

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ 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

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 10-01-2016, and ending 09-30-2017

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
 ARIZONA-SONORA DESERT MUSEUM

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
 2021 NORTH KINNEY ROAD

City or town, state or province, country, and ZIP or foreign postal code
 TUCSON, AZ 857439719

D Employer identification number
 86-0111675

E Telephone number
 (520) 883-1380

G Gross receipts \$ 14,285,295

F Name and address of principal officer
 CRAIG S IVANYI
 2021 NORTH KINNEY ROAD
 TUCSON, AZ 857439719

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW.DESERTMUSEUM.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1952

M State of legal domicile AZ

Part I Summary

1 Briefly describe the organization's mission or most significant activities
 SONORAN DESERT EDUCATION THROUGH ZOOLOGICAL, BOTANICAL, GEOLOGICAL, AND CULTURAL PRESENTATIONS

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	24
4 Number of independent voting members of the governing body (Part VI, line 1b)	24
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	156
6 Total number of volunteers (estimate if necessary)	747
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	4,398,817	4,870,835
9 Program service revenue (Part VIII, line 2g)	5,097,986	5,762,974
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	206,385	1,021,638
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	500,486	721,581
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,203,674	12,377,028
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,851,891	6,035,319
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	170,043
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 699,646		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,094,927	4,069,053
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	9,946,818	10,274,415
19 Revenue less expenses Subtract line 18 from line 12	256,856	2,102,613

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	24,744,123	27,025,049
21 Total liabilities (Part X, line 26)	1,076,829	1,583,965
22 Net assets or fund balances Subtract line 21 from line 20	23,667,294	25,441,084

Part II Signature Block

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

Sign Here

Signature of officer: _____
 CRAIG S IVANYI EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: KAREN K MCCLOSKEY CPA
 Preparer's signature: KAREN K MCCLOSKEY

Firm's name: ▶ BEACHFLEISCHMAN PC
 Firm's address: ▶ 1985 E RIVER ROAD SUITE 201
 TUCSON, AZ 85718

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III **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 No

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 6,440,119 including grants of \$) (Revenue \$ 5,303,987)
See Additional Data

4b (Code) (Expenses \$ 1,135,709 including grants of \$) (Revenue \$ 326,312)
See Additional Data

4c (Code) (Expenses \$ 616,316 including grants of \$) (Revenue \$ 154,310)
See Additional Data

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

4e Total program service expenses ► 8,192,144

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	Yes	
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 20a, 20b, 21, 22, 23, 24a, 24b, 24c, 24d, 25a, 25b, 26, 27, 28a, 28b, 28c, 29, 30, 31, 32, 33, 34, 35a, 35b, 36, 37, 38.

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 (24); 1b Enter the number of voting members included in line 1a, above, who are independent (24); 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? (No); 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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (Yes); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 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 (No).

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? (No); 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? (Yes); 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 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 (Yes); b Other officers or key employees of the organization (Yes); 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? (No); 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

Table with 3 columns: Question, Yes, No. Rows include: 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [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 2021 N KINNEY RD TUCSON, AZ 857438918 (520) 883-3012).

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b	543,337			
	c Fundraising events	1c	160,445			
	d Related organizations	1d				
	e Government grants (contributions)	1e	76,898			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,090,155			
	g Noncash contributions included in lines 1a-1f \$ _____ 200,123					
	h Total. Add lines 1a-1f		4,870,835			
Program Service Revenue		Business Code				
	2a ADMISSIONS	713990	3,609,460	3,609,460		
	b MEMBERSHIP DUES	713990	1,251,139	1,251,139		
	c OTHER	713990	421,758	421,758		
	d EDUCATION	713990	326,312	326,312		
	e ART INSTITUTE	713990	154,305	154,305		
	f All other program service revenue					
g Total. Add lines 2a-2f		5,762,974				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		297,348		297,348	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		2,506		2,506	
	6a Gross rents	(i) Real				
		791,097				
		b Less rental expenses	59,415			
		c Rental income or (loss)	731,682			
	d Net rental income or (loss)		731,682		731,682	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		2,331,349				
		b Less cost or other basis and sales expenses	1,607,059			
		c Gain or (loss)	724,290			
	d Net gain or (loss)		724,290		724,290	
	8a Gross income from fundraising events (not including \$ 160,445 of contributions reported on line 1c) See Part IV, line 18	a		178,921		
		b Less direct expenses	b	213,163		
c Net income or (loss) from fundraising events			-34,242		-34,242	
9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a		46,808			
	b Less cost of goods sold	b	28,630			
	c Net income or (loss) from sales of inventory		18,178	18,178		
Miscellaneous Revenue	Business Code					
11a VENDING MACHINES	713990	3,457	3,457			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		3,457				
12 Total revenue. See Instructions		12,377,028	5,784,609	0	1,721,584	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	243,903		243,903	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,614,255	3,735,158	620,489	258,608
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	92,816	72,551	14,479	5,786
9 Other employee benefits	669,378	563,173	75,542	30,663
10 Payroll taxes	414,967	330,907	64,173	19,887
11 Fees for services (non-employees)				
a Management				
b Legal	24,678	20,977	3,084	617
c Accounting	40,525	34,448	5,064	1,013
d Lobbying				
e Professional fundraising services See Part IV, line 17	170,043			170,043
f Investment management fees	46,866		46,866	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	455,735	294,751	121,851	39,133
12 Advertising and promotion	134,396	29,537	100,952	3,907
13 Office expenses	543,340	354,358	37,486	151,496
14 Information technology	52,369	42,913	6,026	3,430
15 Royalties	4,053	4,053		
16 Occupancy	436,152	436,152		
17 Travel	142,488	142,488		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	30,169	15,851	11,251	3,067
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,094,657	1,094,657		
23 Insurance	102,846	93,494	9,134	218
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ANIMAL EXPENSE	393,545	393,545		
b OTHER EXPENSES	352,646	319,043	21,825	11,778
c MAINTENANCE AND REPAIR	214,588	214,088	500	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	10,274,415	8,192,144	1,382,625	699,646
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	21,500	1	23,350
	2 Savings and temporary cash investments	665,096	2	1,750,464
	3 Pledges and grants receivable, net	662,233	3	506,391
	4 Accounts receivable, net	135,966	4	134,684
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 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 instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	253,467	8	222,309
	9 Prepaid expenses and deferred charges	42,049	9	43,894
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 39,989,613		
	b Less accumulated depreciation	10b 25,415,879	13,441,194	10c 14,573,734
	11 Investments—publicly traded securities	8,977,383	11	9,230,445
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	545,235	15	539,778
16 Total assets. Add lines 1 through 15 (must equal line 34)	24,744,123	16	27,025,049	
Liabilities	17 Accounts payable and accrued expenses	610,746	17	986,700
	18 Grants payable		18	
	19 Deferred revenue	454,976	19	593,838
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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	11,107	25	3,427
	26 Total liabilities. Add lines 17 through 25	1,076,829	26	1,583,965
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	17,356,993	27	17,572,265
	28 Temporarily restricted net assets	2,175,556	28	3,705,578
	29 Permanently restricted net assets	4,134,745	29	4,163,241
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	23,667,294	33	25,441,084
	34 Total liabilities and net assets/fund balances	24,744,123	34	27,025,049

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	12,377,028
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,274,415
3	Revenue less expenses Subtract line 2 from line 1	3	2,102,613
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,667,294
5	Net unrealized gains (losses) on investments	5	-317,203
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	-11,620
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	25,441,084

Part XII Financial Statements and Reporting

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

	Yes	No
<p>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</p>		
<p>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</p>	2a	No
<p>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</p>	2b	Yes
<p>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</p>	2c	Yes
<p>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?</p>	3a	No
<p>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</p>	3b	

Additional Data

Software ID:

Software Version:

EIN: 86-0111675

Name: ARIZONA-SONORA DESERT MUSEUM

Form 990 (2016)

Form 990, Part III, Line 4a:

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 22,466,000 PEOPLE FROM AROUND THE WORLD HAVE VISITED THE MUSEUM. OVER 21,000 INDIVIDUALS AND FAMILIES CURRENTLY HOLD MEMBERSHIPS IN THE MUSEUM. IN FISCAL YEAR 2017, ATTENDANCE AT THE MUSEUM WAS 366,746 VISITORS.

Form 990, Part III, Line 4b:

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. MAJOR PROGRAM AREAS IN THE CONSERVATION EDUCATION AND SCIENCE DEPARTMENT'S DOCENT PROGRAM. DOCENTS CONTRIBUTED 60,000 HOURS TO THE MUSEUM IN 2017. 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. AS DM 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 210 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 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 DURING LATE SUMMER 2017. 28 DOCENT TRAINEES BEGAN THE COURSE AND IN JANUARY WILL 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 2017: 39,612. YOUTH FIELD TRIP: 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, MIDDLE AND HIGH SCHOOL STUDENTS. VISITING GROUPS CAN ALSO CHOOSE FROM 13 DIFFERENT DESERT DISCOVERY CLASSES AND LABS OFFERED IN MUSEUM CLASSROOM FACILITIES. NUMBERS SERVED IN 2017: 29,236. 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 18 DIFFERENT DESERT ARK PROGRAMS, IN ADDITION TO CUSTOM PROGRAMS AVAILABLE BY REQUEST. NUMBERS SERVED IN 2017: 9483. 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 2017: 250. SUMMER CAMPS: HANDS-ON, MINDS-ON DAY AND OVERNIGHT CAMPS FOR CHILDREN IN GRADES 1-9. DESERT MUSEUM CAMPERS OBSERVE LIVE ANIMALS, CONDUCT SCIENCE EXPERIMENTS, CREATE COOL CRAFTS, SKETCH IN DESERT JOURNALS, HARVEST AND PREPARE DESERT FOODS, CAMP IN THE DESERT AND EXPLORE BEHIND THE SCENES AT THE DESERT MUSEUM. NUMBER SERVED IN 2017: 126. JUNIOR DOCENT PROGRAM: 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 2017: 16. EARTH AMBASSADORS: 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 WHO PERISHED IN THE COLUMBIA SPACE SHUTTLE DISASTER. 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 2017: 80. 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 2017: 137. (45 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 2017: 351.

Form 990, Part III, Line 4c:

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 EXHIBITS THAT ARE RELEVANT AND INSPIRING TO SERVE THE MISSION OF THE DESERT MUSEUM IN FISCAL YEAR 2017, THE ART INSTITUTE SERVED 1296 STUDENTS, OFFERED 186 DIFFERENT ART AND PHOTOGRAPHY CLASSES, TAUGHT BY 27 INSTRUCTORS STUDENTS CAME FROM 28 DIFFERENT STATES AND 3 DIFFERENT COUNTRIES 4 STUDENTS GRADUATED FROM THE CERTIFICATE PROGRAM AND THERE WERE 308 BRAND NEW STUDENTS WHO ENTERED THE PROGRAM ADDITIONALLY, 13 VISITING MASTER ARTIST WORKSHOPS TOOK PLACE 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 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 2017 THE MUSEUM ADDED 6 PAINTINGS TO THE COLLECTION 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 THE IRONWOOD GALLERY AND BALDWIN EDUCATION GALLERY CONTINUES TO HAVE 8 TO 12 DIFFERENT EXHIBITS THROUGHOUT THE YEAR AND DISPLAYS OVER 400 UNIQUE PIECES OF ART BY OVER 200 DIFFERENT ARTISTS 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 IN 2017 THE GALLERY HAD OVER 45,684 VISITORS 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 IN 2017 12 ART EXHIBITS WERE PRODUCED, 10 ART OPENINGS TOOK PLACE, 440 DIFFERENT PIECES OF ART WERE DISPLAYED CREATED BY 260 ARTISTS 63 PIECES OF ART WERE SOLD

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
PAUL L BAKER TRUSTEE	1 00	X						0	0	0
CRAIG BARKER TRUSTEE	1 00	X						0	0	0
MICHAEL C BALDWIN TRUSTEE	1 00	X						0	0	0
SHANE BURGESS DVMPHD TRUSTEE	1 00	X						0	0	0
RAY CARROLL TRUSTEE	1 00	X						0	0	0
JOHN D DOERR DDS TRUSTEE	1 00	X						0	0	0
LYNN ERICKSEN TRUSTEE	1 00	X						0	0	0
J FELIPE GARCIA TRUSTEE	1 00	X						0	0	0
JAMES HENSLEY TRUSTEE	1 00	X						0	0	0
RUSSELL L JONES TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
JOSE LEVER TRUSTEE	1 00	X						0	0	0
LISA LOVALLO TRUSTEE	1 00	X						0	0	0
SHANNAN MARTY TRUSTEE	1 00	X						0	0	0
ROBIN B RANDALL TRUSTEE	1 00	X						0	0	0
ALYCE SADONGEI TRUSTEE	1 00	X						0	0	0
PETER W SALTER TRUSTEE	1 00	X						0	0	0
JOHN P SCHAEFER PHD TRUSTEE	1 00	X						0	0	0
PETER WAND TRUSTEE	1 00	X						0	0	0
CHANDLER WARDEN TRUSTEE	1 00	X						0	0	0
WILLIAM H LOMICKA IMMEDIATE PAST CHAIR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
ERIK BAKKEN CHAIR	2 00	X		X				0	0	0
KEVIN E BONINE PHD VICE CHAIR	2 00	X		X				0	0	0
NANNON ROOSA TREASURER	2 00	X		X				0	0	0
JOAN SCOTT SECRETARY	2 00	X		X				0	0	0
CRAIG IVANYI EXECUTIVE DIRECTOR	40 00			X				128,076	0	19,766
CAROLYN CARSON CHIEF FINANCIAL OFFICER	40 00			X				77,885	0	5,745
CREE ZISCHKE EXECUTIVE PHILANTHROPY DIRECTOR	40 00					X		105,758	0	7,770

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ARIZONA-SONORA DESERT MUSEUM

Employer identification number

86-0111675

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s) _____

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI))						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2016. 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 stop here. 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	10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,019,239	3,042,647	4,284,089	4,346,718	4,793,937	19,486,630
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,841,883	4,653,676	4,971,815	5,153,740	5,655,363	24,276,477
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge	54,687	45,091	67,445	52,099	76,898	296,220
6 Total. Add lines 1 through 5	6,915,809	7,741,414	9,323,349	9,552,557	10,526,198	44,059,327
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	217,675	1,489,970	922,940	1,368,387	2,242,316	6,241,288
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
c Add lines 7a and 7b	217,675	1,489,970	922,940	1,368,387	2,242,316	6,241,288
8 Public support. (Subtract line 7c from line 6.)						37,818,039

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6	6,915,809	7,741,414	9,323,349	9,552,557	10,526,198	44,059,327
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	749,659	826,513	884,880	746,013	1,090,951	4,298,016
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	749,659	826,513	884,880	746,013	1,090,951	4,298,016
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				8,020		8,020
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4,187	2,752	2,839	3,412	3,452	16,642
13 Total support. (Add lines 9, 10c, 11, and 12.)	7,669,655	8,570,679	10,211,068	10,310,002	11,620,601	48,382,005
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	78.170 %
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	81.880 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	8.880 %
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	8.820 %

19a 33 1/3% support tests—2016. 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—2015. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
	4b		
c	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)? 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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	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))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	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? <i>If "No," describe in Part VI 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.</i>		
2	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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	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? <i>If "Yes," then in Part VI 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.</i>		
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 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 Adjusted Net Income (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)	1	
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 Total (add lines 1a, 1b, and 1c)	1d	
e Discount 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 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		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 Distributable Amount. 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
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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" on 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? Yes 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? Yes No

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 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 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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 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)? Yes No

9 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" on Form 990, Part IV, line 8.

1a 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

b 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 on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 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 on 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" on 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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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" on 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	6,901,262	7,157,993	5,885,914	5,944,465	6,058,054
b Contributions	699,498	516,031	1,742,649	715,358	296,334
c Net investment earnings, gains, and losses	700,116	635,706	-266,861	347,529	396,757
d Grants or scholarships					
e Other expenditures for facilities and programs	601,767	824,618	90,485	1,010,730	686,463
f Administrative expenses	67,046	108,259	113,224	110,708	120,217
g End of year balance	7,632,063	7,376,853	7,157,993	5,885,914	5,944,465

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 43 000 %
 - b** Permanent endowment ▶ 55 000 %
 - c** Temporarily restricted endowment ▶ 2 000 %
- The percentages on 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
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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' on 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		34,555,692	22,705,001	11,850,691
c Leasehold improvements				
d Equipment		3,212,988	2,710,878	502,110
e Other		1,994,433		1,994,433
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				14,573,734

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on 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)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on 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)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered 'Yes' on 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)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
CAPITAL LEASES PAYABLE	3,427
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	3,427

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' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	12,084,173
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		-317,203
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	-317,203
3	Subtract line 2e from line 1		3	12,401,376
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		46,866
b	Other (Describe in Part XIII)	4b		-71,214
c	Add lines 4a and 4b		4c	-24,348
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	12,377,028

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	10,310,383
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		82,834
e	Add lines 2a through 2d		2e	82,834
3	Subtract line 2e from line 1		3	10,227,549
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		46,866
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	46,866
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	10,274,415

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Additional Data

Software ID:

Software Version:

EIN: 86-0111675

Name: ARIZONA-SONORA DESERT MUSEUM

Supplemental Information

Return Reference	Explanation
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.

Supplemental Information

Return Reference	Explanation
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

Supplemental Information

Return Reference	Explanation
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 NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS THE NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE REQUIRED BY GAAP TO BE INCLUDED IN THE ENDOWMENT FUNDS THE ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR IMPOSED RESTRICTIONS

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	<p>FIN 48 (ASC 740) FOOTNOTE FROM FINANCIAL STATEMENTS THE MUSEUM IS EXEMPT FROM FEDERAL INC OME 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 FINANCI AL STATEMENTS INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE MUSEUM'S TAX-EXE MPT PURPOSE, HOWEVER, MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS TAXABLE INCOME (UBT I) 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 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 LI KELY THAN NOT" STANDARD OF BEING SUSTAINED UNDER EXAMINATION BY THE APPLICABLE TAXING AUTH ORITIES 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 S UBJECT 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 STAT E INCOME TAX RETURNS MANAGEMENT HAS PERFORMED ITS EVALUATION OF TAX POSITIONS TAKEN ON AL L OPEN TAX RETURNS AND HAS DETERMINED THAT THERE WERE NO POSITIONS TAKEN THAT DO NOT MEET THE "MORE LIKELY THAN NOT" STANDARD FROM TIME TO TIME, THE MUSEUM MAY BE SUBJECT TO PENAL TIES AND INTEREST ASSESSED BY VARIOUS TAXING AUTHORITIES, WHICH ARE CLASSIFIED AS ADMINIST RATIVE EXPENSES, IF THEY OCCUR</p>

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	RENTAL EXPENSES -59,415 BAD DEBT EXPENSE -11,803 ROUNDING 4

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 59,415 BAD DEBT EXPENSE 11,803 UNCOLLECTIBLE PLEDGES 11,620 ROUNDING -4

Supplemental Information

Return Reference	Explanation
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

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2016

Open to Public Inspection

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

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Department of the Treasury Internal Revenue Service

Name of the organization ARIZONA-SONORA DESERT MUSEUM

Employer identification number

86-0111675

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes rows for MEMBERSHIP CONSULTANTS INC and DEL ORO CONSULTING.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

AZ, MO

Part II Fundraising Events. Complete if the organization answered "Yes" on 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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		GALA (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
1	Gross receipts	339,366			339,366
2	Less Contributions	160,445			160,445
3	Gross income (line 1 minus line 2)	178,921			178,921
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	69,364			69,364
	8 Entertainment	2,296			2,296
	9 Other direct expenses	141,503			141,503
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
11	Net income summary Subtract line 10 from line 3, column (d) ▶				-34,242

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6	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
7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
8	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 _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference

Explanation

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2016

▶ **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**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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		144	DONOR ESTIMATE
5 Clothing and household goods	X		450	DONOR ESTIMATE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock	X	4	26,386	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	9	2,500	DONOR ESTIMATE
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (AUCTION ITEMS)	X	253	84,955	DONOR ESTIMATE
26 Other ▶ (WATER)	X	1	76,898	DONOR ESTIMATE
27 Other ▶ (OTHER)	X	8	8,790	DONOR ESTIMATE
28 Other ▶ (_____)				

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?		No
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?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
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		

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.

Return Reference	Explanation
PART I, COLUMN (B)	PART I, COLUMN (B) REPORTS THE NUMBER OF CONTRIBUTIONS RATHER THAN THE NUMBER OF ITEMS RECEIVED

SCHEDULE O
(Form 990 or 990-EZ)

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.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ARIZONA-SONORA DESERT MUSEUM

Employer identification number

86-0111675

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE BYLAWS WERE AMENDED ON JANUARY 25, 2017 THE FOLLOWING ARE THE SIGNIFICANT CHANGES - THE BOARD MAY INCREASE OR DECREASE THE SIZE OF THE BOARD AT ANYTIME EXCEPT WITHIN THE 120 DAYS PRIOR TO THE ANNUAL MEETING, PROVIDED THAT A DECREASE DOES NOT SHORTEN THE TERM OF ANY INCUMBENT DIRECTOR - IF A QUORUM IS NOT PRESENT, THE TRUSTEES PRESENT MAY ADJOURN THE MEETING FROM TIME TO TIME, WITHOUT NOTICE OTHER THAN ANNOUNCEMENT AT THE MEETING, UNTIL A QUORUM IS PRESENT - THE ESTABLISHMENT OF A NEW EXECUTIVE COMMITTEE, CONSISTING OF THE OFFICERS OF THE BOARD OF TRUSTEES AND CHAIRPERSONS OF THE STANDING COUNCILS THE COMMITTEE SHALL CONSIDER QUESTIONS, GIVE ADVICE, AND MAKE RECOMMENDATIONS TO THE BOARD, AND ON A PURELY ADVISORY BASIS

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS ELECT TRUSTEES BY BALLOT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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 MEMBERS PRIOR TO FILING THE RETURN.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	LOSSES ON UNCOLLECTIBLE PLEDGES -11,620