

Short Form Return of Organization Exempt From Income Tax

2008

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
Internal Revenue Service

For the 2008 calendar year, or tax year beginning July 1, 2008, and ending June 30, 2009

SCANNED MAY 14 2009

Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization FLAGSTAFF CULTURAL PARTNERS, INC. Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 296 City or town, state or country, and ZIP + 4 FLAGSTAFF, AZ 86002	D Employer identification number 86-0488006 E Telephone number (928) 779-2300 F Group Exemption Number . . . ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ www.culturalpartners.org

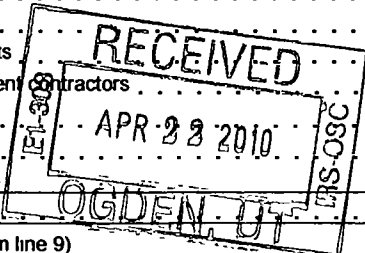
J Organization type (check only one) - 501(c)(3) (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$ 595,615

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

	Description	Line	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	60,312
	2 Program service revenue including government fees and contracts	2	481,840
	3 Membership dues and assessments	3	
	4 Investment income	4	5
	5 a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) if any amount is from gaming, check here		
	a Gross revenue (not including \$ 8,673 of contributions reported on line 1)	6a	41,428
	b Less: direct expenses other than fundraising expenses	6b	30,905
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	10,523	
7 a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶ Rental Income-\$11962/Misc\$68)	8	12,030	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	564,710	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	389,708
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	136,044
	13 Professional fees and other payments to independent contractors	13	26,500
	14 Occupancy, rent, utilities, and maintenance	14	10,871
	15 Printing, publications, postage, and shipping	15	13,958
	16 Other expenses (describe ▶ Supplies, etc)	16	66,047
17 Total expenses. Add lines 10 through 16	17	643,128	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-78,418
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	120,044
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	41,626



Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)		(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments	42,513	22	32,683	
23	Land and buildings	8,859	23	5,280	
24	Other assets (describe ▶ A/R; Prepaid; Art Coll; CIP)	99,182	24	30,973	
25	Total assets	150,554	25	68,936	
26	Total liabilities (describe ▶)	30,510	26	27,311	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	120,044	27	41,626	

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose?
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 Provide grants to 29 arts organizations and 2 government organizations

(Grants \$ 389,708) If this amount includes foreign grants, check here

28a 522,043

29 Artwalk-First Fridays walk of art galleries

136 Sponsorships/Participants

(Grants \$) If this amount includes foreign grants, check here

29a 21,021

30 Guitar Series-duo 46; Duo zona; Dylla; Eduardo Fernandez; Escarpa; Four pack Season Pass; Stanley Jordan

1 Sponsorship 170 Participants

(Grants \$) If this amount includes foreign grants, check here

30a 15,931

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here

31a 84,133

32 Total program service expenses (add lines 28a through 31a)

32 643,128

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Ingrid Lee 2300 N Fort Valley Rd, Flagstaff, AZ 86004	President 2-3	0	0	3,000
Terry Hubbard 2300 N Fort Valley Rd, Flagstaff, AZ 86004	Vice President 2-3	0	0	0
Jean Hockman 2300 N Fort Valley Rd, Flagstaff, AZ 86004	Past President 1-2	0	0	0
Holly Taylor 2300 N Fort Valley Rd, Flagstaff, AZ 86004	Treasurer 2-3	0	0	0
Marjorie Kamine 2300 N Fort Valley Rd, Flagstaff, AZ 86004	Secretary 2-3	0	0	0
Carl Taylor 2300 N Fort Valley Rd, Flagstaff, AZ 86004	Member 1-2	0	0	0
Rick Swanson 2300 N Fort Valley Rd, Flagstaff, AZ 86004	Member 1-2	0	0	0
Frank Garcia 2300 N Fort Valley Rd, Flagstaff, AZ 86004	Member 1-2	0	0	0
Julie Pastrick 2300 N Fort Valley Rd, Flagstaff, AZ 86004	Member 1-2	0	0	0
Heather Ainardi 2300 N Fort Valley Rd, Flagstaff, AZ 86004	Member 1-2	0	0	0
Samantha Kelty 2300 N Fort Valley Rd, Flagstaff, AZ 86004	Member 1-2	0	0	0
Richard Fernandez 2300 N Fort Valley Rd, Flagstaff, AZ 86004	Member 1-2	0	0	0
Darcy Falk 2300 N Fort Valley Rd, Flagstaff, AZ 86004	Member 1-2	0	0	0
Barbara Osborne 2300 N Fort Valley Rd, Flagstaff, AZ 86004	Member 1-2	0	0	0
Peter Jolma 2300 N Fort Valley Rd, Flagstaff, AZ 86004	Member 1-2	0	0	0
John Tannous 2300 N Fort Valley Rd, Flagstaff, AZ 86004	Exec Dir 40	60,260	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		x
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		x
35	If the organization had income from business activities, such as those reported on lines 2, 6a and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		x
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	A
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	x	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a N/A		
b	Did the organization file Form 1120-POL for this year?	N	A
38a	Did the organization borrow from or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		x
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations Enter:		
a	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ N/A, section 4912 ▶ N/A; section 4955 ▶ N/A		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		x
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		x
41	List the states with which a copy of this return is filed ▶ Arizona		
42a	The books are in care of ▶ The Corporation Telephone no ▶ (928) 779-2300 Located at ▶ 2300 North Fort Valley Road, Flagstaff, AZ ZIP + 4 ▶ 86001		
b	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)?		
	If "Yes," enter the name of the foreign country ▶ N/A		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		x
	If "Yes," enter the name of the foreign country ▶ N/A		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here, and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		x
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		x

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46** 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. **Yes** **No**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization(s) a section 527 organization?
- 50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

46		x
47		x
48		x
49a	x	
49b		x

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000 ▶		0		

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors receiving over \$100,000 ▶		0

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

Sign Here Signature of officer: *Holly W Taylor* Date: *02-14-10*
 Type or print name and title: *Holly W Taylor, Treasurer*

Paid Preparer's Use Only Preparer's signature: *[Signature]* Date: *1-13-10* Check if self-employed: Preparer's Identifying Number (See instructions): *86-0968376*
 Firm's name (or yours if self-employed), address, and ZIP + 4: *Loren Cunningham, CPA, PLLC, 2200 East Cedar Avenue, Suite #5, Flagstaff* EIN: *86-0968376* Phone no: *(928) 526-8442*

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	471,913	80,324	51,815	147,554	60,312	811,918
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3	471,913	80,324	51,815	147,554	60,312	811,918
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,493
6 Public support. Subtract line 5 from line 4.						808,425

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.	471,913	80,324	51,815	147,554	60,312	811,918
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	152	247	22,724	21,802	53,395	98,320
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)				22	68	90
11 Total support. Add lines 7 through 10						910,328
12 Gross receipts from related activities, etc. (See instructions.)					12	1,700,852
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	88.8059%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	89.8679%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	0.0000 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.0000 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		<u>Viola Awards</u> (event type)	<u>Rug Auction</u> (event type)	<u>Weaves/Oscar</u> (total number)	
Revenue	1 Gross receipts	23,588	20,823	2,370	46,781
	2 Less: Charitable contributions	8,673			8,673
	3 Gross revenue (line 1 minus line 2)	14,915	20,823	2,370	38,108
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	11,937	12,568	3,080	27,585
	8 Direct expense summary. Add lines 4 through 7 in column (d)				(27,585)
9 Net income summary. Combine lines 3 and 8 in column (d)					10,523

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes			3,320	3,320
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes _____ % No	Yes _____ % No	<input checked="" type="checkbox"/> Yes 85 % No	
7 Direct expense summary Add lines 2 through 5 in column (d)					(3,320)
8 Net gaming income summary Combine lines 1 and 7 in column (d)					0

9 Enter the state(s) in which the organization operates gaming activities: <u>Arizona</u>		Yes	No
a Is the organization licensed to operate gaming activities in each of these states?	9a		x
b If "No," Explain: <u>Qualified raffle</u>			
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain	10a	N	A
11 Does the organization operate gaming activities with nonmembers?	11	x	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		x

		Yes	No							
13	Indicate the percentage of gaming activity operated in:									
	<table border="1"> <tr> <td>a</td> <td>The organization's facility</td> <td>13a</td> <td>100.0000%</td> </tr> <tr> <td>b</td> <td>An outside facility</td> <td>13b</td> <td>0.0000%</td> </tr> </table>	a	The organization's facility	13a	100.0000%	b	An outside facility	13b	0.0000%	
a	The organization's facility	13a	100.0000%							
b	An outside facility	13b	0.0000%							
14	Provide the name and address of the person who prepares the organization's gaming/special event books and records									
	Name ▶ <u>John Tannous</u>									
	Address ▶ <u>2300 N Fort Valley Road, Flagstaff, AZ</u>									
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	x							
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ <u>N/A</u> and the amount of gaming revenue retained by the third party ▶ \$ <u>N/A</u>									
c	If "Yes," enter name and address.									
	Name ▶ <u>N/A</u>									
	Address ▶ <u>N/A</u>									
16	Gaming manager information									
	Name ▶ <u>John Tannous</u>									
	Gaming manager compensation ▶ \$ <u>630</u>									
	Description of services provided ▶ <u>May - June 2009</u>									
	<input checked="" type="checkbox"/> Director/officer <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Independent contractor									
17	Mandatory distributions									
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	x							
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ <u>N/A</u>									

Flagstaff Cultural Partners, Inc.
June 30, 2009
86-0488006

Part I, Line 10 Grants and similar amounts paid (attach schedule)

Arboretum of Flagstaff	\$ 28,000
Arizona Historical Society	3,000
Artists Coalition of Flagstaff	4,000
Ballet Folklorico de Colores	4,000
Canyon Movement Company	15,000
Coconino Community College District	3,000
Diablo Trust	2,000
Dry Creek Arts Fellowship	7,500
Elden Pueblo Project	6,000
Flagstaff Festival Of Science	10,200
Flagstaff Friends of Traditional Music	15,000
Flagstaff Light Opera	3,500
Flagstaff Symphony Orchestra	23,000
Flagstaff Youth Theater	3,500
Grand Canyon Guitar Society	3,000
Grand Canyon Youth	6,500
Heritage Square Trust	6,000
Human Nature Dance Theatre	7,000
International Dark-Sky Association	4,700
KNAU Radio	21,000
Lowell Observatory	27,000
Master Chorale of Flagstaff	8,000
Museum of Northern Arizona	29,000
Northern Arizona Book Festival	7,500
Northern Arizona Celtic Heritage Society	5,400
Northland Family Help Center	3,200
Pioneer Museum	9,000
Theatrikos	18,600
USA Dance	2,000
Willow Bend Environmental Education Center	17,600
Coconino County Government	<u>86,508</u>
Total Donations to Others	<u><u>\$ 389,708</u></u>

Part I, Line 16 Other Expenses

Advertising	\$ 22,479
Bank Service Charges	2,225
Depreciation	3,578
Dues & Subscriptions	576
Equipment Rentals; Repair & Maintenance	4,820
Insurance	3,267
Misellaneous	58
Supplies	14,770
Telecommunications	3,514
Travel/Hospitality	<u>10,760</u>
Total Line 16 Other Expenses	<u><u>\$ 66,047</u></u>

Flagstaff Cultural Partners, Inc.
June 30, 2009
86-0488006

SUPPORTING SCHEDULES

Part III, Line 31 Other program services (attach schedule)

FABA	\$ 9,939
Elemental Expressions	9,760
Dance Exhibit	9,616
Otra Voz	7,903
Steve Roach	7,477
Night Visions	7,160
Recycled Art Show	6,114
Outreach	5,170
Youth Celebrate Art	4,431
Arb Concert Series	3,203
Richie Havens	2,849
Appetizers Exhibit	1,716
Oscars	1,578
FSO Dark Skies	1,544
ADHK	1,317
Folk Festival	1,038
Hot Club of Phx	937
e-newsletter	883
Stories To Life	677
Quaterra	316
Teen Poetry Festival	256
Fred & Mary	248
	<hr/>
Total Other Program Services	<u>\$ 84,134</u>