

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2014 calendar year, or tax year beginning **OCT 1, 2014** and ending **SEP 30, 2015**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ARIZONA-SONORA DESERT MUSEUM</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2021 NORTH KINNEY ROAD</b> City or town, state or province, country, and ZIP or foreign postal code <b>TUCSON, AZ 85743-9719</b> <b>F</b> Name and address of principal officer: <b>CRAIG S IVANYI</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>86-0111675</b> <b>E</b> Telephone number <b>(520) 883-1380</b> <b>G</b> Gross receipts \$ <b>11,407,081.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.DESERTMUSEUM.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1952</b>		<b>M</b> State of legal domicile: <b>AZ</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>SONORAN DESERT EDUCATION THROUGH ZOOLOGICAL, BOTANICAL, GEOLOGICAL, AND CULTURAL PRESENTATIONS.</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>23</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>23</b>
<b>5</b>	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	<b>149</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>575</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>3,087,738.</b>	<b>4,351,534.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>4,577,099.</b>	<b>4,909,050.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>347,979.</b>	<b>249,874.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>674,341.</b>	<b>668,498.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>8,687,157.</b>	<b>10,178,956.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>31,115.</b>	<b>0.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>5,029,066.</b>	<b>5,213,232.</b>
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>629,800.</b>	<b>1,958.</b>	<b>394.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>4,007,335.</b>	<b>3,945,771.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>9,069,474.</b>	<b>9,159,397.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>-382,317.</b>	<b>1,019,559.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>23,867,272.</b>	<b>24,205,451.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>1,341,129.</b>	<b>1,212,396.</b>
		<b>22,526,143.</b>	<b>22,993,055.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>CRAIG S IVANYI, EXECUTIVE DIRECTOR</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KAREN K. MCCLOSKEY, CPA</b>	Preparer's signature Date
	Firm's name ▶ <b>BEACHFLEISCHMAN PC</b> Firm's address ▶ <b>1985 EAST RIVER ROAD, SUITE 201 TUCSON, AZ 85718</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00099644</b> Firm's EIN ▶ <b>86-0683059</b> Phone no. <b>520-321-4600</b>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE MISSION OF THE ARIZONA-SONORA DESERT MUSEUM IS TO INSPIRE PEOPLE TO LIVE IN HARMONY WITH THE NATURAL WORLD BY FOSTERING LOVE, APPRECIATION, AND UNDERSTANDING OF THE SONORAN DESERT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ ) including grants of \$ (Revenue \$ ) GENERAL OVERVIEW:

THE ARIZONA-SONORA DESERT MUSEUM IS A WORLD-RENOWNED ZOO, NATURAL HISTORY MUSEUM AND BOTANICAL GARDEN. EXHIBITS REALISTICALLY RE-CREATE THE NATURAL LANDSCAPE OF THE SONORAN DESERT REGION. WITHIN THE MUSEUM GROUNDS, VISITORS WILL SEE OVER 230 SPECIES OF ANIMALS AND 1,200 KINDS OF PLANTS. THERE ARE ALMOST 2 MILES OF PATHS TRAVERSING 21 ACRES OF BEAUTIFUL DESERT. THE MUSEUM IS OPEN FOR PUBLIC VISITATION EVERY DAY OF THE YEAR. SINCE ITS OPENING IN 1952, APPROXIMATELY 21,800,000 PEOPLE FROM AROUND THE WORLD HAVE VISITED THE MUSEUM. NEARLY 24,000 INDIVIDUALS AND FAMILIES CURRENTLY HOLD MEMBERSHIPS IN THE MUSEUM. IN FISCAL YEAR 2015, ATTENDANCE AT THE MUSEUM WAS 356,000 VISITORS.

4b (Code: ) (Expenses \$ 6,664,851. including grants of \$ ) (Revenue \$ 4,813,230.) CONSERVATION EDUCATION AND SCIENCE DEPARTMENT:

CONSERVATION EDUCATION AND SCIENCE STAFF WORK SIDE-BY-SIDE TO DEVELOP AND DELIVER PROGRAMS THAT ARE NOT ONLY SCIENTIFICALLY SOUND, BUT ARE ALSO TRANSLATED INTO PUBLIC EDUCATION AND RESULT IN MEANINGFUL CONSERVATION EFFORTS. USING THIS MODEL, SCIENTISTS AND EDUCATORS COLLABORATE IN WAYS THAT ARE MORE COST-EFFECTIVE, MUTUALLY BENEFICIAL FOR THE PROJECT AND THE MUSEUM, AND ATTRACTIVE TO BOTH FUNDERS AND COMMUNITY PARTNERS. ALL OF THE DEPARTMENT'S PROGRAMS PARTNER BROADLY ACROSS THE LANDSCAPE OF THE U.S. AND MEXICAN SCIENCE, EDUCATION, AND CONSERVATION COMMUNITY.

4c (Code: ) (Expenses \$ 536,825. including grants of \$ ) (Revenue \$ 126,168.) THE ART INSTITUTE:

THE ART INSTITUTE AT THE ARIZONA-SONORA DESERT MUSEUM PROMOTES CONSERVATION OF THE SONORAN DESERT REGION THROUGH ART CLASSES, ART EXHIBITS AND STEWARDSHIP OF THE MUSEUM ART COLLECTION FOR AREA RESIDENTS AND VISITORS FROM ACROSS THE UNITED STATES AND AROUND THE WORLD.

THE ART INSTITUTE'S OVERARCHING GOAL IS TO PROVIDE A HIGH QUALITY VISUAL ARTS EXPERIENCE FOR ALL AGES. CLASSES ARE TAUGHT BY PROFESSIONALS AND RELATE TO OUR LIVING COLLECTIONS AND THE REGION TO ORGANIZE AND INTERPRET EXISTING ART COLLECTIONS AND TO CREATE GALLERY

4d Other program services (Describe in Schedule O.) (Expenses \$ ) including grants of \$ (Revenue \$ )

4e Total program service expenses 7,201,676.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
22	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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		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> .....		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
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? .....		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
26	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? <i>If "Yes," complete Schedule L, Part II</i> .....		X
27	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 of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
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? <i>If "Yes," complete Schedule R, Part I</i> .....		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....		
	<b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part 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

Input box for Schedule O check

Main table with columns for question number, description, and Yes/No checkboxes. Includes rows 1a-14b with numerical inputs like 56, 0, 149.

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.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (23); 1b Enter the number of voting members included in line 1a, above, who are independent (23); 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? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 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 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 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? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); 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? (X); 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AZ
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain 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: CAROLYN CARSON, CFO - 520-883-3012 2021 N KINNEY RD, TUCSON, AZ 85743-8918

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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, 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAUL L. BAKER TRUSTEE	1.00	X						0.	0.	0.
(2) KEVIN E. BONINE, PH.D. TRUSTEE	1.00	X						0.	0.	0.
(3) JUDITH L. BRONSTEIN, PH.D. TRUSTEE	1.00	X						0.	0.	0.
(4) CATHY G. DAVIS TRUSTEE	1.00	X						0.	0.	0.
(5) JOHN D. DOERR, D.D.S. TRUSTEE	1.00	X						0.	0.	0.
(6) J. FELIPE GARCIA TRUSTEE	1.00	X						0.	0.	0.
(7) GUY GUNTHER TRUSTEE	1.00	X						0.	0.	0.
(8) JAMES HENSLEY TRUSTEE	1.00	X						0.	0.	0.
(9) JOHN IURINO TRUSTEE	1.00	X						0.	0.	0.
(10) RUSSELL L. JONES TRUSTEE	1.00	X						0.	0.	0.
(11) ROBERT C. KOCH TRUSTEE	1.00	X						0.	0.	0.
(12) JOSE LEVER TRUSTEE	1.00	X						0.	0.	0.
(13) SHANNAN MARTY TRUSTEE	1.00	X						0.	0.	0.
(14) ROBIN B. RANDALL TRUSTEE	1.00	X						0.	0.	0.
(15) JAMES RONDSTADT TRUSTEE	1.00	X						0.	0.	0.
(16) ALYCE SADONGEI TRUSTEE	1.00	X						0.	0.	0.
(17) JOAN SCOTT TRUSTEE	1.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAVID SMALLHOUSE TRUSTEE	1.00	X						0.	0.	0.
(19) WILLIAM WALLACE, D.V.M. TRUSTEE	1.00	X						0.	0.	0.
(20) CHANDLER D. WARDEN TRUSTEE	1.00	X						0.	0.	0.
(21) WILLIAM H. LOMICKA CHAIR	2.00	X		X				0.	0.	0.
(22) ERIK BAKKEN VICE CHAIR	2.00	X		X				0.	0.	0.
(23) PATRICIA A. ENGELS SECRETARY/TREASURER	2.00	X		X				0.	0.	0.
(24) CRAIG IVANYI EXECUTIVE DIRECTOR	40.00			X				125,247.	0.	19,768.
(25) CREE ZISCHKE EXECUTIVE PHILANTHROPY DIR	40.00			X				103,738.	0.	6,141.
(26) BOB EDISON CAPITAL CAMPAIGN DIRECTOR	30.00			X				75,701.	0.	10,153.
<b>1b Sub-total</b>								304,686.	0.	36,062.
<b>c Total from continuation sheets to Part VII, Section A</b>								32,454.	0.	1,944.
<b>d Total (add lines 1b and 1c)</b>								337,140.	0.	38,006.

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

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ALPHAGRAPHS 2500 N. COYOTE DR. #110, TUCSON, AZ 85745	PRINTING	177,082.

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 **1**

SEE PART VII, SECTION A CONTINUATION SHEETS





**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>	460,331.				
	<b>c</b> Fundraising events .....	<b>1c</b>	145,193.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	67,445.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	3,678,565.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		195,648.				
	<b>h Total.</b> Add lines 1a-1f .....		4,351,534.				
	<b>Program Service Revenue</b>	<b>2 a</b> ADMISSIONS .....	<b>Business Code</b>				
		713990	3,279,858.	3,279,858.			
<b>b</b> MEMBERSHIP DUES .....		713990	1,164,263.	1,164,263.			
<b>c</b> EDUCATION .....		713990	363,763.	363,763.			
<b>d</b> OTHER .....		713990	101,166.	101,166.			
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			4,909,050.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		166,789.			166,789.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....		2,371.			2,371.	
	<b>6 a</b> Gross rents .....	(i) Real	715,721.				
		(ii) Personal					
		<b>b</b> Less: rental expenses .....	50,053.				
		<b>c</b> Rental income or (loss) .....	665,668.				
	<b>d</b> Net rental income or (loss) .....		665,668.			665,668.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	1,045,000.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....	961,915.				
		<b>c</b> Gain or (loss) .....	83,085.				
	<b>d</b> Net gain or (loss) .....		83,085.			83,085.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 145,193. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	151,015.				
		<b>b</b> Less: direct expenses .....	183,740.				
<b>c</b> Net income or (loss) from fundraising events .....			-32,725.			-32,725.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....						
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>	62,765.					
	<b>b</b> Less: cost of goods sold .....	32,417.					
	<b>c</b> Net income or (loss) from sales of inventory .....		30,348.	30,348.			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> VENDING MACHINES .....		713990	2,836.			2,836.	
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....		2,836.				
<b>12 Total revenue.</b> See instructions. ....		10,178,956.	4,939,398.	0.	888,024.		

**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).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	352,931.	71,857.	83,850.	197,224.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	3,771,260.	2,970,853.	645,268.	155,139.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	74,584.	55,056.	15,522.	4,006.
<b>9</b> Other employee benefits	656,936.	528,419.	97,608.	30,909.
<b>10</b> Payroll taxes	357,521.	274,808.	56,632.	26,081.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	8,957.	7,252.	1,209.	496.
<b>c</b> Accounting	30,100.	24,370.	4,062.	1,668.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	394.			394.
<b>f</b> Investment management fees	32,181.		32,181.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	218,195.	72,738.	108,154.	37,303.
<b>12</b> Advertising and promotion	160,592.	6,249.	154,343.	
<b>13</b> Office expenses	381,235.	199,825.	24,674.	156,736.
<b>14</b> Information technology	24,471.	20,041.	3,140.	1,290.
<b>15</b> Royalties	9,553.	9,553.		
<b>16</b> Occupancy	357,322.	357,322.		
<b>17</b> Travel	15,497.	12,962.	2,089.	446.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	29,580.	7,511.	16,538.	5,531.
<b>20</b> Interest	1,181.		1,181.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	1,073,810.	1,073,810.		
<b>23</b> Insurance	88,616.	80,188.	8,236.	192.
<b>24</b> 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.)				
<b>a</b> PROGRAM RESTRICTION MET	827,701.	797,787.	29,914.	
<b>b</b> ANIMAL EXPENSE	297,567.	297,567.		
<b>c</b> OTHER EXPENSES	278,355.	222,650.	43,320.	12,385.
<b>d</b> MAINTENANCE AND REPAIR	110,858.	110,858.		
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	9,159,397.	7,201,676.	1,327,921.	629,800.
<b>26</b> 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)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	19,200.	<b>1</b>	22,501.
	<b>2</b> Savings and temporary cash investments .....	779,068.	<b>2</b>	1,135,186.
	<b>3</b> Pledges and grants receivable, net .....	237,487.	<b>3</b>	348,958.
	<b>4</b> Accounts receivable, net .....	44,272.	<b>4</b>	53,736.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	270,082.	<b>8</b>	261,218.
	<b>9</b> Prepaid expenses and deferred charges .....	39,515.	<b>9</b>	43,596.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 36,977,853.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 23,242,579.	14,527,762.	<b>10c</b> 13,735,274.
	<b>11</b> Investments - publicly traded securities .....	6,662,545.	<b>11</b>	7,381,735.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	652,679.	<b>12</b>	664,274.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	634,662.	<b>15</b>	558,973.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	23,867,272.	<b>16</b>	24,205,451.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	756,973.	<b>17</b>	733,948.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	442,279.	<b>19</b>	430,339.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	141,877.	<b>25</b>	48,109.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,341,129.	<b>26</b>	1,212,396.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	17,019,159.	<b>27</b>	17,315,242.
	<b>28</b> Temporarily restricted net assets .....	1,338,080.	<b>28</b>	1,674,100.
	<b>29</b> Permanently restricted net assets .....	4,168,904.	<b>29</b>	4,003,713.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	22,526,143.	<b>33</b>	22,993,055.
<b>34</b> Total liabilities and net assets/fund balances .....	23,867,272.	<b>34</b>	24,205,451.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,178,956.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,159,397.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,019,559.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,526,143.
5	Net unrealized gains (losses) on investments	5	-552,647.
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	22,993,055.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		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 _____		

Form 990 (2014)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3,260,706.	3,755,118.	3,019,239.	3,042,647.	4,284,089.	17,361,799.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	3,492,932.	3,633,062.	3,841,883.	4,653,676.	4,971,815.	20,593,368.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...	55,167.	50,845.	54,687.	45,091.	67,445.	273,235.
<b>6 Total.</b> Add lines 1 through 5 .....	6,808,805.	7,439,025.	6,915,809.	7,741,414.	9,323,349.	38,228,402.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....	70,910.	152,508.	217,675.	1,489,970.	922,940.	2,854,003.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						0.
<b>c</b> Add lines 7a and 7b .....	70,910.	152,508.	217,675.	1,489,970.	922,940.	2,854,003.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						35,374,399.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6 .....	6,808,805.	7,439,025.	6,915,809.	7,741,414.	9,323,349.	38,228,402.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	804,299.	761,133.	749,659.	826,513.	884,880.	4,026,484.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	804,299.	761,133.	749,659.	826,513.	884,880.	4,026,484.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....		7,115.				7,115.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	2,034.	2,591.	4,187.	2,752.	2,839.	14,403.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	7,615,138.	8,209,864.	7,669,655.	8,570,679.	10,211,068.	42,276,404.

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	83.67 %
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....	<b>16</b>	87.75 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	9.52 %
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17 .....	<b>18</b>	10.15 %

**19a 33 1/3% support tests - 2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> From 2013			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2014 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> Excess from 2013			
<b>e</b> Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Name of the organization

ARIZONA-SONORA DESERT MUSEUM

Employer identification number

86-0111675

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization  <b>ARIZONA-SONORA DESERT MUSEUM</b>	Employer identification number  <b>86-0111675</b>
---	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>205,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>10,078.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>140,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>9,183.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>ARIZONA-SONORA DESERT MUSEUM</b>	Employer identification number  <b>86-0111675</b>
---	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	 <hr/> <hr/> <hr/>	\$ <u>20,718.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>14,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>10,388.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>10,157.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>ARIZONA-SONORA DESERT MUSEUM</b>	Employer identification number  <b>86-0111675</b>
---	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	_____ _____ _____	\$ 15,014.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	_____ _____ _____	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	_____ _____ _____	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	_____ _____ _____	\$ 56,230.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	_____ _____ _____	\$ 587,319.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>ARIZONA-SONORA DESERT MUSEUM</b>	Employer identification number  <b>86-0111675</b>
---	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	_____ _____ _____	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	_____ _____ _____	\$ <u>29,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>ARIZONA-SONORA DESERT MUSEUM</b>	Employer identification number  <b>86-0111675</b>
---	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	_____ _____ _____	\$ 10,730.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	_____ _____ _____	\$ 55,786.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	_____ _____ _____	\$ 5,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
28	_____ _____ _____	\$ 18,770.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	_____ _____ _____	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>ARIZONA-SONORA DESERT MUSEUM</b>	Employer identification number  <b>86-0111675</b>
---	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	_____ _____ _____	\$ 5,011.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	_____ _____ _____	\$ 20,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	_____ _____ _____	\$ 5,290.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
35	_____ _____ _____	\$ 35,019.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	_____ _____ _____	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>ARIZONA-SONORA DESERT MUSEUM</b>	Employer identification number  <b>86-0111675</b>
---	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	 <hr/> <hr/> <hr/>	\$ 10,251.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	 <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	 <hr/> <hr/> <hr/>	\$ 102,436.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	 <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	 <hr/> <hr/> <hr/>	\$ 5,136.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	 <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>ARIZONA-SONORA DESERT MUSEUM</b>	Employer identification number  <b>86-0111675</b>
---	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>43</u>	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>44</u>	 <hr/> <hr/> <hr/>	\$ <u>13,111.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>45</u>	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>46</u>	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>47</u>	 <hr/> <hr/> <hr/>	\$ <u>5,774.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>48</u>	 <hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>ARIZONA-SONORA DESERT MUSEUM</b>	Employer identification number  <b>86-0111675</b>
---	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	_____ _____ _____	\$ 11,427.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>ARIZONA-SONORA DESERT MUSEUM</b>	Employer identification number  <b>86-0111675</b>
---	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	108 SHARES OF PEP STOCK _____ _____ _____	\$ 10,078.	10/06/14
27	GALA WINE AND GIFT CERTIFICATES FOR AUCTION _____ _____ _____	\$ 5,000.	03/20/15
34	ART WORK - SCRATCHBOARD PIECE _____ _____ _____	\$ 800.	04/15/15
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____



Name of organization  <b>ARIZONA-SONORA DESERT MUSEUM</b>	Employer identification number  <b>86-0111675</b>
---	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**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, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2014**  
**Open to Public Inspection**

Name of the organization **ARIZONA-SONORA DESERT MUSEUM** Employer identification number **86-0111675**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- Purpose(s) of conservation easements held by the organization (check all that apply).
 

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
 

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....
- In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
  - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 

(i) Revenue included in Form 990, Part VIII, line 1 .....	▶ \$ _____
(ii) Assets included in Form 990, Part X .....	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
 

a Revenue included in Form 990, Part VIII, line 1 .....	▶ \$ _____
b Assets included in Form 990, Part X .....	▶ \$ _____

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,885,914.	5,944,465.	6,058,054.	5,941,048.	6,576,375.
b Contributions	1,742,649.	715,358.	296,334.	130,741.	32,790.
c Net investment earnings, gains, and losses	-266,861.	347,529.	396,757.	1,032,335.	-17,868.
d Grants or scholarships					
e Other expenditures for facilities and programs	90,485.	1,010,730.	686,463.	737,118.	624,840.
f Administrative expenses	113,224.	110,708.	120,217.	69,764.	25,409.
g End of year balance	7,157,993.	5,885,914.	5,944,465.	6,297,242.	5,941,048.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  36.00 %
- b Permanent endowment  56.00 %
- c Temporarily restricted endowment  8.00 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		<input checked="" type="checkbox"/>
3a(ii)		<input checked="" type="checkbox"/>
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	226,500.			226,500.
b Buildings		33,846,926.	20,807,965.	13,038,961.
c Leasehold improvements				
d Equipment		2,890,055.	2,434,614.	455,441.
e Other		14,372.		14,372.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				13,735,274.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASES PAYABLE	48,109.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	48,109.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	9,644,182.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-552,647.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-552,647.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	10,196,829.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	32,180.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-50,053.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-17,873.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	10,178,956.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	9,177,270.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	50,053.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	50,053.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	9,127,217.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	32,180.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	32,180.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	9,159,397.

**Part XIII Supplemental Information.**

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

**PART III, LINE 1A:**

THE COLLECTIONS, WHICH WERE ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE THE MUSEUM'S INCEPTION, ARE NOT RECOGNIZED AS ASSETS ON THE STATEMENT OF FINANCIAL POSITION. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED, OR AS DECREASES IN TEMPORARILY OR PERMANENTLY RESTRICTED NET ASSETS IF THE ASSETS USED TO PURCHASE THE ITEMS ARE RESTRICTED BY DONORS. CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED IN THE FINANCIAL STATEMENTS. PROCEEDS FROM DE-ACCESSIONS OR INSURANCE RECOVERIES ARE REFLECTED AS INCREASES IN THE APPROPRIATE NET ASSET CLASSES.

**Part XIII** Supplemental Information (continued)

PART III, LINE 4:

THE MUSEUM'S COLLECTIONS CONSIST SUBSTANTIALLY OF LIVING AND NONLIVING NATURAL HISTORY OBJECTS RELATED TO THE MUSEUM'S INTERPRETIVE REGION (THE SONORAN DESERT AND ADJACENT HABITATS). COLLECTIONS ARE HELD FOR EDUCATIONAL, RESEARCH, SCIENTIFIC, AND CURATORIAL PURPOSES. WITH THE EXCEPTION OF CERTAIN FREE-LIVING ORGANISMS, COLLECTIONS ARE CATALOGUED, PRESERVED, AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY.

PART V, LINE 4:

THE MUSEUM'S ENDOWMENT CONSISTS OF AN INDIVIDUAL FUND ESTABLISHED FOR A VARIETY OF PURPOSES. THE ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED FUNDS AND AS REQUIRED BY GAAP, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

PART X, LINE 2:

FIN 48 (ASC 740) FOOTNOTE FROM FINANCIAL STATEMENTS: THE MUSEUM IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE MUSEUM IS ALSO EXEMPT FROM STATE INCOME TAXES. ACCORDINGLY, NO PROVISION IS MADE FOR INCOME TAXES IN THE FINANCIAL STATEMENTS. INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE MUSEUM'S TAX-EXEMPT PURPOSE, HOWEVER, MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS TAXABLE INCOME (UBTI). MANAGEMENT IS NOT AWARE OF ANY MATTERS WHICH WOULD CAUSE THE MUSEUM TO JEOPARDIZE ITS TAX-EXEMPT STATUS AND THERE ARE NO ACTIVITIES SUBJECT TO UBTI.

GAAP REQUIRES MANAGEMENT TO PERFORM AN EVALUATION OF ALL TAX POSITIONS

**Part XIII** Supplemental Information (continued)

TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE MUSEUM'S TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS MEET A "MORE LIKELY THAN NOT" STANDARD OF BEING SUSTAINED UNDER EXAMINATION BY THE APPLICABLE TAXING AUTHORITIES. THIS EVALUATION IS REQUIRED TO BE PERFORMED FOR ALL OPEN TAX YEARS, AS DEFINED BY THE VARIOUS STATUTES OF LIMITATIONS, FOR FEDERAL AND STATE PURPOSES.

THE MUSEUM IS ONLY SUBJECT TO INCOME TAXES ON UBTI AS APPLICABLE. AS A RESULT, THE MUSEUM IS REQUIRED TO FILE INFORMATIONAL RETURNS FOR FEDERAL AND STATE PURPOSES AND, IF IT HAS UBTI, FEDERAL AND STATE INCOME TAX RETURNS. WITH LIMITED EXCEPTIONS, THE MUSEUM IS NO LONGER SUBJECT TO TAX EXAMINATION FOR ANY YEARS EARLIER THAN 2012 FOR FEDERAL AND 2011 FOR STATE. MANAGEMENT HAS PERFORMED ITS EVALUATION OF TAX POSITIONS TAKEN ON ALL OPEN TAX RETURNS AND HAS DETERMINED THAT THERE WERE NO POSITIONS TAKEN THAT DO NOT MEET THE "MORE LIKELY THAN NOT" STANDARD.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES -50,053.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 50,053.

PART III, LINE 5:

IN ADDITION TO ITEMS DONATED FOR ITS COLLECTIONS, THE MUSEUM RECEIVES DONATIONS OF ART AND SIMILAR ASSETS TO BE AUCTIONED AT ITS ANNUAL GALA.





**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		<b>GALA</b> (event type)	(event type)	<b>NONE</b> (total number)	
Revenue	<b>1</b> Gross receipts .....	296,208.			296,208.
	<b>2</b> Less: Contributions .....	145,193.			145,193.
	<b>3</b> Gross income (line 1 minus line 2) .....	151,015.			151,015.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....	33,139.			33,139.
	<b>8</b> Entertainment .....	1,949.			1,949.
	<b>9</b> Other direct expenses .....	148,652.			148,652.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				183,740.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-32,725.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **ARIZONA-SONORA DESERT MUSEUM** Employer identification number **86-0111675**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		755.	DONOR ESTIMATE
5 Clothing and household goods	X		935.	DONOR ESTIMATE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock	X	3	22,780.	TRADING PRICE
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles	X	1	43.	DONOR ESTIMATE
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens	X	160	12,574.	DONOR ESTIMATE
24 Archeological artifacts				
25 Other ▶ ( AUCTION ITEMS )	X	138	72,651.	DONOR ESTIMATE
26 Other ▶ ( WATER )	X	1	67,445.	DONOR ESTIMATE
27 Other ▶ ( SOFTWARE AND )	X	1	15,500.	DONOR ESTIMATE
28 Other ▶ ( OTHER )	X	30	2,965.	DONOR ESTIMATE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2014)

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

AMOUNTS REPORTED IN PART I, COLUMN (B) REPRESENT THE NUMBER OF CONTRIBUTIONS.

Multiple horizontal lines for data entry.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

ARIZONA-SONORA DESERT MUSEUM

Employer identification number

86-0111675

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

MAJOR PROGRAM AREAS IN THE CONSERVATION EDUCATION AND SCIENCE

DEPARTMENT

I. DOCENT PROGRAM: DOCENTS CONTRIBUTED 73,519 HOURS TO THE MUSEUM IN  
2015

DOCENTS ARE PART OF A MUSEUM-WIDE VOLUNTEER PROGRAM, BUT DOCENTS DIFFER  
FROM OTHER VOLUNTEERS IN THE INTERPRETIVE NATURE OF THEIR WORK AND IN  
THE EXTENSIVE TRAINING SUCH WORK REQUIRES. ASDM DOCENTS ARE TRAINED  
VOLUNTEERS WHO INTERPRET THE NATURAL HISTORY OF THE SONORAN DESERT  
REGION TO MUSEUM VISITORS AND TO GROUPS WITHIN THE COMMUNITY. IN DOING  
SO, THEY HELP THE MUSEUM FULFILL ITS CONSERVATION EDUCATION MISSION.

DOCENTS ARE ADULTS OF ALL AGES, WALKS OF LIFE, AND EDUCATIONAL  
BACKGROUNDS. THERE ARE CURRENTLY NEARLY 200 DOCENTS VOLUNTEERING ONE  
DAY PER WEEK (OR MORE). A DOCENT'S PRIMARY RESPONSIBILITY IS  
INTERPRETATION OF THE MUSEUM GROUNDS. SUCH INTERPRETATION CONSISTS OF  
CONDUCTING TOURS FOR GENERAL VISITORS AND PERFORMING INTERPRETIVE  
PROGRAMS OR SPECIAL ACTIVITIES SUCH AS THEME TALKS, LIVE ANIMAL  
INTERPRETATIONS, OR BEING STATIONED AT AN EXHIBIT.

THE MUSEUM REQUIRES A MINIMUM TWO-YEAR COMMITMENT TO THE DOCENT  
PROGRAM. TO MAINTAIN ACTIVE STATUS, DOCENTS ARE REQUIRED TO DONATE A  
MINIMUM OF 144 HOURS OF INTERPRETATION PER YEAR ON THE MUSEUM GROUNDS.

AN EXTENSIVE 15-WEEK DOCENT TRAINING IS REQUIRED AND AFTER SUCCESSFUL

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

Schedule O (Form 990 or 990-EZ) (2014)

432211  
08-27-14

Name of the organization ARIZONA-SONORA DESERT MUSEUM	Employer identification number 86-0111675
--	--

COMPLETION, TRAINEES ARE WELCOMED INTO THE DOCENT CORPS. TRAINEES MEET AT THE MUSEUM FOR A THREE-HOUR CLASS, TWO WEEKDAY MORNINGS EACH WEEK FOR FIFTEEN WEEKS (SOME CLASSES ARE ALL DAY SESSIONS). THE FIRST WEEK CONSISTS OF 4 MORNING ORIENTATION SESSIONS.

THE CLASSES ARE TAUGHT BY MUSEUM CURATORIAL STAFF AND EDUCATORS. THE CURRICULUM IS COORDINATED BY THE ASSOCIATE DIRECTOR OF CONSERVATION EDUCATION & SCIENCE AND FOCUSES ON SUCH AREAS AS CAUSES OF DESERTS, GEOLOGY OF THE SONORAN DESERT, ECOLOGICAL CONCEPTS, THE FLORA AND FAUNA OF THE REGION, INTERPRETIVE METHODS AND MUSEUM PHILOSOPHY. TRAINEES ARE REQUIRED TO SPEND TIME ON THE MUSEUM GROUNDS, OBSERVING DOCENT TOURS AND INTERPRETIVE PRESENTATIONS. THEY MUST RECEIVE PASSING SCORES ON SECTION QUIZZES, A MID-TERM EXAM, AND A FINAL EXAM.

UPON SUCCESSFUL COMPLETION OF THE COURSE, TRAINEES ATTEND A GRADUATION CEREMONY AND RECEIVE DIPLOMAS AS THEY ARE WELCOMED INTO THE MUSEUM FAMILY.

II. YOUTH AND COMMUNITY OUTREACH PROGRAM: TOTAL AUDIENCE SERVED IN 2015: 42,874

#### YOUTH FIELD TRIPS

THE ARIZONA-SONORA DESERT MUSEUM IS A ZOO, BOTANIC GARDEN AND NATURAL HISTORY MUSEUM ALL IN ONE! TEACHERS CAN STRUCTURE THEIR FIELD TRIPS USING A VARIETY OF ACTIVITIES AVAILABLE FOR DOWNLOAD FROM THE MUSEUM'S WEBSITE. IN ADDITION, SUGGESTED CLASSROOM ACTIVITIES TO BE USED PRE- AND POST- TRIP CAN BE DOWNLOADED. THESE HELP TO EXTEND AND DEEPEN THE LEARNING FROM A DESERT MUSEUM VISIT, AND ARE AVAILABLE FOR ELEMENTARY,

Name of the organization ARIZONA-SONORA DESERT MUSEUM	Employer identification number 86-0111675
--	--

MIDDLE AND HIGH SCHOOL STUDENTS. VISITING GROUPS CAN ALSO CHOOSE FROM 19 DIFFERENT DESERT DISCOVERY CLASSES AND LABS OFFERED IN MUSEUM CLASSROOM FACILITIES.

NUMBERS SERVED IN 2015: 25,675

DESERT ARK

THE DESERT ARK IS THE MUSEUM'S OUTREACH PROGRAM, BRINGING THE RESOURCES OF THE MUSEUM, INCLUDING EXPERT EDUCATORS AND LIVE ANIMALS, TO ALL PARTS OF SOUTHERN ARIZONA, FROM SCHOOLS TO SENIOR CENTERS, AND FROM AJO TO SAFFORD. THE MUSEUM OFFERS 19 DIFFERENT DESERT ARK PROGRAMS, IN ADDITION TO CUSTOM PROGRAMS AVAILABLE BY REQUEST.

NUMBERS SERVED IN 2015: 17,001

TEACHER WORKSHOPS/CONTINUING EDUCATION

THE ARIZONA-SONORA DESERT MUSEUM PROVIDES TEACHERS WITH OPPORTUNITIES TO PARTICIPATE IN CLASSROOM AND OUTDOOR WORKSHOPS, INCLUDING A RESOURCE FAIR AT OUR TEACHER APPRECIATION NIGHT. THESE WORKSHOPS PROVIDE THEM WITH TOOLS AND RESOURCES TO HELP THEIR STUDENTS FURTHER THEIR KNOWLEDGE ABOUT SONORAN DESERT NATURAL HISTORY.

NUMBERS SERVED IN 2015: 200

MUSEUM EXPLORERS CAMP

HANDS-ON, MINDS-ON DAY CAMPS FOR CHILDREN IN GRADES 1-6. MUSEUM EXPLORERS TOUCH AND OBSERVE LIVE ANIMALS, CONDUCT SCIENCE EXPERIMENTS, CREATE COOL CRAFTS, SKETCH IN DESERT JOURNALS, SAMPLE DESERT FOODS, AND EXPLORE BEHIND THE SCENES AT THE DESERT MUSEUM. THESE CAMPS ARE OFFERED IN BOTH THE SUMMER AND WINTER.

NUMBER SERVED IN 2015: 90



Name of the organization ARIZONA-SONORA DESERT MUSEUM	Employer identification number 86-0111675
--	--

JUNIOR DOCENT PROGRAM/ADVANCED YOUTH INTERPRETERS (OCT 2014-APR 2015)

THE DESERT MUSEUM JUNIOR DOCENT PROGRAM IS DESIGNED FOR TUCSON AREA BOYS AND GIRLS AGES 13 TO 18. JUNIOR DOCENTS RECEIVE TRAINING ON THE PLANTS, ANIMALS AND GEOLOGY OF THE SONORAN DESERT REGION AND HOW TO INTERPRET (TEACH) IT TO OTHERS. DESERT MUSEUM MEMBERSHIP, SPECIAL PRIVILEGES AND RECOGNITION, AND THE OPPORTUNITY TO HELP OUT WITH MUSEUM EVENTS ARE JUST SOME OF THE BENEFITS JUNIOR DOCENTS RECEIVE IN ADDITION TO BEING PART OF A WORLD FAMOUS MUSEUM! DURING THEIR TWO-YEAR TERM AS A JUNIOR DOCENT, TEENS TYPICALLY DEVELOP SELF-CONFIDENCE, PUBLIC SPEAKING ABILITY AND A GREAT DEPTH OF NATURAL HISTORY KNOWLEDGE.

NUMBER SERVED IN 2015: 9

ADVANCED YOUTH INTERPRETERS (AYI) ARE AMONG A GROUP OF TALENTED YOUTH WHO HAVE INDIVIDUALLY VOLUNTEERED OVER 300 HOURS OF THEIR TIME AND AT LEAST TWO YEARS OF SERVICE IN THE ARIZONA-SONORA DESERT MUSEUM'S JUNIOR DOCENT PROGRAM. THESE AYI ARE SKILLED AT INTERPRETATION AND READY TO PROVIDE LEADERSHIP AT THE MUSEUM AND IN THE TUCSON COMMUNITY. THIS PROGRAM IS MEANT TO ENGAGE THESE YOUTH, ENCOURAGE THE AUTHENTIC APPLICATION OF THEIR INTERPRETATION AND LEADERSHIP SKILLS, AND AS A CONSEQUENCE, ENRICH OUR COMMUNITY BEYOND THE MUSEUM GROUNDS.

NUMBERS SERVED IN 2015: 20

TEEN CONSERVATION LEADERSHIP CORPS (MAY-SEP 2015)

IN MAY 2015, WE SHIFTED OUR TEEN PROGRAMMING AND CREATED THE TEEN CONSERVATION LEADERSHIP CORPS. THROUGH EXPLORATION, RESEARCH AND TEACHING OTHERS, YOUTH IN THE DESERT MUSEUM'S TEEN CONSERVATION LEADERSHIP CORPS DEVELOP AWARENESS AND UNDERSTANDING OF CONSERVATION ISSUES AND GAIN CRITICAL THINKING AND COMMUNICATION SKILLS WHICH WILL

Name of the organization ARIZONA-SONORA DESERT MUSEUM	Employer identification number 86-0111675
--	--

EMPOWER THEM TO BECOME LEADERS FOR OUR SHARED PLANET.

OUR NEW TEEN PROGRAM HAS TWO TIERS:

EARTH AMBASSADORS IS A ONE-YEAR PROGRAM FOR TEENS (AGES 13-17). THE GOAL OF THE EARTH AMBASSADORS PROGRAM IS TO EDUCATE AND INSPIRE YOUTH TO BUILD LEADERSHIP SKILLS AND AN UNDERSTANDING OF SCIENCE AND CONSERVATION THROUGH EXPERIENTIAL LEARNING. EARTH AMBASSADORS IS A PROGRAM INSPIRED BY THE LIFE OF NASA ASTRONAUT LAUREL SALTON CLARK, A PHYSICIAN, DIVER, AVIATOR AND A GREAT LOVER OF NATURE. LAUREL'S GREATEST AND LAST ADVENTURE ENDED FEBRUARY 1, 2003 OVER THE SOUTHERN UNITED STATES WHEN SHE AND THE SPACE SHUTTLE COLUMBIA CREW PERISHED DURING RE-ENTRY. EARTH AMBASSADORS WAS DEVELOPED AS A WAY TO HONOR LAUREL AND HER LOVE OF THE DESERT MUSEUM, WHICH INCLUDED EVERYTHING FROM THE SMALLEST INSECT TO THE RAPTOR FREE FLIGHT PROGRAM

EARTH AMBASSADORS HIKE, BIKE, CAMP AND BACKPACK IN AND AROUND OUR MAGNIFICENT SONORAN DESERT IN ORDER TO DEVELOP AWARENESS AND UNDERSTANDING OF OUR PLANET'S ECOSYSTEMS AND HOW TO BETTER LIVE IN HARMONY WITH NATURE. LEARNING FROM DESERT MUSEUM EXPERTS, EXPERIENCING HANDS-ON ECOLOGICAL RESEARCH AND STUDYING THE UNIQUE PLANTS AND ANIMALS OF THE SONORAN DESERT REGION WILL ALLOW YOUTH TO EXPAND THEIR AWARENESS OF THE INTERDEPENDENCY OF ALL LIVING THINGS, CREATE A SENSE OF WONDER RELATED TO OUR PLANET AND APPRECIATE HOW SCIENCE CAN BE USED TO HELP PEOPLE MAKE MORE SUSTAINABLE CHOICES IN A RAPIDLY CHANGING WORLD.

NUMBERS SERVED IN 2015: 8

JUNIOR DOCENTS IS A ONE YEAR PROGRAM OFFERED TO TEENS WHO HAVE COMPLETED ONE YEAR OF EARTH AMBASSADORS. TEENS USE THEIR KNOWLEDGE AND

Name of the organization

ARIZONA-SONORA DESERT MUSEUM

Employer identification number

86-0111675

EXPERIENCE THEY GAINED AS AN EARTH AMBASSADOR AND RECEIVE FURTHER TRAINING ON THE PLANTS, ANIMALS, GEOLOGY AND ECOLOGY OF THE SONORAN DESERT REGION AND HOW TO INTERPRET (TEACH) IT TO OTHERS. JUNIOR DOCENTS HELP MUSEUM VISITORS BETTER UNDERSTAND AND APPRECIATE THE SONORAN DESERT REGION, THEY DESIGN EXPERIMENTS AND COLLECT DATA FOR THE MUSEUM AND OTHER ORGANIZATIONS, THEY SHADOW MUSEUM STAFF FROM VARIOUS DEPARTMENTS, ENGAGE THE PUBLIC DURING ON-SITE & OFF-SITE PROGRAMS, AND INTERPRET WITH LIVE ANIMALS SUCH AS ARTHROPODS AND REPTILES. IN ADDITION, THEY PARTICIPATE IN FIELD TRIPS, CAMPOUTS AND OTHER ACTIVITIES THROUGHOUT THE YEAR. NUMBERS SERVED IN 2015: 11

## COATI KIDS CLUB

THIS MEMBERSHIP PROGRAM FOR KIDS OFFERS FREE ADMISSION ALL YEAR LONG, EIGHT SPECIAL EVENTS FOR CLUB MEMBERS, A CLUB T-SHIRT AND EXPLORER'S PACK AND A SEMI-ANNUAL NEWSLETTER, JUST FOR KIDS. THE MUSEUM RECENTLY DEDICATED A "FOREVER YOUNG TREEHOUSE" AS THE OFFICIAL CLUBHOUSE OF THE COATI CLUB.

NUMBERS SERVED IN 2015: 116 (ABOUT 36 FAMILIES)

## PUBLIC CLASSES, TRIPS AND TOURS FOR ADULTS AND FAMILIES

THESE PROGRAMS ARE OFFERED TO THE PUBLIC THROUGHOUT THE YEAR TO CREATE A BETTER UNDERSTANDING OF OUR SONORAN DESERT AND TECHNIQUES AND TIPS FOR DESERT LIVING. CLASSES ARE OFFERED IN TOPICS SUCH AS NATURAL HISTORY, TREE PRUNING, WATER HARVESTING, COOKING WITH MESQUITE AND TRIPS TO HOPI AND NAVAJO COUNTRY.

NUMBERS SERVED IN 2015: 426

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

432212  
08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization

ARIZONA-SONORA DESERT MUSEUM

Employer identification number

86-0111675

EXHIBITS THAT ARE RELEVANT AND INSPIRING TO SERVE THE MISSION OF THE  
DESERT MUSEUM. IN FISCAL YEAR 2015, THE ART INSTITUTE SERVED 1093  
STUDENTS.

OUR NATURE ILLUSTRATION CERTIFICATE PROGRAM IS THE ONLY ONE OF ITS KIND  
IN THE UNITED STATES. THESE CLASSES ARE DESIGNED AROUND AN ART  
CURRICULUM WITH A FOCUS ON SONORAN DESERT SUBJECT MATTER. STUDENTS  
ACQUIRE KNOWLEDGE ABOUT THE SUBJECTS OF THEIR WORK SUCH AS RAPTORS,  
MAMMALS, DESERT BIRDS, REPTILES, AND PLANTS IN ADDITION TO LEARNING HOW  
TO DRAW, PAINT, PHOTOGRAPH AND WORK IN A VARIETY OF ILLUSTRATION MEDIA.  
THERE ARE 15 REQUIRED COURSES AND 100 HOURS OF ELECTIVE CLASSES THAT  
PRECEDE THE PORTFOLIO REVIEW. AFTER COMPLETION OF ALL REQUIREMENTS,  
STUDENTS RECEIVE A CERTIFICATE OF COMPLETION IN NATURE ART. THE  
CERTIFICATE PROVIDES INCENTIVE FOR STUDENTS TO PURSUE AND GROW THEIR  
KNOWLEDGE OF THE SONORAN DESERT REGION.

THE PASTPERFECT MUSEUM SOFTWARE IS USED FOR OUR INVENTORY,  
DOCUMENTATION AND MAINTENANCE OF OUR ART COLLECTIONS. THIS SOFTWARE IS  
USED BY 7,000 MUSEUMS IN THE U.S. AND IT WILL BE MORE THAN ADEQUATE FOR  
MANY DECADES OF USE HERE AT THE MUSEUM.

VANISHING CIRCLES IS A PERMANENT COLLECTION OF ORIGINAL PAINTINGS  
DEPICTING DISAPPEARING WILDLIFE, PLANTS AND HABITATS OF THE SONORAN  
DESERT, CREATED BY INTERNATIONALLY RENOWNED ARTISTS. IN 2015 THE MUSEUM  
ADDED 6 PAINTINGS TO THE COLLECTION AND IT TRAVELED TO MEXICO CITY.  
VANISHING CIRCLES WILL CONTINUE TO GROW AND TRAVEL, ACTING AS A  
MULTI-MEDIA INTERPRETIVE TOOL FOR THE SONORAN DESERT REGION AND TO  
INSPIRE CONSERVATION THROUGH VISUAL ARTS EDUCATION.

Name of the organization

ARIZONA-SONORA DESERT MUSEUM

Employer identification number

86-0111675

THE IRONWOOD GALLERY CONTINUES TO HAVE FOUR TO SIX DIFFERENT EXHIBITS THROUGHOUT THE YEAR. THESE ART EXHIBITS SERVE THE MISSION OF THE DESERT MUSEUM BY EXTENDING THE MUSEUM EXPERIENCE, INTERPRETING BOTH HABITAT AND WILDLIFE TO OUR VISITORS. THERE ARE 50 VOLUNTEERS WHO GIVE THEIR TIME TO KEEP THE GALLERY OPEN TO THE PUBLIC, 7 DAYS A WEEK. OUR VISITORS ARE GUARANTEED AN ACCESSIBLE, EDUCATIONAL EXPERIENCE THAT PROMOTES APPRECIATION AND UNDERSTANDING OF THE SONORAN DESERT. THE IRONWOOD GALLERY COMPLETED A FACILITY REMODEL THAT HEIGHTENS THE VISITOR EXPERIENCE BY PROVIDING A HIGHER QUALITY FACILITY AND YOUTH ART ACTIVITY AREA, THEREFORE PROVIDING MORE MEANINGFUL EXPERIENCES AND ATTRACTING EVEN MORE NOTABLE EXHIBITIONS. THE GALLERY EXHIBITS EXPANDED TO THE BALDWIN EDUCATION BUILDING. A ROSTER OF REGIONAL EXHIBITS HELD IN THE EDUCATION BUILDING IN CONJUNCTION WITH THE IRONWOOD GALLERY IS ANOTHER CREATIVE EXPERIENCE FOR GUESTS.

FORM 990, PART VI, SECTION A, LINE 6:

THERE IS ONE CLASS OF MEMBERS, ALL OF WHOM HAVE THE SAME VOTING RIGHTS WHICH ARE TO ELECT NEW TRUSTEES BY BALLOT.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS ELECT TRUSTEES BY BALLOT.

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

A DRAFT COPY OF FORM 990 IS GIVEN TO THE MEMBERS OF THE FINANCE COUNCIL. THE MEMBERS OF THE FINANCE COUNCIL, ALONG WITH THE CEO AND CFO, REVIEW ALL SCHEDULES AND NARRATIVES FOR ACCURACY AND COMPLETENESS. AFTER THE APPROVAL OF THE FINANCE COUNCIL, A COPY OF FORM 990 IS FORWARDED TO ALL BOARD

Name of the organization

ARIZONA-SONORA DESERT MUSEUM

Employer identification number

86-0111675

MEMBERS PRIOR TO FILING THE RETURN.

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

NEW MEMBERS OF THE BOARD OF TRUSTEES AND NEW EMPLOYEES ARE REQUIRED TO REVIEW A COPY OF THE CONFLICT OF INTEREST POLICY AND ACKNOWLEDGE IN WRITING THAT S/HE HAS DONE SO. ANNUALLY, EACH BOARD MEMBER AND EMPLOYEE COMPLETES A DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIP, POSITIONS OR CIRCUMSTANCES IN WHICH S/HE IS INVOLVED THAT COULD CONTRIBUTE TO A CONFLICT OF INTEREST ARISING. PRIOR TO BOARD OF TRUSTEES OR COMMITTEE ACTION ON A CONTRACT OR TRANSACTION INVOLVING A CONFLICT OF INTEREST, A DIRECTOR OR COMMITTEE MEMBER HAVING A CONFLICT OF INTEREST AND WHO IS IN ATTENDANCE AT THE MEETING SHALL DISCLOSE ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST. BOARD MEMBERS WHO HAVE A CONFLICT OF INTEREST ARE NOT PERMITTED TO PARTICIPATE OR HEAR THE BOARD OF TRUSTEE'S OR COMMITTEE'S DISCUSSION OF THE MATTER EXCEPT TO DISCLOSE THE MATERIAL FACTS AND TO RESPOND TO QUESTIONS. AN EMPLOYEE WHO IS NOT A MEMBER OF THE BOARD OF TRUSTEES DISCLOSES TO HIS/HER SUPERVISOR ANY CONFLICT OF INTEREST THAT SUCH EMPLOYEE HAS WITH RESPECT TO A CONTRACT OR TRANSACTION.

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

THE EXECUTIVE DIRECTOR'S COMPENSATION IS BOARD DISCRETIONARY AND IS DETERMINED BY THE EXECUTIVE COMMITTEE WHICH CONSISTS OF INDEPENDENT BOARD MEMBERS. THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED ON AN ANNUAL BASIS USING BOTH LOCAL ANNUAL COMPENSATION SURVEY DATA AS WELL AS THE COMPENSATION SURVEY DATA PROVIDED BY THE ASSOCIATION OF ZOOS & AQUARIUMS MEMBER COMPENSATION SURVEY THAT IS PUBLISHED EVERY TWO YEARS.

THE CHIEF FINANCIAL OFFICER'S COMPENSATION IS CALCULATED USING SALARY

432212  
08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization ARIZONA-SONORA DESERT MUSEUM	Employer identification number 86-0111675
--	--

GRADES THAT REPRESENT A GROUPING OF POSITIONS THAT ARE ALIKE IN RESPONSIBILITY AND SCOPE AND ARE BASED ON A NUMBER OF FACTORS INCLUDING: AVERAGE MARKET PAY, THE MUSEUM'S ABILITY TO PAY AND INTERNAL EQUITY. SALARY GRADES ARE ESTABLISHED BASED ON THE COMPETITIVE MARKET USING STATE AND LOCAL SALARY SURVEYS AND THE ASSOCIATION OF ZOOS & AQUARIUMS MEMBER COMPENSATION SURVEY. SALARY AND BENEFITS FOR THIS POSITION ARE INCREASED OR DECREASED BASED ON THE SAME ANNUAL PERCENTAGE INCREASE AS ALL OTHER STAFF.

FORM 990, PART VI, SECTION C, LINE 19:  
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.