

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

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization SCOTTSDALE CULTURAL COUNCIL Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 7380 EAST SECOND STREET City or town, state or country, and ZIP + 4 SCOTTSDALE, AZ 85251	D Employer identification number 86-0593786
		E Telephone number 480-874-4615	G Gross receipts \$ 12,337,272.
		F Name and address of principal officer: WILLIAM BANCHS SAME AS C ABOVE	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.SCCARTS.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1987 M State of legal domicile: AZ	

Part I Summary			
	1 Briefly describe the organization's mission or most significant activities: <u>MANAGING/PRODUCING CULTURAL, EDUCATIONAL AND ARTS ACTIVITIES FOR THE CITY OF SCOTTSDALE.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of employees (Part V, line 2a)	5	186
	6 Total number of volunteers (estimate if necessary)	6	1096
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	44,275.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		8,762,133.	7,183,602.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,029,647.	2,303,567.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-298,647.	65,695.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		161,840.	192,695.
		10,654,973.	9,745,559.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	59,000.	57,300.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,925,251.	4,542,824.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,118,463.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	6,281,735.	5,740,181.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,265,986.	10,340,305.	
19 Revenue less expenses. Subtract line 18 from line 12	-611,013.	-594,746.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	8,212,167.	8,331,017.
	22 Net assets or fund balances. Subtract line 21 from line 20	682,876.	865,592.
		7,529,291.	7,465,425.

Part II Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	▶ Signature of officer		Date	
	▶ WILLIAM BANCHS, CEO		Type or print name and title	
Paid Preparer's Use Only	Preparer's signature ▶ KATHY E. HOSTETLER, CPA	Date 04/28/11	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ HENRY & HORNE, LLP 7098 E. COCHISE SUITE 100 SCOTTSDALE, AZ 85253-4517	EIN ▶		Phone no. ▶ (480) 483-1170

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

Part III Statement of Program Service Accomplishments

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

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,827,529. including grants of \$ 57,300.) (Revenue \$ 2,096,282.) SCOTTSDALE CENTER FOR THE PERFORMING ARTS PRODUCED, PRESENTED AND HOSTED OVER 1,000 PERFORMANCES, EDUCATIONAL PROGRAMS, FESTIVALS, AND OTHER EVENTS TO OVER 300,000 PEOPLE.

4b (Code:) (Expenses \$ 1,547,987. including grants of \$) (Revenue \$ 207,285.) SCOTTSDALE MUSEUM OF CONTEMPORARY ART EXHIBITIONS OF CONTEMPORARY ART (SMOCA) PRESENTS EXHIBITIONS, LECTURES, EDUCATIONAL PROGRAMS AND OTHER ACTIVITIES ATTENDED BY APPROXIMATELY 47,000 PEOPLE.

4c (Code:) (Expenses \$ 1,262,538. including grants of \$) (Revenue \$ 0.) SCOTTSDALE PUBLIC ART PROGRAM INITIATED, INSTALLED, AND MAINTAINED MAJOR PERMANENT AND TEMPORARY ART INSTALLATIONS AT NUMEROUS PUBLICLY ACCESSIBLE SITES THROUGHOUT THE COMMUNITY TO ENHANCE THE CULTURAL ENVIRONMENT OF THE CITY OF SCOTTSDALE.

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

4e Total program service expenses \$ 6,638,054.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 198		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	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 186		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
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)?		X
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
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?		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).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	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	12b	

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.

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (20), 1b Enter the number of voting members that are independent (20), 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X), 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (X), 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (X), 5 Did the organization become aware during the year of a material diversion of the organization's assets? (X), 6 Does the organization have members or stockholders? (X), 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X), 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X), 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (X), 8b Each committee with authority to act on behalf of the governing body? (X), 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AZ
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
[] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
THE ORGANIZATION - 480-874-4615
7380 EAST SECOND STREET, SCOTTSDALE, AZ 85251

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

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. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RICK KIDDER TRUSTEE	2.00	X					0.	0.	0.	
RICHARD HAYSLIP TRUSTEE	2.00	X					0.	0.	0.	
PAUL GIANCOLA TRUSTEE	2.00	X					0.	0.	0.	
MIKE MILLER CHAIR	5.00	X		X			0.	0.	0.	
MICHAEL MEDICI TRUSTEE	2.00	X					0.	0.	0.	
MARK HIEGEL TRUSTEE	2.00	X					0.	0.	0.	
LINDA MILHAVEN TRUSTEE	2.00	X					0.	0.	0.	
KEITH BAUM TRUSTEE	2.00	X					0.	0.	0.	
KAREN WITTMER TRUSTEE	2.00	X					0.	0.	0.	
JOHN MORRELL TRUSTEE	2.00	X					0.	0.	0.	
ELLEN ANDRES-SCHNEIDER SECRETARY	2.00	X		X			0.	0.	0.	
EDWARD HOWARD TRUSTEE	2.00	X					0.	0.	0.	
DIANA SMITH TRUSTEE	2.00	X					0.	0.	0.	
DAN SCHWEIKER TRUSTEE	2.00	X					0.	0.	0.	
CAROL FEHRING IRVIN TRUSTEE	2.00	X					0.	0.	0.	
AUDREY HORNE TRUSTEE	2.00	X					0.	0.	0.	
ANDREW CHIPPINDALL TRUSTEE	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MIKE MEYER TRUSTEE	2.00	X						0.	0.	0.
JOHN VORIS TREASURER	5.00	X		X				0.	0.	0.
DON COGMAN VICE CHAIR	5.00	X		X				0.	0.	0.
JAMES GREEN CFO	50.00			X				119,534.	0.	13,032.
WILLIAM BANCHS CEO	50.00			X				208,584.	0.	26,747.
JEFFREY BABCOCK VICE PRESIDENT	50.00					X		108,137.	0.	16,398.
1b Total								436,255.	0.	56,177.

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
7373 SCOTTSDALE MALL LLC, C/O PROPERTY ACCOUNTING 428 E THUNDERBIRD RD # 445, KANA TANAKA	ANNEX LEASE	222,236.
654 YUBA ST, RICHMOND, CA 94805	PUBLIC ART	215,220.
4LWM LLC, ATTN: DAVID THERRIEN 817 W MADISON ST, PHOENIX, AR 85007	PUBLIC ART	155,533.
ARIZONA REPUBLIC, CUSTOMER ACCOUNTING SERVICES P O BOX 200, PHOENIX, AR 85001-	ADVERTISING	149,510.
DOUGLAS ARCHCTURE, 4400 N CIVIC CENTER PLAZA, SCOTTSDALE, AR 85251	PUBLIC ART	130,424.

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

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b	173,088.			
	c Fundraising events	1c	86,432.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	5262777.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1661305.			
	g Noncash contributions included in lines 1a-1f: \$		47,412.			
	h Total. Add lines 1a-1f		7183602.			
	Program Service Revenue	2 a TICKET SALES	Business Code 711110	1717152.	1717152.	
b FACILITY RENTAL/LABOR		711300	215,337.	171,062.	44,275.	
c MEMBERSHIP DUES		711300	115,296.	115,296.		
d EDUCATION		611710	113,456.	113,456.		
e EXHIBITION ADMISSIONS		900099	89,030.	89,030.		
f All other program service revenue		711300	53,296.	53,296.		
g Total. Add lines 2a-2f			2303567.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		153,107.		153,107.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)		-87,412.		-87,412.	
8 a Gross income from fundraising events (not including \$ 86,432. of contributions reported on line 1c). See Part IV, line 18	a	238160.				
	b Less: direct expenses	b	238160.			
	c Net income or (loss) from fundraising events		0.			
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a	386273.				
	b Less: cost of goods sold	b	196219.			
	c Net income or (loss) from sales of inventory		190,054.	190,054.		
Miscellaneous Revenue		Business Code				
11 a OTHER INCOME	900099	2,641.	2,641.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		2,641.				
12 Total revenue. See instructions.		9745559.	2451987.	44,275.	65,695.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	57,300.	57,300.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	436,255.	108,137.	328,118.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,326,847.	2,461,900.	398,560.	466,387.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	66,322.	45,295.	12,807.	8,220.
9 Other employee benefits	432,909.	268,034.	100,873.	64,002.
10 Payroll taxes	280,491.	191,563.	54,165.	34,763.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	42,772.		42,772.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	674,356.	294,396.	253,448.	126,512.
12 Advertising and promotion	485,728.	32,898.	416,008.	36,822.
13 Office expenses	572,809.	244,516.	215,078.	113,215.
14 Information technology				
15 Royalties				
16 Occupancy	521,144.	34,588.	481,476.	5,080.
17 Travel	23,121.	22,406.	67.	648.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	31,113.	19,229.	5,920.	5,964.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	288,453.	57,402.	204,513.	26,538.
23 Insurance	63,349.	1,410.	46,959.	14,980.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a ARTIST FEES - PERFORMIN	1,238,879.	1,155,898.		82,981.
b PUBLIC ARTS PROJECT COS	1,083,297.	1,083,297.		
c PROGRAM SUPPORT	408,637.	338,537.	2,096.	68,004.
d ARTIST FEES - EDUCATION	137,141.	137,141.		
e COMMUNITY DEVELOPMENT	60,530.	5,897.	1,611.	53,022.
f All other expenses	108,852.	78,210.	19,317.	11,325.
25 Total functional expenses. Add lines 1 through 24f	10,340,305.	6,638,054.	2,583,788.	1,118,463.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	408,419.	1	397,137.	
	2 Savings and temporary cash investments	754,977.	2	685,355.	
	3 Pledges and grants receivable, net	789,293.	3	439,295.	
	4 Accounts receivable, net	274,992.	4	89,883.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6
	7 Notes and loans receivable, net				7
	8 Inventories for sale or use	84,943.	8	105,968.	
	9 Prepaid expenses and deferred charges	50,968.	9	53,821.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,261,743.			
	b Less: accumulated depreciation	10b 3,718,005.	1,607,093.	10c	1,543,738.
	11 Investments - publicly traded securities	4,138,162.	11	4,901,522.	
	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	103,320.	15	114,298.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,212,167.	16	8,331,017.		
Liabilities	17 Accounts payable and accrued expenses	497,092.	17	317,031.	
	18 Grants payable		18		
	19 Deferred revenue	173,440.	19	536,217.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 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. Complete Part X of Schedule D	12,344.	25	12,344.	
	26 Total liabilities. Add lines 17 through 25	682,876.	26	865,592.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	1,316,565.	27	1,364,771.	
	28 Temporarily restricted net assets	647,942.	28	627,200.	
	29 Permanently restricted net assets	5,564,784.	29	5,473,454.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	7,529,291.	33	7,465,425.	
34 Total liabilities and net assets/fund balances	8,212,167.	34	8,331,017.		

Part XI Financial Statements and Reporting

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

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2009

Open to Public Inspection

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

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

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,529,538.	7,675,085.	7,681,366.	8,762,133.	7,183,602.	37,831,724.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6,529,538.	7,675,085.	7,681,366.	8,762,133.	7,183,602.	37,831,724.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						37,831,724.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	6,529,538.	7,675,085.	7,681,366.	8,762,133.	7,183,602.	37,831,724.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	180,552.	274,942.	411,231.	247,188.	153,107.	1,267,020.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						39,098,744.

12 Gross receipts from related activities, etc. (see instructions) **12** 15,916,867.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) **14** 96.76 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 **15** 96.16 %

16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

SCOTTSDALE CULTURAL COUNCIL

86-0593786

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization SCOTTSDALE CULTURAL COUNCIL	Employer identification number 86-0593786
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	VIRGINIA G. PIPER CHARITABLE TRUST <hr/> 1202 E. MISSOURI AVE <hr/> PHOENIX, AZ 85014 <hr/>	\$ 220,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	CITY OF SCOTTSDALE <hr/> 7506 E. INDIAN SCHOOL RD. <hr/> SCOTTSDALE, AZ 85251 <hr/>	\$ 5,262,777.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SCOTTSDALE CULTURAL COUNCIL	Employer identification number 86-0593786
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Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

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

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

SCOTTSDALE CULTURAL COUNCIL

Employer identification number

86-0593786

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4644515.	5578417.			
b Contributions	39,100.	223,175.			
c Net investment earnings, gains, and losses	595,463.	-855,167.			
d Grants or scholarships					
e Other expenditures for facilities and programs	248,247.	271,910.			
f Administrative expenses	31,151.	30,000.			
g End of year balance	4999680.	4644515.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment 10.12 %
- b Permanent endowment 89.88 %
- c Term endowment %

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		
3b		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		3,218,671.	2,274,348.	944,323.
d Equipment		2,024,109.	1,430,257.	593,852.
e Other		18,963.	13,400.	5,563.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,543,738.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,745,559.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,340,305.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-594,746.
4	Net unrealized gains (losses) on investments	4	530,880.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	530,880.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-63,866.

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

1	Total revenue, gains, and other support per audited financial statements	1	10,276,439.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	530,880.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	530,880.
3	Subtract line 2e from line 1	3	9,745,559.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,745,559.

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

1	Total expenses and losses per audited financial statements	1	10,340,305.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	10,340,305.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	10,340,305.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, 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. COSTS OF PURCHASING COLLECTION ITEMS
 ARE INCLUDED IN PUBLIC ART AND MUSEUM PROGRAM EXPENSES. THERE WERE NO
 PURCHASES IN THE YEAR ENDED JUNE 30, 2010. COSTS RELATED TO COMMISSIONED
 WORKS OF ART WERE \$1,084,293 FOR THE YEAR ENDED JUNE 30, 2010. PROCEEDS**

Part XIV Supplemental Information (continued)

FROM DEACCESSION AND INSURANCE RECOVERIES, IF ANY, ARE INCLUDED AS REVENUES. THERE WERE NO DEACCESSIONS DURING THE YEAR ENDED JUNE 30, 2010.

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

PART X: THE ORGANIZATION RECOGNIZES UNCERTAINTY IN INCOME TAXES 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, 2010, THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

THE ORGANIZATION'S FEDERAL AND STATE EXEMPT RETURNS (FORMS 990, 990-T, 99 AND 99-T) FOR FISCAL YEARS ENDING JUNE 30, 2007, 2008 AND 2009 ARE SUBJECT TO EXAMINATION BY THE IRS AND THE STATE OF ARIZONA, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		ART FESTIVAL (event type)	ANNUAL GALA (event type)	3 (total number)		
Revenue	1	Gross receipts	260,033.	61,127.	3,432.	324,592.
	2	Less: Charitable contributions	83,957.		2,475.	86,432.
	3	Gross income (line 1 minus line 2)	176,076.	61,127.	957.	238,160.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	90,561.	61,405.		151,966.
	8	Entertainment		59,700.		59,700.
	9	Other direct expenses		25,537.	957.	26,494.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(238,160)
11	Net income summary. Combine line 3, column (d), and line 10				0.	

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

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

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
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? _____	12	

13 Indicate the percentage of gaming activity operated in:

- a** The organization's facility

13a		%
13b		%
- b** An outside facility

13b		%
------------	--	---

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____ .

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

- 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 ► \$ _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

SCOTTSDALE CULTURAL COUNCIL

**Employer identification number
86-0593786**

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDSPLAY 900 S. MITCHELL DRIVE TEMPE, AZ 85281	86-0336473	3	8,500.	0.			2009-10 SCOTTSDALE SCHOOL TOURING PROGRAM
DESERT STAGES 4720 N. SCOTTSDALE ROAD SCOTTSDALE, AZ 85251	86-0796627	3	8,500.	0.			CHILDREN'S THEATRE PRODUCTION OF THE SNOW QUEEN
JAZZ IN ARIZONA, INC. P.O. BOX 2913 SCOTTSDALE, AZ 85252	86-0331150	3	8,500.	0.			GENERAL OPERATING
SCOTTSDALE INTERNATIONAL FILM FESTIVAL - 619 E. VISTA AVENUE - PHOENIX, AZ 85020	26-1804044	3	8,500.	0.			GENERAL OPERATING
VARIOUS			23,300.	0.			GENERAL OPERATING

- 2** Enter total number of section 501(c)(3) and government organizations **4.**
- 3** Enter total number of other organizations **0.**

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

Schedule I (Form 990) 2009

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

SCOTTSDALE CULTURAL COUNCIL

Employer identification number

86-0593786

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
WILLIAM BANCHS	(i)	208,584.	0.	0.	0.	26,747.	235,331.	0.
	(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)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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 ▶ (<u>MARKETING</u>)	X	1	47,412.	FMV
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

SCOTTSDALE CULTURAL COUNCIL

Employer identification number

86-0593786

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

PROVIDING OF QUALITY MANAGEMENT, FUNDRAISING, AND FINANCIAL SERVICES TO
OUR OPERATING DIVISIONS AND OTHER ARTS ORGANIZATIONS DESIRING OUR
SERVICES.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PRESENTED BY THE
AUDITOR (AND FORM 990 PREPARER) TO THE BOARD OF DIRECTORS AT A REGULARLY
SCHEDULED BOARD MEETING. THE PRESENTER HIGHLIGHTED CERTAIN INFORMATION
INCLUDED ON THE FORM 990, AND ALL BOARD MEMBERS RECEIVED A COPY OF THE FORM
990.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION HAS A CONFLICT OF
INTEREST POLICY THAT ADDRESSES THE CONSIDERATION OF POTENTIAL CONFLICTS OF
INTEREST BY THE BOARD OF DIRECTORS, COMMITTEE MEMBERS, VOLUNTEERS, AND
EMPLOYEES, INCLUDING RELATIVES. AS PER THE POLICY, BOARD AND COMMITTEE
MEMBERS MUST MAKE DISCLOSURE OF ANY POTENTIAL CONFLICTS OF INTEREST AND
MUST ABSTAIN FROM VOTING ON ANY ACTION IN WHICH THEY MAY HAVE AN INTEREST.
ON AN ANNUAL BASIS, ALL BOARD MEMBERS ARE REQUIRED TO SIGN OFF ON AN ANNUAL
CONFLICT OF INTEREST FORM, EITHER STATING ANY KNOWN CONFLICTS, OR STATING
THAT THERE ARE NONE.

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

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

SCOTTSDALE CULTURAL COUNCIL

Employer identification number

86-0593786

WITH THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST. THESE DOCUMENTS ARE ALSO GENERALLY
AVAILABLE AT PUBLIC MEETINGS.

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

2009

Department of the Treasury Internal Revenue Service (77)

For calendar year 2009 or other tax year beginning JUL 1, 2009, and ending JUN 30, 2010

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

Header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity codes; F Group exemption number; G Check organization type.

H Describe the organization's primary unrelated business activity. FACILITY AND EQUIPMENT RENTALS

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No

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

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

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

Table with 3 columns: Line number, Description, Amount. Rows 14-34 showing various deductions and final unrelated business taxable income.

Part III Tax Computation

Table with 3 columns: Description, Line Number, Amount. Includes rows for Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), and Total (39).

Part IV Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Includes rows for Foreign tax credit (40a-40e), Other taxes (42), Total tax (43), Payments (44a-44f), Total payments (45), Estimated tax penalty (46), Tax due (47), Overpayment (48), and Credited to 2010 estimated tax (49).

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 17)

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

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

N/A

Table with 3 columns: Description, Line Number, Amount. Includes rows for Inventory at beginning/end of year (1, 6), Purchases (2), Cost of labor (3), Additional section 263A costs (4a, 4b), Total (5), Cost of goods sold (7), and Section 263A rules (8).

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

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

Paid Preparer's Use Only: Preparer's signature (KATHY E. HOSTETLER, CPA), Date (04/28/11), Check if self-employed, Preparer's SSN or PTIN (P00038198), Firm's name (HENRY & HORNE, LLP), Address (7098 E. COCHISE SUITE 100, SCOTTSDALE, AZ 85253-4517), EIN (86-0133881), Phone no. ((480) 483-1170).

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instr. on pg 18)

1. Description of property

Table with 4 rows for property description (1-4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions. Includes Total row with values 0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0. (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (See instructions on page 19)

Table with 4 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3(a) Straight line depreciation, 3(b) Other deductions.

Table with 5 columns: 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions.

Totals ... 0. 0. Total dividends-received deductions included in column 8 ... 0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 20)

Table for Exempt Controlled Organizations with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income, 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5.

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 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.

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

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

(see instructions on page 20)

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected, 4. Set-asides, 5. Total deductions and set-asides. Totals: 0.

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

(see instructions on page 21)

Table with 7 columns: 1. Description of exploited activity, 2. Gross unrelated business income, 3. Expenses directly connected, 4. Net income (loss), 5. Gross income from activity, 6. Expenses attributable, 7. Excess exempt expenses. Totals: 0.

Schedule J - Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss), 5. Circulation income, 6. Readership costs, 7. Excess readership costs. Totals: 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.)

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss), 5. Circulation income, 6. Readership costs, 7. Excess readership costs. Totals: 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 21)

Table with 4 columns: 1. Name, 2. Title, 3. Percent of time devoted to business, 4. Compensation attributable to unrelated business. Total: 0.

FOOTNOTES

STATEMENT 1

NOL CARRYFORWARD

466,467.

FORM 990-T OTHER INCOME STATEMENT 2

DESCRIPTION	AMOUNT
LABOR REIMBURSEMENT	7,963.
FACILITY RENTAL	21,446.
EQUIPMENT REIMBURSEMENT	11,600.
OTHER OPERATIONS REIMBURSEMENT	3,266.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	44,275.

FORM 990-T OTHER DEDUCTIONS STATEMENT 3

DESCRIPTION	AMOUNT
OTHER	2,513.
CUSTODIAL, SECURITY, SUPPORT	4,184.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	6,697.

99

For the calendar year 2009 or fiscal year beginning 07/01/09 and ending 06/30/10

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

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

CHECK BOX IF:
 Return filed under extension. 3-mos. Fed 82 C 6-mos. AZ - Fed 82 F

A Date Arizona operations began 10/01/1975

B Nature of Arizona activities EDUCATIONAL, CULTURAL, & ARTS

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

Attach copy of federal return.

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

Sources of Income	1	Gross sales or receipts from business activities	1	386,273	00	STMT 1
	2	Less: Cost of goods sold or of operations - attach itemized statement	2	196,219	00	
	3	Gross profit from business activities - subtract line 2 from line 1	3	190,054	00	
	4	Interest	4		00	
	5	Dividends	5	153,107	00	
	6	Rents and royalties	6		00	
	7	Gain or (loss) from sales of assets, excluding inventory items	7	-87,412	00	
	8	Dues, assessments, etc., from members	8	173,088	00	
	9	Dues, assessments, etc., from affiliated organizations	9		00	
	10	Contributions, gifts, grants, etc., received	10	7,010,514	00	
	11	Other income - attach itemized statement	11	2,306,208	00	
	12	Total income - add lines 3 through 11	12	9,745,559	00	
Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	13	328,118	00	STATEMENT 2
	14	Salaries and wages - other than amounts included on line 2	14	864,947	00	
	15	Interest	15		00	
	16	Taxes	16	88,928	00	
	17	Rent expense	17	486,556	00	
	18	Depreciation - attach schedule	18	231,051	00	
	19	Miscellaneous expenses - attach itemized statement	19	1,702,651	00	
	20	Total expenses - add lines 13 through 19	20	3,702,251	00	
	Disbursements from Current Income for the Organization's Exempt Purposes	21	Dues, assessments, etc., to affiliated corporations	21		
22		Contributions, gifts, grants, etc., paid	22	57,300	00	
23		Benefit payments to or for members or their dependents:				
a.		Death, sickness, hospitalization, disability, or pension benefits	23a		00	
b.		Other benefits	23b		00	
24		Dividends and other distributions to members, shareholders, or depositors	24		00	
25		Other	25	6,580,754	00	
26	Total - add lines 21 through 25	26	6,638,054	00		
Disbursements from Principal for the Organization's Exempt Purposes	27	Dues, assessments, etc., to affiliated corporations	27		00	STATEMENT 4
	28	Contributions, gifts, grants, etc., paid	28		00	
	29	Benefit payments to or for members or their dependents:				
	a.	Death, sickness, hospitalization, disability, or pension benefits	29a		00	
	b.	Other benefits	29b		00	
	30	Dividends and other distributions to members, shareholders, or depositors	30		00	
31	Other	31		00		
32	Total - add lines 27 through 31	32		00		
Other	33	Other disbursements not itemized above - attach schedule	33	-530,880	00	STATEMENT 4
	34	Accumulation of income in current year - line 12 minus the sum of lines 20, 26, 32, and 33	34	-63,866	00	
Accumulation of Income	35	Accumulation of income at beginning of year	35	7,529,291	00	STATEMENT 4
	36	Accumulation of income at end of year - add lines 34 and 35	36	7,465,425	00	
Penalty	37	Penalty for late filing or incomplete filing - See instructions	37		00	

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

	(a) Beginning of year	(b) End of year
--	--------------------------	--------------------

Assets

A1 Cash		1,163,396	00		A1	1,082,492	00
A2a Accounts receivable	A2a		00				
b Less: allowance for doubtful accounts	A2b		00				
c Line A2a less line A2b. Enter difference in column (b)		274,992	00		A2c	89,883	00
A3a Other notes and loans receivable - <i>attach schedule</i>	A3a		00				
b Less: allowance for doubtful accounts	A3b		00				
c Line A3a less line A3b. Enter difference in column (b)			00		A3c		00
A4 Inventories		84,943	00		A4	105,968	00
A5 Investments (securities) - <i>attach schedule</i>		4,138,162	00		A5	4,901,522	00
A6 Investments (other) - <i>attach schedule</i>			00		A6		00
A7a Land, buildings, and equipment; basis	A7a	5,261,743	00				
b Less: accumulated depreciation - <i>attach schedule</i>	A7b	3,718,005	00				
c Line A7a less line A7b. Enter difference in column (b)		1,607,093	00		A7c	1,543,738	00
A8 Other assets - <i>describe</i>		943,581	00		A8	607,414	00
A9 Total assets - add lines A1 through A8		8,212,167	00		A9	8,331,017	00

Liabilities

A10 Accounts payable and accrued expenses		497,092	00		A10	317,031	00
A11 Mortgages and other notes payable - <i>attach schedule</i>			00		A11		00
A12 Other liabilities - <i>describe</i>		185,784	00		A12	548,561	00
A13 Total liabilities - add lines A10 through A12		682,876	00		A13	865,592	00

Net Assets

A14 Capital stock or trust principal			00		A14		00
A15 Paid-in or capital surplus			00		A15		00
A16 Retained earnings or accumulated income		7,529,291	00		A16	7,465,425	00
A17 Total net assets - add lines A14 through A16		7,529,291	00		A17	7,465,425	00
A18 Total liabilities and net assets - add lines A13 and A17		8,212,167	00		A18	8,331,017	00

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

Please Sign Here _____ | _____ | **CEO**
 Signature of officer Date Title

Paid Preparer's Use Only **KATHY E. HOSTETLER, CPA** | **04/28/11** | **(480) 483-1170**
 Preparer's signature Date Business telephone number

HENRY & HORNE, LLP | **86-0133881**
 Firm's name (or preparer's, if self-employed) Preparer's TIN

7098 E. COCHISE SUITE 100
SCOTTSDALE, AZ | **85253-4517**
 Firm's address ZIP code

AZ 99	COST OF GOODS SOLD	STATEMENT	1
<hr/>			
COST OF GOODS SOLD			
1.	INVENTORY AT BEGINNING OF YEAR		84,943
2.	MERCHANDISE PURCHASED.	217,244	
3.	COST OF LABOR.		
4.	MATERIALS AND SUPPLIES		
5.	OTHER COSTS.		
6.	ADD LINES 1 THROUGH 5		302,187
7.	INVENTORY AT END OF YEAR		105,968
8.	COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		196,219

AZ 99 DEPRECIATION/AMORTIZATION EXPENSE STATEMENT 2

DESCRIPTION	AMOUNT
DEPRECIATION/AMORTIZATION	231,051.
TOTAL TO FORM 99, PAGE 1, LINE 18	231,051.

AZ 99 OTHER INCOME STATEMENT 3

DESCRIPTION	AMOUNT
OTHER INCOME	2,641.
TICKET SALES	1,717,152.
FACILITY RENTAL/LABOR	215,337.
MEMBERSHIP DUES	115,296.
EDUCATION	113,456.
EXHIBITION ADMISSIONS	89,030.
ALL OTHER PROGRAM SERVICE REVENUE	53,296.
TOTAL TO FORM 99, PAGE 1, LINE 11	2,306,208.

AZ 99 OTHER EXPENSES STATEMENT 4

DESCRIPTION	AMOUNT
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES, ETC.	108,137.
OTHER SALARIES AND WAGES	2,461,900.
PENSION PLAN CONTRIBUTIONS	45,295.
OTHER EMPLOYEE BENEFITS	268,034.
PAYROLL TAXES	191,563.
OTHER PROFESSIONAL FEES	294,396.
ADVERTISING AND PROMOTION	32,898.
OFFICE EXPENSES	244,516.
OCCUPANCY	34,588.
TRAVEL	22,406.
CONFERENCES AND CONVENTIONS	19,229.
DEPRECIATION/AMORTIZATION	57,402.
INSURANCE	1,410.
ARTIST FEES - PERFORMIN	1,155,898.
PUBLIC ARTS PROJECT COS	1,083,297.
PROGRAM SUPPORT	338,537.
ARTIST FEES - EDUCATION	137,141.
COMMUNITY DEVELOPMENT	5,897.
ALL OTHER EXPENSES	78,210.
TOTAL TO FORM 99, PAGE 1, LINE 25	6,580,754.

AZ 99	INVESTMENTS (SECURITIES)	STATEMENT	5
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DESCRIPTION	BEG OF YEAR	END OF YEAR
PUBLICLY TRADED SECURITIES	4,138,162.	4,901,522.
TOTAL TO FORM 99, PAGE 2, LINE A5	4,138,162.	4,901,522.

AZ 99	OTHER ASSETS	STATEMENT	6
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DESCRIPTION	BEG OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	789,293.	439,295.
PREPAID EXPENSES AND DEFERRED CHARGES	50,968.	53,821.
ASSETS HELD UNDER SPLIT-INTEREST AGREEMENT	83,074.	84,376.
OTHER ASSETS	20,246.	29,922.
TOTAL TO FORM 99, PAGE 2, LINE A8	943,581.	607,414.

AZ 99	OTHER LIABILITIES	STATEMENT	7
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DESCRIPTION	BEG OF YEAR	END OF YEAR
SPLIT-INTEREST AGREEMENT	12,344.	12,344.
DEFERRED REVENUE	173,440.	536,217.
TOTAL TO FORM 99, PAGE 2, LINE A12	185,784.	548,561.

For the calendar year 2009 or fiscal year beginning 07/01/09 and ending 06/30/10.

CHECK ONE: Original <input checked="" type="checkbox"/> Amended <input type="checkbox"/>		CHECK ONE: Calendar year <input type="checkbox"/> Fiscal year <input checked="" type="checkbox"/>
Business telephone number 480-874-4615	Name SCOTTSDALE CULTURAL COUNCIL	Employer identification number (EIN) 86-0593786
Unrelated business activity codes 711300	Number and street or PO Box 7380 EAST SECOND STREET	AZ transaction privilege tax number NONE
City or town, state and ZIP code SCOTTSDALE, AZ 85251		

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

82 CHECK BOX IF: Return filed under extension. **82 F**

A Date Arizona operations began 10/01/1975

B Nature of unrelated trade or business activities LABOR REIMBURSEMENTS

C Arizona apportionment: (check only one) Multistate organizations only.
 AIR Carrier STANDARD Sales Factor ENHANCED Sales Factor

D Did you file an Arizona Form 997? Yes No

E Check federal form filed: 990-T Other (specify) _____

81 **66**

Enclose copy of federal form with this return.

Arizona Unrelated Trade or Business Taxable Income Computation

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

Arizona Tax Liability Computation

4 Enter tax. Tax is 6.968 percent of line 3, or \$50, whichever is greater	4	5000
5 Clean Elections Fund Tax Reduction. Check this box to send \$5 to the fund and reduce the tax liability (line 4) by \$5. Enter the amount of the tax reduction 5A <input checked="" type="checkbox"/>	5	500
6 Clean Elections Fund Tax Credit. SEE INSTRUCTIONS BEFORE COMPLETING THIS LINE	6	00
7 Tax liability after Clean Elections Fund tax reduction and tax credit - subtract the sum of lines 5 and 6 from line 4	7	4500

Tax Payments

8 Extension payment made with Arizona Form 120EXT	8	00
9 Estimated tax payments	9	00
10 Payment made with original return plus all payments made after it was filed - see instr	10	00
11 Subtotal payments - add lines 8 through 10	11	00
12 Overpayments of tax from original return or later adjustments - see instr	12	00
13 Total payments - subtract line 12 from line 11	13	00

Computation of Total Due or Overpayment

14 Balance of tax due - If line 7 is larger than line 13, enter balance of tax due. Skip line 15	14	4500
15 Overpayment of tax - If line 13 is larger than line 7, enter overpayment of tax	15	00
16 Penalty and interest	16	00
17 Estimated tax underpayment penalty. If Form 220 is attached, check box 17A <input type="checkbox"/>	17	00
18 Donation to Citizens Clean Elections Fund - enter the amount of the donation. Amended returns - see instructions ...	18	00
19 TOTAL AMOUNT DUE - Add lines 14, 16, 17, and 18. If money is due, payment must accompany return	19	4500
20 OVERPAYMENT - see instructions	20	00
21 Amount of line 20 to be applied to 2010 estimated tax	21	00
22 Amount to be refunded - subtract line 21 from line 20	22	00

Schedule A - Apportionment Formula (Multistate Organizations Only) See instructions, pages 5 through 7.

A1 Property Factor

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

Total owned and rented property

A2 Payroll Factor

Wages, salaries, commissions and other compensation of employees

A3 Sales Factor

a. Total sales and other gross receipts

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

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

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

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

Limited to Unrelated Trade or Business Amounts

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

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

Please _____ | _____ | **CEO**
 Sign Here Signature of officer Date Title

Paid **KATHY E. HOSTETLER, CPA** | **04/28/11** | **(480)483-1170**
 Preparer's Preparer's signature Date Business telephone number

Use Only
HENRY & HORNE, LLP | **86-0133881**
 Firm's name (or preparer's, if self-employed) Preparer's TIN
7098 E. COCHISE SUITE 100
SCOTTSDALE, AZ | **85253-4517**
 Firm's address ZIP code

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

FOOTNOTES

STATEMENT 8

NOL CARRYFORWARD

466,467.