IRS e-file Signature Authorization for a Tax Exempt Entity

Form OO/9-1E	lor a rax Exempt Entity							
	For calendar year 2022, or fiscal year beginning JUL 1 , 2022, and ending JUN 30	, 20 23						
D	Do not send to the IRS. Keep for your records.	ZUZZ						
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form8879TE for the latest information.							
Name of filer	,	EIN or SSN						
SCOTTS	DALE ARTS	86-0593786						
Name and title of officer or po								
Name and the or officer of pr	CEO							
Part I Type of	Return and Return Information	-						
	urn for which you are using this Form 8879-TE and enter the applicable amount, if any,	from the return. Form 8038-CP and						
Form 5330 filers may ente or 10a below, and the am	ount on that line for the return being filed with this form was blank, then leave line 1b , blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applica	on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b,						
1a Form 990 check	here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b14,654,019.						
2a Form 990-EZ che		2b						
3a Form 1120-POL								
4a Form 990-PF che								
5a Form 8868 check								
6a Form 990-T chec								
7a Form 4720 check								
8a Form 5227 check		8b						
9a Form 5330 check		9b						
10a Form 8038-CP cl								
	tion and Signature Authorization of Officer or Person Subject to T	ax						
Under penalties of periury	, I declare that X I am an officer of the above entity or I am a person subject t	to tax with respect to (name						
		and that I have examined a copy of the						
complete. I further declare intermediate service provi acknowledgement of rece of any refund. If applicable entry to the financial instit financial institution to deblater than 2 business days payment of taxes to receipersonal identification nur	d accompanying schedules and statements, and, to the best of my knowledge and belie that the amount in Part I above is the amount shown on the copy of the electronic retider, transmitter, or electronic return originator (ERO) to send the return to the IRS and eight or reason for rejection of the transmission, (b) the reason for any delay in processing, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electron account indicated in the tax preparation software for payment of the federal taxes if the entry to this account. To revoke a payment, I must contact the U.S. Treasury Finas prior to the payment (settlement) date. I also authorize the financial institutions involve we confidential information necessary to answer inquiries and resolve issues related to the moter (PIN) as my signature for the electronic return and, if applicable, the consent to element	um. I consent to allow my to receive from the IRS (a) an ng the return or refund, and (c) the date nic funds withdrawal (direct debit) s owed on this return, and the ancial Agent at 1-888-353-4537 no ed in the processing of the electronic the payment. I have selected a						
PIN: check one box only		12262						
X I authorize BA		to enter my PIN 13362						
	ERO firm name	Enter five numbers, but do not enter all zeros						
as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Documbigned by: 1. **Dr. Gr.** **Documbigned by:**Date** Signature of officer or person subject to tax** Date** Date** 1. **Documbigned by:**Date** 1. **Documbigned by:**Date** Date** Date**								
Signature of officer or person subject		nemann Date						
	ation and Authentication							
•	our six-digit electronic filing identification	<u> </u>						
number (EFIN) followed by	y your five-digit self-selected PIN. 8641551336 Do not enter all zer							
	meric entry is my PIN, which is my signature on the 2022 electronically filed return indic ccordance with the requirements of Pub. 4163 , Modernized e-File (MeF) Information for							

Business Returns.

ERO's signature

COLETTE KAMPS, CPA

Date

05/10/24

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

OMB No. 1545-0047

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning JUL~1~, 2022, and ending JUN~30~, 2023~

30 , 20 <u>23</u> **20 20**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

SCOTTSDALE ARTS

Go to www.irs.gov/Form88/91E for the latest information.

EIN or SSN

86-0593786

Name and title of officer or person subject to tax DR. GERD WUESTEMANN CEO

				, , , , , , , , , , , , , , , , , , , ,		
2a	Form 990-EZ check here		b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here		b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here		b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here		b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	X	b	Total tax (Form 990-T, Part III, line 4)	6b	19,161.
7a	Form 4720 check here		b	Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here		b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here		b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here		b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	
Part	II Declaration and S	ignat	ure	Authorization of Officer or Person Subject to Tax		
Jnder	penalties of perjury, I declare that	at X	l ai	m an officer of the above entity or I am a person subject to tax with res	pect to (r	name

of entity) _______ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

P	IN-	check	one	hox	only

X I authorize	BAKER	TILLY	US,	LLP	to enter my PIN	13362
				ERO firm name		Enter five numbers, be do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the

IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

| Docusigned by: | Dr. Gurd Will stumann | Date | Date

Part III Certification and Authentication

86415513362

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature COLETTE KAMPS, CPA

Date 05/10/24

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Α	For the	2022 calendar year, or tax year beginning ULL 1, 2022 and e	ending J	<u>UN 30, 2023</u>				
В	Check if applicable	C Name of organization		D Employer identific	cation number			
	Addres	SCOTTSDALE ARTS						
	Name change	Doing business as		86-05937	-			
	return Final return/	Number and street (or P.0. box if mail is not delivered to street address) 7380 EAST SECOND STREET	E Telephone number 480-874-4615					
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	15,193,241.			
	Amend return	SCOTISDALE, AZ 65251		H(a) Is this a group re	eturn			
	Application	F Name and address of principal officer: DR • GERD WUESTEMANN	, CEO	for subordinates	? Yes X No			
_	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
1	Tax-exe	empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or	r 527	If "No," attach a	list. See instructions			
	Websit			H(c) Group exemptio				
		organization: X Corporation Trust Association Other	L Year o	of formation: 1987 $ m extbf{N}$	1 State of legal domicile: ${f AZ}$			
P	art I	Summary						
a)	1 1	Briefly describe the organization's mission or most significant activities: CREAT						
Governance		MANAGING CULTURAL, EDUCATIONAL AND ARTS (C						
ž	2 (Check this box if the organization discontinued its operations or dispose						
Š	3			3	30			
& O	4	Number of independent voting members of the governing body (Part VI, line 1b)			30			
Activities &	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			183			
Ξ	6	Total number of volunteers (estimate if necessary)		6	638			
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			195,518.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	91,243. Current Year			
		Ocal Stations and average (Dect.) (III See All)	_	13,024,731.	11,812,981.			
e	8	Contributions and grants (Part VIII, line 1h)		2,141,503.	2,507,407.			
Revenue	9	Program service revenue (Part VIII, line 2g)		272,948.	444,913.			
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-165,097.	-111,282.			
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		15,274,085.	14,654,019.			
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		141,000.	114,404.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
	45	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		5,839,852.	5,907,254.			
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
en	h ioa	Total fundraising expenses (Part IX, column (D), line 25) 679, 35	7.	•	•			
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,957,047.	7,853,504.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,937,899.	13,875,162.			
		Revenue less expenses. Subtract line 18 from line 12		3,336,186.	778,857.			
	g	Teveride lead experiees. Substact line to from line 12	Bed	ginning of Current Year	End of Year			
ets (20	Total assets (Part X, line 16)		11,523,631.	14,317,399.			
Assi	21	Total liabilities (Part X, line 26)		1,844,905.	3,407,009.			
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		9,678,726.	10,910,390.			
P	art II	Signature Block						
Und	ler penal	ties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	nts, and to the best of my	knowledge and belief, it is			
true	, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer l	has any knowledge.				
Sign Signature of officer Date								
He	Here DR. GERD WUESTEMANN, CEO, CEO							
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check Check	PTIN			
Pai	d þ		PA 0	5/10/24 self-employ				
	parer	Firm's name BAKER TILLY US, LLP		Firm's EIN 3	9-0859910			
Use	Only	Firm's address 2055 E WARNER RD, STE 101						
_		TEMPE, AZ 85284		Phone no. 48	0.839.4900			
Ма	v the IR	S discuss this return with the preparer shown above? See instructions			X Yes No			

Form	990 (2022) SCOTTSDALE ARTS	86-0593786	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	TO CREATE ARTS IN DIVERSE EXPERIENCES THAT ENGAGE THE COI	MMUNITY THOU	GH
	THE DEVELOPMENT OF NEW AND EXCITING CULTURAL INITIATIVES	FOR THE	
	COMMUNITY; THE ENCOURAGEMENT OF ACTIVE PARTICIPATION AND		
	OF THE GOVERNMENT, BUSINESS, EDUCATION AND (CONTINUED ON		
2	Did the organization undertake any significant program services during the year which were not listed on the	·	
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
•	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as r	measured by expenses	
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	* *	nd
	revenue, if any, for each program service reported.	s, the total expenses, al	IG
4-	2 466 047	ue \$ 2,113,	230
4a	(Code:) (Expenses \$		
	THE PERFORMING ARTS SHOWCASES A VIBRANT ARRAY OF ARTISTIC		
	AND EVENTS. AS A PART OF THE SCOTTSDALE ARTS DISTRICT, I		
	ECLECTIC MIX OF MUSIC, DANCE, THEATER, AND VISUAL ARTS, I		
	COMMUNITY WITH DIVERSE CULTURAL EXPERIENCES. WITH ITS ST		KT.
	FACILITIES, INCLUDING THE VIRGINIA G. PIPER THEATER AND		
	BOWL STAGE IN THE CIVIC CENTER, SCOTTSDALE ARTS ATTRACTS		
	ARTISTS FROM AROUND THE WORLD WHILE ALSO NURTURING LOCAL	TALENT.	
4b	(Code:) (Expenses \$1,616,271. including grants of \$22,500.) (Revenue)		<u>599.</u>
	SCOTTSDALE MUSEUM OF CONTEMPORARY ART (SMOCA) IS AN ACCRI	EDITED AND	
	INTERNATIONALLY RECOGNIZED INSTITUTION THAT ENCOURAGES R	EFLECTIONS A	ND
	CONVERSATIONS ABOUT LIFE THROUGH ART. WE PRODUCE AND MED	IATE CREATIV	E
	EXPRESSIONS THAT LEAD TO SHARED CURIOSITY AND MEANING ACT	ROSS A WIDE	
	RANGE OF PUBLICS.		
4c	(Code:) (Expenses \$2, 917, 821. including grants of \$0. (Revenue)	ue \$ 98,	947.
	TO ENHANCE THE CULTURAL ENVIRONMENT OF THE CITY OF SCOTTS		
	SCOTTSDALE PUBLIC ART (SPA) INITIATED, INSTALLED, AND MA		OR
	PERMANENT AND TEMPORARY ART INSTALLATIONS AT NUMEROUS PU		
	SPA ALSO PROVIDED FREE EVENTS, EXHIBITIONS, AND WORKSHOPS		
	OVER 257,000 PEOPLE. SPA'S 160+ PERMANENT PUBLIC ART IN		
	VIEWED BY AN ESTIMATED 20,000 PEOPLE DAILY YEAR-ROUND.	SIAULATIONS	AKE
	VIEWED BY AN ESTIMATED 20,000 PEOPLE DATES TEAK-KOUND.		
4d	Other program services (Describe on Schedule O.)		
		103,865.)	
4e	Total program service expenses 10,387,599.		

Form **990** (2022)

Form 990 (2022) SCOTTSDALE ARTS 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	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	۰		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		
8	, ,		Х	
_	Schedule D, Part III	8	Λ	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			₹.
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	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 and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 -a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		X
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		4.5		х
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		4.0		v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			1,7
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u></u>
	complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

232003 12-13-22

Form **990** (2022)

Form 990 (2022) SCOTTSDALE ARTS Part IV Checklist of Required Schedules (continued)

22 X 23 Dd the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Tyes", complete Schedule Is, Part I and 18 if 19 and 19				Yes	No				
24 Define organization answer "Yes" to Part VI, Section A, Jine S. 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? "Yes," complete Schedule J. 24 Define Organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after Decomber S1, 2002? If "Yes," answer lines 245 through 244 and complete Schedule K. If "No," to poline 25a 25b Did the organization marks and proceeds of fax-exempt bonds beyond a temporary period exception? 26b Did the organization marks and an escrow account other than a returning escrow at any time during the year to defease any tax-exempt bonds? 27c Did the organization and a secrow account other than a returning escrow at any time during the year to defease any tax-exempt bonds? 27c Did the organization and a secrow account other than a returning escrow at any time during the year to defease any tax-exempt bonds? 28c Section 50(16), 501(14)4), and 501(12)93 organizations. Did the corganization line year? 28c Section 50(16), 501(14)4), and 501(12)93 organizations. Did the corganization with a disqualified person during the year? 28c Section 50(16), 501(14)4), and 501(12)93 organizations. Did the corganization with a disqualified person during the year? 28c Section 501(16), 501(14)4), and 501(16)3 organization and that the transaction has not been reported on any of the organization prince Forms 900 or 900-229 // Yes," complete Schedule L. Part I 28c Did the organization pert any amount on Part X, line 5 or 22, for receivable from or psycholes any current or former officer, director, bustee, key employee, creator or founder, substantial contribution or 35% controlled entity (including an employee thereof, or family member of any of these persons? If Yes, "complete Schedule L, Part II. 28c Was the organization or prince Schedule L. Part II. 28d Was the organization founder, contribution or endopsy	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on							
and former officers, directions, busileous, key employees, and highest compensated employees? If "Yes," compete Schedule L Part IV. 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule K. If "No." go to line 25s. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization mixed any accord according to the same section source of the same according and the same according at any time during the year? 24c Did the organization according to the same according at any time during the year? 24d Did the organization according to the same according at any time during the year? 24d Did the organization according to the organization engage in an excess benefit transaction with a disqualified person of the organization with a disqualified person in the good of the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any off the organization with a disqualified person in a prior year, and that the transaction has not been reported on any off the organization with a disqualified person in a prior year, and that the transaction has not been reported on any off the organization with a disqualified person in a prior year, and that the transaction has not been reported on any off the organization provide any amount on Part X, line 5 or 22, for receivables from or payables to any our ent or former officer, director, trustee, key employee, creator or founder, substantial contribution or employee benefor, a grain selection or provide any officers, the provided person withing the provided person of the grain selection organization school to L. Part IV. 25c		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_				
Schedule / Late day of the year, that was issued after December 31, 2002? // "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25e. 5 Did the organization marks any proceeds of tax-exempt bonds beyond a temporary period exception? C Did the organization marks any proceeds of tax-exempt bonds beyond a temporary period exception? 2 de b	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current							
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c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part I 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 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 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 57 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Check if Schedule O c	h								
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	С		10						
232004 12-13-22 Form 990 (2022)	23200/			990	(2022)				

	m 990 (2022) SCOTTSDALE ARTS	0-059376	0	Pa	ige S
Pai	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		_	Y	es	No
2a	a 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	183			
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2	-	X	
За	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3	-	X	
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3	b 2	X	
	a 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)?	4	а		X
b	b If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5	а		Х
b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5	b		Х
С	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5	С		
6a	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization				
	any contributions that were not tax deductible as charitable contributions?	_	а		X
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	6	b		
7					
а	Bill the state of	the payor? 7	a 2	х	
b				х	
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	70	c		Х
d					
e	Did the appropriation provides discount of the	7	e		Х
f		7			X
g					
h					
8		1000 0 .			
Ü	and the second section is a second section of the second section of the section of the second section is a second section of the section of the second section of the section o	8			
9					
а	Pid the approximation realization makes any tay able distribution and a section 10000	9:	a		
b					
10					
а					
b					
11	· · · · · · · · · · · · · · · · · · ·				
a	a Gross income from members or shareholders 11a				
D	b Gross income from other sources. (Do not net amounts due or paid to other sources against				
120	amounts due or received from them.) a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	41	,		
		12	.a		
	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13		13	,		
а			oa		
L	Note: See the instructions for additional information the organization must report on Schedule O.				
b	,				
	organization is licensed to issue qualified health plans 13b				
C					y
14a				\dashv	<u> </u>
	, in the provide all explanation of confedence and all the provides and th	14	а	\dashv	
15			_		v
	excess parachute payment(s) during the year?	1	5		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				7.7
16			6		X
	If "Yes," complete Form 4720, Schedule O.				
17	, , , , , , , , , , , , , , , , , , , ,		_		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	<u>1</u>	7	\perp	

Form **990** (2022)

If "Yes," complete Form 6069.

Page 6

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 on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 30 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 30 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 480-874-4615

Form **990** (2022)

7380 EAST SECOND STREET, SCOTTSDALE, AZ

Form 990 (2022) SCOTTSDALE ARTS 86-0593786 Page **7**

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	(do box	not c	Pos heck i ss per	ition) than s boti	one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer p	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) GERD WUESTERMANN	40.00			77				410 F11	0	26 100
PRESIDENT & CEO (2) MICHAEL MARTIN	40.00			Х				418,511.	0.	26,188.
CFO	40.00	1		х		Ь		111,854.	0.	20,207.
(3) ERIN KRIVANEK	40.00							111,034.	0.	20,207.
DIRECTOR OF DEVELOPMENT	40.00	1				X		103,451.	0.	10,783.
(4) DENNIS ROBBINS	1.00							103/131	•	10//031
CHAIR		Х		X				0.	0.	0.
(5) STEPHANIE LYON	1.00									
SECRETARY		X		Х				0.	0.	0.
(6) KATHY WILLS	1.00									
TREASURER		Х		X				0.	0.	0.
(7) J.P. DAHDAH	1.00									
TRUSTEE		Х						0.	0.	0.
(8) PRISCILLA NELSON-JOHNSON	1.00									
TRUSTEE		Х						0.	0.	0.
(9) DINO CAMUNEZ	1.00								_	_
TRUSTEE		Х						0.	0.	0.
(10) RHONDA ANDERSON	1.00									
TRUSTEE	1	Х						0.	0.	0.
(11) TIM BAUGHMAN	1.00									•
TRUSTEE	1 00	Х						0.	0.	0.
(12) JULIE BENNETT TRUSTEE	1.00	Х						0.	_	•
(13) BRUCE BEVERLY	1.00	Δ						0.	0.	0.
TRUSTEE	1.00	Х						0.	0.	0.
(14) STEVE BIDDLE	1.00	Λ						0.	0.	<u></u>
TRUSTEE	1.00	Х						0.	0.	0.
(15) KIRSTEN BROWN	1.00								•	
TRUSTEE		х						0.	0.	0.
(16) MARK CANDELARIA	1.00									
TRUSTEE		Х						0.	0.	0.
(17) RICHARD COLEMAN	1.00									
TRUSTEE		Х						0.	0.	0.
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Form 990 (2022)

Part VII Section A. Officers, Directors, T	rustees, Key Em	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)	
(A) (B) (C) (D) (E) (F)										
Name and title	Average hours per week	box	not c , unle:	Pos heck i ss per id a di	more son i	than o	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) MARY FEDEWA	1.00									
TRUSTEE		Х						0.	0.	0.
(19) KEITH GALBUT TRUSTEE	1.00	х						0.	0.	0.
(20) KRISTOPHER HARMAN TRUSTEE	1.00	х						0.	0.	0.
(21) CATHERINE LONG TRUSTEE	1.00	х						0.	0.	0.
(22) ERIK PETERSON TRUSTEE	1.00	х						0.	0.	0.
(23) LINDA PETERSON TRUSTEE	1.00	х						0.	0.	0.
(24) MERLE ROSSKAM TRUSTEE	1.00	х						0.	0.	0.
(25) JACQUELINE SCHENKEIN, MD TRUSTEE	1.00	х						0.	0.	0.
(26) PAULINE SCOTT TRUSTEE	1.00	х				5		0.	0.	0.
1b Subtotal c Total from continuation sheets to Par								633,816.	0.	57,178. 0.
d Total (add lines 1b and 1c)								633,816.	0.	57,178.

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

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

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

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BARBARA GRYGUTIS SCULPTURE, LLC		
P.O. BOX 3028, TUCSON, AZ 85702	ART INSTALLATIONS	704,512.
THE ART OFFICE, 34-330 GATEWAY DR, UNIT	HONORARIUM AND	•
100, PALM DESERT , CA 92211	CONSTRUCTION	305,382.
FLYING CARPET CREATIVE LLC		
3302 POLK STREET, HOUSTON, TX 77003	ART INSTALLATIONS	289,539.
KJZZ-FM 91.5		
PO BOX 62228, PHOENIX, AZ 85082	ADVERTISING	116,010.
JEFF ZISCHKE		
6400 E. CHOLLA, SCOTTSDALE, AZ 85254	ART INSTALLATIONS	114,150.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization 9		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2022)

Form 990 SCOTTSDALE ARTS 86-0593786

Part VII Section A. Officers, Directors, Tru	ustees, Key Er	olan	WAA							
/A\			yee	s, ai	na F	lighe	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all :	that	app	ly)	compensation	compensation	amount of
	per week (list any hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
	line)	эц	SE .	₩	ay.	'≟'	굔			
27) MELANIE SUTTON PRUSTEE	1.00	Х						0.	0.	0.
28) MISTIE WEISHAAR	1.00									
RUSTEE		Х						0.	0.	0.
29) PETER BOYLE	1.00									
RUSTEE		Х						0.	0.	0.
30) CHRISTINE KOVACH	1.00	Х						0.	0.	0.
31) PAGIE CECIL	1.00	Х						0.	.0	0.
32) BRIANNA JOHNSON	1.00								-	
RUSTEE		Х						0.	0.	0.
				4			6			
			4							
		6								

Form 990 (2022) SCOTTSDALE ARTS
Part VIII Statement of Revenue

			Check if Schedule O	ontains	a response	or note to any lin	e in this Part VIII			
		`	oricon il coricadio o c	Jornanio	и георопос	or rioto to arry iiri	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	from tax under sections 512 - 514
(0, (0	4	• Fode	erated compaigns		1a					0001101101011210111
nt st						178,078.				
င်္ပိ ဋ						238,713.				
fts, Ar	,		draising events		1	230,713.				
Contributions, Gifts, Grants and Other Similar Amounts				ib.utiana\		8,375,411.				
Sir			ernment grants (contri			0,070,111.				
e E			ther contributions, gifts,		1 1	3,020,779.				
Ę.			ar amounts not included			61,713.				
no D	,	-	ash contributions included in	lines la-li	1g \$	01,713.	11,812,981.			
Oe		1 IOLA	II. Add lines 1a-1f			Business Code	11,012,301.			
_	•	_ ТТСТ	KET SALES			711110	1,483,294.	1,483,294.		
ice	2 :		LITY RENTAL/LABO	ים סבדוע	IBIIDGEME	711110	433,810.	238,292.	195,518.	
er ne		- 	OFFICE	OK KEIR	IDOKSEME	711110	196,126.	196,126.	193,310.	
n S			OND BEVERAGE SA	AT.FC		900099	173,057.	173,057.		
gra Re			BITION ADMISSION			900099	101,599.	101,599.		
Program Service Revenue						611710	119,521.	119,521.		
_			ther program service				2,507,407.	117,321.		
	3	Total. Add lines 2a-2f					2,307,107.			
	3						276,997.			276,997.
	4	other similar amounts) Income from investment of tax-exempt bond pr			2,0,007.			270,557.		
	5	Royalties		loceeus						
	3	поус	aities	· · · · · · · · · · · · · · · · · · ·	(i) Real	(ii) Personal				
	6	a Gros	ss rents	6a	(i) Tioui	(ii) i Greenai				
			ss rents :: rental expenses	6b						
			al income or (loss)	6c						
			rental income or (loss)							
			s amount from sales of		Securities	(ii) Other				
	•		s other than inventory	7a	329,473.					
			: cost or other basis	74	, , , , , , ,					
<u>o</u>			sales expenses	7b	161,557.					
her Revenue			or (loss)	7c	167,916.					
Še,			gain or (loss)		-		167,916.			167,916.
P.			s income from fundraisir				,			,
₽				238,713						
			ributions reported on							
			IV, line 18			76,564.				
			income or (loss) from				-217,034.			-217,034.
			ss income from gamin		-		·			
			IV, line 19	-	I					
	1		: direct expenses							
			income or (loss) from							
			ss sales of inventory, l	0 0						
			allowances		I	179,261.				
	ı									
			income or (loss) from				95,194.	95,194.		
						Business Code				
sno	11 :	а ОТН	ER INCOME			900099	10,558.	10,558.		
ane	ı	。 								
eve	(c								
Miscellaneous Revenue		d All o	ther revenue							
		e Tota	I. Add lines 11a-11d				10,558.			
	12	Total	revenue. See instruction	ns			14,654,019.	2,417,641.	195,518.	227,879.

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Form **990** (2022)

Form 990 (2022) SCOTTSDALE ARTS Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
<u> </u>	Check if Schedule O contains a respon			prote column (r yr	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	114,404.	114,404.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	CO4 700	00 404	400 047	100 000
	trustees, and key employees	694,799.	90,484.	423,347.	180,968.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	4,280,129.	2,923,727.	1,095,432.	260,970.
7	Other salaries and wages	4,400,149.	4,343,141.	1,033,432.	400,970.
8	Pension plan accruals and contributions (include	129,378.	88,046.	34,848.	6 181
a	section 401(k) and 403(b) employer contributions)	447,363.	300,426.	117,429.	6,484. 29,508.
9	Other employee benefits	355,585.	219,704.	110,001.	25,880.
10 11	Payroll taxes Fees for services (nonemployees):	333,303.	217,104	110,001.	23,000.
	Management				
a b	Legal				
	Accounting	54,957.		54,957.	
d		32/3371		3273371	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	28,286.		28,286.	
g	Other. (If line 11g amount exceeds 10% of line 25,			,	
J	column (A), amount, list line 11g expenses on Sch 0.)	2,478,506.	2,387,263.	75,966.	15,277.
12	Advertising and promotion	503,885.		51,768.	-
13	Office expenses	281,467.	262,010.	16,960.	2,497.
14	Information technology	291,956.	3,685.	286,131.	2,140.
15	Royalties				
16	Occupancy	653,897.	468,330.	116,916.	68,651.
17	Travel	171,872.	162,023.	4,041.	5,808.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	29,154.	19,044.	7,477.	2,633.
20	Interest				
21	Payments to affiliates	155 255		155 055	
22	Depreciation, depletion, and amortization	165,266.	0.4.504	165,266.	F 001
23	Insurance	118,414.	94,731.	17,762.	5,921.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	PUBLIC ART PROJECTS	2,025,764.	2,025,764.		
b	EQUIPMENT	378,242.	308,386.	41,654.	28,202.
c	BANK AND CREDIT CARD FE	121,721.	81,542.	24,786.	15,393.
d	SUPPLIES	106,302.	73,810.	29,619.	2,873.
	All other expenses	443,815.	312,103.	105,560.	26,152.
25	Total functional expenses. Add lines 1 through 24e	13,875,162.	10,387,599.	2,808,206.	679,357.
26	Joint costs. Complete this line only if the organization	•			•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	619,551.	1	606,292.
	2	Savings and temporary cash investments	1,560,000.	2	260,455.
	3	Pledges and grants receivable, net	792,388.	3	295,328.
	4	Accounts receivable, net	22,406.	4	84,487
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
ς,		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	112,256.	8	82,092. 85,903.
As	9	Prepaid expenses and deferred charges	40,178.	9	85,903.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 2,814,470. 2,305,452.			
	b	Less: accumulated depreciation 10b 2,305,452.		10c	509,018
	11	Investments - publicly traded securities	7,724,177.	11	10,870,668.
	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	35,279.	15	1,523,156.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	11,523,631.	16	14,317,399
	17	Accounts payable and accrued expenses	382,470.	17	369,927.
	18	Grants payable		18	
	19	Deferred revenue	783,113.	19	822,011.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	149,900.	23	145,413.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	529,422.	25	2,069,658.
	26	Total liabilities. Add lines 17 through 25	1,844,905.	26	3,407,009.
		Organizations that follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	2,020,863.	27	1,197,442.
Ba	28	Net assets with donor restrictions	7,657,863.	28	9,712,948.
pur		Organizations that do not follow FASB ASC 958, check here			
rΕ		and complete lines 29 through 33.			
s o	29	Capital stock or trust principal, or current funds		29	
se.	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t As	31	Retained earnings, endowment, accumulated income, or other funds	0.650.50	31	40.042.252
Se.	32	Total net assets or fund balances	9,678,726.	32	10,910,390.
	33	Total liabilities and net assets/fund balances	11,523,631.	33	14,317,399.

Pa	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>, 65</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u> 13</u>	,87		
3	Revenue less expenses. Subtract line 2 from line 1	3			8,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9	,67	8,7	<u> 26.</u>
5	Net unrealized gains (losses) on investments	5		45	2,8	07.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	10	,91	0,3	90.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate		- 1			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	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?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection **Employer identification number**

SCOTTSDALE ARTS 86-0593786 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7847450.	8792806.	8739351.	13024731.	11812981.	50217319.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ū	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	7847450.	8792806.	8739351.	13024731.	11812981.	50217319.
		7017100	0.02000	<u> </u>			0011/012/
Ŭ	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)						301 /77
_	**						391,477. 49825842.
	Public support. Subtract line 5 from line 4.						49023042.
		(-) 0010	(h) 0010	(=) 0000	(4) 0004	(=) 0000	(6) Tatal
	ndar year (or fiscal year beginning in)	(a) 2018 7847450.	(b) 2019 8792806.	(c) 2020 9739351	(d) 2021 13024731.	(e) 2022 1 1 9 1 2 9 9 1	(f) Total
	Amounts from line 4	7047430.	0192000.	0133331.	13024731.	11012901.	50217519.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	152 006	140 020	120 127	100 204	276 007	016 262
	and income from similar sources	153,806.	149,029.	138,137.	198,294.	2/6,99/.	916,263.
9	Net income from unrelated business						
	activities, whether or not the	02 601	71 017	20 220	05 200	00 044	272 200
	business is regularly carried on	93,601.	71,917.	30,238.	85,398.	92,244.	373,398.
10	Other income. Do not include gain						
	or loss from the sale of capital	F0 00F	5 456	00 600	205	10 550	00 445
	assets (Explain in Part VI.)	58,325.	5,466.	23,699.	397.	10,558.	98,445.
11	Total support. Add lines 7 through 10						51605425.
	Gross receipts from related activities,	•	,				,409,449.
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
_	organization, check this box and stor						
	ction C. Computation of Publi					г г	
14	Public support percentage for 2022 (I	ine 6, column (f), di	vided by line 11, o	olumn (f))		14	96.55 %
	Public support percentage from 2021					15	95 . 58 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2021. If the orga	anization did not d	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s
	<u> </u>		•				(Form 990) 2022

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

(Complete only if you checked the box on line 10 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.)

Sed	ction A. Public Support	siow, picase comp	olete i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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 organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge				O		
	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						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(4) 2010	(2) 2313	(0) 2020	(4) 2321	(0) 2322	(i) rotal
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		Q				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on 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 VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	J		<i>'</i>	•	()()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, , , , , , , , , , , , , , , , , , , ,	•	column (f))		15	<u>%</u>
	Public support percentage from 2021					16	<u>%</u>
	ction D. Computation of Inves					 	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2022. If the						7 is not
	more than 33 1/3%, check this box ar	=	-	•	• •		
b	33 1/3% support tests - 2021. If the	•			•	•	
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization						

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Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Га	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44-		
Sec	detail in Part VI. tion B. Type I Supporting Organizations	11c		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			110
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	g
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c			·
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued	d)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		:	2	
3	Administrative expenses paid to accomplish exempt purpose	;	3		
4	Amounts paid to acquire exempt-use assets	-		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		10	0	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022		Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022	_			
a	From 2017				
b	From 2018				
с	From 2019				
<u>d</u>	From 2020				
<u>e</u>	From 2021				
f	Total of lines 3a through 3e		Ť		
g	Applied to underdistributions of prior years			_	
<u>h</u>	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years	<u> </u>			
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.			_	
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8_	Breakdown of line 7:				
<u>a</u>	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

SCOTTSDALE ARTS

Employer identification number 86-0593786

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds o	or Accounts. Complete if the	
	, ,	(a) Donor advise	ed funds	(b) Funds and other accounts	3
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in w	riting that the assets he	eld in donor advise	d funds	
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes	No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gr	ant funds can be u	ised only	
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for a	ny other purpose co	onferring	
	impermissible private benefit?				No
Pai	rt II Conservation Easements. Complete if the organization	anization answered "Ye	es" on Form 990, P	art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).			
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of	a historically important land area	
	Protection of natural habitat		Preservation of a	a certified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contrib	oution in the form o	f a conservation easement on the I	ast
	day of the tax year.			Held at the End of the T	ax Year
а	Total number of conservation easements			2a	
b				1 1	
С	Number of conservation easements on a certified historic structure				
d	Number of conservation easements included in (c) acquired af	fter July 25,2006, and r	ot on a		
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele				
	year				
4	Number of states where property subject to conservation ease	ement is located			
5	Does the organization have a written policy regarding the period	odic monitoring, inspec	tion, handling of		
	violations, and enforcement of the conservation easements it I	holds?		Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, a	nd enforcing conse	ervation easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and er	nforcing conservation	on easements during the year	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requiremen	ts of section 170(h))(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes	No
9	In Part XIII, describe how the organization reports conservation	n easements in its reve	nue and expense s	statement and	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's	s financial statemer	nts that describes the	
	organization's accounting for conservation easements.	A	0.11		
Pai	rt III Organizations Maintaining Collections of		easures, or Oth	ner Similar Assets.	
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its rev	enue statement an	nd balance sheet works	
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education	, or research in fur	therance of public	
	service, provide in Part XIII the text of the footnote to its finance	cial statements that des	scribes these items	S.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenu	e statement and ba	alance sheet works of	
	art, historical treasures, or other similar assets held for public	exhibition, education, o	r research in furthe	erance of public service,	
	provide the following amounts relating to these items:				
	(i) Revenue included on 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 trea-	sures, or other similar a	ssets for financial	gain, provide	
	the following amounts required to be reported under FASB AS	SC 958 relating to these	e items:		
а	Revenue included on Form 990, Part VIII, line 1			\$ <u></u>	
	Assets included in Form 990, Part X				
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 99	0) 2022

	t III Organizations Maintaining Co	ollections of Art	t. Histo	rical Tre	asures. o	r Othe	r Si	milai	Assets	Continu	ued)	ige Z
	Using the organization's acquisition, accessio									COILLIN	Jeu)	
Ū	collection items (check all that apply):	in, and other records	s, oricon	arry or the r	onowing that	mano c	,,g,,,,,,	ourit c	100 01 110			
а	X Public exhibition	d		oan or excl	hange progra	am						
b	Scholarly research	e			nango progre							
c	X Preservation for future generations	Ç		Juici								
4	Provide a description of the organization's col	llections and explain	how the	ov further th	e organizatio	n's eve	mnt r	ourno	se in Part	ΧIII		
5	During the year, did the organization solicit or								oc iiii ait.	AIII.		
•	to be sold to raise funds rather than to be mai									Yes	X	No
Par	t IV Escrow and Custodial Arrang											, 110
	reported an amount on Form 990, Part) to 11 ti 10	organization	ir anoworda	100 01		000	, , , , , , , , , , , , , , , , , , , ,			
1a	Is the organization an agent, trustee, custodia	n or other intermedi	iarv for c	ontributions	s or other ass	sets not	inclu	ded				
	on Form 990, Part X?									Yes		No
b	If "Yes," explain the arrangement in Part XIII a									_		
	, ,	•	J				ſ			Amount		
С	Beginning balance						Γ	1c				
	Additions during the year							1d				
	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo									Yes		No
	If "Yes," explain the arrangement in Part XIII.						<u></u>]
Par	t V Endowment Funds. Complete if	the organization an	swered "	'Yes" on Fo	rm 990, Part	IV, line	10.					
		(a) Current year	(b) Pi	rior year	(c) Two year	rs back	(d)	Three y	ears back	(e) Four	years I	back
1a	Beginning of year balance	6,556,953.	7,	881,866.	6,393	3,415.		6,1	08,360.	6,	013,	244.
b	Contributions			60,000.								
	Net investment earnings, gains, and losses	660,845.	2,	024,506.	1,520	958.		3	16,217.		374,	814.
d	Grants or scholarships				N Y							
е	Other expenditures for facilities											
	and programs	294,522.		318,840.	10	500.			10,700.		259,	945.
f	Administrative expenses	28,287.		23,820.	22	2,007.			20,462.			753.
g	End of year balance	6,894,989.	6,	556,953.	7,883	1,866.		6,3	93,415.	6,	108,	360.
2	Provide the estimated percentage of the curre		e (line 1g	, column (a)) held as:							
а	Board designated or quasi-endowment	9.6900	_%									
b	Permanent endowment 90.3100	%										
С	Term endowment9	6										
	The percentages on lines 2a, 2b, and 2c should	ild equal 100%.										
3a	Are there endowment funds not in the posses	sion of the organiza	tion that	are held an	nd administer	ed for the	ne			Г		
	organization by:									_	Yes	No
	(i) Unrelated organizations									3a(i)	Х	
	(ii) Related organizations									3a(ii)		<u>X</u>
b	If "Yes" on line 3a(ii), are the related organizat									3b		
Do:	Describe in Part XIII the intended uses of the		wment fu	ınds.								
Par	t VI Land, Buildings, and Equipme		D-4 N/	P 44 - 0	000	D-4-V	P	40				
	Complete if the organization answered			·								
	Description of property	(a) Cost or of		(b) Cost		٠,		nulate	ed	(d) Book	value	•
		basis (investr	ient)	basis ((otner)	de	prec	iation				
	Land											
	Buildings			1 70	6 F0F	1	200	2 04	10	200	, ,, 1	
	Leasehold improvements				6,505.	Ι,	390	3,09 7,30	50.	328		
	Equipment		-	Ι, υδ	7,965.		J ()	, , 30	04.	180	, 00	13.
	Other									509	Λ1	0
ıotal	I. Add lines 1a through 1e. (Column (d) must ec	rual Form 990 Part	X colum	n (R) line 10	2c)				1	209		LO.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 SCOTTSDA:		86-0593786	Page
Part VII Investments - Other Securities Complete if the organization answered		11h See Form 990 Part X line 12	
(a) Description of security or category (including name of sec		(c) Method of valuation: Cost or end-of-year market	value
(1) Financial derivatives	*	(c) meaned or randament even or end or year marrier	
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12			
Part VIII Investments - Program Relate		11a Cas Farm 000 Port V line 12	
Complete if the organization answered (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market	value
·	(b) Book value	(C) Method of Valuation. Cost of end-of-year market	value
(1)			
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal . (Col. (b) must equal Form 990, Part X, col. (B) line 13	3.)		
Part IX Other Assets.			
Complete if the organization answered	'Yes" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	(a) Description	(b) Book v	alue
(1) ASSETS HELD UNDER SPLIT	I-INTEREST AGREEN		,663
(2) OTHER ASSETS			,746
(3) OPERATING RIGHT OF USE	ASSETS	1,502	<u>,747</u>
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		1 500	1 5 6
Total. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities.	(B) line 15.)	1,523	,136
• • •	'Yes" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability		(b) Book v	/alue
(1) Federal income taxes (2) OPERATING LEASE LIABILE	rmv	2,069	650

(3)
(4)
(5)
(6)
(7)
(8)

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

Part XI	Recond	ciliation	of Revenue	per A	Audited	Financial	Statements	With	Revenue	per Return.

Pai	rt XI Reconciliation of Revenue per Audited Financial Sta	tements with R	evenue per Rei	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	15,164,932.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	452,807.		
b	Donated services and use of facilities	2b	6,487.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	459,294.
3	Subtract line 2e from line 1			3	14,705,638.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	28,286.		
b	Other (Describe in Part XIII.)	4b	-79,905.		
С	Add lines 4a and 4b			4c	-51,619.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	.)		5	14,654,019.
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With I	Expenses per R	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1	Total expenses and losses per audited financial statements			1	13,933,268.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	6,487.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	79,905.		
е	Add lines 2a through 2d			2e	86,392.
3	Subtract line 2e from line 1			3	13,846,876.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	28,286.		
b	Other (Describe in Part XIII.)	4b			
_	Add lines 4a and 4h			40	28.286.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

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

PART III, LINE 1A:

THE CITY OF SCOTTSDALE COLLECTION OF FINE ART CONSISTS OF PURCHASED. COMMISSIONED, AND DONATED WORKS OF ART. SCOTTSDALE ARTS EMPLOYS A DIRECTOR OF PUBLIC ART TO ENSURE THAT THE COLLECTION ITEMS ARE PRESERVED AND PROTECTED. THESE COLLECTIONS ARE NOT CAPITALIZED BY SCOTTSDALE ARTS AND ARE THE PROPERTY OF THE CITY OF SCOTTSDALE. DURING THE YEAR ENDED JUNE 30, 2023, SA FACILITATED A PRIVATE DONATION OF FINE ART TO THE CITY OF SCOTTSDALE. AFTER DEVELOPING A TEN-YEAR RELATIONSHIP WITH A VALUED DONOR SMOCA RECEIVED TWO PAINTINGS AS GIFTS: THE BLUE DOOR AND MALTA BY ROBERT MOTHERWELL. AS AN ABSTRACT EXPRESSIONIST ARTIST OF THE NEW YORK SCHOOL THAT INCLUDED WILLEM DE KOONING, JACKSON POLLOCK AND MARK ROTHKO, ROBERT MOTHERWELL IS ONE OF THE MOST IMPORTANT AMERICAN PAINTERS OF THE 20TH

Part XIII | Supplemental Information (continued)

CENTURY. THE PAINTINGS HAVE SIGNIFICANT ARTISTIC VALUE TO THE COMMUNITY

AND WERE LAST APPRAISED IN 2007 AND 2008 AT A COMBINED VALUE OF \$700,000.

THE PAINTINGS HAVE NOW JOINED THE FINE ART COLLECTION OWNED BY THE CITY OF

SCOTTSDALE AND MANAGED BY SA. SA CONSIDERS THESE TO BE AGENCY TRANSACTIONS

AND ACCORDINGLY HAS RECORDED THIS AMOUNT AS REVENUE.

PART III, LINE 4:

SCOTTSDALE ARTS EXHIBITS, MANAGES, AND PROVIDES CONSERVATION OVERSIGHT OF

THE COLLECTIONS OF LOCAL, COMTEMPORARY, AND COMMISSIONED PUBLIC ART OWNED

BY THE CITY OF SCOTTSDALE, IN ORDER TO ENHANCE THE CULRURAL ENVIRONMENT OF

THE CITY AND OFFER ITS RESIDENTS AND VISITORS FREQUENT OPPORTUNITIES TO

APPRECIATE AND LEARN FROM THESE WORKS.

PART V, LINE 4:

SCOTTSDALE ARTS' ENDOWMENT FUNDS CONSIST OF 7 INDIVIDUAL FUNDS ESTABLISHED

FOR A VARIETY OF PURPOSES. A CERTAIN AMOUNT IS APPROPRIATED FOR

EXPENDITURE EACH YEAR, BASED ON AN AVERAGE PERCENTAGE OF THE ENDOWMENT

FUND BALANCES. AMOUNTS EXPENDED ARE ADDED TO THE ANNUAL BUDGET FOR USE

WITH SMOCA, SCPA, AND GENERAL PROGRAM ACTIVITIES.

PART X, LINE 2:

SCOTTSDALE ARTS RECOGNIZES TAX POSITIONS IN THE FINANCIAL STATEMENT WHEN

IT IS MORE LIKELY-THAN-NOT THAT THE POSITIONS WILL NOT BE SUSTAINED UPON

EXAMINATION BY THE TAX AUTHORITIES. AS OF JUNE 30, 2023, SCOTTSDALE ARTS

HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR

DISCLOSURE IN THE FINANCIAL STATEMENTS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2022

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization						Employer ide	ntification number
	ALE ARTS					86-0593	786
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ne 1	7. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written o key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover lising of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
			V				
Fotal							
3 List all states in which the organization or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from reg	gistration

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

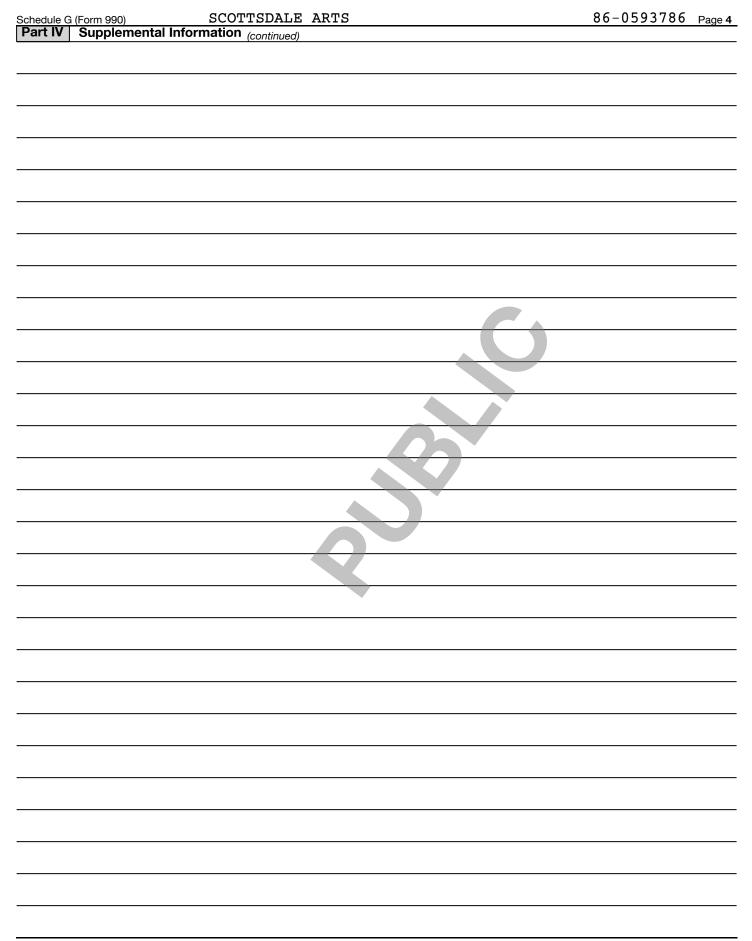
Schedule G (Form 990) 2022

Part II Fundraising Events. Complete if the organization answered "Yes" on 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

					<u>-</u>	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					_	(add col. (a) through
			ANNUAL GALA		1	col. (c))
a			(event type)	(event type)	(total number)	
Revenue			245 255			
ě	1	Gross receipts	315,277.			315,277.
٦			000 510			000 540
	2	Less: Contributions	238,713.			238,713.
			76 564			76 564
-	3	Gross income (line 1 minus line 2)	76,564.			76,564.
		Onch mine				
	4	Cash prizes				
	_	Nanagah prizas	62,745.			62,745.
S	5	Noncash prizes	02,743.			02,743.
Direct Expenses	6	Rent/facility costs				
xpe	٥	Tions admity dedice			7	
핅	7	Food and beverages	84,663.			84,663.
Ë	•	r ood and povorages	02/0001			0 = 7 0 0 0 0
ᅴ	8	Entertainment	66,285.			66,285.
	9	Other direct expenses	79,905.			79,905.
	10		n 9 in column (d)			293,598.
	11					-217,034.
Pa	rt		answered "Yes" on Form	990, Part IV, line 19, or I	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1			Τ
e l			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				biligo/progressive biligo		coi. (a) through coi. (c)
B.	4	Gross revenue				
	•	dross revenue				
	2					
ses	2	Cash prizes				
per		Cash prizes				
Ĥ	3	Noncash prizes				
irect Ex	3	Noncash prizes				
Direct Expenses	3	Noncash prizes Rent/facility costs				
Direct Ey	3	Noncash prizes				
Direct Ex	3 4 5	Noncash prizes Rent/facility costs Other direct expenses	Yes%			
Direct Ex	3 4 5	Noncash prizes Rent/facility costs	Yes% No	Yes % No		
Direct Ex	3 4 5	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No No	No No	No No	
Direct Ex	3 4 5	Noncash prizes Rent/facility costs Other direct expenses	No No		No No	
Direct Ex	3 4 5	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	No No n 5 in column (d)	No No	No No	
Direct Ex	3 4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No No n 5 in column (d)	No No	No No	
	3 4 5 6 7 8	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	No No n 5 in column (d) from line 1, column (d)	No	No No	
9	3 4 5 6 7 8 En	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	No n 5 in column (d) from line 1, column (d) ucts gaming activities:	No	No No	Yes No
9 a	3 4 5 6 7 8 En ls i	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	No n 5 in column (d) from line 1, column (d) acts gaming activities: ctivities in each of these s	No states?	No No	Yes No
9 a	3 4 5 6 7 8 En ls i	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 Iter the state(s) in which the organization conduct the organization licensed to conduct gaming active.	No n 5 in column (d) from line 1, column (d) acts gaming activities: ctivities in each of these s	No states?	No No	Yes No
9 a b	3 4 5 6 7 8 En ls i	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 Inter the state(s) in which the organization conduct the organization licensed to conduct gaming active explain:	No 1 5 in column (d) 1 from line 1, column (d) 1 cts gaming activities: 1 ctivities in each of these s	states?	No	
9 a b	3 4 5 6 7 8 En Isi	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ater the state(s) in which the organization conduct organization licensed to conduct gaming active organization: "No," explain: ere any of the organization's gaming licenses researched."	No n 5 in column (d) from line 1, column (d) acts gaming activities: ctivities in each of these servoked, suspended, or tel	states?	No	
9 a b	3 4 5 6 7 8 En Isi	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 Inter the state(s) in which the organization conduct the organization licensed to conduct gaming active explain:	No n 5 in column (d) from line 1, column (d) acts gaming activities: ctivities in each of these servoked, suspended, or tel	states?	No	

232082 10-27-22 Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022 SCOTTSDALE ARTS	6-05	937	86	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Y	'es	☐ No
	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?		□ γ	'es	No
13	Indicate the percentage of gaming activity conducted in:				
	The organization's facility	1	13a		%
	o An outside facility		13b		/ %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		100		
14	cinter the fiame and address of the person who prepares the organization's gaining/special events books and records.				
	News				
	Name				
	Address				
			<u> </u>	_	—
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Y	'es	No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amou	nt			
	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:				
10	Carriing manager information.				
	Nome				
	Name				
	Gaming manager compensation \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		Y	'es	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	he			
	organization's own exempt activities during the tax year \$				
Pa	IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); are	nd Part	III, line	s 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
	, , , , , , , , , , , , , , , , , , , ,				-



SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public

Inspection Employer identification number 86-0593786

Part I General Information on Grants a	na Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selecti	
criteria used to award the grants or assis	stance?						N
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to	Domestic Organiza	ations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	\$5,000. Part II can b	e duplicated if addition	onal space is need	ed.			
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MOVEMENT SOURCE INC.							
PO BOX 44452							EDUCATION AND
PHOENIX, AZ 85016	86-0610245	3	10,000.	0.			PERFORMANCES PROGRAMMING
SCOTTSDALE ARTISTS' SCHOOL 3720 N. MARSHALL WAY				2			EDUCATION AND
SCOTTSDALE, AZ 85251	86-0460092	1	10,000.	0.			PERFORMANCES PROGRAMMING
SCOTTSDALE, AZ 63231	86-0460092)	10,000.	0.			PERFORMANCES PROGRAMMING
ARIZONA MUSICFEST PO BOX 5254							EDUCATION AND
CAREFREE, AZ 85377	86-1034396	3	10,000.	0.			PERFORMANCES PROGRAMMING
GREASEPAINT YOUTHEATRE 7020 E 2ND ST SCOTTSDALE, AZ 85251	74-2434287	3	10,000.	0.			EDUCATION AND PERFORMANCES PROGRAMMING
DESERT STAGES THEATRE 7014 E CAMELBACK RD #0586 SCOTTSDALE, AZ 85251	86-0796627	3	6,104.	0.			EDUCATION AND PERFORMANCES PROGRAMMING
MUSICA NOVA INC 610 E BELL ROAD STE 2-552 PHOENIX, AZ 85255	11-3682567	3	6,000.	0.			EDUCATION AND PERFORMANCES PROGRAMMING
2 Enter total number of section 501(c)(3) a	nd government orga	anizations listed in the	e line 1 table				10

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2022

86-0593786

Part II Continuation of Grants and Othe	r Assistance to Dom	estic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCOTTSDALE PHILHARMONIC 13430 N SCOTTSDALE RD #300 SCOTTSDALE, AZ 85254	45-4921610 3		20,000.	0.			EDUCATION AND PERFORMANCES PROGRAMMING
DETOUR COMPANY THEATRE 4614 N. ALTA HACIENDA PHOENIX, AZ 85018	01-0622545 3		10,000.	0.			EDUCATION AND PERFORMANCES PROGRAMMING
CHILDSPLAY THEATRE 900 S. MITCHELL DRIVE TEMPE, AZ 85281	86-0336473 3		10,000.	0.			EDUCATION AND PERFORMANCES PROGRAMMING
KIDS IN FOCUS 4455 E CAMELBACK RD A215 PHOENIX, AZ 85018	47-2440569 3		10,000.	0.			EDUCATION AND PERFORMANCES PROGRAMMING
							Sahadula I (Farm 000)

86-0593786 SCOTTSDALE ARTS Schedule I (Form 990) 2022 Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (b) Number of (d) Amount of non-(f) Description of noncash assistance (a) Type of grant or assistance (c) Amount of recipients cash grant cash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV 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.

39

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

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

Attach to Form 990.
90 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

SCOTTSDALE ARTS

Inspection
Employer identification number

86-0593786

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	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 (such as 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	1b		$oxed{oxed}$
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	\perp
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			l
а	The organization?	<u>6a</u>		X
b	Any related organization?	6b		Х
_	If "Yes" on line 6a or 6b, describe in Part III.			
7				77
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	_		17
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		<u> </u>

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation				(D) Nontaxable benefits	benefits (B)(i)-(D)		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) GERD WUESTERMANN	(i)	359,156.	59,355.	0.	10,219.	15,969.	444,699.	0.	
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)		<u> </u>						
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	(i)								
	(י) (ii)								
-	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Page 2

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
THE BOARD OF DIRECTORS HAS A COMPENSATION COMMITTEE TO DETERMINE REASONABLE
AND APPROPRIATE COMPENSATION FOR KEY EMPLOYEES OF THE ORGANIZATION. THE
COMMITTEE CONDUCTED A COMPENSATION STUDY, USING COMPARATIVE DATA, IN ORDER
TO DETERMINE COMPENSATION RECOMMENDATIONS. THE ORGANIZATION ALSO HAS A
WRITTEN EMPLOYMENT CONTRACT WITH THE CEO.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

	SCOTTSDALE AI	RTS			86-059	3786	
Par	t 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 detern noncash contribution	•	s
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 (AUCTION ITEMS)	X	72	49,394.			
26	Other (PHOTOGRAPHY)	X	1	12,319.			
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions			
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29			
						Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 through	28, that it		
	must hold for at least 3 years from the date of t	he initial co	ntribution, and whi	ch isn't required to be used fo	r		
	exempt purposes for the entire holding period?				30)a	Х
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	olicy that re	quires the review of	of any nonstandard contribution	ons?	1	X
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash			
	contributions?				32	la l	Х
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) fo	a type of property	for which column (a) is check	ed,		
	describe in Part II.						
	For Device and Design Control And Madden and		fau Fauna 000	•	Calcadula M /F		

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

Schedule M (Form 990) 2022

232142 09-09-22 Schedule M (Form 990) 2022

SCHEDULE O (Form 990)

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

SCOTTSDALE ARTS

Employer identification number 86-0593786

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

ACTIVITIES FOR THE CITY OF SCOTTSDALE.

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

PRIVATE SECTORS; AND THE PROVIDING OF QUALITY MANAGEMENT, FUNDRAISING,

AND FINANCIAL SERVICES TO OUR OPERATING DIVISIONS AND OTHER ARTS

ORGANIZATIONS DESIRING OUR SERVICES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PRESENTED BY THE FORM 990 PREPARER TO THE FINANCE COMMITTEE

AT A REGULARLY SCHEDULED MEETING. THE PRESENTER HIGHLIGHTS CERTAIN

INFORMATION INCLUDED ON THE FORM 990, AND ALL BOARD MEMBERS RECEIVED A COPY

OF THE FORM 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY THAT ADDRESSES THE

CONSIDERATION OF POTENTIAL CONFLICTS OF INTEREST BY THE BOARD OF DIRECTORS,

COMMITTEE MEMBERS, VOLUNTEERS, AND EMPLOYEES, INCLUDING RELATIVES. AS PER

THE POLICY, BOARD AND COMMITTEE MEMBERS MUST MAKE DISCLOSURE OF ANY

POTENTIAL CONFLICTS OF INTEREST AND MUST ABSTAIN FROM VOTING ON ANY ACTION

IN WHICH THEY MAY HAVE AN INTEREST. ON AN ANNUAL BASIS, ALL BOARD MEMBERS

ARE REQUIRED TO SIGN OFF ON AN ANNUAL CONFLICT OF INTEREST FORM, EITHER

STATING ANY KNOWN CONFLICTS, OR STATING THAT THERE ARE NONE.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS HAS A COMPENSATION COMMITTEE TO DETERMINE REASONABLE

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

Schedule O (Form 990) 2022

232211 10-28-22

Schedule O (Form 990) 2022 Page 2

Name of the organization **Employer identification number** 86-0593786 SCOTTSDALE ARTS AND APPROPRIATE SALARIES FOR KEY EMPLOYEES OF THE ORGANIZATION. THE COMMITTEE CONDUCTED A COMPENSATION STUDY, USING COMPARATIVE DATA, IN ORDER TO DETERMINE SALARY RECOMMENDATIONS. THE ORGANIZATION ALSO HAS A WRITTEN EMPLOYMENT CONTRACT WITH THE PRESIDENT AND CEO. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THESE DOCUMENTS ARE ALSO GENERALLY AVAILABLE AT PUBLIC MEETINGS. FORM 990, PART IX, LINE 11G, OTHER FEES: ARTIST FEES: PROGRAM SERVICE EXPENSES 1,749,248. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 1,749,248. TOTAL EXPENSES OTHER PROFESSIONAL SERVICES: PROGRAM SERVICE EXPENSES 638,015. MANAGEMENT AND GENERAL EXPENSES 75,966. FUNDRAISING EXPENSES 15,277. TOTAL EXPENSES 729,258. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 2,478,506.

EXTENDED TO MAY 15, 2024

Form 990-T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	۱	OMB No. 1545-0047					
	For calendar year 2022 or other tax year beginning JUL 1, 2022 , and ending JUN 30, 202	23	2022					
	Go to www.irs.gov/Form990T for instructions and the latest information.	<u> </u>	LULL					
Department of the Treasury Internal Revenue Service	epartment of the freasury							
A Check box if address changed.	Name of organization (DEmploy	ver identification number					
B Exempt under section	Print SCOTTSDALE ARTS	86	-0593786					
X 501(c)(3)	_or Number, street, and room or suite no. If a P.O. box, see instructions.		exemption number					
408(e) 220(e)	Type 7380 EAST SECOND STREET	(See IIIs	su detions)					
408A 530(a) 529(a) 529A	City or town, state or province, country, and ZIP or foreign postal code SCOTTSDALE, AZ 85251	F	Check box if					
	C Book value of all assets at end of year	Ţ —	an amended return.					
G Check organization		State c	ollege/university					
H Check if filing only to			<u> </u>					
	organization filing a consolidated return with a 501(c)(2) titleholding corporation							
	attached Schedules A (Form 990-T)	1						
K During the tax year,	was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No					
If "Yes," enter the na	ame and identifying number of the parent corporation.							
L The books are in car		180-8	374-4615					
Part I Total Unr	related Business Taxable Income							
 Total of unrelated instructions) 	business taxable income computed from all unrelated trades or businesses (see	1	92,243.					
2 Reserved		2	<i>5</i>					
3 Add lines 1 and 2		3	92,243.					
_	utions (see instructions for limitation rules)	4	0.					
	siness taxable income before net operating losses. Subtract line 4 from line 3	5	92,243.					
	operating loss. See instructions	6						
7 Total of unrelated	business taxable income before specific deduction and section 199A deduction.							
Subtract line 6 from	m line 5	7	92,243.					
8 Specific deduction	n (generally \$1,000, but see instructions for exceptions)	8	1,000.					
9 Trusts. Section 19	99A deduction. See instructions	9						
10 Total deductions.	. Add lines 8 and 9	10	1,000.					
11 Unrelated busine	ss taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,							
enter zero		11	91,243.					
Part II Tax Com								
	table as corporations. Multiply Part I, line 11 by 21% (0.21)	1	19,161.					
	trust rates. See instructions for tax computation. Income tax on the amount on							
Part I, line 11 from		2						
3 Proxy tax. See ins		3						
	s. See instructions	4						
	ım tax (trusts only)	5						
	liant facility income. See instructions	6	10 161					
	through 6 to line 1 or 2, whichever applies	7	19,161. Form 990-T (2022)					
LHA For Paperwork F	Reduction Act Notice, see instructions.		Form 330-1 (2022)					

Form 990-T (2022) Page 2

Part	III 7	Tax and Payments				r age Z
1a		n tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	•	credits (see instructions)				
c		al business credit. Attach Form 3800 (see instructions)				
d		for prior year minimum tax (attach Form 8801 or 8827)				
e		credits. Add lines 1a through 1d			1e	
2		act line 1e from Part II, line 7			2	19,161.
3		amounts due. Check if from: Form 4255 Form 8611 Form			_	
_		Other (attach statement)			3	
4	Total	tax. Add lines 2 and 3 (see instructions).				
-		n 1294. Enter tax amount here	•		4	19,161.
5		nt net 965 tax liability paid from Form 965-A, Part II, column (k)			5	0.
6a		ents: A 2021 overpayment credited to 2022	1 1			
b	-	estimated tax payments. Check if section 643(g) election applies	\neg			
С		eposited with Form 8868				
d	Foreig	n organizations: Tax paid or withheld at source (see instructions)				
е		p withholding (see instructions)				
f		for small employer health insurance premiums (attach Form 8941)				
g	Other	credits, adjustments, and payments: Form 2439				
		Form 4136 Other Total	l <u>6g</u>			
7	Total	payments. Add lines 6a through 6g		,	7	
8	Estima	ated tax penalty (see instructions). Check if Form 2220 is attached		L	8	1,049.
9					9	20,210.
10		ayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overp	oaid		10	
11		the amount of line 10 you want: Credited to 2023 estimated tax		Refunded	11	
Part		Statements Regarding Certain Activities and Other Informati		· · · · · · · · · · · · · · · · · · ·		
1	-	time during the 2022 calendar year, did the organization have an interest in or	-	•		Yes No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the	-			
		N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	e name of the fore	eign country		v
•	here					_ <u>X</u>
2		g the tax year, did the organization receive a distribution from, or was it the gran				х
		n trust? s," see instructions for other forms the organization may have to file.				21
3		the amount of tax-exempt interest received or accrued during the tax year		\$		
4		available pre-2018 NOL carryovers here \$ Do not i			rvover	-
•		n on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a				
5		2017 NOL carryovers. Enter the Business Activity Code and available post-2017				
		nounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for	•			
		Business Activity Code		st-2017 NOL c		
		9			•	
			\$			
6a	Did th	e organization change its method of accounting? (see instructions)				X
b	If 6a is	s "Yes," has the organization described the change on Form 990, 990-EZ, 990-F	PF, or Form 1128	? If "No,"		
		n in Part V				
Part	V 5	Supplemental Information				
Provide	the ex	planation required by Part IV, line 6b. Also, provide any other additional information	ation. See instruc	tions.		
	Lin	der penalties of perjury, I declare that I have examined this return, including accompanying schedules and s	statements, and to the	hest of my knowled	dae and helief it is	true
Sign		rect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepa			age and belief, it is	true,
Here		CEO			ay the IRS discuss	
	Si	gnature of officer Date Title		_	e preparer shown b structions)? X	·
			Date	Check if		I US NU
D.: '		Trichard 2 Signature L		self- employed	I FIIN	
Paid		COLETTE KAMPS, CPA COLETTE KAMPS, CPA 0		oon ompluyed	P0036	7616
Prepa	11 C1	Firm's name BAKER TILLY US, LLP	<u> </u>	Firm's EIN		59910
Use C	חיט	2055 E WARNER RD, STE 101		IIIII O LIIV	33 00	
		Firm's address TEMPE, AZ 85284		Phone no. 4	80.839.	4900

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2022

	tment of the Treasury	Go to www.irs.gov/Form990T for Do not enter SSN numbers on this form as it r						Open to Public I	
A Name of the organization SCOTTSDALE ARTS B Employer id 86-059								cation number	•
<u>c</u> ι	Unrelated business	activity code (see instructions) 71130	0			D Sequence	e: .	1 of	1
E [Describe the unrelat	ed trade or business EVENT FACILI	TAT	ION					
Pai		Trade or Business Income		(A) Inc		(P) Eypopo		(C)	lot
Pai	oni elateu	Trade of Business income		(A) Inc	ome	(B) Expense	:5	(C) N	
1 a	Gross receipts or s	sales							
b	Less returns and allo	wances c Balance	1c						
2	Cost of goods sold	d (Part III, line 8)	2						
3		act line 2 from line 1c	3						
4 a	Capital gain net in	come (attach Schedule D (Form 1041 or Form							
	1120)). See instruc		4a						
b	0 ()(rm 4797) (attach Form 4797). See instructions)	4b						
С	Capital loss deduc		4c						
5		a partnership or an S corporation (attach	_						
_			5						
6		IV)	<u>6</u> 7						
7		anced income (Part V)	-						
8		royalties, and rents from a controlled VI)	8_						
9		e of section 501(c)(7), (9), or (17) t VII)	9						
10		activity income (Part VIII)	10						
11		e (Part IX)	11						
12	Other income (see	instructions; attach statement) STMT 1	12	195	,518.				5,518.
13		es 3 through 12	13	195	,518.			195	5,518.
_	directly co	nnected with the unrelated business in	com	e				s must be	
1		officers, directors, and trustees (Part X)					2	6/	1,943.
2 3		S					3	0 -	-, / - / -
4		enance					4		
5		utement). See instructions					5		
6	Taxes and licenses	,					6		
7	Depreciation (attac	ch Form 4562). See instructions							
8		claimed in Part III and elsewhere on return					8b		
9							9		
10	Contributions to d	eferred compensation plans					10		
11	Employee benefit	orograms					11		
12		penses (Part VIII)					12		
13	Excess readership	costs (Part IX)					13		
14		(attach statement)					14		3,332.
15		Add lines 1 through 14					15	10.	3,275.
16		s income before net operating loss deduction. So					16	92	2,243.
17		operating loss. See instructions					17		0.
18		ss taxable income. Subtract line 17 from line 16					18	92	2,243.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

	1
Page	2

Part	III Cost of Goods Sold Enter meth	nod of inventory valuat	ion		r ago <u>=</u>
1		-		1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year			_	
8	Cost of goods sold. Subtract line 7 from line 6. Enter h				
9	Do the rules of section 263A (with respect to property p	,			Yes No
Part					
1	Description of property (property street address, city, st	ate, ZIP code). Check	if a dual-use. See instru	ctions.	
	A	,			
	В				
	С				
	D				
		Α	В	С	
2	Rent received or accrued			-	
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
_	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
·	Add lines 2a and 2b, columns A through D				
	Add lines 2a and 2b, coldmis A through b				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part I line 6, co	lumn (Δ)	0.
Ū	Deductions directly connected with the income	through D. Enter Here	and only art i, line o, co	idiffif (A)	
4	in lines 2(a) and 2(b) (attach statement)				
7	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. En	ter here and on Part I	line 6 column (B)		0.
Part		ee instructions)	1110 0, 001011111 (D)		
1	Description of debt-financed property (street address, c		Check if a dual-use. See	instructions.	
-	A	.,,,,,			
	В 🗌				
	c \square				
	D				
		Α	В	С	
2	Gross income from or allocable to debt-financed			-	
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b,				
ŭ	columns A through D)				
4	Amount of average acquisition debt on or allocable				
7	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
J	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	<u> </u>
6 7	Gross income reportable. Multiply line 2 by line 6	90	70	%	<u> %</u>
8	Total gross income (add line 7, columns A through D).	Enter here and an Da	rt L lino 7, column (A)		0.
0	i otal gross income (add line 7, columns A through D).	Enter here and on Pa	rti, iirie 7, columin (A)	·····	<u>U•</u>
0	Allocable deductions Multiply line 2s by line 6		Γ		
9 10	Allocable deductions. Multiply line 3c by line 6 Total allocable deductions. Add line 9, columns A thro	ough D. Enter here an	d on Part Lling 7 calum	ın (R)	0.
10 11	Total dividends-received deductions included in line				0.
	. S.a. airiasiias reseirea aeaasions molaaca mille				U •

Part	VI Interest, Annu	uities, Ro	oyalties, and Re	ents fron	n Control	led Or	ganizations	s (see instruc	tions)	r age o
						E	xempt Contro	lled Organization	าร	
 Name of controlled organization 		d	2. Employer identification number 3. Net unrelate income (loss) (see instruction		ne (loss)	oss) payments made		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5
<u>(1)</u>										
(2)										
(3)										
(4)										
		1		1	Controlled O	-			1	
7	. Taxable Income	ir	Net unrelated ncome (loss) e instructions)		otal of specif yments mad		that is inc	of column 9 sluded in the organization's income		Deductions directly connected with come in column 10
(1)							groce	HIGGING		
(2)										
(3)										
(4)										
							Enter here	nns 5 and 10. and on Part I, column (A)	Ente	l columns 6 and 11. er here and on Part I, ine 8, column (B)
Totals								0.		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee instructions)		
	1. Desc	cription of	income		2. Amou incon		3. Deduction directly connected (attach states	ected (attach s	-asides tatemen	5. Total deductions and set-asides (add cols 3 and 4)
(1)										
(2)										
(3)										
(4)										
Totals					Add amou column 2 here and or line 9, colu	. Enter n Part I,				Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Part	VIII Exploited E	xempt A	Activity Income,	Other T	han Adve	ertising	g Income	see instructions)	
1	Description of exploite	ed activity:								
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Entei	r here and o	n Part I,	line 10, colum	n (A)	2	
3	Expenses directly con line 10, column (B)								3	
4	Net income (loss) from		trade or business.							
									4	
5	Gross income from ac								5	
6	Expenses attributable								6	
7	Excess exempt expen			3, but do no	ot enter more	e than th	ne amount on I	ine	,	

Schedule A (Form 990-T) 2022

Part	IX Advertising Income				<u> </u>
1	Name(s) of periodical(s). Check box if reporting	two or more periodicals on a	consolidated basis.		
	A				
	В 🔲				
	c				
	D				
Enter a	amounts for each periodical listed above in the co	orresponding column.	<u> </u>		
		Α	В	С	D
2	Gross advertising income	•			0.
	Add columns A through D. Enter here and on P	'art I, line 11, column (A)			<u> </u>
a	Direct advertising agets by pariadical				
3 a	Direct advertising costs by periodical Add columns A through D. Enter here and on P		<u> </u>		0.
а	Add coldmins A through b. Enter here and on t	arti, iiile 11, coluilii (b)			
4	Advertising gain (loss). Subtract line 3 from line				
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less	I		>	
	than line 6, enter zero		^		
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain on				
а	line 4, enter the lesser of line 4 or line 7		val or zoro horo and		
а	Part II, line 13				0.
Part	X Compensation of Officers, Dire	ctors, and Trustees (s	ee instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
Total	I. Enter here and on Part II, line 1				0.
Part	W	instructions)	•••••		
	(See	ilistructions)			

FORM 990-T (A)	OTHER	INCOME	STATEMENT 1
DESCRIPTION			AMOUNT
FACILITY RENTAL			195,518.
TOTAL TO SCHEDULE A, PART I, LIN	E 12		195,518.
FORM 990-T (A)	OTHER	DEDUCTIONS	STATEMENT 2
DESCRIPTION			AMOUNT
CLEANING FEES UTILITIES INSURANCE CITY OUTDOOR RENTAL COMMISSION			6,983. 15,509. 6,651. 9,189.
TOTAL TO SCHEDULE A, PART II, LI	NE 14		38,332.

TAX RETURN FILING INSTRUCTIONS

ARIZONA FORM 99T

FOR THE YEAR ENDING

JUNE 30, 2023

PREPARED FOR:

SCOTTSDALE ARTS 7380 EAST SECOND STREET SCOTTSDALE, AZ 85251

PREPARED BY:

BAKER TILLY US, LLP 2055 E. WARNER RD. SUITE 101 TEMPE, AZ 85284

TO BE SIGNED AND DATED BY:

THE AUTHORIZED INDIVIDUAL(S).

AMOUNT OF TAX:

TOTAL TAX	\$	4,471
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT	\$	0
PLUS: INTEREST AND PENALTIES	\$	3
BALANCE DUE	\$	4,474

OVERPAYMENT:

CREDITED TO YOUR ESTIMATED TAX	\$	0
OTHER AMOUNT	\$	0
REFUNDED TO YOU	\$	0

MAKE CHECK PAYABLE TO:

WHEN THE RETURN IS FILED THE AMOUNT DUE SHOULD BE ELECTRONICALLY TRANSFERRED.

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

ARIZONA DEPARTMENT OF REVENUE P.O. BOX 52153 PHOENIX, AZ 85072-2153

RETURN MUST BE MAILED ON OR BEFORE:

JUNE 17, 2024

SPECIAL INSTRUCTIONS:

PAYMENT OF TAX MUST BE MADE ELECTRONICALLY VIA THE ARIZONA DEPARTMENT OF REVENUE WEBSITE AT:

HTTPS://WWW.AZTAXES.GOV

	For the calendar y	rear 2022 or $\overline{ extbf{X}}$ fiscal year beginning $07/01/2022$ and ending $06/30/2$	023		
СН	ECK ONE:		•	ntification Number (EIN)	
X	Original	SCOTTSDALE ARTS	<u> 6-05</u>	593786	
		Address - number and street or PO Box			
1	iness Telephone Number	7380 EAST SECOND STREET			
,	h area code) 0 – 874 – 4615	City, Town or Post Office State SCOTTSDALE, AZ 85251	ZIP (Code	
68 (Check box if: A Th	nis is a first return B Name change C Address change Check box if return	n filed ur	nder extension:	
A [Date Arizona operations be	egan <u>10/01/1975</u> 82 82F X			
В١	Nature of unrelated busine	ess activities: EVENT FACILIATION REVENUE USE ON	LY. DO 1	NOT MARK IN THIS ARE	A.
C	Unrelated business activity	/ codes: 88			
D A		for multistate organizations only (check one box):			
		STANDARD 3 SALES FACTOR ONLY			
E		vice Provider Election and Computation (Arizona Schedule MSP) is included.			
	Indicate the year of the			CC DOVD	
F (Check federal form filed:	1 X 990-T 2 Other (specify)		66 RCVD	
Ari	zona Unrelated Bus	siness Taxable Income Computation			
	Unrelated business taxal		1	91,243	00
2		ona tax credits claimed	- 1	,	00
3	Subtotal: Add line 1 and		3	91,243	_
4	Apportionment ratio for	multistate organizations only: See instructions 4			
5		able to Arizona: Line 3 multiplied by line 4 (or if 100% Arizona, enter amount from line 3)	. 5	91,243	00
Arı	zona Tax Liability C	omputation			
6	-	cent of line 5, or \$50, whichever is greater		4,471	1
7		x credits from Arizona Form 300, Part 2, line 24		4 4 7 1	00
8	Subtotal: Add line 6 and			4,471	
9		ts from Arizona Form 300, Part 2, line 44	. 9		00
10	Credit type:	efundable credit claimed: 101 3 102 3 103 3 104 3			
11	Enter form number for each nonre		11	4,471	١٠٠
•••	Tax liability. Subtract line	e 9 from line 8. Enter the difference	. [100
Ta	x Payments				
12	Refundable tax credits: 0	Check box(es) and enter amt: 121 308 122 349	. 12		00
13	Extension payment mad	e with Arizona Form 120/165EXT or online	1		00
14	Estimated tax payments	:	14		00
15	•	ent made with original return plus all payments made			
		tructions			00
16		lines 12 through 15. Enter the total.			00
17		m original return or later adjustments: See instructions			00
18	Total Payments: Subtrac	t line 17 from line 16. Enter the difference	18		00
Со	mputation of Total I	Due or Overpayment			
19		e 11 is larger than line 18, subtract line 18 from line 11. Enter balance of tax due. Skip line 20	. 19	4,471	00
20	• •	ne 18 is larger than line 11, subtract line 11 from line 18. Enter overpayment of tax			00
21		. V	21		00
22		ment penalty: If Form 220/PTE is included, check this box 22A X	22	3	
23		Add lines 19, 21, and 22. Enter the total. See instructions		4,474	1
24		nstructions	24		00
25			00		00
26	Amount to be retunded:	Subtract line 25 from line 24. Enter the difference	. [26]		00
			Co	ontinued on page 2	\rightarrow

Name (as shown on page 1)	EIN
SCOTTSDALE ARTS	86-0593786

SCHEDULE A Apportionment Formula (Multistate Organizations Only)

IMPORTANT: Qualifying air carriers must use Arizona Schedule ACA.	LIMITED TO U	JNRELATED BUSINESS A	MOUNTS
Qualifying multistate service providers must include Arizona Schedule MSP. If the "SALES FACTOR ONLY" box on page 1, line D, is checked, complete only Section A3, Sales Factor, lines a through f. See instructions.	COLUMN A Total Within Arizona Round to nearest dollar.	COLUMN B Total Everywhere Round to nearest dollar.	COLUMN C Ratio Within Arizona A ÷ B
A1 Property Factor - STANDARD APPORTIONMENT ONLY Value of real and tangible personal property (by averaging the value of owned property at the beginning and end of the tax period; rented property at capitalized value).			
A2 Payroll Factor - STANDARD APPORTIONMENT ONLY Total wages, salaries, commissions and other compensation to employees (per federal Form 990T, or payroll reports).			
 A3 Sales Factor a Sales delivered or shipped to Arizona purchasers b Sales from services or from designated intangibles for qualifying multistate service providers only (see instructions; include Schedule MSP) c Other gross receipts d Total sales and other gross receipts (the sum of lines a through c) e Weight AZ sales: (STANDARD x 2; SALES FACTOR ONLY x 1) f Sales Factor: (for Column A, multiply line d by line e; for Column B, enter the amount from line d; for Column C, divide Column A by 	x2 OR x1		
Column B.) STANDARD Apportionment, continue to A4. SALES FACTOR ONLY Apportionment, enter the amount from Column C on page 1, line 4 A4 STANDARD Apportionment Total Ratio: Add Column C of lines A1, A2	2, and A3f. Enter the total.		
A5 Average Apportionment Ratio for STANDARD Apportionment: Divide on page 1, line 4, (If one of the factors is "0" in both Column A and Column		r (4). Enter the result	

Declaration	Under penalties of perjury, I declare that I have examined this return, include the best of my knowledge and belief, it is a true, correct and complete reto the income tax laws of the State of Arizona.		
Please Sign Here	OFFICER'S SIGNATURE	- DATE	CEO
Paid Preparer's Use Only	COLETTE KAMPS, CPA PAID PREPARER'S SIGNATURE BAKER TILLY US, LLP FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED) 2055 E WARNER RD, STE 101 FIRM'S STREET ADDRESS TEMPE, AZ	05/10/2024 DATE	P00367616 PAID PREPARER'S TIN 39-0859910 FIRM'S EIN 480.839.4900 FIRM'S TELEPHONE NUMBER 85284
	CITY	STATE	ZIP CODE

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