

Form **990**Department of the Treasury
Internal Revenue Service**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)

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

OMB No. 1545-0047

2010Open to Public
Inspection**A** For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011****B** Check if
applicable:

- ☐ Address
change
- ☐ Name
change
- ☐ Initial
return
- ☐ Termin-
ated
- ☐ Amend-
ed return
- ☐ Applica-
tion
pending

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)

7380 EAST SECOND STREET

Room/suite

City or town, state or country, and ZIP + 4

SCOTTSDALE, AZ 85251**F** Name and address of principal officer: **WILLIAM BANCHS**
SAME AS C ABOVE**D** Employer identification number**86-0593786****E** Telephone number**480-874-4615****G** Gross receipts \$ **12,519,452.****H(a)** Is this a group returnfor affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.SCCARTS.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1987** **M** State of legal domicile: **AZ****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: MANAGING/PRODUCING CULTURAL, EDUCATIONAL AND ARTS ACTIVITIES FOR THE CITY OF SCOTTSDALE.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	21
	4	Number of independent voting members of the governing body (Part VI, line 1b)	21
Revenue	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	176
	6	Total number of volunteers (estimate if necessary)	1140
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	150,125.
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.
Expenses	8	Contributions and grants (Part VIII, line 1h)	7,183,602.
	9	Program service revenue (Part VIII, line 2g)	2,303,567.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	65,695.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	192,695.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,745,559.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	57,300.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,542,824.
Net Assets or Fund Balances	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 865,605.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	5,740,181.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,340,305.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	-594,746.
	20	Total assets (Part X, line 16)	8,331,017.
	21	Total liabilities (Part X, line 26)	865,592.
	22	Net assets or fund balances. Subtract line 21 from line 20	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 **WILLIAM BANCHS, CEO** Date **2/13/12**

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name **COLETTE KAMPS, CPA** Preparer's signature **COLETTE KAMPS, CPA** Date **02/01/12** Check if self-employed ☐ PTIN

Firm's name ▶ **HENRY & HORNE, LLP** Firm's EIN ▶

Firm's address ▶ **7098 E. COCHISE SUITE 100** Phone no. **(480) 483-1170**

SCOTTSDALE, AZ 85253-4517

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒ **X****1** Briefly describe the organization's mission:

TO CREATE ARTS IN DIVERSE EXPERIENCES THAT ENGAGE THE COMMUNITY THOUGH THE DEVELOPMENT OF NEW AND EXCITING CULTURAL INITIATIVES FOR THE COMMUNITY; THE ENCOURAGEMENT OF ACTIVE PARTICIPATION AND COOPERATION OF THE GOVERNMENT, BUSINESS, EDUCATION AND PRIVATE SECTORS; AND THE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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

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 \$ **4,006,647.** including grants of \$ **59,000.**) (Revenue \$ **2,440,062.**)
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 \$ **1,657,922.** including grants of \$) (Revenue \$ **171,977.**)
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 \$ **1,243,442.** including grants of \$) (Revenue \$)
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 **6,908,011.**

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)? If "Yes," complete Schedule A	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? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	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? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Form 990 (2010)

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? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and II		<input checked="" type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	<input checked="" type="checkbox"/>	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule L, Part II		<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule L, Part III		<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule L, Part IV		<input checked="" type="checkbox"/>
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<input checked="" type="checkbox"/>
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<input checked="" type="checkbox"/>	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<input checked="" type="checkbox"/>
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		<input checked="" type="checkbox"/>
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		<input checked="" type="checkbox"/>
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<input checked="" type="checkbox"/>
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	<input checked="" type="checkbox"/>	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 163		
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 176		
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. (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	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)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
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?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization 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 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds 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		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2010)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response to any question in this Part VI ☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	21	
b Enter the number of voting members included in line 1a, above, who are independent	21	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 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
b 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:		
a The governing body?	X	
b 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.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b 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?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b 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	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c 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?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
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
b 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 ☒ 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 ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
JENNIFER ANDERSON TRUSTEE	1.00	X						0.	0.	0.
DAVE BARBER TRUSTEE	1.00	X						0.	0.	0.
KEITH BAUM TRUSTEE	1.00	X						0.	0.	0.
ANDREW CHIPPIINDALL TRUSTEE	1.00	X						0.	0.	0.
PAUL GIANCOLA TRUSTEE	1.00	X						0.	0.	0.
LAURA GRAFMAN TRUSTEE	1.00	X						0.	0.	0.
RICHARD HAYSLIP TRUSTEE	1.00	X						0.	0.	0.
BILL HECKMAN TRUSTEE	1.00	X						0.	0.	0.
MARK HIEGEL TRUSTEE	1.00	X						0.	0.	0.
RICK KIDDER TRUSTEE	1.00	X						0.	0.	0.
MICHAEL MEDICI TRUSTEE	1.00	X						0.	0.	0.
MIKE MEYER TRUSTEE	1.00	X						0.	0.	0.
JOHN MORRELL TRUSTEE	1.00	X						0.	0.	0.
RANDY NUSSBAUM TRUSTEE	1.00	X						0.	0.	0.
KEN OLSON TRUSTEE	1.00	X						0.	0.	0.
DAN SCHWEIKER TRUSTEE	1.00	X						0.	0.	0.
DIANA SMITH TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 MILLER CHAIR	2.00	X		X				0.	0.	0.
ELLEN ANDRES-SCHNEIDER SECRETARY	2.00	X		X				0.	0.	0.
JOHN VORIS TREASURER	2.00	X		X				0.	0.	0.
DON COGMAN VICE CHAIR	2.00	X		X				0.	0.	0.
WILLIAM BANCHS PRESIDENT & CEO	50.00			X				215,579.	0.	27,496.
JAMES GREEN VP & CFO	50.00			X				119,991.	0.	10,463.
CORY BAKER VICE PRESIDENT	50.00			X				109,082.	0.	9,095.
TIMOTHY RODGERS VICE PRESIDENT	50.00			X				125,381.	0.	13,901.
1b Sub-total								570,033.	0.	60,955.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								570,033.	0.	60,955.

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 **4**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
7373 SCOTTSDALE MALL LLC, C/O PROPERTY ACCOUNTING 428 E THUNDERBIRD RD # 445, COSANTI FOUNDATION, 6433 DOUBLETREE RANCH RD, SCOTTSDALE, AZ 85253	ANNEX LEASE	229,186.
PROEM 1450 E GRANT ST, PHOENIX, AZ 85034-4032	PUBLIC ART PROJECT EQUIPMENT RENTAL & LABOR	184,600.
AVERBUCH RAIL ART LLC, 10-15 48TH AVENUE, LONG ISLAND CITY, NY 11101	PUBLIC ART PROJECT	107,559.
		104,400.

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 **4**

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	176,298.				
	c Fundraising events	1c	102,428.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	5221037.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1660702.				
	g Noncash contributions included in lines 1a-1f: \$		273,276.				
	h Total. Add lines 1a-1f			7160465.			
Program Service Revenue	2 a TICKET SALES	Business Code	711110	1736453.	1736453.		
	b FACILITY RENTAL/LABOR		711300	302,763.	152,638.	150,125.	
	c EARNED MEMBERSHIP DUES		900099	108,492.	108,492.		
	d BOX OFFICE		711110	104,596.	104,596.		
	e EDUCATION		611710	99,794.	99,794.		
	f All other program service revenue		900099	193,941.	193,941.		
	g Total. Add lines 2a-2f			2546039.			
	3 Investment income (including dividends, interest, and other similar amounts)			208,890.			208,890.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
Other Revenue	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)			35,817.			35,817.
	8 a Gross income from fundraising events (not including \$ 102,428. of contributions reported on line 1c). See Part IV, line 18	a	186288.				
	b Less: direct expenses	b	186288.				
	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	406571.				
	b Less: cost of goods sold	b	200883.				
	c Net income or (loss) from sales of inventory			205,688.	205,688.		
	Miscellaneous Revenue			Business Code			
	11 a OTHER INCOME		900099	10,437.	10,437.		
	b						
c							
d All other revenue							
e Total. Add lines 11a-11d			10,437.				
12 Total revenue. See instructions.			10,167,336.	2612039.	150,125.	244,707.	

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	59,000.	59,000.		
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	597,793.	86,666.	424,461.	86,666.
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	3,163,712.	2,539,597.	301,312.	322,803.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	73,605.	51,524.	13,985.	8,096.
9 Other employee benefits	461,658.	298,165.	108,402.	55,091.
10 Payroll taxes	283,289.	198,302.	53,825.	31,162.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	27,350.		27,350.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	626,630.	341,318.	205,988.	79,324.
12 Advertising and promotion	453,997.	82,357.	367,305.	4,335.
13 Office expenses	513,203.	270,601.	201,838.	40,764.
14 Information technology				
15 Royalties				
16 Occupancy	563,756.	35,865.	523,491.	4,400.
17 Travel	27,937.	26,436.	150.	1,351.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	42,204.	30,106.	6,602.	5,496.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	291,211.	57,951.	206,469.	26,791.
23 Insurance	62,700.	16,038.	46,662.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a ARTIST FEES	1,281,553.	1,234,289.	0.	47,264.
b PUBLIC ARTS PROJECT COS	870,926.	870,926.	0.	0.
c PROGRAM SUPPORT	656,652.	596,915.	4,711.	55,026.
d MISCELLANEOUS	130,876.	79,404.	3,885.	47,587.
e	0.		0.	0.
f All other expenses	106,456.	32,551.	24,456.	49,449.
25 Total functional expenses. Add lines 1 through 24f	10,294,508.	6,908,011.	2,520,892.	865,605.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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	397,137.	1	438,845.
	2 Savings and temporary cash investments	685,355.	2	389,640.
	3 Pledges and grants receivable, net	439,295.	3	613,572.
	4 Accounts receivable, net	89,883.	4	102,656.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	105,968.	8	102,297.
	9 Prepaid expenses and deferred charges	53,821.	9	128,169.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,433,067.		
	b Less: accumulated depreciation	10b 4,009,216.		
		1,543,738.	10c	1,423,851.
	11 Investments - publicly traded securities	4,901,522.	11	5,559,648.
	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	114,298.	15	109,155.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,331,017.	16	8,867,833.	
Liabilities	17 Accounts payable and accrued expenses	317,031.	17	340,951.
	18 Grants payable		18	
	19 Deferred revenue	536,217.	19	470,928.
	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	865,592.	26	824,223.
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	1,364,771.	27	1,726,090.
	28 Temporarily restricted net assets	627,200.	28	856,111.
	29 Permanently restricted net assets	5,473,454.	29	5,461,409.
	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	7,465,425.	33	8,043,610.
34 Total liabilities and net assets/fund balances	8,331,017.	34	8,867,833.	

Form 990 (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,167,336.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,294,508.
3	Revenue less expenses. Subtract line 2 from line 1	3	-127,172.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,465,425.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	705,357.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	8,043,610.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

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

Form 990 (2010)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2010

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, 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).

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,675,085.	7,681,366.	8,762,133.	7,183,602.	7,160,465.	38,462,651.
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	7,675,085.	7,681,366.	8,762,133.	7,183,602.	7,160,465.	38,462,651.
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.						38,462,651.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	7,675,085.	7,681,366.	8,762,133.	7,183,602.	7,160,465.	38,462,651.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	274,942.	411,231.	247,188.	153,107.	208,890.	1,295,358.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					10,437.	10,437.
11 Total support. Add lines 7 through 10						39,768,446.
12 Gross receipts from related activities, etc. (see instructions)					12	9,981,655.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	96.72 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	96.76 %
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2010

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. 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 - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

SCOTTSDALE CULTURAL COUNCIL

Employer identification number

86-0593786

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

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

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

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

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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

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

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain the arrangement in Part 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	4,999,680.	4,644,515.	5,578,417.		
b Contributions	27,955.	39,100.	223,175.		
c Net investment earnings, gains, and losses	1,008,609.	595,463.	-855,167.		
d Grants or scholarships					
e Other expenditures for facilities and programs	285,419.	248,247.	271,910.		
f Administrative expenses	32,939.	31,151.	30,000.		
g End of year balance	5,717,886.	4,999,680.	4,644,515.		

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

- a Board designated or quasi-endowment ☒ 10.00 %
 b Permanent endowment ☒ 90.00 %
 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		<input checked="" type="checkbox"/>
(ii) related organizations		<input checked="" type="checkbox"/>
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI 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		3,280,066.	2,184,364.	1,095,702.
d Equipment		2,106,201.	1,823,545.	282,656.
e Other		46,800.	1,307.	45,493.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,423,851.

Schedule D (Form 990) 2010

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) SPLIT-INTEREST AGREEMENT	12,344.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ 12,344.

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under

FIN 48 (ASC 740).

032053
12-20-10

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	10,167,336.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,294,508.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-127,172.
4	Net unrealized gains (losses) on investments	4	705,357.
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	705,357.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	578,185.

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	10,872,693.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	705,357.
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	705,357.
3	Subtract line 2e from line 1	3	10,167,336.
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	10,167,336.

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

1	Total expenses and losses per audited financial statements	1	10,294,508.
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	10,294,508.
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	10,294,508.

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. THERE WERE NO PURCHASES OF COLLECTION

ITEMS IN THE YEAR ENDED JUNE 30, 2011. COSTS RELATED TO COMMISSIONED WORKS

OF ART WERE \$855,859 FOR THE YEAR ENDED JUNE 30, 2011. PROCEEDS FROM

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

Part XIV Supplemental Information (continued)

THERE WERE NO DEACCESSIONS DURING THE YEAR ENDED JUNE 30, 2011.

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

PART X, LINE 2: SCC RECOGNIZES TAX POSITIONS IN THE FINANCIAL STATEMENTS WHEN IT IS MORE LIKELY-THAN-NOT THAT THE POSITIONS WILL NOT BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES. AS OF JUNE 30, 2011, SCC HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2010

Open To Public Inspection

Name of the organization

SCOTTSDALE CULTURAL COUNCIL

Employer identification number
86-0593786

Part I

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b. If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ART FESTIVAL	ANNUAL GALA	1	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	232,155.	55,792.	769.	288,716.
	2 Less: Charitable contributions	232,155.	-45,996.	-83,731.	102,428.
	3 Gross income (line 1 minus line 2)		101,788.	84,500.	186,288.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages		55,381.	84,500.	139,881.
	8 Entertainment		46,407.		46,407.
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				186,288.
	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))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| 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?
- ☐
- Yes
- ☐
- No

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

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

SCOTTSDALE CULTURAL COUNCIL

Part I General Information on Grants and Assistance

Employer identification number
86-0593786

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection 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. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCOTTSDALE INTERNATIONAL FILM FESTIVAL - 619 E. VISTA AVENUE - PHOENIX, AZ 85020	26-1804044 3		10,000.	0.			GENERAL OPERATING
PHOENIX CONSERVATORY OF MUSIC PO BOX 1163 LITCHFIELD PARK, AZ 85340	86-0917748 3		6,400.	0.			4 10 WEEK MUSIC LEARNING SERIES TO TEENS
ARIZONA WOMEN'S THEATRE CO 8725 E OAK STREET SCOTTSDALE, AZ 85257	20-0460697 3		7,200.	0.			GENERAL OPERATING
DETOUR COMPANY THEATER 4614 N ALTRA HACIENDA DRIVE PHOENIX, AZ 85918	01-0622545 3		8,500.	0.			MOVE BACK TO SCOTTSDALE
JAZZ IN ARIZONA, INC PO BOX 9651 SCOTTSDALE, AZ 85253	86-0331150 3		9,700.	0.			EDUCATION AND PERFORMANCES PROGRAMING

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

SCOTTSDALE CULTURAL COUNCIL

86-0593786

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, 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

2010Open to Public
Inspection

Name of the organization

SCOTTSDALE CULTURAL COUNCIL

Employer identification number

86-0593786**Part I Questions Regarding Compensation****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.☐ First-class or charter travel☐ Housing allowance or residence for personal use☐ Travel for companions☐ Payments for business use of personal residence☐ Tax indemnification and gross-up payments☐ Health or social club dues or initiation fees☐ Discretionary spending account☐ Personal services (e.g., maid, chauffeur, chef)**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**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?**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.☒ Compensation committee☐ Written employment contract☐ Independent compensation consultant☒ Compensation survey or study☒ Form 990 of other organizations☒ 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 from the organization or a related organization?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of:**a** The organization?**b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the net earnings of:**a** The organization?**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

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**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in
Regulations section 53.4958-6(c)?

Yes No

1b

2 X

4a X

4b X

4c X

5a X

5b X

6a X

6b X

7 X

8 X

9

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

Schedule J (Form 990) 2010

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

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

Note. The sum of columns (B)(i)-(iii) 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				
1 WILLIAM BANCHS	(i) 208,079.	0.	7,500.	7,233.	20,263.	243,075.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
2	(i)						
	(ii)						
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

SCOTTSDALE CULTURAL COUNCIL

Employer identification number

86-0593786

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>SPECIAL EVENT</u>)	X	0	206,101.	FMV
26 Other ► (<u>FURNITURE</u>)	X	2	19,094.	FMV
27 Other ► (<u>PHOTOGRAPHY</u>)	X	1	10,000.	FMV
28 Other ► (<u>ADVERTISING</u>)	X	10	7,581.	FMV

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

29

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

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

Schedule M (Form 990) (2010)

Part II**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.
Also complete this part for any additional information.**PART I, OTHER TYPES OF PROPERTY:****FLORAL DECORATION**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

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

(D) METHOD OF DETERMINING REVENUE: FMV

TRANSPORTATION SERVICES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

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

(D) METHOD OF DETERMINING REVENUE: FMV

HOTEL ROOM NIGHTS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 5

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2500.

(D) METHOD OF DETERMINING REVENUE: FMV

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

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: ALL BOARD MEMBERS RECEIVED A COPY
OF THE FORM 990 PRIOR TO FILING. ALSO, THE CFO AND CEO REVIEW AND APPROVE
THE 990 BEFORE SIGNING AND FILING.

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

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

Name of the organization

SCOTTSDALE CULTURAL COUNCIL

Employer identification number

86-0593786

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

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 705,357.

99

For the ☐ calendar year 2010 or ☒ fiscal year beginning 07/01/10 and ending 06/30/11

CHECK ONE: Original <input checked="" type="checkbox"/> Amended <input type="checkbox"/>		Name SCOTTSDALE CULTURAL COUNCIL		Employer identification number (EIN) 86-0593786
Business telephone number 480-874-4615		Number and street or PO Box 7380 EAST SECOND STREET		AZ transaction privilege tax number NONE
City or town, state and ZIP code SCOTTSDALE, AZ 85251				
68 Check box if: <input type="checkbox"/> This is a first return <input type="checkbox"/> Name change <input type="checkbox"/> Address change				
CHECK BOX IF: 82 Return filed under extension. 3-mos. Fed <input type="checkbox"/> 6-mos. AZ - Fed <input checked="" type="checkbox"/> 82 C <input type="checkbox"/> 82 F <input checked="" type="checkbox"/>				
REVENUE USE ONLY. DO NOT MARK IN THIS AREA.				
A Date Arizona operations began 10/01/1975				
B Nature of Arizona activities EDUCATIONAL, CULTURAL, & ARTS				
C Check federal form filed: <input checked="" type="checkbox"/> 990 <input type="checkbox"/> 990-EZ <input type="checkbox"/> Other (specify) _____				
Enclose a copy of the organization's federal return.				
<div style="display: flex; justify-content: space-between;"> 81 66 </div>				

Sources of Income	1	Gross sales or receipts from business activities	1	592,859	00	STMT 1
	2	Less: Cost of goods sold or of operations - attach itemized statement	2	200,883	00	
	3	Gross profit from business activities - subtract line 2 from line 1	3	391,976	00	
	4	Interest	4	208,890	00	
	5	Dividends	5		00	
	6	Rents and royalties	6		00	
	7	Gain or (loss) from sales of assets, excluding inventory items	7	35,817	00	
	8	Dues, assessments, etc., from members	8	176,298	00	
	9	Dues, assessments, etc., from affiliated organizations	9		00	
	10	Contributions, gifts, grants, etc., received	10	6,984,167	00	
	11	Other income - attach itemized statement	11	2,556,476	00	
	12	Total income - add lines 3 through 11	12	10,353,624	00	
Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	13	511,127	00	STATEMENT 2 STATEMENT 4
	14	Salaries and wages - other than amounts included on line 2	14	624,115	00	
	15	Interest	15		00	
	16	Taxes	16	84,987	00	
	17	Rent expense	17	527,891	00	
	18	Depreciation - attach schedule	18	233,260	00	
	19	Miscellaneous expenses - attach itemized statement	19	1,591,405	00	
	20	Total expenses - add lines 13 through 19	20	3,572,785	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	59,000	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	6,849,011	00	
26	Total - add lines 21 through 25	26	6,908,011	00		
Disbursements From Principal for the Organization's Exempt Purposes	27	Dues, assessments, etc., to affiliated corporations	27		00	
	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	-705,357	00	
	34	Accumulation of income in current year - line 12 less the sum of lines 20, 26, 32, and 33	34	578,185	00	
	35	Accumulation of income at beginning of year	35	7,465,425	00	
	36	Accumulation of income at end of year - add lines 34 and 35	36	8,043,610	00	
Penalty	37	Penalty for late filing or incomplete filing - See instructions	37		00	

Schedule A - Balance Sheet**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		1,082,492	00	A1	828,485	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)		89,883	00	A2c	102,656	00
A3a Other notes and loans receivable - attach schedule	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		105,968	00	A4	102,297	00
A5 Investments (securities) - attach schedule	SEE STATEMENT 6					
A6 Investments (other) - attach schedule		4,901,522	00	A5	5,559,648	00
A7a Land, buildings, and equipment; basis	A7a	5,433,067	00	A6		00
b Less: accumulated depreciation - attach schedule	A7b	4,009,216	00			
c Line A7a less line A7b. Enter difference in column (b)		1,543,738	00	A7c	1,423,851	00
A8 Other assets - describe	SEE STATEMENT 7					
A9 Total assets - add lines A1 through A8		607,414	00	A8	850,896	00
		8,331,017	00	A9	8,867,833	00

Liabilities

A10 Accounts payable and accrued expenses		317,031	00	A10	340,951	00
A11 Mortgages and other notes payable - attach schedule			00	A11		00
A12 Other liabilities - describe	SEE STATEMENT 8					
A13 Total liabilities - add lines A10 through A12		548,561	00	A12	483,272	00
		865,592	00	A13	824,223	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		7,465,425	00	A16	8,043,610	00
A17 Total net assets - add lines A14 through A16		7,465,425	00	A17	8,043,610	00
A18 Total liabilities and net assets - add lines A13 and A17		8,331,017	00	A18	8,867,833	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

Officer's signature

Date

CEO

Title

Paid

Preparer's COLETTE KAMPS, CPA

02/01/12

P00367616

Use Only Preparer's signature

Date

Preparer's EIN, PTIN or SSN

HENRY & HORNE, LLP

86-0133881

Firm's name (or preparer's, if self-employed)

Firm's ☒ EIN or ☐ SSN7098 E. COCHISE SUITE 100
SCOTTSDALE, AZ

85253-4517

(480)483-1170

Firm's address

ZIP code

Firm's telephone number

AZ 99	COST OF GOODS SOLD	STATEMENT	1
COST OF GOODS SOLD			
1. INVENTORY AT BEGINNING OF YEAR		105,968	
2. MERCHANDISE PURCHASED.	197,212		
3. COST OF LABOR.			
4. MATERIALS AND SUPPLIES			
5. OTHER COSTS.			
6. ADD LINES 1 THROUGH 5		303,180	
7. INVENTORY AT END OF YEAR		102,297	
8. COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		200,883	

AZ 99	DEPRECIATION/AMORTIZATION EXPENSE	STATEMENT	2
-------	-----------------------------------	-----------	---

DESCRIPTION	AMOUNT
DEPRECIATION/AMORTIZATION	233,260.
TOTAL TO FORM 99, PAGE 1, LINE 18	233,260.

AZ 99	OTHER INCOME	STATEMENT	3
-------	--------------	-----------	---

DESCRIPTION	AMOUNT
OTHER INCOME	10,437.
TICKET SALES	1,736,453.
FACILITY RENTAL/LABOR	302,763.
EARNED MEMBERSHIP DUES	108,492.
BOX OFFICE	104,596.
EDUCATION	99,794.
ALL OTHER PROGRAM SERVICE REVENUE	193,941.
TOTAL TO FORM 99, PAGE 1, LINE 11	2,556,476.

AZ 99	MISC EXPENSES	STATEMENT	4
-------	---------------	-----------	---

DESCRIPTION	AMOUNT
DIRECT EXPENSES OF FUNDRAISING EVENTS	186,288.
PENSION PLAN CONTRIBUTIONS	22,081.
OTHER EMPLOYEE BENEFITS	163,493.
ACCOUNTING FEES	27,350.
OTHER PROFESSIONAL FEES	285,312.
ADVERTISING AND PROMOTION	371,640.
OFFICE EXPENSES	242,602.
TRAVEL	1,501.
CONFERENCES AND CONVENTIONS	12,098.
INSURANCE	46,662.
ARTIST FEES	47,264.
PROGRAM SUPPORT	59,737.
MISCELLANEOUS	51,472.
ALL OTHER EXPENSES	73,905.
TOTAL TO FORM 99, PAGE 1, LINE 19	1,591,405.

AZ 99	OTHER EXPENSES	STATEMENT	5
-------	----------------	-----------	---

DESCRIPTION	AMOUNT
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES, ETC.	86,666.
OTHER SALARIES AND WAGES	2,539,597.
PENSION PLAN CONTRIBUTIONS	51,524.
OTHER EMPLOYEE BENEFITS	298,165.
PAYROLL TAXES	198,302.
OTHER PROFESSIONAL FEES	341,318.
ADVERTISING AND PROMOTION	82,357.
OFFICE EXPENSES	270,601.
OCCUPANCY	35,865.
TRAVEL	26,436.
CONFERENCES AND CONVENTIONS	30,106.
DEPRECIATION/AMORTIZATION	57,951.
INSURANCE	16,038.
ARTIST FEES	1,234,289.
PUBLIC ARTS PROJECT COS	870,926.
PROGRAM SUPPORT	596,915.
MISCELLANEOUS	79,404.
ALL OTHER EXPENSES	32,551.
TOTAL TO FORM 99, PAGE 1, LINE 25	6,849,011.

AZ 99	INVESTMENTS (SECURITIES)	STATEMENT	6
-------	--------------------------	-----------	---

DESCRIPTION	BEG OF YEAR	END OF YEAR
PUBLICLY TRADED SECURITIES	4,901,522.	5,559,648.
TOTAL TO FORM 99, PAGE 2, LINE A5	4,901,522.	5,559,648.

AZ 99	OTHER ASSETS	STATEMENT	7
-------	--------------	-----------	---

DESCRIPTION	BEG OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	439,295.	613,572.
PREPAID EXPENSES AND DEFERRED CHARGES	53,821.	128,169.
ASSETS HELD UNDER SPLIT-INTEREST AGREEMENT	84,376.	83,233.
OTHER ASSETS	29,922.	25,922.
TOTAL TO FORM 99, PAGE 2, LINE A8	607,414.	850,896.

AZ 99		OTHER LIABILITIES	STATEMENT	8
DESCRIPTION		BEG OF YEAR	END OF YEAR	
SPLIT-INTEREST AGREEMENT		12,344.	12,344.	
DEFERRED REVENUE		536,217.	470,928.	
TOTAL TO FORM 99, PAGE 2, LINE A12		548,561.	483,272.	