Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

OMB No 1545-1150

Open to Public Inspection

partment of the Treasury ternal Revenue Service

RCANNED

(except black lung benefit trust or private foundation)

Sponsoning 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

A For the 2008 calendar year, or tax year beginning July 1 2008, and ending June 30, 2009 Check if applicable Please D Employer identification number C Name of organization use IRS Address change label or FLAGSTAFF CULTURAL PARTNERS, INC. 86-0488006 Name change print or Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number type. Initial return See Termination PO BOX 296 (928) 779-2300 Specific Amended return City or town, state or country, and ZIP +4 Instruc Group Exemption Application pending FLAGSTAFF, AZ 86002 tions. Number • • • • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting method: Cash X Accrual a completed Schedule A (Form 990 or 990-EZ). Other (specify) H Check ▶ if the organization is not | Website: ▶ www.culturalpartners.org required to attach Schedule B (Form 990, J Organization type (check only one) - x | 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 990-EZ, or 990-PF) 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. 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 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 60,312 Contributions, gifts, grants, and similar amounts received 2 2 481,840 Program service revenue including government fees and contracts Membership dues and assessments 3 3 5 a Gross amount from sale of assets other than inventory 5a c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) . 5c Revenue Special events and activities (complete applicable parts of Schedule G) if any amount is from gamting, check here 8,673 of contributions a Gross revenue (not including \$ 41,428 reported on line 1) b Less: direct expenses other than fundraising expenses 6b c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 10,523 7 a Gross sales of inventory, less returns and allowances 7с c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 12,030 R Other revenue (describe > Rental Income-\$11962/Misc\$68 8 564,710 9 9 389,708 10 10 Grants and similar amounts paid (attach schedule) Benefits paid to or for members 11 11 136,044 12 12 Salaries, other compensation, and employee benefits 26,500 13 Professional fees and other payments to independent contractors... 13 14 14 10,871 Occupancy, rent, utilities, and maintenance 13,958 15 15 Printing, publications, postage, and shipping 16 66,047 16 Other expenses (describe > Supplies, etc.) 643,128 17 Total expenses. Add lines 10 through 16 . . . 17 Excess or (deficit) for the year (Subtract line 17 from line 9) -78,41818 18 Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 120,044 19 20 Other changes in net assets or fund balances (attach explanation) 20 Net assets or fund balances at end of year. Combine lines 18 through 20 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 (A) Beginning of year (B) End of year (See the instructions for Part II.) 42,513 22 32,683 Cash, savings, and investments 22 5,280 8,859 23 23 Land and buildings Other assets (describe A/R; Prepaid; Art Coll; CIP 99,182 24 30,973 68,936 150,554 25 25 Total assets 30,510 26 27,311 26 Total liabilities (describe Net assets or fund balances (line 27 of column (B) must agree with line 21) 120,044 27 41,625

Form 990-EZ (2008)

Form 990-EZ (2008)		•			Page 2
Part III Statement of Program Service Accomplishme	nts (See the instructi	ons for Part III.)	T	Ex	penses
What is the organization's primary exempt purpose?					l for 501(c)(3) organizations
Describe what was achieved in carrying out the organization's exe	mpt purposes In a clear	and concise manne	er,		7(a)(1) trusts;
describe the services provided, the number of persons benefited, or o	ther relevant information	for each program titl	e	optional f	or others.)
28 Provide grants to 29 arts organizations	and 2 governmen	t organizatio	ns		
	-		_		
			_		
(Grants \$ 389,708) If this amount include	s foreign grants, check here	e	28a		522,043
29Artwalk-First Fridays walk of art galler			<u> </u>		
136 Sponsorships/Participants					
(Grants \$) If this amount include	s foreign grants, check her	e	7 29a		21,021
30Guitar Series-duo 46;Duozona;Dylla;Eduar			ck		
Season Pass; Stanley Jordan			_		
1 Sponsorhip 170 Participants	·		-		
	s foreign grants, check her	e	□ 30a		15,931
31 Other program services (attach schedule)	<u> </u>		11000		
·	s foreign grants, check her		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 Emplo				structions f	
List of Official Street, Francisco, and Roy Employ	· · · · · · · · · · · · · · · · · · ·	(c) Compensation		nbutions to	(e) Expense
(a) Name and address	(b) Title and average hours per week	(If not paid, enter -0)	employee b	enefit plans & ompensation	account and other allowances
Ingrid Lee	devoted to position President	enter -0)	deletted C	ліфензация	other allowances
2300 N Fort Valley Rd, Flagstaff, AZ 86004	2-3	o		0	3,000
Terry Hubbard	Vice President				3,000
2300 N Fort Valley Rd, Flagstaff, AZ 86004	2-3	o		0	o
Jean Hockman	Past President				
2300 N Fort Valley Rd, Flagstaff, AZ 86004	1-2	0		0	o
Holly Taylor					0
	Treasurer 2-3	o		o	o
2300 N Fort Valley Rd, Flagstaff, AZ 86004	·				
Marjorie Kamine	Secretary	0		^	,
2300 N Fort Valley Rd, Flagstaff, AZ 86004	2-3	0	-	0	0
Carl Taylor	Member	0		^	_
2300 N Fort Valley Rd, Flagstaff, AZ 86004	1-2	0		0	0
Rick Swanson	Member	0		^	,
2300 N Fort Valley Rd, Flagstaff, AZ 86004	1-2	0		0	0
Frank Garcia	Member			•	
2300 N Fort Valley Rd, Flagstaff, AZ 86004		0		0	0
Julie Pastrick	Member			•	
2300 N Fort Valley Rd, Flagstaff, AZ 86004		0		0	0
Heather Ainardi	Member				
2300 N Fort Valley Rd, Flagstaff, AZ 86004	1-2	0		0	0
Samantha Kelty	Member				
2300 N Fort Valley Rd, Flagstaff, AZ 86004	1-2	0		. 0	0
Richard Fernandez	Member			_	_
2300 N Fort Valley Rd, Flagstaff, AZ 86004	1-2	0		0	0
Darcy Falk	Member			_	_
2300 N Fort Valley Rd, Flagstaff, AZ 86004	1-2	0		0	0
Barbara Osborne	Member				
2300 N Fort Valley Rd, Flagstaff, AZ 86004	1-2	0		0	0
Peter Jolma	Member	•			
2300 N Fort Valley Rd, Flagstaff, AZ 86004	1-2	0		0	0
John Tannous	Exec Dir				
2300 N Fort Valley Rd, Flagstaff, AZ 86004	40	60,260		0	0
<u></u>					

Form	990-EZ (2008)		1	Page 3
Pa	t 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	33		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	34		ж
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	1		
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, report-	35a		_
	ing, and proxy tax requirements? If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N	A
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"			<u> </u>
•	complete applicable parts of Schedule N	36	ж	
372	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a N/A	<u> </u>		
J/ a	Did the organization file Form 1120-POL for this year?	37ь	N	A
	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?	38a		x
b	If "Yes," complete Schedule L, Part II and enter the total amount involved [38b] N/A			
39]		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A]		
40 a	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			i '
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transac-			
	tion during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete	40ь		
_	Schedule L, Part I	400		X
C	Enter amount of tax imposed on organization managers or disqualified persons during			
d	the year under sections 4912, 4955, and 4958 Enter amount of tax on line 40c reimbursed by the organization N/A N/A			
	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	40e		×
41	List the states with which a copy of this return is filed Arizona	<u></u>	'	•
42 a	The books are in care of ▶ The Corporation Telephone no ▶ (928) 7	79-2	300	
	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		Yes	No
	account)?	42b	 	x
	If "Yes," enter the name of the foreign county ▶ N/A			,
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.		-	
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	L	ж
42	If "Yes," enter the name of the foreign country: ► N/A Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		_	
43	and enter the amount of tax-exempt interest received or accrued during the tax year.	• • •	•	•
	43			
			Yes	No
44.	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			Ť
- ••	5 000 57	44	1	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	45	<u> </u>	ж
	Fo	m 99)-EZ	(2008)

	(2000)						
Part VI	Section 501(c)(3) organizations only. A and complete the tables for lines 50 and		ganizations mus	st answer questi	ons 4	6-49	
46 Did th	e organization engage in direct or indirect polit	tical campaign activities or	n behalf of or in o	pposition to		Yes	No
candid	dates for public office? If "Yes," complete Scheo	lule C, Part I			46		ж
47 Did th	e organization engage in lobbying activities? If	"Yes," complete Schedule	C, Part II		47		ж
48 Is the	organization operating a school as described i	in section 170(b)(1)(A)(ii)?	If "Yes," complete	Schedule E	48		x
49a Did th	e organization make any transfers to an exem	pt non-charitable related or	ganization?		49a	ж	
b If "Ye	s," was the related organization(s) a section 52	7 organization?			49b		х
	elete this table for the five highest compensate received more than \$100,000 of compensation				emplo	yees)	• w ho
(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	àcc	Expension and allowar	nd
None		·					
				 			
Total numb	er of other employees paid over \$100,000	0					
51 Comp	lete this table for the five highest compensated	d independent contractors	who each receiv	ed more than \$10	0,000	of	
comp	ensation from the organization. If there is none	, enter "None."					
	(a) Name and address of each independent contractor paid	I more than \$100,000	(b) Type	of senace	(c) Com	nensat	
None	tay maine and address of each independent contactor pad	Those didn't roo, see	(5) 1)pc	01 0011100	(0) 0011	-poriodi	
			·-				
			-				
]				
	· · · · · · · · · · · · · · · · · · ·						
				-			
Total numb	per of other independent contractors receiving	over \$100,000	0				0
TOTAL HOME	Under penalties of penury, I declare that Lifave examine	d this return, including accompai	nying schedules and s	tatements, and to the I	pest of r	ny kno	wledge
	and belief, it is true, correct, and complete Declaration	of preparer (other than officer) i	s based on all inform	ation of which prepare	r hạs ại	ny knov	wedge
Sign	I HOLMAND YOUNV			02-14-16)		
Here	Signature of officer	1.0.	Da	te			
	Holly W laylon	I veasurer	<u> </u>			_	
	Type or print name and title	1		1-			
Paid	Preparer's	Date / 57 /0	Check if self-	Preparer's Identifying I	•		ictions)
Paio Preparer's	signature	1-810	employed ▶ ∡				
Use Only	Firm's name (or yours f self-employed),		EII				
	address, and ZIP+4 2200 East Cedar	Avenue, Suite #5,	Flagstaff Ph		526-		
may the IR	S discuss this return with the preparer shown a	ndove? See instructions	· · · · · · · · · · · · · · · · · · ·	<u> ▶</u>	X Ye	S	No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** 86-0488006 FLAGSTAFF CULTURAL PARTNERS, INC. Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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.) 8 9 An organization that normally receives: (1) more than 331/3% 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 331/3% 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). (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c | Type III - Functionally Integrated b | Type II d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting f organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports. (II) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) is the (vii) Amount of (i) Name of supported in col. (i) listed in your (described on lines 1-9 the organization in organization in col. support organization col (i) of your (i) organized in the above or IRC section governing document? US? (see instructions)) support? Yes No Yes No Yes No Total

Schedule A (Form 990 or 990-EZ) 2008 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (a) 2004 (d) 2007 (b) 2005 (c) 2006 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not 471,913 80,324 51,815 147,554 60,312 811,918 include any "unusual grants") . . . Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge 471,913 80,324 51,815 147,554 60,312 811,918 Total Add lines 1-3 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 3,493 shown on line 11, column (f) 808,425 Public support. Subtract line 5 from line 4. Section B. Total Support (b) 2005 (d) 2007 (e) 2008 (f) Total (a) 2004 (c) 2006 Calendar year (or fiscal year beginning in) 471,913 80,324 147,554 60,312 811,918 51,815 Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 152 22,724 247 21,802 53,395 98,320 Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets 22 68 90 (Explain in Part IV) 910,328 11 Total support. Add lines 7 through 10 . . 1,700,852 12 Gross receipts from related activities, etc. (See instructions.) 12 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) Section C. Computation of Public Support Percentage 88.8059% 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 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 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 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

	lule A (Form 990 or 990-EZ) 2008			4! F00/ \/C\			Page 3
Par	Support Schedule for Organ (Complete only if you checke						
200		a the box on	ille 9 01 Part 1	· <i>)</i>			
	tion A. Public Support	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Ilendar year (or fiscal year beginning in)	(8) 2004	(5) 2003	(6,2000	(0,200)	(6) 2000	(I) Total
•	membership fees received (Do not include					}	
	any "unusual grants.")						
2	Gross receipts from admissions, merchandise		ļ			-	
	sold or services performed, or facilities				1		
	furnished in any activity that is related to the					i	
	organization's tax-exempt purpose					1	
3	· · · · · · · · · · · · · · · · · · ·						· · - · · · ·
3	Gross receipts from activities that are not an						İ
	unrelated trade or business under section 513			· · · · · · · · · · · · · · · · · · ·	<u> </u>	 	
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on				i		
_	the value of services or facilities		l -			 	
5							
	furnished by a governmental unit to the		†				
_	organization without charge			-		 	
6	Total. Add lines 1-5					+	
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons					-	
•	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.)		L	<u> </u>	<u> </u>	1	<u> </u>
	tion B. Total Support			1	(0.0007	1 (1)0000	(0 T.) -1
Ci	llendar 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				<u> </u>		
b	Unrelated business taxable income (less				ļ		
	section 511 taxes) from businesses					1	
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business		}			1	
	activities not included in line 10b, whether or not the business is regularly				ŀ		
	carried on				<u> </u>	<u> </u>	
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,					<u> </u>	
	and 12.)						
14	First five years. If the Form 990 is for	the organization	n's first, second	third, fourth, o	r fifth tax year	as a section 5	501(c)(3)
	organization, check this box and stop here.					<u> </u>	▶
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2008 (line 8,	column (f) divid	ed by line 13, colu	mn (f))		15	0.0000%
16	Public support percentage from 2007 Sche						%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2008 (lir	ne 10c, column	(f) divided by line				0.0000%
18	Investment income percentage from 2007 \$						%
19a	33 1/3% support tests - 2008. If the org	anization did no	ot 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 pub	licly supported or	ganization	▶ □

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

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Open To Public

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, Department of the Treasury 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a. Internal Revenue Service

Inspection

OMB No 1545-0047

	of the organization					Employer identification	n number
	GSTAFF CULTURAL PARTNERS				<u> </u>	86-0488006	
Par	Fundraising Activities. Co	emplete if the organ	nization a	nswered	"Yes" to Form 9	90, Part IV, line	17.
1 a	Indicate whether the organization r	е	Solid	itation of	non-government g	grants	
b C	Email solicitations Phone solicitations	f			government grant ising events	S	
d	In-person solicitations	g	Oper	Jai luliula	ising events		
2a	Did the organization have a written or key employees listed in Form 99	00, Part VII) or entity	in connec	tion with p	professional fundra	aising activities?	Yes No
b	If "Yes," list the ten highest paid inc to be compensated at least \$5,000						
	(i) Name of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have ir control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
	<u> </u>						
			<u> </u>				
	·						
			<u> </u>				
			<u></u>	1			
Tota	al		<u> </u>	▶			
	ist all states in which the organizate gistration or licensing.	ation is registered o	or license	d to solic	it funds or has l	been notified it is	exempt from
						÷	
		·		-			-

Ра	rt II	Fundraising Events. Comple more than \$15,000 on Form	te if the organization: 990-EZ, line 6a, Lis	answered "Yes" to Fo t events with gross re	orm 990, Part IV, lin eceipts greater than	e 18, or re \$5,000.	porte	d
0	•	•	(a) Event #1 Viola Awards (event type)	(b) Event #2 Rug Auction (event type)	(c) Other Events Weaves/Oscar (total number)	(d) Total Eve (a) throug		
Revenue	1 G	ross receipts	23,588	20,823	2,370		46	,781
Re	2 L	ess: Charitable ontributions					8	, 673
		iross revenue (line 1 ninus line 2)	14,915	20,823	2,370		38	,108
	4 C	ash prizes						
Direct Expenses	5 N	lon-cash prizes						
ct Exp	6 R	ent/facility costs			· · · · · · · · · · · · · · · · · · ·			
Dire	7 0	other direct expenses	11,937	12,568	3,080		27	,585
	9 N	rect expense summary. Add lines 4 let income summary. Combine lines	3 and 8 in column (d)		<u> ▶</u>		10,	585 523
Ра	rt III	Gaming. Complete if the org than \$15,000 on Form 990-		Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more	3	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total ga col (a) thro		
Re	1 G	ross revenue			3,320	, , , , , ,	3	,320
ses	2 C	ash prizes						
Direct Expenses	3 N	on-cash prizes		•	3,320		3	,320
Direct	4 R	ent/facility costs						
	5 O	other direct expenses			1 or «	ļ		
	6 V	olunteer labor	Yes%	Yes% No	x Yes 85 %			
	7 D	Pirect expense summary Add lines 2	through 5 in column (d)			(3	,320
	8 N	let gaming income summary Comb	ine lines 1 and 7 in colum	nn (d)	<u> </u>	<u> </u>	T	
9	Ente	er the state(s) in which the organizat	tion operates gaming act	tivities. Arizona			Yes	No
		e organization licensed to operate o	jaming activities in each	of these states?		9a		ж
		alieina maeela						
		re any of the organization's gaming I es," Explain	licenses revoked, suspe	ended or terminated durin	ng the tax year?	10a	N	A
11	Doe	s the organization operate gaming a					x	
12	Is th	e organization a grantor, beneficiary ned to administer charitable gaming?	y or trustee of a trust or	a member of a partners	ship or other entity			ж

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility			
b	An outside facility			
14	Provide the name and address of the person who prepares the organization's gaming/special event books			
	and records			
			,	
	Name ▶ John Tannous			
	Address ► 2300 N Fort Valley Road, Flagstaff, AZ			
15 a	Does the organization have a contract with a third party from whom the organization receives gaming			
	revenue?	15a		x
ь	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ N/A and the			
	amount of gaming revenue retained by the third party ▶ \$ N/A			
С	If "Yes," enter name and address.			
_				
	Name N/A			
	Address > N/A			
16	Gaming manager information			
	Name John Tannous			
	Gaming manager compensation ▶ \$630			
	Description of services provided ▶ May - June 2009			
	· · · · · · · · · · · · · · · · · · ·			
	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?	17a		ж
ь	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 ▶ \$ N/A			

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE N (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

To be completed by organizations that answer "Yes" to Form 990, Part IV, lines 31 or 32, or Form 990-EZ, line 36.

Attach certified copies of any articles of dissolution, resolutions, or plans.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2008 Open to Public

Inspection

tax-exempt) or type reciplents(s) (if of entity Employer Identification number Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 2 b 20 **2**d **2**8 86-0488006 c Become a direct or indirect owner of a successor or transferee organization? (f) Name and address of recipient (e) EIN of recipient e If the organization answered ""Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III determining FMV for asset(s) distributed or transaction expenses (d) Method of (c) Fair market value of asset(s) distributed or amount of transaction Become an employee of, or independent contractor for, a successor or transferee organization? expenses Use Schedule N-1 if additional space is needed. Did or will any officer, director, trustee, or key employee of the organization (b) Date of distribution INC. FLAGSTAFF CULTURAL PARTNERS, (a) Description of asset(s) distributed or transaction expenses paid Name of the organization Part I

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

Schedule N (Form 990 or 990-EZ) 2008

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Yes

Z		(Section)				Page 2
Elquidation, refinitiation, or Dissolution (continued)	OS HOUNIOSSIC					-
Note. If the organization distributed all of its assets during the tax year, then Form 990,	during the tax year, the		Part X, column (B) should equal -0-			Yes
3 Did the organization distribute its assets in accordance with its governing instruments?	nce with its governing		f "No," describe in Part III			en
4a Did the organization request or receive a determination letter from EO Determinations that the organization's exempt status was terminated?	ation letter from EO 🗅	eterminations that the org	ganization's exempt status was term	ıınated?		48
b (If "Yes," provide the date of the letter ▶	^					
6a is the organization required to notify the attorney general or other appropriate state off	general or other appn	opnate state official of its ii	icial of its intent to dissolve, liquidate, or terminate?	nate?		5a
b If "Yes," did the organization provide such notice?				•		9p
6 Did the organization discharge or pay all liabilities in accordance with state laws?	n accordance with star	te laws?				8
7a Did the organization have any tax-exempt bonds outstanding during the year?	standing during the ve	ar?				78
b Did the organization discharge or defease tax-exempt bond liabilities in accordance with	tot bond liabilities in 8	_	Revenue Code and stat			7.b
c If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities If "No," explain in Part III	efeased or otherwise s		No," explain in Part III			
Part II Sale, Exchange, Disposition	Disposition, or Other Transfer of M	nsfer of More Th	lore Than 25% of the Organization's Assets.	ion's Assets.	Complete this part if the organization answered	answered
to Form 99	ne 32, or Form	990-EZ, line 36. I	ine 36. Use Schedule N-1 if additional space is needed	litional space is	s needed.	
1 (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EiN of recipient	(f) Name and address of recipient	(g) IRC section of recipients(s) (if tax-exempt) or type of entity
			1		ŭ	
Sign	03/31/09	86,508	Cost		219 E Cherry Avenue	170(c)(1)
			•			
2 Did or will any officer, director, trustee, or key employee of the organization	ovee of the organization					Yes No
•	feree organization?		• • • • • • • • • • • • • • • • • • • •			2a x
b Become an employee of, or independent contractor for, a successor or transferee organ	for, a successor or tn	ansferee organization?				2b x
c Become a direct or indirect owner of a successor or transferee organization?	transferee organizatio	no				2c x
d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	ther similar payments	as a result of the organiz	ation's significant disposition of assi	•		2d x
e if the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Mart ILEX.	luestions in this line, p	provide the name of the pe	irson involved and explain in Part ig	arı rayıor	ac 000 macs/N cliredes	000 E71 2008

JSA ...

Carl Ta	ylor wa	as a vo	oting	member	of	the B	oard o	of Sur	ervis	ors of	Coconin	o Cou	nty and a	vot.
ing mem	ber of	Flags	taff C	ultura	l Pa	rtner	s, Inc	on (3/31/	2009.				
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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	86,508
Cooperation Country Coroninson	
Total Donations to Others	\$ 389,708
	
Part I, Line 16 Other Expenses	
Advertisina	\$ 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	10,760
	,
Total Line 16 Other Expenses	\$ 66,047

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
Total Other Program Services	\$	84,134
Total Outer 1 Togram Oct vices	<u> </u>	01,101