Form 990

**Return of Organization Exempt From Income Tax** 

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

OMB No 1545-0047

\_\_\_\_\_

Department of the Treasury Internal Revenue Service Open to Public Inspection ► The organization may have to use a copy of this return to satisfy state reporting requirements 7/01 2009, and ending 6/30 2010 For the 2009 calendar year, or tax year beginning D Employer Identification Number Check if applicable FLAGSTAFF CULTURAL PARTNERS, INC. 86-0488006 Address change or print or type. See PO BOX 296 Telephone number Name change FLAGSTAFF, AZ 86002 (928) 779-2300 specific Instruc-Initial return Termination 602,828 Amended return G Gross receipts \$ H(a) Is this a group return for affiliates F Name and address of principal officer Yes No Application pending H(b) Are all affiliates included? SAME AS C ABOVE Yes If 'No,' attach a list (see instructions) Tax-exempt status X = 501(c) (3 4947(a)(1) or 527 ) ◄ (insert no ) Website: ► WWW.CULTURALPARTNERS.ORG H(c) Group exemption number X Corporation 1984 M State of legal domicile AZ Trust Association Other ► L Year of Formation Form of organization Part I Summary Briefly describe the organization's mission or most significant activities THE ORGANIZATION'S MISSION IS TO ENHANCE THE SPECTRUM AND QUALITY OF CULTURAL EXPERIENCES AVAILABLE TO RESIDENTS AND VISITORS TO OUR COMMUNITY. Check this box ► If the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) 16 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of employees (Part V, line 2a) 5 5 Total number of volunteers (estimate if necessary) 6 Ō 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7 a -1,024 b Net unrelated business taxable income from Form 990 **Prior Year Current Year** Ñ 437,622 8 Contributions and grants (Part VIII, line 1h) Q Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, NOV 1 9 2010 77,202 က် 113 Other revenue (Part VIII, column (A), lines 5, dd, &c. 9c. 10c 30,660 Total revenue - add lines 8 through 11 (must equal Ra) (VIII) Edward (A) 12 545,597 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 311,550 Benefits paid to or for members (Part IX, column (A), line 4) 133,672 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 16a Professional fundraising fees (Part IX, column (A), line 11e) 66,992. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 161,960. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f). 607,182. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -61,585. Revenue less expenses Subtract line 18 from line 12 8 Beginning of Year **End of Year** 68,936. 69,044. Total assets (Part X, line 16) 27,311. 31,776. 21 Total liabilities (Part X, line 26) Š 22 Net assets or fund balances Subtract line 21 from line 20 41,625. 37,268 Part II Signature Block Under penalties objective, 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 PETER JOLM PRESIDENT Land B Stakker, CPA. Preparer's identifying number (see instructions) Check if Paid employed Preparer's 10-6-2010 Presignature DIANE R. TKATCHOV, CPA 473-78-9025 parer's TKATCHOV & TKATCHOV, CPAS, Firm's name (or Use yours if self-employed), address, and ZIP + 4 2821 NORTH FOURTH STREET 86-0650602 Only **►** (928) 774-8728 FLAGSTAFF, AZ 86004 Phone no

No

Yes

TEEA0113L 12/29/09

May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2009) FLAGSTAFF CULTURAL PARTNERS, INC.	86-0	488006	ا	Page 2
Partill Statement of Program Service Accomplishments				
1 Briefly describe the organization's mission THE ORGANIZATION'S MISSION IS TO ENHANCE THE SPECTRUM AND Q EXPERIENCES AVAILABLE TO RESIDENTS AND VISITORS TO OUR COMM		LTURAL _		 
2 Did the organization undertake any significant program services during the year which were no Form 990 or 990-EZ? If 'Yes,' describe these new services on Schedule O	t listed on the prior	Yes	X	No
3 Did the organization cease conducting, or make significant changes in how it conducts, any pro- If 'Yes.' describe these changes on Schedule O	ogram services?	Yes	X	No
4 Describe the exempt purpose achievements for each of the organization's three largest program and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of expenses, and revenue, if any, for each program service reported.	n services by expeni grants and allocation	ses Section ns to others,	501(c)( the tota	(3) al
4a (Code: ) (Expenses \$ 311,550. including grants of \$ 378, SERVING OF THE ARTS COUNCIL FOR THE CITY OF FLAGSTAFF CONTR 31 ART ORGANIZATIONS AND 2 EDUCATIONAL ORGANIZATIONS			TS_TC	) )) 
	·	 	 	 
4b (Code (Expenses \$ 94,434. including grants of \$	) (Revenue	\$ 1:	11,53	  36.)
VARIOUS SMALLER SHOWS/EVENTS OF ARTISTIC OR SCIENTIFIC NATU				
				<u>-</u>
4c (Code: (Expenses \$ 50,627. including grants of \$ CONCERTS AND EVENTS OF ARTS AND SCIENCE	) (Revenue	\$ <u></u>	30,98 	<u>31.</u> ) 
	·	 	 	 
	evenue \$	24,579	.)	
4e Total program service expenses ► 493, 952.				

Form 990 (2009) FLAGSTAFF CULTURAL PARTNERS, INC. 86-0488006 Page 3 Part IV **Checklist of Required Schedules** Yes No 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  $\overline{X}$ 2 Is the organization required to complete Schedule B. Schedule of Contributors? 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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II Х 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 provide advice on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7

8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	,	,	;
•	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	•	, u <sub>r</sub>	i
•	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	ت الرائد الإس	1) 10 mg	家
•	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	,	3	.
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			,
•	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? If 'Yes,' complete Schedule D, Part X			- 1
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	<del></del>
12/	AWas the organization included in consolidated, independent audited financial statement for the tax  Yes No			i
	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>X</u>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b	_	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u>

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Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, go to line 25	24a		Х
i	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
•	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
İ	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	_	_	_
8	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ł	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		<u> </u>
•	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? 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 contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
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		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		<u>x</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38_	х	
3AA		Form	990 (	2009)

Form 990 (2009) FLAGSTAFF CULTURAL PARTNERS, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No						
1 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	_								
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable.	] [								
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c								
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a 5	 								
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь	_X_	ļ						
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)									
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?									
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O									
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
b If 'Yes,' enter the name of the foreign country ▶	1 1	•							
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts									
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с								
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х						
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?									
7 Organizations that may receive deductible contributions under section 170(c).			1						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?									
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b								
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х						
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d	ļ		3						
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х						
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		X						
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h								
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		j						
9 Sponsoring organizations maintaining donor advised funds.	<del>                                     </del>		]						
a Did the organization make any taxable distributions under section 4966?	9a								
<b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person?	9ь								
10 Section 501(c)(7) organizations. Enter									
a Initiation fees and capital contributions included on Part VIII, line 12	]		;						
<b>b</b> Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	] ,								
11 Section 501(c)(12) organizations. Enter.	'	,	ļ						
a Gross income from other members or shareholders	↓	\ \frac{1}{4}	-						
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )		. <b>.</b>	1						
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		L						
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			1						

BAA Form 990 (2009) Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A.	Governing Body and Management				
					Yes	No
1 a	Enter the	number of voting members of the governing body	1a 16			
ŧ	Enter the	number of voting members that are independent	1 b			
2	Did any o	officer, director, trustee, or key employee have a family relationship or a business re irector, trustee or key employee?	elationship with any other	2		х
3	Did the c	organization delegate control over management duties customarily performed by or u	under the direct supervision			
		s, directors or trustees, or key employees to a management company or other person	on?	3		X
4		organization make any significant changes to its organizational documents		4		
_		prior Form 990 was filed?	mlnta?	_		"
5		organization become aware during the year of a material diversion of the organization organization or stockholders?	n's assets?	<u>5</u>		X
6				0		
	governin	~ ~		7a		X
t	Are any	decisions of the governing body subject to approval by members, stockholders, or of	ther persons?	7b	,	X
8	Did the o	organization contemporaneously document the meetings held or written actions under Ying	ertaken during the year by		•	,
a	The gove	erning body?		8a	Χ	
t	Each cor	nmittee with authority to act on behalf of the governing body?		8b	X	
9	Is there a	any officer, director or trustee, or key employee listed in Part VII, Section A, who ca tion's mailing address? If 'Yes,' provide the names and addresses in Schedule O	nnot be reached at the	9		Х
		Policies (This Section B requests information about policies not i				
	enue Code	•				
			- <del></del>		Yes	No
10 a	Does the	organization have local chapters, branches, or affiliates?		10a		X
t	If 'Yes,' o	does the organization have written policies and procedures governing the activities of ches to ensure their operations are consistent with those of the organization?	of such chapters, affiliates,	10b		
11		organization provided a copy of this Form 990 to all members of its governing body	before filing the form?	11	Х	
		in Schedule O the process, if any, used by the organization to review this Form 990			_	
		organization have a written conflict of interest policy? If 'No,' go to line 13		12a	X	
		ers, directors or trustees, and key employees required to disclose annually interests	that could give rise	12b	Х	
c	Does the	organization regularly and consistently monitor and enforce compliance with the po	olicy? If 'Yes,' describe in	12c	Х	
13		organization have a written whistleblower policy?		13	Х	
14	Does the	organization have a written document retention and destruction policy?		14	Х	
15	Did the p	process for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and decomparability data.	approval by independent			
		nization's CEO, Executive Director, or top management official SEE SCHEDULE		≟ 15a	X	
		icers of key employees of the organization		15 b		X
_		o line 15a or 15b, describe the process in Schedule O (See instructions.)		7	1.	
16 a	Did the o	irganization invest in, contribute assets to, or participate in a joint venture or similar	arrangement with a taxable	16a		X
	•	ring the year? has the organization adopted a written policy or procedure requiring the organization	n to evaluate its participation	104	<del></del> :	
	in joint vi	enture arrangements under applicable federal tax law, and taken steps to safeguard th respect to such arrangements?	the organization's exempt	16b	-	
Sec	tion C.	Disclosures				
17	List the s	states with which a copy of this Form 990 is required to be filed $ ightharpoons$ $ ightharpoons$ $ ightharpoons$ $ ightharpoons$			- <b>-</b> -	
18		5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an Indicate how you make these available. Check all that apply	nd 990-T (501(c)(3)s only) av	aılabl	e for p	oublic
	$\Box$	website Another's website X Upon request				
19	Describe statemen	in Schedule O whether (and if so, how) the organization makes its governing documents available to the public SEE SCHEDULE O	nents, conflict of interest poli	cy, ar	nd fina	incial
		name, physical address, and telephone number of the person who possesses the bank transcription in the person bank transcripti		ınızatı 	on·	
		- <b></b>	· · · · · · · · · · · · · · · · · · ·		_	

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees
     See instructions for definition of 'key employees'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any current officer, director, or trustee										
(A) (B) (c)								(D)	(E)	(F)
Name and Title	Average hours	Posi	Position (check all that apply)				Reportable compensation from	Reportable compensation from	Estimated amount of other	
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099 MISC)	compensation from the
		ecto	ution	G,	empl	est co	ॡ	,	,	organization and related
		T to se	al tr		oyee	omp			1	organizations
		iee	stee			nsat				
DETER TOLM	<b>-</b>	<u> </u>				8.				<del></del>
PETER_JOLMA PRESIDENT	3			х				0.	0.	0
	3		$\vdash$					U.	U.	0.
SAMANTHA KELTY SECRETARY	3			Х				0.	0.	0
HOLLY TAYLOR	<del>                                     </del>	_	$\vdash$	^		-	-		<u>U.</u>	0.
VICE PRESIDENT	3			Х				0.	0.	0.
HEATHER AINARDI	3_		$\vdash$	^				0.		<u> </u>
BOARD MEMBER	1			х				0.	0.	0.
DR. JOSEPH BOLES	<del>                                     </del>				_		$\vdash$	0.	<u>0.</u>	<u> </u>
BOARD MEMBER	1			Х				0.	0.	0.
MELISSA COLLINS-CRIPPS			H							<u></u>
BOARD MEMBER	1			Х				0.	0.	0.
DARCY FALK	-		H		-			<u></u>		<u> </u>
TREASURER	1 3			Х		Ì		0.	0.	0.
RICHARD FERNANDEZ	<del> </del>		-							<del></del>
BOARD MEMBER	1 1			х				0.	0.	0.
LENA FOWLER	<del>                                     </del>									<u></u>
BOARD MEMBER	1	•		Х				0.	0.	0.
FRANK GARCIA										
BOARD MEMBER	] 1			Х				0.	0.	0.
JULIE PASTRICK										
BOARD MEMBER	1			Χ				0.	0.	0.
TODD SULLIVAN								J		
BOARD MEMBER	1		Ш	<u>X</u>				0.	0.	<u> </u>
ELIZABETH VOGLER										
BOARD MEMBER	1			Χ				0.	0.	0.
INGRID LEE	]					ŀ				
BOARD MEMBER	1			Х			Ш	0.	0.	0.
JEAN HOCKMAN										
PAST PRESIDENT	1	ļ	Ш	Х				0.	0.	0.
JOHN TANNOUS	1	'							_	
EXECUTIVE DIREC	40		$\sqcup$		Х			63,192.	0.	2,400.
	1									
	L	L					$oxed{oxed}$			

0 63,192 2,400. 1 b Total Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Yes No 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual 3 Х For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual X 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C) Name and business address Description of Services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization > 0 BAA Form 990 (2009) TEEA0108L 01/30/10

Га	t viii   Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S	1 a Federated campaigns 1 a				
ITS	b Membership dues 1b	1		٠,	
A I		-			
S, C	c Fundraising events 1c 692.	1			
FR	d Related organizations 1d	1	ł		ľ
S, G	e Government grants (contributions) 1e 378,500.				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS		1			<b>!</b>
Ϋ́Е	f All other contributions, gifts, grants, and similar amounts not included above 1f 58, 430.	1			Ì
<u>₹</u> 0	\(\frac{1}{2} \)	†			
N S		422 622	•		
	h Total. Add lines 1a-1f	437,622.			<u></u>
Š	Business Code				
Ę	2a MEMBERSHIP DUES & ASSESSMENTS	20,966.	20,966.		ļ,
8	b TICKET SALES TO ART/SHOW	19,351.	19,351.		]
32	c GOVT SUPPORT-CO COUNTY	13,500.	13,500.		
E	d GOVT SUPPORT- AZ CORP	7,000.	7,000.		
Σ	e EXHIBITION FEES	6,610.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		6,610.
₹.	f All other program service revenue	9,775.	5,016.		4,759.
PROGRAM SERVICE REVENUE		77,202.	3,010.		4, 139.
-	g Total. Add lines 2a-2f	11,202.			
	3 Investment income (including dividends, interest and	113.			112
	other similar amounts).	113.	ļ		113.
	4 Income from investment of tax-exempt bond proceeds.				
	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross Rents 15, 330.				
	<b>b</b> Less rental expenses 16,354.				,
- 1	c Rental income or (loss) -1,024.	,	• •	-	'
- 1	d Net rental income or (loss)	-1,024.	* * = -	-1,024.	
}	(i) Securities (ii) Other	1,021.		1,024.	··
	/a Gross amount from sales of	1			
	assets other than inventory	1			
	<b>b</b> Less cost or other basis				,
	and sales expenses				1
	c Gain or (loss)				
	d Net gain or (loss)				
	8a Gross income from fundraising events	}			
ş	(not including \$692.				
2	of contributions reported on line 1c).				'
2	See Part IV, line 18 a 72,561.				5
OTHER REVEN	<b>b</b> Less direct expenses <b>b</b> 40,877.				
6	c Net income or (loss) from fundraising events.	31,684.	31,684.		
	, ,	31,004.	31,004.		<del></del>
	9a Gross income from gaming activities. See Part IV, line 19	1		à.	,
		·	, ,		,
- 1	b Less direct expenses b			~ *- *	
	c Net income or (loss) from gaming activities	<u> </u>			
- 1	10 a Gross sales of inventory, less returns and allowances a		-		
					,
	<b>b</b> Less cost of goods sold <b>b</b>				1
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
	11 a				
	b				
	c				
	d All other revenue.				
ĺ	e Total. Add lines 11a-11d .	<u> </u>			
	12 Total revenue. See instructions	545,597.	97,517.	-1,024.	11,482.
	12 TOTAL LEAGUE OCC HISH OCHOUS	0.0,007.	7,,01,.	1,023.	,302.

Part IX | Statement of Functional Expenses

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

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

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1		311,550.	311,550.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22		,,,,,,		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				1
5	Compensation of current officers, directors, trustees, and key employees	74,919.	37,461.	18,729.	18,729.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	54,555.	37,994.	9,704.	6,857.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4,198.	2,921.	748.	<u> </u>
11	Fees for services (non-employees)				
ä	Management				
t	Legal				
(	: Accounting	6,000.		<u>6,000.</u>	
	<b>I</b> Lobbying				<del></del>
	Prof fundraising svcs See Part IV, In 17				
	Investment management fees				
-	Other	29,647.	27,557.	2,090.	0.462
_	Advertising and promotion	23,075.	14,612.	1 701	8,463.
13	Office expenses	59,486.	25,724.	1,781.	31,981.
14	Information technology				
15	Royalties				
16	Occupancy Travel				
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,381.		3,381.	
23	Insurance	3,722.	3,350.	372.	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	UTILITIES	12,930.	11,637.	1,293.	
	PRINTING AND PUBLICATIONS	9,465.	9,465.		
•	EQUIPMENT RENTAL/MAINTENANCE	4,461.	4,015.	446.	
c	BANK CHARGES/CC FEES	3,110.	3,095.	15.	
6	TELEPHONE/COMMUNICATIONS	3,082.	2,003.	771.	308.
f	All other expenses	3,601.	2,568.	908.	125.
_25_	Total functional expenses Add lines 1 through 24f	607,182.	493,952.	46,238.	66,992.
26	Joint costs. Check here Inf following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form <b>990</b> (2009)

**Balance Sheet** 

|Part X

(**B)** End of year (A) Beginning of year 32,683 1 24,959. Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 8,918 4 2,837. Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 355 9 7,771 Prepaid expenses and deferred charges 40,287. 10a Land, buildings, and equipment: cost or other basis. 10a Complete Part VI of Schedule D 38,387 5,280 10 c 1,900. b Less, accumulated depreciation 10b 11 20,113. 11 Investments - publicly-traded securities 12 Investments - other securities See Part IV, line 11 13 13 Investments - program-related See Part IV, line 11 14 14 Intangible assets 21,700 15 11,464. 15 Other assets See Part IV, line 11 16 Total assets Add lines 1 through 15 (must equal line 34) 68,936 16 69,044. 21,362 17 25,861 17 Accounts payable and accrued expenses 18 18 Grants payable 19 2,740. 241 19 Deferred revenue Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities Complete Part X of Schedule D 3,209 25 5,674 27,311 31,776 Total liabilities. Add lines 17 through 25 26 X and complete lines Organizations that follow SFAS 117, check here 27 through 29 and lines 33 and 34. 41,625 27 16,715. Unrestricted net assets 28 553. Temporarily restricted net assets 29 20,000 Permanently restricted net assets P Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, and equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 37,268. 41,625 33 Total net assets or fund balances 33 68,936. 69,044. 34 34 Total liabilities and net assets/fund balances

3ΔΔ Form **990** (2009)

form 990 (2009) FLAGSTAFF CULTURAL PARTNERS, INC.	86-0488006	Pa	age 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990: $\square$ Cash $\square$ Accrual $\square$ Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b Were the organization's financial statements audited by an independent accountant?	2 b	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for over review, or compilation of its financial statements and selection of an independent accountant?	sight of the audit,	Х	
If the organization changed either its oversight process or selection process during the tax year, expl in Schedule O	lain		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year v consolidated basis, separate basis, or both.	were issued on a	:	
X Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set for Audit Act and OMB Circular A-133?	th in the Single		x

**b** If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

BAA

Form 990 (2009)

# SCHEDULE A (Form 990 or 990-EZ)

## **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.

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name o	Name of the organization Employer identification number											
FLA	GS:	TAFF CULTURAL	L PARTNERS, IN	C				_	86-0	48800	6	
Pari	ΙĪ	Reason for Pu	blic Charity Statu	s (All organizations	must o	comple	ete this	part.)	See i	nstruc	tions	
The c	rga	nization is not a pri	vate foundation becau	ise it is (For lines 1 thro	ugh 11,	check c	nly one	box )				
1	П	A church, convention	on of churches or ass	ociation of churches des	cribed in	section	n 1 <b>70(b</b> )	(1)(A)(i)	١.			
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3	П	A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4												
	name, city, and state											
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(bX1)XAXiv). (Complete Part II)											
6	-			governmental unit descri								
7	X	in section 170(b)(1)	<b>)(A)(vi)</b> . (Complete P			_	vernme	ntal uni	t or fron	n the ge	neral public d	lescribed
8	$\sqcup$	-		1 <b>70(b)(1)(A)(vi).</b> (Comple								
9		from activities relate investment income	d to its exempt function	more than 33-1/3 % of its is – subject to certain exci ss taxable income (less omplete Part III)	entions a	and (2) r	no more :	lhan 33-	1/3 % of	its supp	ort from gross	
10	$\sqcup$	An organization org	ganized and operated	exclusively to test for pu	ublic safe	ety See	section	n 509(a)	(4).			
11												
		a Type I	<b>b</b> Type II	c ☐ Type II	I – Fund	ctionally	ıntegra	led		d 🗌	Type III— C	ther
е		By checking this bothan foundation ma 509(a)(2)	ox, I certify that the or anagers and other tha	ganization is not control n one or more publicly s	led direc upportec	tly or in d organi	directly zations	by one describe	or more ed in se	disqual	lified persons 9(a)(1) or sec	s other tion
f		If the organization check this box	received a written det	ermination from the IRS	that is a	Type I	, Type II	or Typ	e III sup	porting	organization,	
g		Since August 17, 2	006, has the organiza	tion accepted any gift o	r contrib	ution fro	om any	of the fo	ollowing	persons	s?	
											5	res No
		<ul><li>a person who below, the go</li></ul>	directly or indirectly overning body of the s	controls, either alone or upported organization?	together	with pe	rsons d	escribed	d in (ii) i	and (III)	11 g (i)	
		(ii) a family mem	ber of a person desc	ribed in (i) above?							11 g (ii)	
		(iii) a 35% contro	lled entity of a person	described in (i) or (ii) a	bove?						11 g (iii)	
h		Provide the following	ng information about t	he supported organization	ons							
	(1)	Name of Supported Organization	(II) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organizat (i) listed gove	Is the tion in cold in your trning ment?	the organ	ou notify nization in (i) of upport?	lorganizat	s the ion in col zed in the S ?	(vii) Amount o	of Support
					Yes	No	Yes	No	Yes	No		
					1	j	İ	ļ	j			
				·	<u> </u>	ļ <u>.</u>						
		· · · · · · · · · · · · · · · · · · ·										
					<b> </b>						······································	
					<del> </del>		<u> </u>					
Tota!			,	,			,					

				•	~ ~ ~ ~	` ` ` ` ` ` `	•
Sec	(Complete only if you check tion A. Public Support	ed the box on line	5, 7, or 8 of Part	1)			
Cale	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	80,324.	51,815.	147,554.	60,312.	85,243.	425,248.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					180,000.	180,000.
4	Total. Add lines 1-through 3	80,324.	51,815.	147,554.	60,312.	265,243.	605,248.
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).						0.
	Public support. Subtract line 5 from line 4		1				605,248.
Sec	tion B. Total Support			<del></del>		<u>-</u>	
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	80,324.	51,815.	147,554.	60,312.	265,243.	605,248.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	247.	22,724.	21,802.	53,395.	15,443.	113,611.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). SEE PART IV					50,549.	50,549.
11	Total support. Add lines 7 through 10						769,408.
12	Gross receipts from related activ	rities, etc. (see ins	structions)			12	2,125,834.
13	First five years. If the Form 990 organization, check this box and		ation's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c)	(3)
Sec	tion C. Computation of Pul	blic Support P	ercentage				
14	Public support percentage for 20	009 (line 6, column	n (f) divided by lin	e 11, column (f)		14	78.7%
15	Public support percentage from :	2008 Schedule A,	Part II, line 14			15	88.8%
16 a	33-1/3 support test $-$ 2009. If the and stop here. The organization				the line 14 is 33-	1/3 % or more, c	heck this box ► X
b	33-1/3 support test — 2008. If the and stop here. The organization				, and line 15 is 33	3-1/3% or more, o	check this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	ind-circumstances	' test, check this t	box and stop her	e. Explain in Part	: IV how
•	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	ind-circumstances test. The organiz	' test, check this la ation qualifies as	box and <b>stop her</b> a publicly suppo	e. Explain in Part rted organization	IV how the ►
<u>18</u>	Private foundation. If the organi	zation did not che	ck a box on line,	13, 16a, 16b, 1/a,			
BAA					Scl	nedule A (Form 9	90 or 990-EZ) 2009

Schedule A (Form 990 or 990 EZ) 2009 FLAGSTAFF CULTURAL PARTNERS, INC.

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)

Sec	tion A. Public Support		<u> </u>				
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')					•	
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b		. —.				
8	Public support (Subtract line					<u> </u>	<u>:</u>
	7c from line 6)		· · · · · · · · · · · · · · · · · · ·	-			<u> </u>
<u>Sec</u>	tion B. Total Support		. <u> </u>	<u> </u>			
Cale	ndar year (or fiscal yr beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
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 inline 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).						
	Total support. (add ins 9, 10c, 11, and 12)			<u> </u>			
14	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secor	nd, third, fourth,	or fifth tax year as	a section 50	1(c)(3) ▶ □
Sac	tion C. Computation of Pul		ercentage	<del></del>			
	Public support percentage for 20			ne 13 column (ft)		<del></del>	15 %
	,, , =	-		ie 13, coluinii (1))		<b>├</b>	16 %
	Public support percentage from a tion D. Computation of Inv				<del></del>	<u></u>	70
<u> 17</u>	Investment income percentage for				mn (fl)		17 %
18		· ·			(1)/	<b>—</b>	18 %
	33-1/3 support tests – 2009. If the comore than 33-1/3%, check this b	organization did not	check the box on l	line 14, and line 15	is more than 33-1/3	ـــ 7. and line 17	<del></del>
	33-1/3 support tests – 2008. If the is not more than 33-1/3%, check	he organization di this box and <b>sto</b> j	d not check a box b here. The organ	k on line 14 or 19 lization qualifies a	a, and line 16 is n as a publicly suppo	nore than 33- orted organiza	ation
20	Private foundation. If the organi	zation did not che	ck a box on line	14, 19a, or 19b, o	theck this box and	see instructi	ons •

Schedule A	(Form	990 or	990-EZ	2) 2009	FL	AGS	TAFF	CUI	TUR	ΑL	PARTN	IERS,	INC.			86-	0488	006		Page 4
Part'IV	Supp Part	lemer	ital In	formator 17b:	tion.	Con Par	nplete	this	part 12. P	to rov	provid	e the	expla er addı	natior itional	s req	uired matio	by P. n. Se	art II, e inst	line 10	); ns.
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Schedule A (Form 990 or 990-EZ) 2009

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Name of the organization

Employer Identification number

FL	AGSTAFF CULTURAL PARTNERS, INC		86-0488006
Pa	rt   Organizations Maintaining Dono	Advised Funds or Other Similar Fi	
	the organization answered 'Yes' t	o Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year).		
4	Aggregate value at end of year .		
5	Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the assets held in to the organization's exclusive legal control?	donor advised Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or donor advisor or t	unds may be for any other Yes No
Pa	rt II   Conservation Easements Comple		s' to Form 990, Part IV, line 7.
1			3 (0 / 0.1.11 / 330) ( 0.1.11 / 11.110 / 1
•	Preservation of land for public use (e.g., r		n of an historically important land area
	Protection of natural habitat		n of certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contribution	
			Held at the End of the Year
á	a Total number of conservation easements		2a
	<b>b</b> Total acreage restricted by conservation easer		2b
	Number of conservation easements on a certification		2c
	d Number of conservation easements included in	• • •	2d
3	Number of conservation easements modified,	transferred, released, extinguished, or termi	nated by the organization during the tax
4	Number of states where property subject to co	inservation easement is located >	<u> </u>
	Does the organization have a written policy re and enforcement of the conservation easement	nt it holds?	Yes   No
	Staff and volunteer hours devoted to monitoring the year ▶		<u> </u>
7	Amount of expenses incurred in monitoring, in during the year ▶	ispecting, and enforcing conservation easem	s
8	Does each conservation easement reported or $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)^{7}$	n line 2(d) above satisfy the requirements of	section Yes No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote conservation easements	conservation easements in its revenue and exp to the organization's financial statements that	pense statement, and balance sheet, and it describes the organization's accounting for
Pa	organizations Maintaining Colle Complete if the organization answers	ctions of Art, Historical Treasures, wered 'Yes' to Form 990, Part IV, Im	or Other Similar Assets e 8.
	treasures, or other similar assets held for pub the text of the footnote to its financial stateme	ic exhibition, education, or research in furthents that describes these items	
ı	b If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items	lic exhibition, education, or research in furth	erance of public service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1	
_	(ii) Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·
	If the organization received or held works of a amounts required to be reported under SFAS	116 relating to these items	s for financial gain, provide the following
	a Revenues included in Form 990, Part VIII, line	1	<b>►</b> \$
ı	b Assets included in Form 990, Part X		<b>►</b> \$

Schedule D (Form 990) 2009 PLAG					80-046		Page 2
Part III Organizations Mainta	ining Collection	ons of Art, Hist	orica	l Treasures, or C	Other Similar Ass	ets (conti	inued)
3 Using the organization's acquisition items (check all that apply):	ion accession and	other records, che	eck an	y of the following tha	at are a significant us	e of its colle	ection
a Public exhibition		<b>d</b> Loan	or ex	change programs			
<b>b</b> Scholarly research		e Othe	r				
c Preservation for future gener	ations						
4 Provide a description of the orga Part XIV.	nization's collecti	ons and explain ho	ow they	y further the organiza	ation's exempt purpos	se in	
5 During the year, did the organiza assets to be sold to raise funds r	ather than to be i	naintained as part	of the	organization's colle	ction?	Yes	No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangementunt on Form 9	<b>ts</b> Complete if ( 90, Part X, line	orgar : 21.	nization answered	d 'Yes' to Form 99	90, Part I\	√, line
1a is the organization an agent, trus included on Form 990, Part X?					assets not	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and o	complete the follow	ving ta	ble.		Amount	
c Beginning balance					1 c		
d Additions during the year					1 d		
e Distributions during the year					1 e		
f Ending balance					16		
2a Did the organization include an a	mount on Form 9	90. Part X. line 21	7			Yes	No
<b>b</b> If 'Yes,' explain the arrangement					l		□•
Part V Endowment Funds Co		nization answer	red 'Y	es' to Form 990.	Part IV, line 10.		
	(a) Current year	(b) Prior yea		(c) Two years back	(d) Three years back	(e) Four y	ears back
1 a Beginning of year balance		0.	0.		1 24		1
<b>b</b> Contributions	20,00	<del></del>		· · · · · · · · · · · · · · · · · · ·	<del>  , ,                                 </del>	<del>                                     </del>	<u>.</u>
		<u> </u>			-	<del> </del>	
c Net Investment earnings, gains, and losses	11	3			1		1
d Grants or scholarships		<del></del>			<del> </del>	<del>                                     </del>	<del></del>
Other expenditures for facilities and programs					,		}
f Administrative expenses							. 1
g End of year balance	20,11	3.	0.				- ' '
2 Provide the estimated percentage	e of the year end	balance held as			<del></del>		
a Board designated or quasi-endov	-	¥					
<b>b</b> Permanent endowment ►	99.44%	<del></del> -					
c Term endowment ►							
3a Are there endowment funds not i	n the possession	of the organization	that a	are held and adminis	stered for the	Yes	s No
organization by (i) unrelated organizations						3a(i)	X
						<del></del>	$\frac{\lambda}{X}$
(ii) related organizations  b If 'Yes' to 3a(ii), are the related of	raanizationa lista	ط مم جمعیستمط مم 9	chodu	lo D2	•	3a(ii)	+^
4 Describe in Part XIV the intended	-	·				30	
Part VI Investments—Land, B					no 10		
		Cost or other basis		Cost or other	(c) Accumulated	(d) Book	Value
Description of investment	(a) (	(investment)	(0)	pasis (other)	Depreciation	( <b>a)</b> Book	
1 a Land	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<b> </b>				
<b>b</b> Buildings	<u> </u>	4=					
c Leasehold improvements	<u> </u>	17,145.			17,145.		<u> </u>
<b>d</b> Equipment		23,142.	<u> </u>		21,242.		1,900.
e Other			L				
Fotal. Add lines 1a through 1e (Colum.	n (d) must equal i	Form 990, Part X,	columi	n (B), line 10(c))	<u></u>		<u>1,900.</u>
BAA					Sched	ule <b>D</b> (Form	990) 2009

Schedule D (Form 990) 2009 FLAGSTAFF CULTUR	AL PARTNERS, INC.	86-048800	06 Page :
Part VII Investments-Other Securities See	Form 990, Part X, line	12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market v	alue
Financial derivatives			
Closely-held equity interests			
Other			
		·	
		<del></del>	<del></del>
<b></b>			
			<del></del>
		<del></del>	
Total (Column (b) must equal Form 990 Part X, col (B) line 12)		<del></del>	
Part VIII Investments—Program Related (See	Form 990, Part X, line	13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of valuation	·
	(2) 20011 1212	Cost or end-of-year market v	alue
·			
<del></del>	<u> </u>		
		<del></del>	
<del></del>	<del></del>	·	
		· · · · · · · · · · · · · · · · · · ·	
Total (Column (b) must equal Form 990, Part X, Col (B) line 13)			
Part IX Other Assets (See Form 990, Part X			<del>,</del> _
	Description		(b) Book value
ART COLLECTION			10,000.
OTHER CURRENT ASSETS			1,464.
	· - · - · · · · · · · · · · · · · · · ·		
	<del></del>		
<del>_</del>		<del></del>	
Table (0-1		<b>•</b>	11 464
Total. (Column (b) must equal Form 990, Part X, col.(B),  Part X Other Liabilities (See Form 990, Part			11,464.
(a) Description of Liability	(b) Amount		
Federal Income Taxes	(b) Amount	1	
CREDIT CARD PAYABLE	230.	1	
OTHER CURRENT LIABILITIES	2,819.	1	
PAYROLL LIABILITIES	2,625.	,	
	_,		
		1	
		]	,
		<u>'</u>	
		,	
		1	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	5,674.	<u> </u>	<del></del>
2. FIN 48 Footnote In Part XIV, provide the text of the fo	otnote to the organization's f	inancial statements that reports the orga	anization's liability

Schedule D (Form 990) 2009 FLAGSTAFF CULTURAL PARTNERS, I		86-048800	06 Page 4
Part XI Reconciliation of Change in Net Assets from Form 99	to Financial St	atements	
1 Total revenue (Form 990, Part VIII,column (A), line 12)			545,597.
2 Total expenses (Form 990, Part IX, column (A), line 25)			607,182.
3 Excess or (deficit) for the year. Subtract line 2 from line 1			-61,585.
4 Net unrealized gains (losses) on investments		<u> </u>	100.000
5 Donated services and use of facilities			180,000.
6 Investment expenses		<u> </u>	
7 Prior period adjustments		<del>                                     </del>	1.22 760
8 Other (Describe in Part XIV) . SEE PART XIV			-122,769.
9 Total adjustments (net) Add lines 4 through 8	lunca 2 and 0		57,232.
10 Excess or (deficit) for the year per audited financial statements Combine Part XII Reconciliation of Revenue per Audited Financial State		enue per Peturn	<u>-4,35</u> 3.
Total revenue, gains, and other support per audited financial statements	cilicitis with itev	1	782,828.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		-'-	102,020.
a Net unrealized gains on investments	2a		
b Donated services and use of facilities	2b	180,000.	
	2c	100,000.	
c Recoveries of prior year grants d Other (Describe in Part XIV)	2d	<del></del> أ	
	_ <u> </u>		180,000.
e Add lines 2a through 2d  3 Subtract line 2e from line 1		2e 3	602,828.
	1 1	3	002,020.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	4.5	1 1	
a Investments expenses not included on Form 990, Part VIII, line 7b	4a 4b	-57,231.	
b Other (Describe in Part XIV) SEE PART XIV	40		_57 221
c Add lines 4a and 4b.	. 12 \	4c	-57,231. 545,597.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Reconciliation of Expenses per Audited Financial Sta			343,397.
Total expenses and losses per audited financial statements	Telliones With Ex	1	787,182.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		<del>  '  </del>	101,102.
a Donated services and use of facilities	2a	180,000.	
	2b	100,000.	
b Prior year adjustments c Other losses	2c		
	2d	<del></del>	
d Other (Describe in Part XIV)	20		180,000.
e Add lines 2a through 2d		2e 3	
3 Subtract line 2e from line 1	1 1	3	607,182.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	45		
a Investments expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIV)	4a 4b	<del></del>	
,	46		
c Add lines 4a and 4b.  5. Total expanses Add lines 3 and 4c. (This must equal Form 990, Part I. lin	ue 18 \	4c 5	607,182.
5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, linart XIV Supplemental Information	10/	1 3	007,102.
omplete this part to provide the descriptions required for Part II, lines 3, 5, and e 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, line formation	d 9, Part III, lines 1a es 2d and 4b Also co	and 4, Part IV, lines 1b a omplete this part to provid	nd 2b, Part V, de any additional
AA TEEA3304L 02/02/1	0	Schedule I	<b>D</b> (Form 990) 2009

Schedule D (Form 990) 2009  Part XIVE Supplementa	FLAGSTAFF	CULTURAL	PARTNERS,	INC.	 86-0488006	Page 5
Part XIVE Supplementa	I Information	(continued)	<del>.</del>		 	
	- <b></b>				 	
		<b></b>			 	
	-~	_~			 	
				- <b></b>	 	
	- <b>-</b>				 	

# SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

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

► Attach to Form990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of the organization				<u> </u>	Employer identific	ation number
FLAGSTAFF CULTURAL PARTN	ERS, INC.				86-048800	6
Part I Fundraising Activities. Comp	lete if the organ	nization ai	nswered '\ rt	res' to Form 990, Part I	IV, line 17.	
1 Indicate whether the organization						
X Mail solicitations				X Solicitation of non-	government grants	
X Internet and email solicitation	5			X Solicitation of gove	ernment grants	
Phone solicitations				X Special fundraising	<del>-</del>	
X In-person solicitations				oposter tarrationing	, 0701110	
	or oral agreeme	ent with an	ıv ındıvıdu	al (including officers, di	rectors, trustees or key	,
2a Did the organization have written employees listed in Form 990, Par	rt VII) or entity	in connect	ion with p	rofessional fundraising	services?	Yes X No
<b>b</b> If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	ndıvıduals or en ne organization	tities (fund	łraisers) p	ursuant to agreements	under which the fundra	aiser is to be
	Ţ				(v) Amount paid to	
(i) Name of individual	(ii) Activity	have custor	fundraiser dy or control	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(vi) Amount paid to (or retained by)
or entity (fundraiser)		of contr	ibutions?	iroin activity	col.(i)	organization
	<b> </b>	Yes	No			
	1	Ì	Ì			
		<del> </del>				
	<del> </del>	┼──				
	ļ					
		<del> </del>				
	ļ	<del> </del>				
		<b> </b>				
		1				
	1					
	····	<del></del>		· · · · · · · · · · · · · · · · · · ·		
Total			<b>•</b>			0.
3 List all states in which the organiz	ation is register	red or lice	nsed to so	licit funds or has been	notified it is exempt fro	m registration
or licensing						

•						
Schedule G	(Form 990 or 99	90-EZ) 2009	FLAGSTAFF	CULTURAL	PARTNERS.	INC.

86-0488006

Page 2

Pai	rt II	Fundraising Events. Complete if reported more than \$15,000 on F	the organization a orm 990-EZ, line 6	nswered 'Yes' to Fo	orm 990, Part IV, li gross receipts gre	ne 18, or ater than	\$5,0	00.
RE			(a) Event #1 VIOLA AWARDS (event type)	(b) Event #2 RUG AUCTION (event type)	(c) Other Events	(d) Tota (Add col col		
REVENUE	1	Gross receipts	37,745.	35,508.			73,3	<u>253.</u>
Ē	2	Less: Charitable contributions		692.			(	692.
	3	Gross income (line 1 minus line 2)	37,745.	34,816.			72,	<u>561.</u>
	4	Cash prizes						
В	5	Noncash prizes						
D I RECT	6	Rent/facility costs						
	7	Food and beverages	7,585.				7,	<u>585.</u>
EXP	8	Entertainment	1,383.				1,3	383.
EXPENSES	9	Other direct expenses	11,464.	20,445.			31,9	909.
Š	1	Direct expense summary Add lines 4- th			<b>•</b>			<u>877.</u>
Par	11 t III	Net income summary Combine lines 3, of <b>Gaming.</b> Complete if the organization	ation answered 'Ye	s' to Form 990, Par	t IV, line 19, or rej	ported m		<u>684 .</u> nan
	<u> </u>	\$15,000 on Form 990-EZ, line 6a				Γ		
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Tota (Add col col	al gamı (a) thr (c))	ng ough
E	1	Gross revenue						
D X	2	Cash prizes						
D I R E C T	3	Non-cash prizes						
S	4	Rent/facility costs			··			
	5	Other direct expenses					,	
	6	Volunteer labor	Yes%	Yes%	Yes%		<del></del>	
	7	Direct expense summary Add lines 2 thr	ough 5 in column (d)		•			
!	8	Net gaming income summary Combine li	ines 1, column (d) and	line 7	•			
	Cata	or the state(a) in which the argonization of	poratos gamina pativitio				YES	NO
	ls th	er the state(s) in which the organization op ne organization licensed to operate gaming				—   <u> </u>		
t	If 'N	o,' explain						
		e any of the organization's gaming license	s revoked, suspended	or terminated during the	e tax year?			
t	ا ( If 'Y	'es,' explain						
11	Doe	s the organization operate gaming activities	es with nonmembers?			<u>1</u> 1		L
		ne organization a grantor, beneficiary or tri ninister charitable gaming?		ember of a partnership of	or other entity formed to	0 12		
	auii	miloter thantable garning			<del></del>			

Schedule G (Form 990 or 990-E2) 2009 FLAGSTAFF CULTURAL PARTNERS, INC. 86-048800	0/0	h	age 3
13 Indicate the percentage of gaming activity operated in.	- I I	YES	NO
a The organization's facility	_^-		
b An outside facility  13b  8	1		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records	1		
2 Cities the flame and address of the person who prepares the organization's gaming special events books and records			'
Name •			
Address •			,
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	15a		
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$			}
c If 'Yes,' enter name and address of the third party			
Name· ►			i
Address. <u> </u>			!
16 Gaming manager information			
Name		; ·	, 1
Gaming manager compensation ► \$	' د		
Description of services provided.		٠,	:
Director/officer Employee Independent contractor			,
17 Mandatory distributions			1
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	•		,
organization's own exempt activities during the tax year ► \$	<u> </u>	L	<u> </u>
BAA TEEA3703L 02/05/10 Schedule G (Form 99	) or 99	90-EZ)	2009

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

- Attatch to Form 990.

1545-0047	60
OMB No	20

					Employer identification number	ation number
FLAGSTAFF CULTURAL PARTNERS, INC. Part   General Information on Grants and Assistance	istance				90-048900	0
1 Does the organization maintain records to substantiate the amount of the selection criteria used to award the grants or assistance?		the grants or assistance, the grantees' eligibility for the grants or assistance, and	rantees' eligibility for th	ne grants or assistance	e, and	X Yes No
2 Describe in Part IV the organization's procedures for monitoring the		use of grant funds in the United States	States SEE PART IV	RT IV		]
Rants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Fellow the states of for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	_ ~ ~	Organizations in the United States. Complete if the organization answered 'Yes' to Form nore than \$5,000. Check this box if no one recipient received more than \$5,000. Use ace is needed	ed States. Comple his box if no one r	te if the organizat ecipient received	ion answered 'Yomore than \$5,00	es' to Form 00. Use
1 (a) Name and address of organization or government	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIANCE FOR AUDIENCE						ARTS AND
PHOENIX, AZ 85032		20,000.	0.			ENHANCEMENT
						ARTS AND
4001 S WOODY MOUNTAIN ROAD			c			CULTURAL
FLAGSTAFF, AZ 86001		29,000.	0			ENHANCEMENTS
CANYON MOVEMENT COMPANY						ARTS AND
FLAGSTAFF, AZ 86004		16,500.	0.			ENHANCEMENT
						ARTS AND
PO BOX 23499						CULTURAL
2 86002		8,800.	0.			ENHANCEMENTS
DRY CREEK ARTS FELLOWSHIP						ARTS AND
PO BOX 23439						CULTURAL
2 86002		9,500.	0.			ENHANCEMENTS
ELDEN PUEBLO PROJECT						ARTS AND
EET						CULTURAL
		6,200.	0.			ENHANCEMENTS
FLAGSTAFF FESTIVAL OF SCIENCE						ARTS AND
PO BOX 22402						CULTURAL
Z 86001		11,800.	0			ENHANCEMENTS
FLAGSTAFF FRIENDS OF TRAD MUSIC						ARTS AND
PO BOX 23366						CULTURAL
86002		17,500.	0.			ENHANCEMENTS
2 Enter total number of section 501(c)(3) and government organization	nt organizations				•	. 32
3 Enter total number of other organizations						
BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instructions 1	or Form 990.	TEEA3901L 02/10/10	02/10/10	Sched	Schedule I (Form 990) 2009

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

Schedule I (Form 990) 2009 **Partills Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Partive | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) THE ORGANIZATION HAS SPECIFIC POLICIES AND PROCEDURES OUTLINED TO MANAGE GRANTING TO ACCOUNTABILITY ARE FOLLOWED THROUGHOUT THE PROCESS. A COMMITTEE IS SET UP TO REVIEW AND AWARD BASED UPON SPECIFIC REQUIREMENTS OF THE GRANT, WHICH INCLUDES SIGNED \_ THE VALUES OF TRANSPARENCY, FAIRNESS, CLARITY, EXCELLENCE, AND CONTRACTS WITH APPROPRIATE PROOF OF INSURANCE AND A FINAL RECAP REPORT. (d) Amount of non-cash assistance PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance RECIPIENTS. BAA

Page 2

86-0488006

FLAGSTAFF CULTURAL PARTNERS, INC

Schedule I (Form 990) 2009

SCHEDULE 1-1 (Form 990)

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

OMB No 1545-0047

Open to Public Inspection

(h) Purpose of ŏ ENHANCEMENTS ENHANCEMENTS ENHANCEMENTS ENHANCEMENTS ENHANCEMENTS ENHANCEMENTS ENHANCEMENTS ENHANCEMENTS grant or assistance EDUCATION, CULTURALLY ARTS AND ARTS AND CULTURAL ARTS AND ARTS AND CULTURAL OUTREACH ARTS AND CULTURAL ARTS AND ARTS AND CULTURAL ARTS AND CULTURAL CULTURAL CULTURAL CULTURAL THROUGH ENRICH MUSIC, Employer identification number (Form 990), Part (g) Description of non-cash assistance 86-0488006 (f) Method of valuation (book, FMV, appraisal, other) Part I | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (e) Amount of non-cash assistance 6,500. 12,000. (d) Amount of cash grant 6,000. 5,900 26,000 29,000 9,000 23,000 (c) IRC section if applicable (b) EIN INC FLAGSTAFF CULTURAL PARTNERS (a) Name and address of organization or government NORTHERN ARIZONA CELTIC HERITAGE 113 EAST ASPEN AVENUE, SUITE A NORTHERN AZ PIONEER'S MUSEUM FLAGSTAFF SYMPHONY ORCHESTRA HUMAN NATURE DANCE THEATRE MASTER\_CHORAL\_OF\_FLAGSTAFF. 1124 E LINDA VISTA DRIVE 2340 N FORT VALLEY ROAD FLAGSTAFF, AZ 86001 \_ \_ \_ 1400 W MARS HILL ROAD 11 WEST CHERRY AVENUE HERITAGE SQUARE TRUST <u>PO BOX 654 \_ \_ \_ \_ FLAGSTAFF, AZ 86002</u> FLAGSTAFF, AZ 86002 KNAU RADIO \_\_\_\_\_ FLAGSTAFF, AZ 86004 FLAGSTAFF, AZ 86001 FLAGSTAFF, AZ 86001 FLAGSTAFF, AZ 86001 LOWELL OBSERVATORY Department of the Treasury Internal Revenue Service Vame of the organization PO BOX 23801 THEATRIKOS BOX 5764

FLAGSTAFF, AZ 86001

16,250.

SCHEDULE 1-1 (Form 990)

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

OMB No 1545-0047

(h) Purpose of ENHANCEMENTS grant or assistance ARTS AND CULTURAL Employer identification number (Form 990), Part II.) (g) Description of non-cash assistance 86-0488006 (f) Method of valuation (book, FMV, appraisal, other) Rand Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (e) Amount of non-cash assistance (d) Amount of cash 16,000 (c) IRC section if applicable (b) EIN INC FLAGSTAFF CULTURAL PARTNERS, WILLOW BEND ENVIRONMENTAL ED CTR 703 EAST SAWMILL ROAD FLAGSTAFF, AZ 86001 (a) Name and address of organization or government Department of the Treasury Internal Revenue Service Name of the organization 111 1111 Schedule I-1 (Form 990) 2009

### SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

FLAGSTAFF CULTURAL PARTNERS, INC.	86-0488006
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION	L
EXHIBITIONS OF ARTS AND SCIENCE	
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
990 FORM IS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY FO	OR REVIEW AND ANY
CLARIFICATIONS ARE CHANGED PER AUTHORITY BEFORE THE 990 IS F	FINALLY SIGNED AND FILED.
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORC	EMENT OF CONFLICTS
ANY BOARD MEMBER WHO HAS A CONFLICT OF INTEREST, ABSTAINS FR	ROM VOTING ON ANY AND
SUCH INTEREST THAT MAY CAUSE A CONFLICT. ALSO ALL STAFF, BO	DARD MEMBERS AND
COMMITTEE MEMBERS ARE ASKED TO SIGN A CONFLICT OF INTEREST S	TATEMENT ONCE A YEAR.
ANY STAFF OR COMMITTEE MEMBERS WITH A CONFLICT OF INTEREST I	N REGARDS TO ANY
APPLICANT WITHIN THE FUND (ARTS AND SCIENCE) WILL BE REQUIRE	D TO LEAVE THE MEETING
ROOM DURING DISCUSSION OF SAID APPLICANT'S GRANT.	
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROC	ESS FOR CEO, EXEC. DIR., OR TOP MG
THE BOARD OF DIRECTORS WITH COMPARABILITY DATA REVIEWS AND A	APPROVES SALARY AND
BENEFITS FOR THE ORGANIZATIONS EXECUTIVE DIRECTOR.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY	AVAILABLE
THE ORGANIZATION WILL MAKE AVAILABLE THE EXEMPT ORGANIZATION	IS TAX RETURN AT THE
ADDRESS LISTED UPON REQUEST.	

Name of the organiz	ation		Employer identification number	Page 2
	CULTURAL PARTNERS,	INC.	86-0488006	
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## SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

FL	<b>AGSTA</b>	FF CUL	TURAL	PARTNERS,	INC.
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86-0488006

PART II.	LINE	10 -	OTHER	<b>INCOME</b>
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NATURE AND SOURCE	<u> </u>	2009	2008	2007	2006	2005
FUNDRAISING	TOTAL	50,549. \$ 50,549.	<u>\$</u> 0.	<u>\$</u> 0.	<u>\$</u> 0.	\$ 0.

2009

### SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

FL	AGST/	AFF CU	LTURAL	<b>PARTNERS</b>	INC.
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86-0488006

# SCHEDULE D, PART XI, LINE 8 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

FUNDRAISING EXPENSE IN-KIND LEASE RENTAL EXPENSE UBT RENTAL EXPENSE

40,877. -180,000. 16,354. -122,769. TOTAL \$

\$

#### **SCHEDULE D. PART XII. LINE 4B** OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

FUNDRAISING EXPENSE UBT RENTAL EXPENSE

-40,877. -16,354. -57,231. TOTAL \$

2009	FEDERAL SUPPORTIN		PAGE 1
	FLAGSTAFF CULTURAL PAR	TNERS, INC.	86-0488006
STMT. OF FUNCTIO	NAL EXPENSES (990)		
DUES AND SUBSCRI ARTIST FEES	PTIONS NON- PROFESSIONAL	\$	2,347. 14,545. 12,755. 29,647.
OUISIDE SERVICES	NON- PROFESSIONAL	TOTAL \$	29,647.