Department of the Treasury

DLN: 93493119012859 OMB No 1545-0047

2017

# **Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>

Open to Public

Interna	al Rever	nue Service			·				Inspection		
A F	or the	e <b>2017</b> ca	alendar year, or tax year begin	ning 07-01-2017 ,and endin	ıg 06-30	-2018	•				
☐ Ad	dress o	-	C Name of organization CITY OF SCOTTSDALE MUNICIPAL PR CORPORATION	ROPERTY			<b>D Employ</b> 86-605		fication number		
□ In	ame cha Itial ret Ial return	_	Doing business as								
		l return on pending	Number and street (or P O box if ma 7447 E INDIAN SCHOOL RD NO 210	ail is not delivered to street address)	Room/suit	e	E Telephor (480) 3	ne number 12-2437			
			City or town, state or province, coun SCOTTSDALE, AZ 85251	try, and ZIP or foreign postal code			<b>G</b> Gross re	ceipts \$ 5	0,739,895		
			F Name and address of principa	officer		H(a) Is this	a group re	turn for			
			FREDDA BISMAN 7447 E INDIAN SCHOOL RD NO S SCOTTSDALE, AZ 85251	210		subor <b>H(b)</b> Are all		es	□Yes ☑No □Yes □No		
<b>I</b> Ta	ıx-exem	npt status	☐ 501(c)(3) <b>☑</b> 501(c)(4) ◀	(insert no )	527			list (see	instructions)		
J W	ebsit	e:▶ N/A				H(c) Group	exemption	number	•		
<b>K</b> For	m of or	ganızatıon	Corporation Trust Associ	ciation  Other		<b>L</b> Year of forma	ation 1967	<b>M</b> State	of legal domicile AZ		
Pa		Sumi	•								
			cribe the organization's mission or ORATION EXISTS SOLELY TO FINA		IF CITY O	F SCOTTSDA	IF. A7				
ıce	<u>-</u>		010111011 271010 302221 10 1117	and on the most of the							
na.	-										
Ven	_ ¯	Charle the	s box ▶ ☐ If the organization dis			th 3E0/	-6.4				
ŝ			of voting members of the governin					3	6		
<b>×</b> 5			of independent voting members of					4	6		
<u> </u>	1		nber of individuals employed in cal					5	0		
Net Assets or Expenses Revenue Activities & Governance A Fund Balances Fund Balances			nber of volunteers (estimate if nec	, , , , ,	•			6	6		
	1		elated business revenue from Part	* *				7a	0		
	1		ated business taxable income from					7b	0		
	+ -	Tier amen	ated publices taxable medice from			Pri	or Year	1,,,	Current Year		
	8	Contributi	ions and grants (Part VIII, line 1h)		_	<u> </u>		0	0		
Ē			service revenue (Part VIII, line 2g		44,172,9		50,117,834				
ēΛ	1	_	nt income (Part VIII, column (A),		276	617,592					
æ	1		enue (Part VIII, column (A), lines	٠,,	0	4,469					
	1		267	50,739,895							
	-	.2 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  .3 Grants and similar amounts paid (Part IX, column (A), lines 1–3)									
			paid to or for members (Part IX, co	, ,,				0	0		
40	1	•	other compensation, employee be		5_10)			0			
Ses		,	nal fundraising fees (Part IX, colur	, , , , , , , , , , , , , , , , , , , ,	5-10)			0	0		
æ					•			<del>-</del>			
滋			aising expenses (Part IX, column (D), li	· -			F6 677 I	200	02 252 101		
		·	penses (Part IX, column (A), lines	•	•		56,677,9	_	83,352,181		
		·	enses Add lines 13-17 (must equ				56,677,9		83,352,181		
_ vo	19	Revenue	less expenses Subtract line 18 fro	om line 12	•	Poginning	-12,500,0 of Current Y		-32,612,286 End of Year		
nce o						- Josephining	or current f		Liiu Ji I Cal		
sset ala	20	Total asse	ets (Part X, line 16)				653,981,	284	604,494,304		
Ž Z	21	Total liabi	ilities (Part X, line 26)				593,586,8	369	576,712,175		
ξŞ	22	Net assets	s or fund balances Subtract line 2	1 from line 20			60,394,4	415	27,782,129		
Pa	rt II	Signa	ature Block								
know	ledge	and belief	erjury, I declare that I have examı f, ıt ıs true, correct, and complete								
un, i	(1101110	l.									
		* * * * * *	re of officer			201 Dat	9-04-29				
Sign	1	) Signatu	ne of officer			Dat	е				
Here	е		A BISMAN PRESIDENT								
		17	r print name and title	In .		, ,	1	DTIN:			
			rint/Type preparer's name ILL A SHAW CPA	Preparer's signature JILL A SHAW CPA	Da			PTIN P0161316	3		
Paid		-	rm's name				employed	.ngconer			
	pare	**   <del>                                 </del>	rm's name ► HEINFELD MEECH & CC rm's address ► 3033 N CENTRAL AVE S				n's EIN > 86-				
Use	On	ly   ်		1E 300		Pho	one no (602)	∠// <del>-3</del> 449			
			PHOENIX, AZ 85012								
			this return with the preparer show					✓ \	Yes 🗌 No		
For F	aper	work Red	luction Act Notice, see the sep	arate instructions.		Cat No 1	.1282Y		Form <b>990</b> (2017)		

Cat No 11282Y

Form **990** (2017)

Form	990 (2017)				Page <b>2</b>
Par	t IIII Statement of Prog	ram Service Accompli	shments		
	Check if Schedule O co	ntains a response or note to	any line in this Part III .		🗆
1	Briefly describe the organizati	on's mission			
THE	CORPORATION EXISTS SOLELY	TO FINANCE CAPITAL PROJ	ECTS FOR THE CITY OF SCOT	TSDALE, AZ	
2	Did the organization undertak		- · · · · · · · · · · · · · · · · · · ·	were not listed on	□ □
	the prior Form 990 or 990-EZ				☐ Yes 🗹 No
_	If "Yes," describe these new s				
3	Did the organization cease coi		t changes in how it conducts,	any program	
	services?				🗌 Yes 🗹 No
_	If "Yes," describe these chang				
4		(4) organizations are require	d to report the amount of gra	est program services, as measur ants and allocations to others, th	
4a	(Code ) (E	xpenses \$ 83,352,181	including grants of \$	) (Revenue \$	50,739,895 )
	See Additional Data				
4b	(Code ) (E	xpenses \$	ıncludıng grants of \$	) (Revenue \$	)
	-				
4c	(Code ) (E	xpenses \$	including grants of \$	) (Revenue \$	)
4d	Other program services (Desc	ribe in Schedule O )			
	(Expenses \$	including grants o	f \$	) (Revenue \$	)
4e	Total program service expe	enses ► 83,352,	181		

or X as applicable

Section 501(c)(3) organizations.

Page 3

No

Νo

Νo

Nο

No

No

Nο

Nο

Nο

Nο

Nο

No

Nο

Nο

No

Nο

Nο

Nο

Nο

Νo

Nο

No

Nο

Form **990** (2017)

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . .

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 👺 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 . . . . . . . . . . .

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

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 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼 . . . . . . . . . . . . . . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year?

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . .

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

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11a

11b

11c

11d

11e

11f

12a

12b

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14a

14b

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Yes

Yes

Yes

Page 4

Part IV	Checklist of Required Schedules (continued)

20a

20b

Yes

Nο Nο

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . 🔧

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🔧

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

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Nο

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

22 23

24a

24b

24c

24d

25a

25b

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28a

28b

28c

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35a

35h

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Yes

Yes

Form 990 (2017)

Nο

Yes

Yes

orm !	990 (2017)			Page <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
2-	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		INO
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	OC.		
·	If res, to fine 3a of 3b, did the organization file Form 6880-17	5c		
	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 as charitable contributions?	<b>6</b> a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7</b> b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
9	required?	<b>7</b> g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during	711		
	the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9</b> a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for			
b	additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13a		
_	The organization is necessary to issue qualified feeding plans			
	Enter the amount of reserves on hand	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		INO
	in res, has it med a rount 720 to report these payments of two, provide an explanation in Schedule O		orm 00	<b>0</b> (2017)

orm	990 (2017)			Page <b>6</b>
Pari	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	·	nse to li	
S.o.	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		<b>✓</b>
<b>5</b> e	ction A. Governing body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year label 1a	5		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisio of officers, directors or trustees, or key employees to a management company or other person? •	<b>3</b>		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	ie Code	≘.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
	List the States with which a copy of this Form 990 is required to be filed▶			
L8	AZ  Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records CITY OF SCOTTSDALE 7447 E INDIAN SCHOOL RD SUITE 210 SCOTTSDALE, AZ 85251 (480) 312-2437			

(A)

Name and Title

Part VII

(F)

Estimated

amount of other

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or 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

(B)

Average

hours per

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

(C)

Position (do not check more

than one box, unless person

(D)

Reportable

compensation

(E)

Reportable

compensation

	hours per week (list any hours for related	ıs b	ıs both an officer and a dırector/trustee) o			a	from the organization (W- 2/1099-	from related organizations	compensation from the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) WILLIAM P SCHRADER TREASURER	0 00	X		x				0	0	0
(2) JIM JENKINS SECRETARY	0 00	X		x				0	0	0
(3) KENNETH R HARDER PRESIDENT	0 00	Х		х				0	0	0
(4) FREDDA BISMAN VICE PRESIDENT	0 00	Х		x				0	0	0
(5) JUDITH FROST DIRECTOR	0 00	х						0	0	0
(6) DENNIS ROBBINS DIRECTOR	0 00	х						0	0	0
				I			I			Form <b>990</b> (2017)

Part VII

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

Page 8

	(A) Name and Title	(B) Average hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)  Repo compe							D) (E) Portable Pensation In the ation (W- organizations		w-	(F Estima amount o compen from	ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/109	9-MISC)	2/1099-MISC	,	organizat relat organiz	ed
c ·	Sub-Total Fotal from continuation sheets to F Fotal (add lines 1b and 1c)	Part VII, Sectio	nΑ.		٠.		<b>*</b>   <b>*</b>   <b>*</b>   <b>*</b>			0		0		0
2	Total number of individuals (includin of reportable compensation from the	g but not limited	to thos			bove	e) who	rece	eived mo	re than \$1	00,000	•		
3	Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i>			ee, k	ey e •	mpl	oyee,	or hi	ghest co	mpensated	employee on	3	Yes	No No
4	For any individual listed on line 1a, is organization and related organization individual										n the	4		No
5	Did any person listed on line 1a rece services rendered to the organization					,			_	tion or indi	vidual for	5		No
Se	ection B. Independent Contrac	tors											'	_
1	Complete this table for your five high from the organization Report compe	hest compensate										npens	sation	
	(A) Name and business address  (B) Description of services										Comper			

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization  $\blacktriangleright$  0

Part	VII	I Statement of	Revenue										
		Check if Schedul	le O contains	a respo	nse or i	note to any			Ι.,				🗆
								<b>A)</b> evenue	Re	(B) lated or	(C Unrel		<b>(D)</b> Revenue
										xempt inction	busır reve		excluded from tax under sections
										evenue		iiu c	512-514
ह इ		Federated campaig		1a									
ant		<b>b</b> Membership dues		<b>1</b> b									
Gr.	•	c Fundraising events		1c									
fts.	(	<b>d</b> Related organizatio	ns	1d									
ig ig	,	e Government grants (c	ontributions)	1e									
ns, Sin	1	F All other contributions and similar amounts n	, gifts, grants,										
utio er		and similar amounts n above	iot included	<b>1</b> f									
듗뙫	,	g Noncash contribution	ons included										
Contributions, Gifts, Grants and Other Similar Amounts		ın lınes 1a-1f \$		_									
<u>ة</u> ت	ֈԻ	Total.Add lines 1a-1	1f	• •	• •	<u> </u>							
rle Lle						Business	s Code						
ven	2a	LEASE PAYMENTS FROM	1 CI				900099	50,1	17,834	50,11	7,834		
a <u>ş</u>	b			_		-	-						
MCE	С			_									
Ser	d												
un	е												
Program Service Revenue	f	All other program se	rvice revenue			E0	117,834				I		
4	g	<b>Total.</b> Add lines 2a-2	f	. 1	>		117,034						
		Investment income (i			nterest,	and other		617,59	2	617,592			
		similar amounts). Income from investm			and proc	eeds	[	,					
		Royalties					-						
		····,	(ı) Rea			Personal	<u> </u>						
	6a	Gross rents											
		Less rental expenses					4						
	0	tess rental expenses											
	c	Rental income or											
	۱,	(loss)  Net rental income o	(1)				_						
		Net rental income o	r (loss) (ı) Securit			Other	+						_
	7a	Gross amount	(i) Securit	.103	(".	Ciriei	$\dashv$						
		from sales of assets other											
		than inventory											
	b	Less cost or other basis and					1						
		sales expenses											
		Gain or (loss)					_						
		Net gain or (loss)				<b>&gt;</b>			-				
a	oa	Gross income from f (not including \$		of									
Other Revenue		contributions reporte See Part IV, line 18		_									
eve	L			ŀ			4						
r R		Less direct expense : Net income or (loss)		<b>b</b>   sing eve	ents -		┙						
the		Gross income from g				• •	7						
0		See Part IV, line 19	·	J									
				a			_						
		Less direct expense : Net income or (loss)		b	<b>AC</b>								
		Gross sales of invent			co .	• •							
		returns and allowand		J									
				a									
		Less cost of goods s		ь									
	C	Net income or (loss)  Miscellaneous		invent		. ▶ ness Code							
	11	aOTHER REVENUES	Revenue		Dusii	90009	19	4,46	9	4,469			
		-OTHER REVENUES						.,		.,			
	ь			-									
		,											
	_	. ————											
	C												
		AU 11											
		All other revenue .					1		-				
		e Total. Add lines 11a–11d						4,46	9				
	12	<b>Total revenue.</b> See	Instructions	<u>.</u> .		· •		50,739,89	5	50,739,895		0	0
													Form <b>990</b> (2017)

orr	n 990 (2017)				Page <b>10</b>
	ITLIX Statement of Functional Expenses Sion 501(c)(3) and 501(c)(4) organizations must complete all co	_	·	olete column (A)	_
	Check if Schedule O contains a response or note to any	line in this Part IX			<u> 🗆</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	( <b>A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
Ŀ	Legal				
c	: Accounting				
c	l Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
ç	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
	Royalties				
16	Occupancy				
	Travel				
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
	Interest	23,932,660	23,932,660		
	Payments to affiliates				
	Depreciation, depletion, and amortization				
	Insurance				
	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a CAPITAL IMPROVEMENTS	33,109,521	33,109,521		
	b PYMTS ON BOND PRINCIPAL	26,290,000	26,290,000		
	c BOND SALE COSTS	20,000	20,000		
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	83,352,181	83,352,181	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ► ☐ If following SOP 98-2 (ASC 958-720)				

33

34

Net

End of year

Page **11** 

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

		2099 0. 700		
1	Cash-non-interest-bearing	93,772,145	1	73,319,376
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	

Beginning of year

60,394,415

60,394,415

653.981.284

32

33

34

27,782,129

27,782,129

604.494.304

Form **990** (2017)

Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 5 II of Schedule L . . . . . . .

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets Notes and loans receivable, net . Inventories for sale or use . 8 9 Prepaid expenses and deferred charges

10a Land, buildings, and equipment cost or other 10a basis Complete Part VI of Schedule D b Less accumulated depreciation 10b 10c 11 Investments—publicly traded securities . 11 12 12 Investments—other securities See Part IV, line 11 .

13 13 Investments—program-related See Part IV, line 11 14 14 Intangible assets . . . . . 560,209,139 15 15 531,174,928 Other assets See Part IV, line 11 . 653,981,284 604.494.304 16 16

**Total assets.**Add lines 1 through 15 (must equal line 34) . . . 17 Accounts payable and accrued expenses 373,495 17 18 Grants payable . . . 18 19 19 Deferred revenue . . . Tax-exempt bond liabilities . . . 20 22,550,000 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21

7,424,959 Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . 22 23 23 Secured mortgages and notes payable to unrelated third parties

26,290,000 24 24 Unsecured notes and loans payable to unrelated third parties . Other liabilities (including federal income tax, payables to related third parties, 570.663.374 25 542.997.216 25 and other liabilities not included on lines 17-24) Complete Part X of Schedule D

26 Total liabilities. Add lines 17 through 25 . 593,586,869 26 576,712,175

Organizations that follow SFAS 117 (ASC 958), check here lacktriangle and complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets 28 28

Temporarily restricted net assets 29 29

Fund Balances Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958),

check here ▶ ☑ and complete lines 30 through 34.

Assets or 30 Capital stock or trust principal, or current funds . . . . 30 0 0 31 Paid-in or capital surplus, or land, building or equipment fund . . . 31

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form	990 (2017)		ı	Page <b>12</b>
Par	rt XI Reconcilliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI		 	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	50,	739,895
2	Total expenses (must equal Part IX, column (A), line 25)	2	83,	352,181
3	Revenue less expenses Subtract line 2 from line 1	3	-32,	612,286
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	60,	394,415
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	27,	782,129
Par	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		 	$\checkmark$
			Yes	No

8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	27	,782,129	
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		 	<b>✓</b>	
			Yes	No	
	Modified				

If the organization changed its method of accounting from a prior year or checked "Other," explain in

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

**b** Were the organization's financial statements audited by an independent accountant?

Consolidated basis

Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Schedule O

Separate basis

consolidated basis, or both ✓ Separate basis

Audit Act and OMB Circular A-133?

☐ Cash ☐ Accrual ☑ Other Accrual

Both consolidated and separate basis

Both consolidated and separate basis

2a

2b

2c

За

3b

Yes

Nο

Nο

Nο

Form **990** (2017)

### Additional Data

Software ID: Software Version:

**EIN:** 86-6057318

Name: CITY OF SCOTTSDALE MUNICIPAL PROPERTY CORPORATION

Form 990 (2017)

Form 990, Part III, Line 4a: THE CORPORATION EXISTS SOLELY TO FINANCE CAPITAL PROJECTS FOR THE CITY OF SCOTTSDALE, AZ ALL EXPENSES WERE FOR DEBT SERVICE PRINCIPAL AND

INTEREST, BOND ADMINISTRATION FEES AND CHARGES, AND CAPITAL IMPROVEMENTS

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D** 

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

### **Supplemental Financial Statements**

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

OMB No 1545-0047

DLN: 93493119012859

Open to Public

Department of the Treasury

(Form 990)

► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

term	an Revenue Service	,	· · · · · · · · · · · · · · · · · · ·		Inspection
CIT	me of the organization Y OF SCOTTSDALE MUNICIPAL PROPERTY			Employer identific	ation number
	RPORATION			86-6057318	
ŀ	Organizations Maintaining Donor Advistage Complete if the organization answered "Yes			r Accounts.	
	Complete if the organization answered Te	(a) Donor advise		(b)Funds and o	other accounts
	Total number at end of year	(4) 2 5/10/1 44/10/1		(2)	
2	Aggregate value of contributions to (during year)				
1	Aggregate value of grants from (during year)				
ı	Aggregate value at end of year				
	Did the organization inform all donors and donor advisor	re in writing that the accet	ts hold in donor ad	vised funds are the	
	organization's property, subject to the organization's ex-	clusive legal control?			☐ Yes ☐ No
•	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?				ole
2a	rt II Conservation Easements. Complete if th	e organization answers	ed "Yes" on Form	n 990. Part IV. line	
	Purpose(s) of conservation easements held by the organ			11 550, 1 410 10, 11110	<del>/ ·</del>
•	Preservation of land for public use (e.g., recreation		• •	historically important	land avec
		· —		, ,	
	☐ Protection of natural habitat		Preservation of a c	ertified historic structi	ure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation con	tribution in the for		End of the Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic	c structure included in (a)		2c	
d	Number of conservation easements included in (c) acquistructure listed in the National Register	, ,	ŀ	2d	
3	Number of conservation easements modified, transferre tax year ►	d, released, extinguished,	or terminated by	the organization durin	g the
ļ	Number of states where property subject to conservation	n easement is located <b>&gt;</b>			
;	Does the organization have a written policy regarding th	— ne periodic monitorina, ins	pection, handling of	of violations.	
	and enforcement of the conservation easements it holds		, ,		res 🗌 No
•	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations	s, and enforcing co	nservation easements	during the year
,	Amount of expenses incurred in monitoring, inspecting,  \$ \\$	handling of violations, and	d enforcing conserv	vation easements duri	ng the year
3	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)^2$	above satisfy the requirer	ments of section 1	70(h)(4)(B)(ı)	∕es □ No
)	In Part XIII, describe how the organization reports consibalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the organizati		nse statement, and	cs <u> </u>
ar	Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historical Tre		er Similar Assets.	
.a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	6 (ASC 958), not to report public exhibition, education	t in its revenue sta on, or research in f		
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items				
(	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$	
(i	ii)Assets included in Form 990, Part X			<b>&gt;</b> \$	
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1			ncıal gaın, provide the	
а	Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$	
b	Assets included in Form 990, Part X			<b>▶</b> \$	

Cat No 52283D

Schedule D (Form 990) 2017

Par	t III	Organizations Ma	aintaining Coll	lections o	f Art, Hi	storical T	reası	ires, or	Other :	Similar A	ssets (	continued)	·
3		ng the organization's acquas (check all that apply)	uisition, accessior	n, and other	records, c	heck any of	the fo	llowing th	nat are a	sıgnıfıcant ı	use of its	s collection	1
а		Public exhibition				d 🗌	Loan	or excha	nge prog	rams			
b		Scholarly research				е 🗌	Othe	r					
c	Preservation for future generations												
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII												
5	Dur	ing the year, did the orga ets to be sold to raise fun								ılar	□ Ye	es 🗆	No
Pa	rt IV	Escrow and Custo Complete if the org X, line 21.			' on Form	n 990, Part	: IV, lı	ne 9, or	reporte	d an amoı			
1a		ne organization an agent, uded on Form 990, Part >		an or other I	ntermedia	ry for contr	bution	s or othe	r assets r	not	☐ Ye	es 🗆	No No
b	If "	Yes," explain the arrange	ement in Part XIII	and comple	te the follo	owing table		Γ		Α	mount		_
С	Beg	inning balance							1c				
d	Add	itions during the year							1d				
е	Dist	ributions during the year	-						1e				_
f	End	ing balance							1f				_
2a	Dıd	the organization include	an amount on Fo	rm 990, Par	t X, line 2:	1, for escrov	v or cu	ıstodıal ad	count lia	bility?	□ Ye	es 🗆	— No
b	If "\	res," explain the arrange	ment in Part XIII	Check here	e if the exp	lanation ha	s been	provided	ın Part X	(III			
Pa	irt V	Endowment Fund	<b>ds.</b> Complete ıf	the organi	zation ar	swered "Y	es" or	n Form 9	990, Par	t IV, line 1	10.		_
			•	(a)Curren	t year	(b)Prior yea	ir	(c)Two ye	ars back	(d)Three ye	ars back	(e)Four ye	ars back
1a	Begir	nning of year balance .											
b	Conti	ributions											
c	Net II	nvestment earnings, gain	ns, and losses										
d	Gran	ts or scholarships	•										
е		r expenditures for facilitie programs	es										
f	Admı	nistrative expenses .											
g	End o	of year balance											
2	Pro	vide the estimated percer	ntage of the curre	nt year end	balance (	line 1g, colu	mn (a	)) held as	;				
а	Boa	rd designated or quasi-ei	ndowment 🟲										
b	Peri	manent endowment 🕨											
С	Ten	porarily restricted endow	wment 🕨										
	The	percentages on lines 2a,	, 2b, and 2c shou	ld equal 100	)%								
3а		there endowment funds anization by	not in the posses	sion of the o	organizatio	n that are h	ield an	id adminis	stered for	the	_	Yes	No
	(i)	unrelated organizations										a(i)	
b		related organizations . (es" on 3a(ii), are the rel		 s listed as r	• • • • • • • • • • • • • • • • • • •	 Schedule F	. ?				<u> </u>	a(ii) 3b	
4	Des	cribe in Part XIII the inte			n's endowr	ment funds							
Pa	rt VI	, ,	• •		lan Faurr	. 000 - 0		11-	Caa Fr	000 D-	با ∨ ست	20.10	
	Desc	Complete If the org	ganization answ (a) Cost or oth (investme	er basıs		r other basis (				m 990, Pa		ne 10. ( <b>d)</b> Book va	ue
12	Land												
		-											
	Build	· -						-					
		ehold improvements						-					
		oment											
	Othe				00 0 :::	, ,-	. ,	10( ) )					
ı ota	al. Ad	d lines 1a through 1e <i>(Co</i>	olumn (d) must ed	qual Form 9:	90, Part X,	column (B,	, line :	10(c) ) .	. 1	▶			0

Schedule D (Form 990) 2017		1 1114	Page 3
Part VII Investments—Other Securities. Complete if the organ See Form 990, Part X, line 12.	nization ai	nswered "Yes" or	Form 990, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b) Bool valu	k Cos	(c) Method of valuation at or end-of-year market value
(1) Financial derivatives	·		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>•</b>		
Part VIII Investments—Program Related.  Complete if the organization answered 'Yes' on Form 990	0, Part IV	, line 11c. See Fo	orm 990, Part X, line 13.
	) Book val	ue	(c) Method of valuation st or end-of-year market value
(1)			To the or year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. Complete if the organization answered 'Yes' on  (a) Description	Form 990,	Part IV, line 11d	See Form 990, Part X, line 15 (b) Book value
(1) DUE FROM CITY OF SCOTTSDALE (2)			531,174,928
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
			► 531,174,928
Part X Other Liabilities. Complete if the organization answered	d 'Yes' on		
See Form 990, Part X, line 25.  1. (a) Description of liability	(b	) Book value	
(1) Federal income taxes			
CURRENT BOND INTEREST PAYABLE		11,822,288	
UNAVAILABLE REVENUE (3)		531,174,928	
(4)			
(5)			
(6)			
(7)			
(8)	+		
(9)	-		-
	<u> </u> ▶	542,997,216	
2. Liability for uncertain tax positions In Part XIII, provide the text of the foot	note to the	e organization's fina	
organization's liability for uncertain tax positions under FIN 48 (ASC 740) Che	eck here if t	tne text of the foot	note has been provided in Part XIII 🔲

Schedule D (Form 990) 2017

Part XI

2

3

5

1

2

3

4

b

а

Part XII

Page 4

50.739.895

50,739,895

83,352,181

83,352,181

Net unrealized gains (losses) on investments . . . . 2a 2h h 2c

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2e

Amounts included on Form 990, Part VIII, line 12, but not on line 1 4 Investment expenses not included on Form 990, Part VIII, line 7b . Add lines 4a and 4b . . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25 

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

4a 4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2d

1 2a 2h

2c 2e 

3 4c

5

3

4c

83,352,181

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

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Return Reference

Explanation Schedule D (Form 990) 2017

Schedule D (Fo	orm 990) 2017	Page <b>5</b>	
Part XIII	Supplemental Info		
Return Reference		Explanation	
			Schedule D (Form 990) 2017

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493119012859 OMB No 1545-0047 Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ▶ Attach to Form 990. Department of the Treasury ▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Employer identification number Name of the organization CITY OF SCOTTSDALE MUNICIPAL PROPERTY 86-6057318 CORPORATION Part I **Bond Issues** (b) Issuer EIN (c) CUSIP # (d) Date issued (f) Description of purpose (g) Defeased (h) On (i) Pool (a) Issuer name (e) Issue price behalf of financing ıssuer Yes No Yes No Yes No CITY OF SCOTTSDALE 86-6057318 810489JU9 11-29-2006 185,429,488 REFUND A PORTION OF THE 2004, Х Х Х MUNICIPAL PROPERTY 2004A, 2005D AND 2005E CORPORATION **ISSUANCES** 110,294,066 ACQUIRE/CONSTRUCT CAPITAL CITY OF SCOTTSDALE 86-6057318 810489MK7 05-13-2008 Χ Χ Χ MUNICIPAL PROPERTY IMPROVEMENTS TO CITY'S WATER AND SEWER SYSTEM CORPORATION CITY OF SCOTTSDALE 86-6057318 810489NG5 04-07-2010 78,531,620 ACQUIRE/CONSTRUCT CAPITAL Χ Χ MUNICIPAL PROPERTY IMPROVEMENTS TO CITY'S WATER CORPORATION AND SEWER SYSTEM CITY OF SCOTTSDALE 86-6057318 810489PC2 02-13-2013 75,214,819 CAPITAL IMPROVEMENTS TO TONY Χ Х Χ NELSON EQUESTRIAN CENTER AND MUNICIPAL PROPERTY MCDOWELL MTN GOLF CORPORATION Part II Proceeds C D 17,190,000 25,875,000 3,160,000 9,135,000 2 76,275,000 55,510,000 Total proceeds of issue. 3 . . . . . . . . . . . . . . . . . . . 185,435,821 110,727,052 78,717,887 75,214,879 4 5 6 7 Issuance costs from proceeds. 717,515 647,837 . . . . . . . . . . . . . . . 245,969 570,233 8 9 10 110,432,986 78,147,188 74,560,059 11 Other spent proceeds. . . . . . . . . . . . . . 48.097 466 6.983 184,718,306 12 13 2006 2009 2011 2014 Yes No Yes No Yes No Yes No Х Χ Were the bonds issued as part of a current refunding issue? . . . . Χ Χ 14 Were the bonds issued as part of an advance refunding issue? . . . . . Х Χ Χ 15 Χ Χ Х Χ Χ 16 Does the organization maintain adequate books and records to support the final allocation of Х Х Х Х Part III **Private Business Use** C D Α Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Х Χ Χ Χ Are there any lease arrangements that may result in private business use of bond-financed Χ Χ Χ Cat No 50193E Schedule K (Form 990) 2017 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Part IV

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Page 2

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Schedule K (Form 990) 2017

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Yes

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counsel to review any management or service contracts relating to the financed property?

Are there any research agreements that may result in private business use of bond-financed

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

unrelated trade or business activity carried on by your organization, another section 501(c)(3)

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government . . . . . ▶

Enter the percentage of financed property used in a private business use as a result of

organization, or a state or local government . . . . . . . . . . . .

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

property?.........

Rebate not due yet? . . . . . .

hedge with respect to the bond issue?

Exception to rebate? . . . . . . .

No rebate due? . . . . . . . . .

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Were gross proceeds invested in a quaranteed investment contract

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

**Procedures To Undertake Corrective Action** 

if self-remediation is not available under applicable regulations?

02/13/2018

the GIC satisfied? . . . . . . . . .

requirements of section 148? . . .

Schedule K (Form 990) 2017

(GIC)?

period?

Part V

Part VI

PERFORMED

Return Reference

DATE REBATE COMPUTATION

No

Yes

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Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

CORPORATION DATE THE REBATE COMPUTATION WAS PERFORMED 04/07/2015 ISSUER NAME CITY OF SCOTTSDALE MUNICIPAL PROPERTY CORPORATION DATE THE REBATE COMPUTATION WAS PERFORMED.

Explanation ISSUER NAME CITY OF SCOTTSDALE MUNICIPAL PROPERTY CORPORATION DATE THE REBATE COMPUTATION WAS PERFORMED 11/29/2016 ISSUER NAME CITY OF SCOTTSDALE MUNICIPAL PROPERTY CORPORATION DATE THE

REBATE COMPUTATION WAS PERFORMED 05/13/2013 ISSUER NAME CITY OF SCOTTSDALE MUNICIPAL PROPERTY

Yes

Yes

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No

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Yes	No	
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Yes	D	

Page 3

No

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No

Return Reference	Explanation
	THE CITY OF SCOTTSDALE CREATED WRITTEN DEBT ISSUANCE AND POST-ISSUANCE COMPLIANCE PROCEDURES THAT WERE APPROVED BY THE CITY COUNCIL ON JANUARY 24, 2012 AND WERE ADOPTED BY THE ORGANIZATION
•	IN JANUARY OF 2013, THEREFORE THESE QUESTIONS ARE ANSWERED YES ON THIS RETURN

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN	DIFFERENCES BETWEEN THE ISSUE PRICE LISTED IN PART I, COLUMN (E) AND THE AMOUNT OF TOTAL PROCEEDS
(E) AND PART II, LINE 3	OF THE ISSUE REPORTED IN PART II, LINE 3 ARE THE RESULT OF INVESTMENT EARNINGS

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493119012859 OMB No 1545-0047 Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ▶ Attach to Form 990. Department of the Treasury ▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Employer identification number Name of the organization CITY OF SCOTTSDALE MUNICIPAL PROPERTY 86-6057318 CORPORATION Part I **Bond Issues** (b) Issuer EIN (c) CUSIP # (d) Date issued (f) Description of purpose (g) Defeased (h) On (i) Pool (a) Issuer name (e) Issue price behalf of financing ıssuer Yes No Yes No Yes No CITY OF SCOTTSDALE 86-6057318 810489PN8 05-29-2014 25,394,063 REFUND A PORTION OF THE 2004A Х Х Х MUNICIPAL PROPERTY AND THE 2006 A&B ISSUANCES CORPORATION 33,564,535 MUSEUM/RECREATION AND SEWER CITY OF SCOTTSDALE 86-6057318 810489QJ6 01-06-2015 Χ Χ Χ MUNICIPAL PROPERTY UTILITY CORPORATION CITY OF SCOTTSDALE 86-6057318 810489RX4 03-26-2015 110,033,994 REFUND PORTIONS OF 2005A. Χ MUNICIPAL PROPERTY 2005C, 2005 D&E, 2006 A&B AND CORPORATION 2008A REFUND PORTIONS OF 2008A AND CITY OF SCOTTSDALE 86-6057318 810489SH8 03-01-2017 90,639,466 Χ Х Χ 2010 MUNICIPAL PROPERTY CORPORATION Part II Proceeds C D 2,695,000 3,700,000 2 Total proceeds of issue. 3 . . . . . . . . . . . . . . . . . . . 25,394,064 33,573,838 110,034,000 90,639,698 4 5 6 49,736,000 86,305,980 7 Issuance costs from proceeds. 683,931 . . . . . . . . . . . . . . . 273,417 356,065 605,798 8 9 10 33,195,002 11 Other spent proceeds. . . . . . . . . . . . . . 25,120,647 22.772 3,727,920 59.614.069 12 13 2014 2018 2015 2017 Yes No Yes No Yes No Yes No Х Were the bonds issued as part of a current refunding issue? . . . . Χ Х 14 Were the bonds issued as part of an advance refunding issue? . . . . . Χ Χ Χ Χ 15 Χ Χ Χ Χ 16 Does the organization maintain adequate books and records to support the final allocation of Х Х Х Х Part III **Private Business Use** C D Α Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Х Χ Χ Χ Are there any lease arrangements that may result in private business use of bond-financed Χ Χ Χ Cat No 50193E Schedule K (Form 990) 2017

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

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Part IV

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Page 2

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Schedule K (Form 990) 2017

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		Yes	No	Yes	No	Yes	No	
3а	Are there any management or service contracts that may result in private business use of bond-financed property?		×		×		×	
<u></u>	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside							

counsel to review any management or service contracts relating to the financed property?

Are there any research agreements that may result in private business use of bond-financed

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

counsel to review any research agreements relating to the financed property?

organization, or a state or local government . . . . . . . . . . . .

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

property?.........

Penalty in Lieu of Arbitrage Rebate? . . .

If "No" to line 1, did the following apply? . . . .

Rebate not due yet? . . . . . .

hedge with respect to the bond issue?

Exception to rebate? . . . . . . .

No rebate due? . . . . . . . . .

the issue are remediated in accordance with the requirements under

Regulations sections 1 141-12 and 1 145-2?

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

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requirements of section 148? . . .

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

**Procedures To Undertake Corrective Action** 

if self-remediation is not available under applicable regulations?

Schedule K (Form 990) 2017

period?

Part V

No

No

D

5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	Х
b	Name of provider	
С	Term of GIC	

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

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**Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

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Schedule K (Form 990) 2017

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Yes

efile G	RAPHIC print - DC	NOT PROCESS As	Filed Data -										DLN: 9	93493:	11901	2859		
	Schedule K (Form 990)  Supplemental Information on Tax-Exempt Bonds Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,										OMB No 1545-0047 <b>2017</b>							
		Complete ii tii		s, and any additional				Provide des	criptions,			<b>ZU1</b> /						
	of the Treasury  DIA PRINCE  Attach to Form 990.  ► Attach to Form 990.  ► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.													en to P				
Name of the	venue Service   e organization		n about benedule i	K (101111 550) unu its	mstruction	3 13 ac <u>v</u>		in sigov, ion	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Employ	er ident		nspecti n numbe				
CITY OF S CORPORA	COTTSDALE MUNICIP	'AL PROPERTY									86-605	7318						
Part I																		
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price		(f) Description	on of purpose	1	(g) Def	feased	beha	On alf of		Pool ncing		
										-	Yes	No	issi <b>Yes</b>	uer No	Voc	No		
MUN:	OF SCOTTSDALE ICIPAL PROPERTY PORATION	86-6057318	810489TJ3	05-24-2017	42,3	54,479	479 WATER IMPROVEMENT PROJECTS		TS	res	X	X	NO	Yes	X			
MUN:	OF SCOTTSDALE ICIPAL PROPERTY PORATION	86-6057318	810489UE2	05-24-2017	25,2	01,598	AIRP	PORT IMPROV	EMENT PROJE	стѕ		Х	X			X		
Part II	Proceeds	1	•															
						Α		Е			С				D			
		defeased																
					42,719,616		9,616	616 25,445,860										
		e funds																
		proceeds																
		crows																
		eeds				334	1,816		189,944									
		n proceeds																
		ures from proceeds																
		n proceeds				16,627	7,464		23,204,275									
					19,663 11,653													
						25,737	7,673		2,039,988									
<b>13</b> Yea	ar of substantial compi	letion		• •		020		20										
- 112					Yes	No		Yes	No	Ye	<u>s</u>	No		Yes		No		
		s part of a current refunding				X			Х									
		s part of an advance refund				Х			Х									
<b>16</b> Has	s the final allocation of	f proceeds been made? .				X			Х									
pro	ceeds?	aıntaın adequate books and	records to support t	he final allocation of	Х			×										
Part III	Private Busine	ess Use																
						Α		E 1			C				D			
<b>1</b> Was	s the organization a pa anced by tax-exempt b	artner in a partnership, or a	a member of an LLC,	which owned property	Yes	X		Yes	No X	Ye	<u>s</u>	No		Yes		No		
2 Are	there any lease arrar perty?	ngements that may result in	private business us	e of bond-financed		Х			Х									
For Dane	mucrk Doduction Ac	t Notice see the Instruct	tions for Form 990		Ca	t No. 50	01035					6,	hodule	o K (Fo	rm 000	1 2017		

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Part IV

Arbitrage

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No

Yes

Schedule K (Form 990) 2017

No

Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .

Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

organization, or a state or local government . . . . . . . . . . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

Does the bond issue meet the private security or payment test? . . .

Penalty in Lieu of Arbitrage Rebate? . . . . If "No" to line 1, did the following apply? . . . .

Rebate not due yet? . . . . . .

hedge with respect to the bond issue?

Exception to rebate? . . . . . . .

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . . . Is the bond issue a variable rate issue? . . . . .

Was the hedge superintegrated? . . . . . . Was the hedge terminated? . . . . . . . . .

No rebate due? . . . . . . . . .

the issue are remediated in accordance with the requirements under

Regulations sections 1 141-12 and 1 145-2?

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Were gross proceeds invested in a guaranteed investment contract

if self-remediation is not available under applicable regulations?

Schedule K (Form 990) 2017

Part VI

No

No

D

Yes

Schedule K (Form 990) 2017

Yes

_	(GIC)?	^	^		
b	Name of provider				
С	Term of GIC				
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?				
6	Were any gross proceeds invested beyond an available temporary	х	X		

Yes

**Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

6 Were any gross proceeds invested beyond an available temporary period?

7 Has the organization established written procedures to monitor the requirements of section 148?

No

Yes

Yes

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Nο

No

Yes

Yes

No

No

Yes

No

7 Has the organization established written procedures to monitor the requirements of section 148? . . .

Part V Procedures To Undertake Corrective Action

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

efile GRAPH	IC print	- DO NOT PROCESS	As Filed Data -		DLN:	93493119012859
SCHEDUL (Form 990 or EZ)	OMB No 1545-0047  2017 Open to Public Inspection					
Name of the org CITY OF SCOTTSD/ CORPORATION 990 Schedule	ALE MUNICIP	olemental Information		v/form990.	<b>Employer ident</b> 86-6057318	fication number
Return Reference				Explanation		
FORM 990, PART VI, SECTION A, LINE 8B	THE ORG	GANIZATION DOES NOT	HAVE COMMITTEES	WITH AUTHORITY TO ACT O	N BEHALF OF THE	GOVERNING BODY

Return Explanation
Reference

990 Schedule O, Supplemental Information

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

Return Explanation
Reference

FORM 990, THE ORGANIZATION DOES NOT HAVE ANY OFFICERS OR KEY EMPLOYEES THAT RECEIVE COMPENSATION PART VI, SECTION B, LINE 15

990 Schedule O, Supplemental Information

Return Explanation

990 Schedule O, Supplemental Information

FORM 990, FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST TO THE ORGANIZATION THERE IS NO CONFLICT OF INTEREST STATEMENT. THE BYLAWS ARE PUBLICALLY AVAILABLE ON THE CITY OF SCOTTSDALE SECTION C, WEBSITE
LINE 19

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** 

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

## **Related Organizations and Unrelated Partnerships**

2017

Schedule R (Form 990) 2017

**Employer identification number** 

Open to Public Inspection

DLN: 93493119012859

OMB No 1545-0047

Internal Revenue Service Name of the organization CITY OF SCOTTSDALE MUNICIPAL PROPERTY

(Form 990)

Department of the Treasury

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

CORPORATION 86-6057318 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete If the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (b) (c) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1)SCOTTSDALE PRESERVE AUTHORITY FINANCE LAND PURCHASES ΑZ 501(C)(3) LINE 12C CITY OF SCOTTSDALE AZ No 7447 E INDIAN SCHOOL RD 210 FOR THE MCDOWELL SONORAN PRESERVE SCOTTSDALE, AZ 85251 86-0854877 (2) CITY OF SCOTTSDALE AZ 115 LOCAL GOVERNMENT ΑZ No 7447 E INDIAN SCHOOL RD 210 N/A SCOTTSDALE, AZ 85251 86-6000735

Cat No 50135Y

		1	1										
(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant Income(related unrelated, excluded from tax under sections 512- 514)	Share of total income	(g) Share of end-of-year assets	(H Disprop alloca		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	al or liging	<b>(k)</b> Percenta ownersh
					314)			Yes	No		Yes	No	
Identification of Related Organization because it had one or more related organizations.						zation ansv	vered "Yes	" on Fo	orm 99	90, Part IV,	lıne	34	
(a)	(b)		(c)	st during ti	(d)	(e)	(f)	1	(g)	(H	1)		(1)
Name, address, and EIN of related organization	Primary activity	l do (state	Legal omicile or foreign ountry)		controlling Type entity (C c	e of entity orp, S corp, or trust)	Share of total income		of end- year assets	of- Percel owne	ntage	(13	ction 5: 3) contr entity
			und y)									Y	'es
													+
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												_	-+

Scriedule K (101111 550) 2017					Page 3
Part V Transactions With Related Organizations Complete if the organization answered	"Yes" on Form 990, Par	t IV, line 34, 35b	, or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Y	es No
1 During the tax year, did the organization engage in any of the following transactions with one or more rel	lated organizations listed in	Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity				1a	No
f b Gift, grant, or capital contribution to related organization(s)				1b	No
${f c}$ Gift, grant, or capital contribution from related organization(s)			[	1c	No
f d Loans or loan guarantees to or for related organization(s)				1d	No
e Loans or loan guarantees by related organization(s)				1e	No
f Dividends from related organization(s)				<b>1</b> f	No
g Sale of assets to related organization(s)				1g	No
h Purchase of assets from related organization(s)				1h	No
i Exchange of assets with related organization(s)				1i	No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j	No
k Lease of facilities, equipment, or other assets from related organization(s)				1k	No
I Performance of services or membership or fundraising solicitations for related organization(s)			[	11	No
m Performance of services or membership or fundraising solicitations by related organization(s)				1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No
o Sharing of paid employees with related organization(s)				10	No
p Reimbursement paid to related organization(s) for expenses				1p	No
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q	No
r Other transfer of cash or property to related organization(s)				1r	No
${f s}$ Other transfer of cash or property from related organization(s)			[	1s Ye	es es
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete the	his line, including covered r	relationships and tra	insaction thresholds		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amou	ınt ınvol	ved
LEASE PAYMENTS FROM CITY OF SCOTTSDALE	S	50,117,834	EQUAL TO DEBT SERVICE REQUIRE	MENT	

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

was not a related organization. See instructions regarding exclusion for certain investment partnerships																	
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) (g) Share of total end-of-yea assets		(h) f Disproprtiona ar allocations?		(h) Disproprtionate allocations?		g) (h) The of proportionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No					
										Schedul	e R (Forn	1 99	0) 2017				

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017