
а	The organization's facility	[1	3a	%
	An outside facility		3b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	5:		
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
b	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amour	nt		
	of gaming revenue retained by the third party ▶\$			
с	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation <b>&gt;</b> \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	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 🕨 \$			
Pa	<b>rt IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	rt III, line	s 9, 9b, 1	0b, 15b,
5320	83 09-14-15 Schedule G	(Form a	90 or 90	0-F7) 2015
5020	33	(, oin 3		, 2010

10080508 758365 0503362 2015.05070 SCOTTSDALE CULTURAL COUNCIL 05033621

Schedule G	(Form 990 or 990-EZ)	SCOTTSDALE	CULTURAL	COUNCIL
Part IV	Supplemental I	nformation (continued)		

532084 04-01-15	Schedule G (Form 990 or 990-EZ)

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		GO Comple	irants and Oth vernments, an ete if the organization on about Schedule I	n answered "Yes" Attach to Form	<b>s in the Ŭn</b> on Form 990, Pa m 990.	ited States art IV, line 21 or 22.	o	OMB No. 1545-0047 2015 Open to Public Inspection		
Name of the organization	on							Employer identification number		
			L COUNCIL					86-0593786		
Part I General Information on Grants and Assistance										
•	ation maintain records t		v		• •					
criteria used to a	ward the grants or assis	stance?	· · · · ·					X Yes No		
	V the organization's pro					anization answered "	(aall on Form 000, Dar	t IV line 21 for any		
	at received more than \$					anization answered	res on Form 990, Pan	trv, line 21, for any		
1 (a) Name and add	dress of organization ernment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CHILDSPLAY, INC. PO BOX 517 TEMPE, AZ 85280		86-0336473	3	10,000.	0.			EDUCATION AND PERFORMANCES PROGRAMMING		
DETOUR THEATRE COM 4614 N ALTRA HACIM PHOENIX, AZ 85918		01-0622545	3	9,250.	0.			EDUCATION AND PERFORMANCES PROGRAMMING		
FREE ARTS OF ARIZO 103 W HIGHLAND AVH PHOENIX, AZ 85013		86-0739613	3	9,250.	0.			EDUCATION AND PERFORMANCES PROGRAMMING		
ARIZONA MUSICFEST PO BOX 5254 CAREFREE, AZ 85377	7	86-1034396	3	9,000.	0.			EDUCATION AND PERFORMANCES PROGRAMMING		
SCOTTSDALE ARTISTS 3720 N, MARSHALL W SCOTTSDALE, AZ 852	NAY ,	86-0460092	3	8,000.	0.			EDUCATION AND PERFORMANCES PROGRAMMING		
ARIZONA THEATRE CO PO BOX 1631 TUCSON, AZ 85702		86-0211777	3	7,000.	0.			EDUCATION AND PERFORMANCES PROGRAMMING		
	er of section 501(c)(3) a er of other organizations <b>Reduction Act Notice</b>	s listed in the line	1 table	e line 1 table						

#### SCOTTSDALE CULTURAL COUNCIL Schedule I (Form 990) . ....

Part II Continuation of Grants and Other	r Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pai	rt II.) I	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ESERT FOOTHILLS THEATER							
34250 N 60TH ST							EDUCATION AND
COTTSDALE, AZ 85266	86-0537424	3	6,000.	0.			PERFORMANCES PROGRAMMIN
HOENIX CONSERVATORY OF MUSIC							
617 N METRO PARKWAY W STE 2000							EDUCATION AND
HOENIX, AZ 85051	86-0917748	3	6,000.	0.			PERFORMANCES PROGRAMMIN
				C	07		
				-			

Schedule I (Form 990)

Schedule I (Form 990) (2015)	SCOTTSDALE	CULTURAL	COUNCIL
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86-0593786

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
		• C			

**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.

sc	HEDULE J	Compensation Information	I	OMB No. 1	1545-00	47		
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	15			
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	IJ	,		
Depa	tment of the Treasury	Attach to Form 990.		Open to Public				
Intern	al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/for		•	Inspection			
Nan	ne of the organization		Employer id			mber		
		SCOTTSDALE CULTURAL COUNCIL	86-0	59378	6			
Pa	rt I Question	s Regarding Compensation				r		
					Yes	No		
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,					
		line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c							
	Travel for com							
		ation and gross-up payments Health or social club dues or initiation fee						
	Discretionary	spending account Personal services (e.g., maid, chauffeur, c	chet)					
D	•	on line 1a are checked, did the organization follow a written policy regarding payment or		41.				
~		provision of all of the expenses described above? If "No," complete Part III to explain		<b>1</b> b				
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		0				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked in line 1a?		2				
2	Indianta which if a	by of the following the filing experimetion used to establish the comparation of the experime	ation's					
3	,	ny, of the following the filing organization used to establish the compensation of the organizatector. Check all that apply. Do not check any boxes for methods used by a related organizatector.						
	X Compensation	ation of the CEO/Executive Director, but explain in Part III.						
		compensation consultant $X$ Compensation survey or study						
	X Form 990 of o		ommittoo					
			Johnnittee					
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
-	organization or a re							
а	•	e payment or change-of-control payment?		4a		X		
b		ceive payment from, a supplemental nonqualified retirement plan?				X		
c		ceive payment from, an equity-based compensation arrangement?				X		
-		hes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	,							
	Only section 501(c	;)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on					
	contingent on the r							
а	The organization?			5a		Х		
		ation?				Х		
		r 5b, describe in Part III.						
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on					
	contingent on the r	et earnings of:						
а	The organization?			6a		X		
		ation?				X		
		or 6b, describe in Part III.						
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payment						
		nes 5 and 6? If "Yes," describe in Part III		7		X		
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t	the					
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X		
9		d the organization also follow the rebuttable presumption procedure described in						
		1 53.4958-6(c)?		9				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedu	le J (Forn	n <b>990</b> )	) 2015		

532111 10-14-15

Schedule J (Form 990) 2015

86-0593786

Page 2

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) NEALE PERL	(i)	246,923.	20,000.	28,316.	26,200.	0.	321,439.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)	· · · ·						
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### Part III Supplemental Information

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

PART I, LINE 3:
THE BOARD OF DIRECTORS HAS A COMPENSATION COMMITTEE TO DETERMINE REASONABLE
AND APPROPRIATE COMPENSATION FOR KEY EMPLOYEES OF THE ORGANIZATION. THE
COMMITTEE CONDUCTED A COMPENSATION STUDY, USING COMPARATIVE DATA, IN ORDER
TO DETERMINE COMPENSATION RECOMMENDATIONS. THE ORGANIZATION ALSO HAS A
WRITTEN EMPLOYMENT CONTRACT WIHT THE CEO.

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Open To Public Inspection

15

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 86-0593786

20

SCOTTSDAI	LE CULTURAL	COUNCIL

Pa	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		•	_
		applicable		Form 990, Part VIII, line 1	noncash contribu	ution ar	nount	5
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 ( FOOD )	X	15	68,456				
26	Other ( FURNITURE )	X	3	66,497				
27	Other ( EQUIPMENT )	X	3	58,639				
28	Other ( SOFTWARE )	X	3	23,662	•F.WA			
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowledg	gement 29				
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date			•				v
	exempt purposes for the entire holding period?	,				30a		Х
	If "Yes," describe the arrangement in Part II.	- 12		- <b>f</b>				v
31	Does the organization have a gift acceptance p	-	-	-		31		X
32a	5		-					х
	contributions?					32a		Λ
	If "Yes," describe in Part II.	oolume (s) f	or o tupo of our	the for which column (-) :-	abaalkad			
33	If the organization did not report an amount in ordescribe in Part II	COIUTTIN (C) T	or a type of prope	ty for which column (a) is	LITECKEU,			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2015)

532141 08-21-15

10080508 758365 0503362

#### Schedule M (Form 990) (2015)COTTSDALE CULTURAL COUNCIL

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:

#### EXHIBITIONS

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 2
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 19228.
- (D) METHOD OF DETERMINING REVENUE: FMV

PRINTING

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 4
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 11650.
- (D) METHOD OF DETERMINING REVENUE: FMV

MISCELLANEOUS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 7

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 9276.

(D) METHOD OF DETERMINING REVENUE:

#### MEMBERSHIP

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 5000.

(D) METHOD OF DETERMINING REVENUE: FMV

SCHEDULE M, PART I, COLUMN (B):

532142 08-21-15

Schedule M (Form 990) (2015)

86-0593786

Page **2** 

42

**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.

NUMBER OF CONTRIBUTIONS IS REPORTED.

Part II

532142 08-21-15	Schedule M (Form 990) (2015)
43	

10080508 758365 0503362

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

#### 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.



Employer identification number 86-0593786

SCOTTSDALE CULTURAL COUNCIL

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) (2015)
 Schedule O (Form 990 or 990-EZ) (2015)

 532211 09-02-15
 OP-02-15
 Schedule O (Form 990 or 990-EZ) (2015)
 Schedule O (Form 990 or 990-EZ) (2015)

10080508 758365 0503362

2015.05070 SCOTTSDALE CULTURAL COUNCIL 05033621

Schedule O (Form 990 or 990-EZ) (2015)	Page <b>2</b>
Name of the organization SCOTTSDALE CULTURAL COUNCIL	Employer identification number $86-0593786$
AND APPROPRIATE SALARIES FOR KEY EMPLOYEES OF THE ORGANIZ	ATION. THE
COMMITTEE CONDUCTED A COMPENSATION STUDY, USING COMPARATI	VE DATA, IN ORDER
TO DETERMINE SALARY RECOMMENDATIONS. THE ORGANIZATION ALS	O 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 ME	ETINGS.
522012 00 00 15 Caba	dule O (Form 990 or 990-EZ) (2015)
<sup>532212</sup> 09-02-15 45 080508 758365 0503362 2015.05070 SCOTTSDALE CULTURAI	

Form <b>990-T</b>		хтендед то м anization Bus			ax Return	n	OMB No. 1545-0687
		and proxy tax und	er sec	tion 6033(e))			
	For calendar year 2015 or other tax	year beginning JUL 1,	201	5 , and ending JU	N 30, 201	6	2015
Department of the Treasury		Form 990-T and its instru					
nternal Revenue Service		bers on this form as it may			ation is a 501(c)(3)		pen to Public Inspection 01(c)(3) Organizations O
A Check box if address changed		Check box if name of				(Emplo instruc	
B Exempt under section		CULTURAL CC					5-0593786
<b>X</b> 501( <b>c</b> )( <b>3</b> )		om or suite no. If a P.O. bo		tructions.		L Unrelat (See ins	ed business activity co structions.)
408(e) 220(e)	7300 EAST	SECOND STREE				4	
408A 530(a) 529(a)	SCOTTSDALE		r foreign	postal code		7113	300
Book value of all assets at end of year	F Group exemption number (Se			_			_
	G Check organization type 🕨			501(c) trust	401(a) trust		Other trust
	n's primary unrelated business a						77
	the corporation a subsidiary in a		nt-subsid	iary controlled group?	► l	Yes	X No
	and identifying number of the par						
	► THE ORGANIZ d Trade or Business Ir			(A) Income	one number 🕨 4 (B) Expense		C) Net
					(D) Expense	5	(0) Net
<ul> <li>1a Gross receipts or sal</li> <li>b Less returns and allo</li> </ul>							
	Schedule A, line 7)	c Balance ►	1c 2				
3 Gross profit. Subtrac			3				
•	ne (attach Schedule D)		4a				
	4797, Part II, line 17) (attach Fo		4b				
	n for trusts		40				
5 Income (loss) from p	artnerships and S corporations (	attach statement)	5				
6 Rent income (Sched			6				
	ced income (Schedule E)		7				
	yalties, and rents from controlled		8				
	f a section 501(c)(7), (9), or (17)						
	ivity income (Schedule I)		10				
	Schedule J)		11				
	structions; attach schedule) S		12	215,952.			215,95
	s 3 through 12		13	215,952.			215,95
Part II Deduction (Except for	ons Not Taken Elsewh contributions, deductions mu	ere (See instructions for ust be directly connected	or limitat d with th	ions on deductions.) ne unrelated business	s income.)		
14 Compensation of of	ficers, directors, and trustees (Sc	chedule K)				14	
						15	83,27
	nance					16	
						17	
	edule)					18	
						19	7,66
20 Charitable contribut	ions (See instructions for limitation	on rules)				20	
	Form 4562)						
22 Less depreciation c	aimed on Schedule A and elsewh	nere on return		22a		22b	
23 Depletion						23	
24 Contributions to de	erred compensation plans					24	
	ograms					25	5,61
25 Employee benefit pr						26	
						27	
<ul><li>26 Excess exempt expo</li><li>27 Excess readership of</li></ul>	osts (Schedule J)			SEE STAT	EMENT 2	28	43,34
<ul><li>26 Excess exempt expo</li><li>27 Excess readership of</li></ul>	osts (Schedule J) ttach schedule)			<u> </u>		20	
<ul> <li>26 Excess exempt expl</li> <li>27 Excess readership of</li> <li>28 Other deductions (a</li> <li>29 Total deductions</li> </ul>	osts (Schedule J) ttach schedule) . Add lines 14 through 28					29	
<ul> <li>26 Excess exempt expl</li> <li>27 Excess readership of</li> <li>28 Other deductions (a</li> <li>29 Total deductions</li> <li>30 Unrelated business</li> </ul>	osts (Schedule J) ttach schedule) . Add lines 14 through 28 taxable income before net operat	ing loss deduction. Subtrac	ct line 29	from line 13		29 30	
<ul> <li>26 Excess exempt experience</li> <li>27 Excess readership of</li> <li>28 Other deductions (a</li> <li>29 Total deductions</li> <li>30 Unrelated business</li> <li>31 Net operating loss of</li> </ul>	osts (Schedule J) ttach schedule) Add lines 14 through 28 taxable income before net operat eduction (limited to the amount o	ing loss deduction. Subtracion line 30)	ct line 29	from line 13		29 30 31	76,05
<ul> <li>26 Excess exempt expo</li> <li>27 Excess readership of</li> <li>28 Other deductions (a</li> <li>29 Total deductions</li> <li>30 Unrelated business</li> <li>31 Net operating loss of</li> <li>32 Unrelated business</li> </ul>	osts (Schedule J) ttach schedule) . Add lines 14 through 28 taxable income before net operat eduction (limited to the amount of taxable income before specific de	ing loss deduction. Subtrac on line 30) eduction. Subtract line 31 fi	ct line 29 rom line 3	from line 13		29 30 31 32	76,05 76,05
<ul> <li>26 Excess exempt expl</li> <li>27 Excess readership of</li> <li>28 Other deductions (a</li> <li>29 Total deductions</li> <li>30 Unrelated business</li> <li>31 Net operating loss of</li> <li>32 Unrelated business</li> <li>33 Specific deduction (a)</li> </ul>	osts (Schedule J) ttach schedule) . Add lines 14 through 28 taxable income before net operat eduction (limited to the amount of taxable income before specific de Generally \$1,000, but see line 33	ing loss deduction. Subtrac on line 30) eduction. Subtract line 31 fi instructions for exceptions	ot line 29 rom line 3	from line 13		29 30 31	76,05
<ul> <li>26 Excess exempt experience</li> <li>27 Excess readership of</li> <li>28 Other deductions (a</li> <li>29 Total deductions</li> <li>30 Unrelated business</li> <li>31 Net operating loss of</li> <li>32 Unrelated business</li> <li>33 Specific deduction (a)</li> <li>34 Unrelated business</li> </ul>	osts (Schedule J) ttach schedule) . Add lines 14 through 28 taxable income before net operat eduction (limited to the amount of taxable income before specific de Generally \$1,000, but see line 33 staxable income. Subtract line 3	ing loss deduction. Subtrac on line 30) eduction. Subtract line 31 fi instructions for exceptions 3 from line 32. If line 33 is	ct line 29 rom line 3 s) greater th	from line 13 30 nan line 32, enter the sm		29 30 31 32 33	139,89 76,05 76,05 1,00
<ul> <li>26 Excess exempt expl</li> <li>27 Excess readership of</li> <li>28 Other deductions (a</li> <li>29 Total deductions</li> <li>30 Unrelated business</li> <li>31 Net operating loss of</li> <li>32 Unrelated business</li> <li>33 Specific deduction (a</li> <li>34 Unrelated business</li> <li>35 Line 32</li> </ul>	osts (Schedule J) ttach schedule) . Add lines 14 through 28 taxable income before net operat eduction (limited to the amount of taxable income before specific de Generally \$1,000, but see line 33	ing loss deduction. Subtrac on line 30) eduction. Subtract line 31 fi instructions for exceptions 3 from line 32. If line 33 is	ct line 29 rom line 3 s) greater th	from line 13 30 nan line 32, enter the sm		29 30 31 32	76,05 76,05

35 Org	<sup>15)</sup> SCOTTSDALE							93786	F
	Tax Computation								
	ganizations Taxable as Corpor	rations. See instr	uctions for tax cor	nputation.					
Cor	ntrolled group members (sectio	ons 1561 and 15	63) check here 🕨	· 🗌 See	instructions	and:			
<b>a</b> Ent	ter your share of the \$50,000, \$	\$25,000, and \$9,	925,000 taxable in	come brack	ets (in that or	rder):			
(1)	\$	(2) \$		(3)	\$				
	ter organization's share of: (1)				\$		1		
	Additional 3% tax (not more the						1		
	ome tax on the amount on line						►	35c	13,76
	usts Taxable at Trust Rates. Se								
	Tax rate schedule or	-						36	
37 Pro	bxy tax. See instructions							37	
								38	
	tal. Add lines 37 and 38 to line							39	13,76
	Tax and Payments	,							•
	reign tax credit (corporations at	ttach Form 1118:	trusts attach Forn	n 1116)		40a			
	ner credits (see instructions)								
c Ger	neral business credit. Attach Fo	orm 3800				40c		-	
	edit for prior year minimum tax							-	
	tal credits. Add lines 40a throu							40e	
									13,76
41 Out	btract line 40e from line 39 ner taxes. Check if from: 🔲 F	-orm 1255	Form 8611	Form 8607	Eorm	0 7 3388	ther (attach schedule)	42	
								43	13,76
								40	10,10
	yments: A 2014 overpayment o						40,200	_	
	15 estimated tax payments						40,200	-	
d Far	c deposited with Form 8868					440		_	
	eign organizations: Tax paid or							_	
e Bac	ckup withholding (see instructio	ons)	·····			44e		_	
	edit for small employer health in					44f		_	
	_ ``				N				
	Form 4136	0	)ther		Total 🖡	► 44g			40.00
	tal payments. Add lines 44a thr							45	40,20
	imated tax penalty (see instruc							46	
	<b>x due.</b> If line 45 is less than the						🕨		
	erpayment. If line 45 is larger t							48	26,42
49 Ent	ter the amount of line 48 you was Statements Regard	ant: Credited to	2016 estimated ta			5,427.		49	
								. //	
	ime during the 2015 calendar y								x, Yes
	es, or other) in a foreign countr								
Account	ts. If YES, enter the name of the tax year, did the organization receive instructions for other forms the org	e foreign country ive a distribution fro	here there	or of, or transfe	eror to, a foreigi	n trust?			
2 During the				,	, 5				
		at received or cor							
3 Enter the	e amount of tax-exempt interes			x year ►\$					
3 Enter the Schedule	e A - Cost of Goods S	Sold. Enter m		ix year ►\$ ory valuatio	n 🕨 N,	/A		- i - i - i	
3 Enter the Schedule		Sold. Enter m		x year ►\$ ory valuatio 6 Invent	n <b>Þ N</b> , ory at end of	<b>/A</b> year		6	
<ul> <li>3 Enter the</li> <li>3 Enter the</li> <li>3 Enter the</li> <li>3 Enter the</li> <li>4 Enter the</li> <li>4 Enter the</li> <li>5 Enter the</li> <li>5 Enter the</li> <li>6 Enter the</li> <li>6 Enter the</li> <li>6 Enter the</li> <li>6 Enter the</li> <li>7 Enter the</li> <li>8 Enter the</li> <li></li></ul>	e A - Cost of Goods S ry at beginning of year ses	Sold. Enter m		x year ►\$ ory valuatio 6 Invent	n <b>Þ N</b> , ory at end of	/A			
<ul> <li>3 Enter the</li> <li>3 Enter the</li> <li>3 Enter the</li> <li>3 Enter the</li> <li>4 Enter the</li> <li>4 Enter the</li> <li>5 Enter the</li> <li>5 Enter the</li> <li>6 Enter the</li> <li>6 Enter the</li> <li>6 Enter the</li> <li>6 Enter the</li> <li>7 Enter the</li> <li>8 Enter the</li> <li></li></ul>	e A - Cost of Goods S ry at beginning of year	Sold. Enter m		x year ▶\$ bry valuatio 6 Invento 7 Cost o	n <b>&gt; N</b> , ory at end of <b>f goods sold</b>	<b>/ A</b> year . Subtract line			
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<ul> <li>3 Enter the</li> <li>3 Enter the</li> <li>3 Enter the</li> <li>4 a Additional</li> </ul>	e A - Cost of Goods S ry at beginning of year ses labor	Sold. Enter m		x year ▶\$ pry valuatio 6 Invente 7 Cost o from li 8 Do the	n N ory at end of <b>f goods sold</b> ne 5. Enter h rules of sect	<b>/ A</b> year . Subtract line ere and in Pari tion 263A (with	6 t I, line 2		Yes
3 Enter the Schedule 1 Inventor 2 Purchas 3 Cost of I 4 a Additiona b Other cc 5 Total. A	e A - Cost of Goods S ry at beginning of year  labor al section 263A costs (att. schedule) osts (attach schedule)  Add lines 1 through 4b	Sold. Enter m 1 2 3 4a 4b 5	ethod of invento	x year ▶ \$ ry valuatio 6 Invent 7 Cost o from li 8 Do the proper the org	n N, ory at end of f goods sold ne 5. Enter h rules of sect ty produced ganization?	<b>/ A</b> year . Subtract line ere and in Part tion 263A (with or acquired fo	6 t I, line 2 n respect to r resale) apply to	7	
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3 Enter the Schedule 1 Inventor 2 Purchas 3 Cost of I 4 a Additiona b Other cc 5 Total. A Sign	e A - Cost of Goods S ry at beginning of year  labor al section 263A costs (att. schedule) osts (attach schedule)  Add lines 1 through 4b	Sold. Enter m	ethod of invento	x year ▶ \$ ry valuatio 6 Invent 7 Cost o from li 8 Do the proper the org g accompanyi	n <b>&gt; N</b> , ory at end of <b>f goods sold</b> ne 5. Enter h rules of sect ty produced <u>panization?</u> ng schedules a	<b>/ A</b> year . Subtract line ere and in Pari tion 263A (with or acquired fo	6 t I, line 2 n respect to r resale) apply to nd to the best of my kn nowledge.	7 owledge and be	elief, it is true,
3 Enter the Schedule 1 Inventor 2 Purchas 3 Cost of I 4 a Additiona b Other cc 5 Total. A Sign	e A - Cost of Goods S ry at beginning of year  Ses labor al section 263A costs (att. schedule) osts (attach schedule)  Add lines 1 through 4b Under penalties of perjury, I declare correct, and complete. Declaration of	Sold. Enter m	ethod of invento	x year ▶ \$ ry valuatio 6 Invent 7 Cost o from li 8 Do the proper the org g accompanyii on all informati	n <b>&gt; N</b> , ory at end of <b>f goods sold</b> ne 5. Enter h rules of sect ty produced <u>panization?</u> ng schedules a	<b>/ A</b> year . Subtract line ere and in Pari tion 263A (with or acquired fo	6 t I, line 2 n respect to r resale) apply to not to the best of my kn howledge.	7 owledge and b May the IRS dis	elief, it is true,
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3       Enter the         Schedule       1         1       Inventor         2       Purchas         3       Cost of I         4       Additiona         b       Other cc         5       Total. A         Sign       I         Iere       I	e A - Cost of Goods S ry at beginning of year ses labor al section 263A costs (att. schedule) osts (attach schedule) Add lines 1 through 4b Under penalties of perjury, I declare correct, and complete. Declaration of Signature of officer	Sold. Enter m	ethod of invento	x year ▶ \$ y valuatio 6 Invent 7 Cost o from li 8 Do the proper the org g accompanyii on all informati	n N N pry at end of f goods sold ne 5. Enter h rules of sect ty produced ganization? ng schedules a on of which pro- CEO itile	<b>/ A</b> year . Subtract line ere and in Part tion 263A (with or acquired fo nd statements, a eparer has any kr	6 t I, line 2 n respect to r resale) apply to nd to the best of my kn towledge.	7 owledge and but May the IRS dis the preparer sho nstructions)? [ if PTIN	elief, it is true, scuss this return w
3 Enter the Schedule 1 Inventor 2 Purchas 3 Cost of I 4 a Additiona b Other cc 5 Total. A Sign Here Paid	A - Cost of Goods S      ry at beginning of year      ses     labor     labor     ses     labor     ses     labor     dal section 263A costs (att. schedule)     osts (attach schedule)     dd lines 1 through 4b     Under penalties of perjury, I declare     correct, and complete. Declaration of     Signature of officer     Print/Type preparer's name     COLEEUTIPE KAMPA	Sold. Enter m	ethod of invento	x year ▶ \$ ry valuatio 6 Invent 7 Cost o from li 8 Do the proper the org g accompanyii on all information ture	n N N pry at end of f goods sold ne 5. Enter h rules of sect ty produced ganization? ng schedules a on of which pro CEO itle	A year Subtract line ere and in Partition 263A (with or acquired fo distatements, a eparer has any kr	6 t I, line 2 n respect to r resale) apply to nd to the best of my kn nowledge.	7 owledge and bo May the IRS dis the preparer sho nstructions)? [ if PTIN	elief, it is true, scuss this return w
3 Enter the Schedule 1 Inventor 2 Purchas 3 Cost of I 4 a Additiona b Other cc 5 Total. A Sign Here Paid Preparei	A - Cost of Goods S      ry at beginning of year      ses     labor     labor     ses     labor     ses     labor     ses     labor     defines 1 through 4b     defines 1 through 4b     defines 1 through 4b     Signature of officer     Print/Type preparer's name     COLETTE KAMPS	Sold. Enter m	ethod of invento	x year ▶ \$ ry valuatio 6 Invent 7 Cost o from li 8 Do the proper the org g accompanyii on all information ture	n N N pry at end of f goods sold ne 5. Enter h rules of sect ty produced ganization? ng schedules a on of which pro CEO itle	A year Subtract line ere and in Partition 263A (with or acquired fo distatements, a eparer has any kr	6 t I, line 2 n respect to r resale) apply to nd to the best of my kn nowledge.	7 owledge and bo May the IRS dis the preparer sho nstructions)? [ if PTIN j P 0 0	elief, it is true, iccuss this return w own below (see XYes
3 Enter the Schedule 1 Inventor 2 Purchas 3 Cost of I 4 a Additiona b Other cc 5 Total. A Sign lere	e A - Cost of Goods S         ry at beginning of year         ses         labor         al section 263A costs (att. schedule)         osts (attach schedule)         osts (attach schedule)         Under penalties of perjury, I declare correct, and complete. Declaration of Signature of officer         Print/Type preparer's name         COLETTE KAMPS         Firm's name	Sold. Enter m 1 2 3 4a 4b 5 that I have examine of preparer (other the	ethod of invento	x year ▶ \$ ry valuatio 6 Invent 7 Cost o from li 8 Do the proper the org g accompanyii on all information ture KAMP S	n ► N, ory at end of f goods sold ne 5. Enter h rules of sect ty produced janization? ng schedules a on of which pro CEO itle	A year Subtract line ere and in Partition 263A (with or acquired fo distatements, a eparer has any kr	6 t I, line 2 n respect to r resale) apply to nd to the best of my kn nowledge.	7 owledge and bo May the IRS dis the preparer sho nstructions)? [ if PTIN j P 0 0	elief, it is true, iccuss this return w own below (see XYes 367616
3 Enter the Schedule 1 Inventor 2 Purchas 3 Cost of I 4 a Additiona b Other cc 5 Total. A Bign Here Paid Preparei	e A - Cost of Goods S         ry at beginning of year         ses         labor         al section 263A costs (att. schedule)         osts (attach schedule)         Add lines 1 through 4b         Under penalties of perjury, I declare correct, and complete. Declaration of         Signature of officer         Print/Type preparer's name         COLETTE KAMPS         Firm's name ▶ HENRS         205	Sold. Enter m 1 2 3 4a 4b 5 that I have examine of preparer (other that S, CPA Y & HORM 55 E WAF	ethod of invento	x year ▶ \$ ry valuatio 6 Invent 7 Cost o from li 8 Do the proper the org g accompanyii on all information ture KAMP S	n ► N, ory at end of f goods sold ne 5. Enter h rules of sect ty produced janization? ng schedules a on of which pro CEO itle	A year Subtract line ere and in Partition 263A (with or acquired fo distatements, a eparer has any kr	6 t I, line 2 n respect to r resale) apply to nd to the best of my kn nowledge.	7 owledge and b May the IRS dis the preparer sho nstructions)? [ if PTIN d P00 ► 86 –	elief, it is true, iccuss this return w own below (see XYes 367616 0133881
A additional     D other ccc     Total. A     A	e A - Cost of Goods S         ry at beginning of year         Ses         labor         al section 263A costs (att. schedule)         osts (attach schedule)         Add lines 1 through 4b         Under penalties of perjury, I declare correct, and complete. Declaration of         Signature of officer         Print/Type preparer's name         Firm's name ► HENRY         Firm's address ► TEI	Sold. Enter m 1 2 3 4a 4b 5 that I have examine of preparer (other that S, CPA Y & HORM 55 E WAF	ethod of invento	x year ▶ \$ ry valuatio 6 Invent 7 Cost o from li 8 Do the proper the org g accompanyii on all information ture KAMP S	n ► N, ory at end of f goods sold ne 5. Enter h rules of sect ty produced janization? ng schedules a on of which pro CEO itle	A year Subtract line ere and in Partition 263A (with or acquired fo distatements, a eparer has any kr	6 t I, line 2 n respect to r resale) apply to nd to the best of my kn nowledge.	owledge and bo May the IRS dis the preparer sho nstructions)? [ if PTIN p P00 ► 86- (480)	elief, it is true, iccuss this return w own below (see XYes 367616 0133883 839-490
Enter the Checkler Inventor Purchas Cost of I Additiona b Other cc Total. A ign lere Paid Preparei	e A - Cost of Goods S         ry at beginning of year         Ses         labor         al section 263A costs (att. schedule)         osts (attach schedule)         Add lines 1 through 4b         Under penalties of perjury, I declare correct, and complete. Declaration of         Signature of officer         Print/Type preparer's name         Firm's name ► HENRY         Firm's address ► TEI	Sold. Enter m 1 2 3 4a 4b 5 that I have examine of preparer (other that S, CPA Y & HORM 55 E WAF	ethod of invento	x year ▶ \$ ry valuatio 6 Invent 7 Cost o from li 8 Do the proper the org g accompanyi on all informat ture KAMPS STE 1	n ► N, ory at end of f goods sold ne 5. Enter h rules of sect ty produced janization? ng schedules a on of which pro CEO itle	A year Subtract line ere and in Partition 263A (with or acquired fo distatements, a eparer has any kr	6 t I, line 2 n respect to r resale) apply to nd to the best of my kn nowledge.	owledge and bo May the IRS dis the preparer sho nstructions)? [ if PTIN p P00 ► 86- (480)	elief, it is true, icuss this return v own below (see XYes 367616 0133883

ahadula C. Dantinaanaa (Er	CULTURAL CO			86-0593	
•	om Real Property	y and Personal Pro	operty L	eased With Real Prop	perty)(see instructions)
Description of property					
)					
2)					
3)					
1) 2	. Rent received or accrued				
(a) From personal property (if the percent rent for personal property is more that	m real and personal property (if ent for personal property exceed	s 50% or if		connected with the income in 2(b) (attach schedule)	
10% but not more than 50%)		the rent is based on profit or in	come)		
2)					
3)					
4)					
otal	0. Total			0.	
Total income. Add totals of columns 2(a)	and 2(b). Enter			(b) Total deductions. Enter here and on page 1,	
chedule E - Unrelated Debt-	Financed Income	2. Gross income		3. Deductions directly connector debt-finance	
1. Description of debt-finance	ed property	or allocable to c financed prope		(a) Straight line depreciation (attach schedule)	( <b>b</b> ) Other deductions (attach schedule)
)					
2)					
3)					
4)					
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	<ol> <li>Average adjusted basis of or allocable to debt-financed property (attach schedule)</li> </ol>	6. Column 4 div by column 5		7. Gross income reportable (column 2 x column 6)	<b>8.</b> Allocable deductions (column 6 x total of column 3(a) and 3(b))
)			%		
			%		
2)			%		
2)			0/		1
2) 3) 4)			%		
/			%	Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
/			 ▶		

		Exempt Controlled O	rganizations		
1. Name of controlled organization	2. Employer identification number	<b>3.</b> Net unrelated income (loss) (see instructions)	<b>4.</b> Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	connected with income
(1)					
(2)					
(3)					
(4)					
Nonoxompt Controllod Organizations					

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)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

10080508 758365 0503362

48 2015.05070 SCOTTSDALE CULTURAL COUNCIL 05033621

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

1. Description of income	2. Amount of income	<b>3.</b> Deductions directly connected (attach schedule)	<b>4.</b> Set-asides (attach schedule)	<ol> <li>Total deductions and set-asides (col. 3 plus col. 4)</li> </ol>
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals	0.			0.

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

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	<b>3.</b> 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)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	0.	0.				0.
Schedule J - Advertisi	na Income (see i	nstructions)				

Part I Income From Periodicals Reported on a Consolidated Basis

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

Part II | Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income		Direct sing costs	<b>4.</b> Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		rculation come	6.1	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)									
(2)									
(3)									
(4)									
Totals from Part I	0.		0.						0.
	Enter here and on page 1, Part I, line 11, col. (A).	page	ere and on 1, Part I, I, col. (B).						Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) 🕨	0.		0.						0.
Schedule K - Compensatio	n of Officers,	Direct	ors, and	<b>d Trustees</b> (see ir	nstructic	ons)			
1. Name				2. Title		3. Percer time devot busines	ed to		ensation attributable related business
(1)							%		
(2)							%		
(3)							%		
(4)							%		
Total. Enter here and on page 1, Part II, I	ine 14						🕨		0.

523731 01-06-16

DESCRIPTION	AHOONI
LABOR REIMBURSEMENT FACILITY RENTAL EQUIPMENT REIMBURSEMENT	61,945. 71,674. 56,547.
OTHER OPERATIONS REIMBURSEMENT	25,786.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	215,952.

OTHER INCOME

FORM 990-T C	THER	DEDUCTIONS	STATEMENT	2
DESCRIPTION			AMOUNT	
CUSTODIAL, SECURITY, SUPPORT OTHER MISCELLANEOUS EXPENSE EQUIPMENT			10,08 16,50 16,75	06.
TOTAL TO FORM 990-T, PAGE 1, LINE	28		43,34	49.

#### DESCRIPTION

FORM 990-T

10080508 758365 0503362

#### STATEMENT 1

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

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

Application	Doturn	Application		Dat	hurn	
Enter the Return code for the return that this application is for (fil	e a separa	te application for each return)	 	0	1	

Application	Return	Application			Return	
Is For Code Is For C						
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						
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	d an autor	natic 3-month extension on a previou	ISIY file	d Form 88	68.	
<ul> <li>The books are in the care of ► 7380 EAST SECO Telephone No. ► 480-874-4615</li> <li>If the organization does not have an office or place of busines</li> </ul>	ND ST	Fax No. 🕨				
<ul> <li>If this is for a Group Return, enter the organization's four digit</li> <li>box</li> <li>If it is for part of the group, check this box</li> </ul>	Group Exe	emption Number (GEN) If th	is is fo	r the whole	group, check this	
	I request an additional 3-month extension of time until MAY 15, 2017 For calendar year, or other tax year beginning JUL 1, 2015 , and ending JUN 30, 2016 .					
<ul> <li>If the tax year entered in line 5 is for less than 12 months, on the second seco</li></ul>	check reas	on: L Initial return	Final r	eturn		
7 State in detail why you need the extension THE INFORMATION TO PREPARE A AVAILABLE. WE REQUEST THE ADD			URN	IS NO	DT YET	
		AL TIME TO FILE.				
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720 nonrefundable credits. See instructions.	, or 6069,	enter the tentative tax, less any	8a	\$	0.	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069	9, enter an	y refundable credits and estimated				
tax payments made. Include any prior year overpayment al	llowed as a	a credit and any amount paid				
previously with Form 8868.		-	8b	\$	0.	
C Balance due. Subtract line 8b from line 8a. Include your pa EFTPS (Electronic Federal Tax Payment System). See instr	-	h this form, if required, by using	8c	\$	0.	

EFTPS (Electronic Federal Tax Payment System). See instructions.
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 🕨
		Form <b>8868</b> (Rev. 1-2014)

523842 04-01-15 Page 2

Form 8868	B
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(Rev. January 2014)

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

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

X

0 7

Department of the Treasury
Internal Revenue Service

Þŀ	f vou are filing for an	Automatic 3-Month Exten	sion complete on	Iv Part I and	check this hox
- 1	i you are ming ior arr	Automatic o-Wonth Exten	sion, complete on	iy Faitianu	

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

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

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

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

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

Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number

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

Enter the Return code for the return that this application is for	(file a concurate condition for each rate and	
Enter the Beturn code for the return that this application is for	The a separate application for each return)	
Enter the netalline of the retain that the application is for	(ne a coparate application for caen retain)	

Application	Return	Application	Return
Is For	Code	Is For	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 $\blacktriangleright$	7380	EAST	SECOND	STREET	-	SCOTTSDALE,	AZ	85251
	. 100 07	1 1 1 1							

l elephone N	0. 🗩	400	-0/4-4	FOTO			Fax No.	

•	If the organization does not have an office or place of business in the United States, check this box	x 🕨 🗀
•	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 rec	uired to file Form 990-T) ext	ension of time until

MAY 15, 2017	, to file the exempt organization return for the organization named above. The exte	ension
is for the organization's return for:		
calendar year or		

X tax year beginning	JOP T	, 2015	, and endi

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

3a	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.	3a	\$ <b>13,769.</b>
h	If this application is for Forms 990-PF 990-T 4720, or 6069, enter any refundable credits and		

D	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	40,2
с	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,			

by using EFTPS (Electronic Federal Tax Payment System). See instructions.

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 Privacy Act and Paperwork Reduction Act Notice, see instructions. LHA 52384 i 04-01-15

00.

50.5

10080508 758365 0503362

2015.05070 SCOTTSDALE CULTURAL COUNCIL 05033621

JUN 30, 2016

	Arizona Form <b>99</b>	Arizona Exe	empt Or	ganization	Anr	nual	Informa	atic	on R	eturn	2015
	For the	calendar year 20 <sup>-</sup>	15 or X fis	cal year beginning	07/	01/1	5   and en	ding	06	/30/16	.
CHE	ECK ONE:	Name								er Identification N	
X	Original	SCOTTSDA	LE CULTU	JRAL COUNC	IL				86	-059378	86
Busi	Amended ness Telephone Number	Address - number and 7380 EAS									
(with	n area code)	City, Town or Post Off	fice						Stat	e ZIP Coo	de
	0 - 874 - 4615	SCOTTSDA		85251							
	Check box if: 🗌 This			e 🛄 Address c	hange		СНЕСК ВО	X IE	return	filed under e	extension:
	Date Arizona operations						82 82 C			onth federal	
	Nature of Arizona activit			URAL,		J	<u> </u>	X		onth Arizona/1	
		990 990-EZ		specify)				SE ON	ILY. DO	NOT MARK IN	THIS AREA.
	nclude a copy of the o	•					88				
				NLY -							
EV	What type of entity is th	e dispensary?									
		Limited Liability Compa	ny (LLC)	Partnership	Scor	poration					
	Sole Proprietorshi		, ()	·			81 PM			66 RCV	′D
F II	f the dispensary is an L	-	tax classificatio	on?							
	Corporation	Disregarded Entity	🗌 Partn	ership 🗌 S	corpora	tion					
	If the dispensary i	s an LLC, a partnership	or an S corpo	ration, <b>include a s</b> o	chedule	that list	s the followin	g ow	nership	o information:	
	name, address, TI	N, and ownership perc	entage at the e	nd of the tax year.							
GF	ederal form filed:	1040 1041	1065	L 1120 L	1120-	s L	Other (spe	cify)			
н		ou included a copy of							165 wh	ien it was filed	d; do not
	nclude a copy of the sa	me return with this forn	n. Otherwise, i	nclude a copy of t	he disp	ensary'	s federal retu	urn.			
	rces of Income						701 /0/	11.00	1		
	Gross sales from busin						781,494			m 1	
-	Less cost of goods so	ness activities: Subtrac					527,940			1 1	
3 ⊿							271,73		-		
4					·		211,15	00			
6								00	-		
7		es of assets, excluding					41,462				
8		tc., from members					275,574				
9		tc., from affiliates						00			
10	Contributions, gifts, g						240,400				
	Other income: Include					3,	499,030	00	S	TATEMEN	
	Total income: Add line	•							12	10,856	5,14300
	ninistrative Expen					1	004 707	2			
	Compensation of offic						284,783				
14	-	her than amounts inclu					867,454	-	-		
15	_						91,078	00	-		
16 17							186,059				
18		schedule					71,920			TATEMEN	ит 2
19		es: Include itemized sta				1,	813,018			TATEMEN	
20		ines 13 through 19							20		,318 00
	bursements	<b>g</b>									
21	Disbursements from c	urrent income for exem	pt purposes fr	om page 2, line A6					21	7,620	),59900
22		rincipal for exempt pur							22		00
23		not itemized on Schedu	ule A or Schedu						23	267	7,13400
Acc	umulation of Inco	ome									
	Accumulation of incor	•							24		<u>,908 oo</u>
	Accumulation of incor								25		2,07000
	Accumulation of incor	ne at end of year: Add I	lines 24 and 25						26	7,026	5,162 <sub>00</sub>
27	Penalty for late filing o	×							27	10 1105/10	00
ADOR	10418 (15)	SS IS SUBJECT TO A F	PENALIY IF TH	IS RETURN IS FIL	EDLAT	EORIS	INCOMPLET	E. A.F	-		
	537971 10-07-	15							Co	ontinued on p	age 2 🗡

SCF	IEDULE A Disbursements From Current Income for Exemp	t Purp	oses		
A1	Dues, assessments, etc., to affiliates	A1		00	
A2	Contributions, gifts, grants, etc., paid	A2	80,000	00	
A3	Benefit payments to or for members or their dependents:				
	A3a Death, sickness, hospitalization, disability, or pension benefits	A3a		00	
	A3b Other benefits	A3b		00	
A4	Dividends and other distributions to members, shareholders, or depositors	A4		00	
A5	Other	A5	7,540,599	00	STATEMENT 8
A6	Total: Add lines A1 through A5. Enter total here and on page 1, line 21			A6	7,620,599 <sub>00</sub>
SCH	<b>IEDULE B</b> Disbursements From Principal for Exempt Purpo	ses			
B1	Dues, assessments, etc., to affiliates	B1		00	
B2	Contributions, gifts, grants, etc., paid	B2	_	00	
<b>B3</b>	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 $\hdots$	B4		00	
B5	Other	B5		00	<u> </u>
<b>B6</b>	Total: Add lines B1 through B5. Enter total here and on page 1, line 22			<b>B6</b>	00
001					
	IEDULE C Balance Sheet				(1)
NOT	E: Amounts used in included schedules and in this column should be end of year amounts.		(a)		(b)
~	Assets		Beginning of Year 778,806	00 01	End of Year
C1	Cash Accounts receivable C2a		770,000	00 01	1,052,51000
Cza	Accounts receivable     C2a       C2b     Less - allowance for doubtful accounts     C2b	00			
	C2c Line C2a less line C2b. Enter difference in column (b)	-100	66,819	00 02	71,646 00
C22	Other notes and loans receivable: Include schedule <b>C3a</b>	00	00,019	00 020	
034	C3b Less - allowance for doubtful accounts C3b	00			
	C3c Line C3a less line C3b. Enter difference in column (b)			00 <b>C3</b>	00
C4	Inventories		117,883	00 C4	139,190 00
C5	Investments (securities): Include schedule		5,917,404		5,602,89800
C6	Investments (other): Include schedule			00 C6	00
C7a	Land, buildings, and equipment; basis:	31 00			
	C7b Less - accumulated depreciation: Include schedule C7b 5,036,1	76 00			
	C7c Line C7a less line C7b. Enter difference in column (b)		741,089		
C8	Other assets (describe): SEE STATEMENT	6	1,008,990		643,705 <sub>00</sub>
C9	Total assets: Add lines C1 through C8		8,630,991	00 <b>C9</b>	9,232,662 <sub>00</sub>
	Liabilities				
C10	Accounts payable and accrued expenses		470,376	00 C10	403,398 <sub>00</sub>
	Mortgages and other notes payable: Include schedule			00 <b>C1</b> 1	
	Other liabilities (describe): SEE STATEMENT	1	788,545		2 1,803,10200
C13	Total liabilities: Add lines C10 through C12		1,258,921	00 C13	2,206,500 <sub>00</sub>
	Net Assets				L
	Capital stock or trust principal			00 C14	
	Paid-in or capital surplus		7 272 070	00 C15	
	Retained earnings or accumulated income		7,372,070 7,372,070		
C17	Total net assets: Add lines C14 through C16		1,314,010	00 C17	1,020,10200
C 10	Total lightliting and not apparts. Add lines 012 and 017		8,630,991	00	9,232,662 <sub>00</sub>
018	Total liabilities and net assets: Add lines C13 and C17		0,000,991		

#### PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.

Declaration	Under penalties of perjury, I declare that I have examined this return, including the accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.				
Please Sign Here	OFFICER'S SIGNATURE	DATE	CEO TITLE		
Paid Preparer's Use Only	COLETTE KAMPS, CPA PAID PREPARER'S SIGNATURE HENRY & HORNE, LLP FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED) 2055 E WARNER RD, STE 101 FIRM'S STREET ADDRESS TEMPE, AZ	05/08/17 DATE	P00367616         PAID PREPARER'S PTIN         86-0133881         FIRM'S X         EIN OR         SSN         (480)       839-4900         FIRM'S TELEPHONE NUMBER         85284		
	CITY	STATE	ZIP CODE		

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

SCOTTSDALE CULTURAL COUNCIL

AZ	99	COST OF GOODS SOLD	STATEMENT 1
COS	T OF GOODS SOLD		
1.	INVENTORY AT BEGINNING	OF YEAR	117,883
2. 3. 4. 5.	MERCHANDISE PURCHASED. COST OF LABOR MATERIALS AND SUPPLIES OTHER COSTS	•••••	,861
<b>6</b> .	ADD LINES 1 THROUGH 5	· · · · · · · · · · · · ·	392,744
7.	INVENTORY AT END OF YEA	R	139,190
8.	COST OF GOODS SOLD (LIN	E 6 LESS LINE 7)	253,554

SCOTTSDALE CULTURAL COUNCIL

AZ 99	DEPRECIATION/AMORTIZATION EXPENSE	STATEMENT	2
DESCRIPTION		AMOUNT	
DEPRECIATION/AMORTIZAT	ION	71,9	26.
TOTAL TO FORM 99, PAGE	1, LINE 18	71,9	26.
AZ 99	OTHER DISBURSEMENTS	STATEMENT	3
DESCRIPTION		AMOUNT	
UNREALIZED LOSS		267,1	34.
TOTAL TO FORM 99, PAGE	1, LINE 23	267,1	34.
AZ 99	OTHER INCOME	STATEMENT	4
DESCRIPTION		AMOUNT	
OTHER INCOME TICKET SALES FACILITY RENTAL/LABOR ART FESTIVAL FOOD AND BEVERAGE SALE BOX OFFICE ALL OTHER PROGRAM SERV:	ICE REVENUE	14,8 2,192,6 440,1 277,8 188,7 116,9 268,0	08. 79. 13. 04. 10.
TOTAL TO FORM 99, PAGE	1, LINE 11	3,499,0	30.
AZ 99	MISC EXPENSES	STATEMENT	5
DESCRIPTION		AMOUNT	
DIRECT EXPENSES OF FUN PENSION PLAN CONTRIBUT OTHER EMPLOYEE BENEFIT ACCOUNTING FEES INVESTMENT MANAGEMENT I OTHER PROFESSIONAL FEE ADVERTISING AND PROMOT OFFICE EXPENSES TRAVEL	IONS 5 FEES 5	270,9 21,1 105,1 27,0 35,8 186,2 395,1 59,1 7,6	54. 47. 50. 85. 67. 25.

SCOTTSDALE CULTURAL COUNC	IL		86-0593786
CONFERENCES AND CONVENTIONS INSURANCE PROGRAM SUPPORT PRINTING AND PUBLICATIO ALL OTHER EXPENSES			7,235. 61,217. 198,553. 197,134. 240,553.
TOTAL TO FORM 99, PAGE 1, L	INE 19		1,813,018.
AZ 99	OTHER ASSETS		STATEMENT 6
DESCRIPTION		BEG OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVAB PREPAID EXPENSES AND DEFERR ASSETS HELD UNDER SPLIT-INT OTHER ASSETS INCOME TAX RECEIVABLE	ED CHARGES	789,744. 139,452. 72,048. 7,746. 0.	467,659. 23,691. 54,323. 7,746. 90,286.
TOTAL TO FORM 99, PAGE 2, L	INE C8	1,008,990.	643,705.
AZ 99	OTHER LIABILITIES		STATEMENT 7
DESCRIPTION		BEG OF YEAR	END OF YEAR
SPLIT-INTEREST AGREEMENT CAPITAL LEASE DEFERRED RENT DEFERRED REVENUE		12,344. 43,672. 0. 732,529.	12,344. 33,593. 1,078,720. 678,445.
TOTAL TO FORM 99, PAGE 2, L	INE C12	788,545.	1,803,102.
AZ 99	OTHER EXPENSES		STATEMENT 8
DESCRIPTION			AMOUNT
COMPENSATION OF OFFICERS, D OTHER SALARIES AND WAGES PENSION PLAN CONTRIBUTIONS OTHER EMPLOYEE BENEFITS PAYROLL TAXES OTHER PROFESSIONAL FEES ADVERTISING AND PROMOTION OFFICE EXPENSES OCCUPANCY TRAVEL	IRECTORS, TRUSTEES, E	TC.	149,282. 2,939,567. 56,833. 317,909. 228,076. 303,880. 133,780. 8,071. 296,347. 27,451.

SCOTTSDALE CULTURAL COUNCIL	86-0593786
CONFERENCES AND CONVENTIONS	22,340.
DEPRECIATION/AMORTIZATION	176,095.
INSURANCE	13,553.
ARTIST FEES	1,485,317.
PROGRAM SUPPORT	575,198.
PUBLIC ARTS PROJECT COS	440,648.
PRINTING AND PUBLICATIO	57,334.
ALL OTHER EXPENSES	308,918.
TOTAL TO FORM 99, PAGE 2, SCHEDULE A, LINE A5	7,540,599.

# Arizona Form 99T Arizona Exempt Organization Business Income Tax Return 2015

	For the calendar year 2015 or X fiscal year beginning 07/01/15 and ending 06/30	/16  .	
			ication Number (EIN)
	Original SCOTTSDALE CULTURAL COUNCIL	86-0	0593786
Buci	Address - number and street or PO Box iness Telephone Number 7380 EAST SECOND STREET		
	harea code) City, Town or Post Office State	ZIP Co	do
· ·	0-874-4615 SCOTTSDALE, AZ 85251	211 00	de
L	Check box if: This is a first return I Name change Address change CHECK BOX IF re	eturn filed u	nder extension:
	Date Arizona operations began 10/01/1975 82 82F X		
B١		NLY. DO NO	T MARK IN THIS AREA.
	Unrelated business activity codes: 711300		
DA	ARIZONA apportionment for multistate organizations only (check one box):		
Е	AIR Carrier STANDARD ENHANCED Check if Multistate Provider Election and Computation (Arizona Schedule MSP) is included.		
E	Indicate the year of the election cycle Yr 1 Yr 2 Yr 3 Yr 4 Yr 5		
FC	Did you file an Arizona Form 99?		66 RCVD
	Check federal form filed: X 990-T Other (specify)		
l	nclude a copy of the organization's federal return.		
	zona Unrelated Business Taxable Income Computation		75,05500
	Unrelated business taxable income from federal Form 990-T		75,05500
2	Additions related to Arizona tax credits claimed	2	75,05500
4	Apportionment ratio for multistate organizations only: See instructions		
5	Taxable income attributable to Arizona: Line 3 multiplied by line 4 (or if 100% Arizona, enter amount from line 3)		<b>75,055</b> 00
			•
	zona Tax Liability Computation		4 502
	Enter tax: Tax is 6.0 percent of line 5, or \$50, whichever is greater		4,503 00
-	Tax from recapture of tax credits from Arizona Form 300, Part 2, line 31		<u> </u>
8 9	Subtotal: Add line 6 and line 7 Nonrefundable tax credits from Arizona Form 300, Part 2, line 56		00
10	Credit type:		
	Enter form number for each nonrefundable credit claimed: 10 3 3 3 3 3		
11	Tax liability: Subtract line 9 from line 8	11	<b>4,503</b> 00
-			
	x Payments         Refundable tax credits: Check box(es) and enter amt:         12       308       342       349       12       0	0	
14	Estimated tax payments 14 9,800 0		
15	Amended returns: Payment made with original return plus all payments made		
	after it was filed: See instructions 15		
16	Subtotal payments: Add lines 12 through 15 16 9,800 0		
17	Overpayments of tax from original return or later adjustments: See instructions <b>17</b>		0 0 0 0 0
18	Total Payments: Subtract line 17 from line 16	18	9,80000
Co	mputation of Total Due or Overpayment		
19		19	00
20	Overpayment of tax: If line 18 is larger than line 11, enter overpayment of tax		<b>5,297</b> 00
21	Penalty and interest	21	00
22	Estimated tax underpayment penalty: If Form 220 is included, check this box 22A		1 00
23	TOTAL AMOUNT DUE: Add lines 19, 21, and 22. If money is due, non-EFT payment must accompany return	23	
24 25	OVERPAYMENT: See instructions Amount of line 24 to be applied to 2016 estimated tax 25 5, 296 0	<b> 24  </b>	5,296 00
25 26		26	00
20	Amount to be refunded: Subtract line 25 from line 24		
		Cont	inued on page 2 →

<b>IMPORTANT:</b> Qualifying air carriers must use Arizona Schedule ACA.	LIMITED TO UNRELATED BUSINESS AMOUNTS			
			COLUMN C	
Qualifying multistate service providers must include Arizona Schedule MSP.	0020111171	COLUMN B	Ratio Within	
See instructions, pages 8, 9, and 10.	Total Within Arizona Round to nearest dollar.	Total Everywhere Round to nearest dollar.	Arizona	
A1 Property Factor			A÷B	
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>b</b> Weight AZ property: (STANDARD uses x 1; ENHANCED uses x 5.0)	X 1 OR X 5.0			
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				
officers or employees				
<b>b</b> Weight AZ payroll: (STANDARD uses x 1; ENHANCED uses x 5.0)	X 1 OR X 5.0			
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 90.0)	X 2 OR X 90.0			
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 denom	inator (STANDARD divides	s by four (4);		
ENHANCED divides by on hundred (100)). Enter the result in column C, a	and on page 1, line 4			

#### SCHEDULE A Apportionment Formula (Multistate Organizations Only)

	Under penalties of perjury, I declare that I have examined this return, inclubest of my knowledge and belief, it is a true, correct and complete return, the income tax laws of the State of Arizona.		
Please Sign Here	OFFICER'S SIGNATURE	DATE	CEO TITLE
Paid	COLETTE KAMPS, CPA	05/08/17	P00367616
Preparer's Use	PAID PREPARER'S SIGNATURE	DATE	PAID PREPARER'S PTIN
Only	HENRY & HORNE, LLP		86-0133881
	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED) 2055 E WARNER RD, STE 101		FIRM'S X EIN OR SSN (480) 839-4900
	FIRM'S STREET ADDRESS TEMPE, AZ		FIRM'S TELEPHONE NUMBER 85284
	CITY	STATE	ZIP CODE

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

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

EVENT FACILIATION

TO FORM AZ 99T, PAGE 1