

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the **2009** calendar year, or tax year beginning **OCT 1, 2009** and ending **SEP 30, 2010**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	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 country, and ZIP + 4 TUCSON, AZ 85743-9719 F Name and address of principal officer: CRAIG S IVANYI SAME AS C ABOVE	D Employer identification number 86-0111675 E Telephone number (520) 883-1380 G Gross receipts \$ 10,349,232. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.DESERTMUSEUM.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3 19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 18
	5	Total number of employees (Part V, line 2a)	5 147
	6	Total number of volunteers (estimate if necessary)	6 431
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)
9		Program service revenue (Part VIII, line 2g)	3,428,344. 3,419,038.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-488,834. -215,690.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	695,779. 625,988.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,511,228. 6,433,889.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,803,318. 4,848,884.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	3,811.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 427,147.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,999,004. 3,842,787.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,806,133. 8,691,671.
	19	Revenue less expenses. Subtract line 18 from line 12	-2,294,905. -2,257,782.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 28,124,760. End of Year 26,747,318.
	21	Total liabilities (Part X, line 26)	1,079,289. 1,080,564.
	22	Net assets or fund balances. Subtract line 21 from line 20	27,045,471. 25,666,754.

Part II Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	Signature of officer		Date	
	CRAIG S IVANYI, CEO			
	Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN ▶	Phone no. ▶
	BEACHFLEISCHMAN PC			(520) 321-4600
	P.O. BOX 64130			
	TUCSON, AZ 85728-4130			

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

Part III Statement of Program Service Accomplishments

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No 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 [X] No If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 6,736,885. including grants of \$) (Revenue \$ 3,377,463.) GENERAL OVERVIEW:

THE ARIZONA-SONORA DESERT MUSEUM IS A WORLD-RENOWNED ZOO, NATURAL HISTORY MUSEUM AND BOTANICAL GARDEN. EXHIBITS REALISTICALLY RE-CREATE THE NATURAL LANDSCAPE OF THE SONORAN DESERT REGION. WITHIN THE MUSEUM GROUNDS, VISITORS WILL SEE MORE THAN 300 ANIMAL SPECIES AND 1,200 KINDS OF PLANTS. THERE ARE ALMOST 2 MILES OF PATHS TRAVERSING 21 ACRES OF BEAUTIFUL DESERT. THE MUSEUM IS OPEN FOR PUBLIC VISITATION EVERY DAY OF THE YEAR. SINCE ITS OPENING IN 1952, APPROXIMATELY 21,000,000 PEOPLE FROM AROUND THE WORLD HAVE VISITED THE MUSEUM. SOME 21,000 INDIVIDUALS AND FAMILIES CURRENTLY HOLD MEMBERSHIPS IN THE MUSEUM. IN FISCAL YEAR 2010, ATTENDANCE AT THE MUSEUM WAS 392,353 VISITORS. EACH

4b (Code:) (Expenses \$ 310,004. including grants of \$) (Revenue \$ 68,497.) 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 GOALS ARE TO PROVIDE ART CLASSES RELATED TO OUR LIVING COLLECTIONS AND THE REGION/ TO ORGANIZE AND INTERPRET EXISTING ART COLLECTIONS AND TO CREATE GALLERY EXHIBITS THAT FEATURE ART BY BOTH ADULTS AND CHILDREN THAT ARE RELEVANT AND INSPIRING

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses \$ 7,046,889.

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 82		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 147		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	4a		
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10 Section 501(c)(7) organizations.	Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations.	Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts.	Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1a			19
b	Enter the number of voting members that are independent		
1b			18
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10b			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b		X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
12c		X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
15a		X	
b	Other officers or key employees of the organization	X	
15b		X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16a			X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed AZ
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: PENNY POYNTER, CONTROLLER - 520-325-8447 2021 N KINNEY RD, TUCSON, AZ 85743-8918

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
MICHAEL BALDWIN TRUSTEE	1.00	X					0.	0.	0.	
THOMAS G BELL TRUSTEE	1.00	X					0.	0.	0.	
CARLA A CONSOLI TRUSTEE	1.00	X					0.	0.	0.	
SHARON FOLTZ TRUSTEE	1.00	X					0.	0.	0.	
ROBERT HUBER TRUSTEE	1.00	X					0.	0.	0.	
SOPHIA KALUZNIACKI DVM TRUSTEE	2.00	X					0.	0.	0.	
ROBERT C KOCH TRUSTEE	1.00	X					0.	0.	0.	
FRANCISCO MOLINA FREANER PHD TRUSTEE	1.00	X					0.	0.	0.	
JAMES RONSTADT TRUSTEE	1.00	X					0.	0.	0.	
JOHN P SCHAEFER PHD TRUSTEE	1.00	X					0.	0.	0.	
WILLIAM WALLACE DVM TRUSTEE	1.00	X					0.	0.	0.	
CHANDLER D WARDEN TRUSTEE	1.00	X					0.	0.	0.	
ELIZABETH T WOODIN TRUSTEE	1.00	X					0.	0.	0.	
PATRICIA A ENGELS CHAIR	2.00	X		X			0.	0.	0.	
ARCHIBALD M BROWN JR VICE CHAIR	2.00	X		X			0.	0.	0.	
WILLIAM H LOMICKA IMMEDIATE PAST CHAIR	2.00	X		X			0.	0.	0.	
FRANCIS J BOYLE SECRETARY	1.00	X		X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
DAVID SMALLHOUSE TREASURER	2.00	X		X				0.	0.	0.
ROBERT EDISON EXECUTIVE DIRECTOR	40.00			X				127,885.	0.	12,694.
KATHRYN A RISER-FRIDLIND CFO & CAO	40.00			X				98,527.	0.	11,622.
CRAIG IVANYI ASSOC ED LIVE COLLECTIONS	40.00			X				91,267.	0.	13,596.
1b Total								317,679.	0.	37,912.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b	432,870.				
	c	Fundraising events	1c	160,643.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	51,721.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	195,931.9.				
	g	Noncash contributions included in lines 1a-1f: \$		140,741.				
	h	Total. Add lines 1a-1f		260,453.				
	Program Service Revenue	2 a	ADMISSIONS	Business Code 713990	243,778.9.	243,778.9.		
b		MEMBERSHIP DUES	713990	701,630.	701,630.			
c		EDUCATION	713990	224,977.	224,977.			
d		OTHER	713990	54,642.	54,642.			
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		341,903.8.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		168,922.			168,922.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties		3,924.			3,924.	
	6 a	Gross Rents	(i) Real	644,831.				
		Less: rental expenses	(ii) Personal	49,055.				
		Rental income or (loss)		595,776.				
	d	Net rental income or (loss)		595,776.			595,776.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	3,296,943.				
		Less: cost or other basis and sales expenses	(ii) Other	3,669,912.	11,643.			
		Gain or (loss)		-372,969.	-11,643.			
		Net gain or (loss)			-384,612.			-384,612.
	8 a	Gross income from fundraising events (not including \$ 160,643. of contributions reported on line 1c). See Part IV, line 18		128,618.				
		Less: direct expenses		131,627.				
		Net income or (loss) from fundraising events			-3,009.			-3,009.
9 a	Gross income from gaming activities. See Part IV, line 19							
	Less: direct expenses							
	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances		80,028.					
	Less: cost of goods sold		53,106.					
	Net income or (loss) from sales of inventory			26,922.	26,922.			
Miscellaneous Revenue		Business Code						
11 a	VENDING MACHINES	713990	2,375.			2,375.		
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		2,375.					
12	Total revenue. See instructions.		643,388.9.	344,596.0.	0.	383,376.		

Part IX Statement of Functional Expenses

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

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 governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	356,374.	56,524.	233,874.	65,976.
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	3,596,280.	2,913,366.	526,069.	156,845.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	82,100.	63,969.	14,884.	3,247.
9 Other employee benefits	446,838.	376,906.	54,036.	15,896.
10 Payroll taxes	367,292.	291,826.	58,712.	16,754.
11 Fees for services (non-employees):				
a Management				
b Legal	12,505.	10,525.	1,511.	469.
c Accounting	40,525.	34,108.	4,897.	1,520.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	30,122.		30,122.	
g Other	108,531.	37,578.	46,151.	24,802.
12 Advertising and promotion	109,842.	3,108.	106,734.	
13 Office expenses	376,801.	233,937.	32,142.	110,722.
14 Information technology	11,199.	9,666.	1,170.	363.
15 Royalties	7,674.	7,674.		
16 Occupancy	415,934.	415,934.		
17 Travel	17,136.	15,798.	1,338.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	24,241.	4,053.	19,972.	216.
20 Interest	167.		167.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,206,437.	1,206,437.		
23 Insurance	92,019.	84,184.	7,634.	201.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PROGRAM RESTRICTION MET	792,246.	792,246.		
b ANIMAL EXPENSE	180,196.	180,196.		
c MAINTENANCE AND REPAIR	154,815.	142,608.	12,031.	176.
d BAD DEBTS	24,054.			24,054.
e _____				
f All other expenses _____	238,343.	166,246.	66,191.	5,906.
25 Total functional expenses. Add lines 1 through 24f	8,691,671.	7,046,889.	1,217,635.	427,147.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	28,300.	1	38,900.	
	2 Savings and temporary cash investments	484,121.	2	710,602.	
	3 Pledges and grants receivable, net	1,160,250.	3	1,202,721.	
	4 Accounts receivable, net	101,078.	4	86,766.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	258,907.	8	228,230.	
	9 Prepaid expenses and deferred charges	116,560.	9	80,982.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 34,718,343.			
	b Less: accumulated depreciation	10b 17,609,548.	17,949,358.	10c	17,108,795.
	11 Investments - publicly traded securities	4,727,978.	11	4,444,601.	
	12 Investments - other securities. See Part IV, line 11	2,672,328.	12	2,156,354.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	625,880.	15	689,367.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	28,124,760.	16	26,747,318.		
Liabilities	17 Accounts payable and accrued expenses	693,687.	17	690,483.	
	18 Grants payable		18		
	19 Deferred revenue	224,996.	19	254,022.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 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. Complete Part X of Schedule D	160,606.	25	136,059.	
	26 Total liabilities. Add lines 17 through 25	1,079,289.	26	1,080,564.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	21,612,548.	27	20,436,935.	
	28 Temporarily restricted net assets	1,544,077.	28	1,293,294.	
	29 Permanently restricted net assets	3,888,846.	29	3,936,525.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 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	27,045,471.	33	25,666,754.	
34 Total liabilities and net assets/fund balances	28,124,760.	34	26,747,318.		

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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?	X	
2c	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

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 11, 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.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	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, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV.)						
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 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. 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 IV 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 - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 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 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,368,398.	2,631,168.	5,425,681.	2,834,663.	2,552,832.	15,812,742.
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	6,017,616.	4,646,251.	4,082,009.	3,607,495.	3,499,066.	21,852,437.
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	53,775.	52,980.	33,848.	41,276.	51,721.	233,600.
6 Total. Add lines 1 through 5	8,439,789.	7,330,399.	9,541,538.	6,483,434.	6,103,619.	37,898,779.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		488,274.	510,898.	420,000.	260,361.	1,679,533.
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		488,274.	510,898.	420,000.	260,361.	1,679,533.
8 Public support (Subtract line 7c from line 6.)						36,219,246.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	8,439,789.	7,330,399.	9,541,538.	6,483,434.	6,103,619.	37,898,779.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	398,763.	1,087,129.	1,038,027.	791,422.	817,677.	4,133,018.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	2,939.					2,939.
c Add lines 10a and 10b	401,702.	1,087,129.	1,038,027.	791,422.	817,677.	4,135,957.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	55,219.		7,726.	28,825.		91,770.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	65,000.	6,473.	8,839.	11,726.	2,375.	94,413.
13 Total support (Add lines 9, 10c, 11, and 12.)	8,961,710.	8,424,001.	10,596,130.	7,315,407.	6,923,671.	42,220,919.
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 2009 (line 8, column (f) divided by line 13, column (f))	15	85.79 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	88.28 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	9.80 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	8.03 %

19a 33 1/3% support tests - 2009. 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 - 2008. 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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

ARIZONA - SONORA DESERT MUSEUM

86-0111675

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization ARIZONA-SONORA DESERT MUSEUM	Employer identification number 86-0111675
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>15,645.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	_____ _____ _____	\$ <u>17,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	_____ _____ _____	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	_____ _____ _____	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	_____ _____ _____	\$ <u>6,723.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ARIZONA-SONORA DESERT MUSEUM	Employer identification number 86-0111675
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 11,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 66,497.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ARIZONA-SONORA DESERT MUSEUM	Employer identification number 86-0111675
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	<hr/> <hr/> <hr/>	\$ 51,721.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	<hr/> <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	<hr/> <hr/> <hr/>	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ARIZONA-SONORA DESERT MUSEUM	Employer identification number 86-0111675
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		\$ 36,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		\$ 12,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ARIZONA-SONORA DESERT MUSEUM	Employer identification number 86-0111675
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	<hr/> <hr/> <hr/> <hr/>	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	<hr/> <hr/> <hr/> <hr/>	\$ 11,170.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	<hr/> <hr/> <hr/> <hr/>	\$ 10,487.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	<hr/> <hr/> <hr/> <hr/>	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	<hr/> <hr/> <hr/> <hr/>	\$ 20,189.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ARIZONA-SONORA DESERT MUSEUM	Employer identification number 86-0111675
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31		\$ 6,426.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32		\$ 31,848.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ARIZONA-SONORA DESERT MUSEUM	Employer identification number 86-0111675
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	<hr/> <hr/> <hr/>	\$ 12,159.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	<hr/> <hr/> <hr/>	\$ 15,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ARIZONA-SONORA DESERT MUSEUM	Employer identification number 86-0111675
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43		\$ 534,819.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44		\$ 195,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46		\$ 20,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47		\$ 110,508.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ARIZONA-SONORA DESERT MUSEUM	Employer identification number 86-0111675
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49	<hr/> <hr/> <hr/> <hr/>	\$ 5,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ARIZONA-SONORA DESERT MUSEUM	Employer identification number 86-0111675
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Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
14	WATER USAGE FOR FISCAL YEAR ENDED 09/30/10	\$ 51,721.	09/30/10
26	93 MINERAL SPECIMENS	\$ 11,170.	01/28/10
27	12GB SERVER AND 24GB SERVER	\$ 10,487.	06/05/10
28	X-RAY PROCESSOR AND FILM STORAGE, STAINLESS STEEL KENNEL WITH BANK OF CAGES	\$ 5,000.	09/30/10
		\$	
		\$	

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

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

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

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

ARIZONA-SONORA DESERT MUSEUM

Employer identification number

86-0111675

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for 'Held at the End of the Tax Year' with rows 2a-2d, and questions 3-9 regarding monitoring and reporting.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2, and 2a-2b regarding reporting requirements for art and treasures.

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 XIV.

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 organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6760305.	7821852.			
b Contributions	4,903.	6,184.			
c Net investment earnings, gains, and losses	668,313.	-162,702.			
d Grants or scholarships					
e Other expenditures for facilities and programs	832,260.	870,480.			
f Administrative expenses	24,886.	34,549.			
g End of year balance	6576375.	6760305.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment 35.00 %
- b Permanent endowment 60.00 %
- c Term endowment 5.00 %

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

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	601,500.			601,500.
b Buildings	115,000.	31,575,994.	15,901,872.	15,789,122.
c Leasehold improvements				
d Equipment		2,325,711.	1,707,676.	618,035.
e Other		100,138.		100,138.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				17,108,795.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,433,889.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,691,671.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-2,257,782.
4	Net unrealized gains (losses) on investments	4	879,065.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	879,065.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-1,378,717.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	7,331,887.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	879,065.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	879,065.
3	Subtract line 2e from line 1	3	6,452,822.
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	30,122.
b	Other (Describe in Part XIV.)	4b	-49,055.
c	Add lines 4a and 4b	4c	-18,933.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,433,889.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	8,710,604.
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 XIV.)	2d	49,055.
e	Add lines 2a through 2d	2e	49,055.
3	Subtract line 2e from line 1	3	8,661,549.
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	30,122.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	30,122.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,691,671.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 1A: THE COLLECTIONS, WHICH WERE ACQUIRED THROUGH PURCHASES

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

Part XIV Supplemental Information (continued)

RECOVERIES ARE REFLECTED AS INCREASES IN THE APPROPRIATE NET ASSET CLASSES.

PART III, LINE 4: THE MUSEUM'S COLLECTIONS CONSIST SUBSTANTIALLY OF LIVING AND NONLIVING NATURAL HISTORY OBJECTS RELATED TO THE MUSEUM'S INTERPRETIVE REGION (THE SONORAN DESERT AND ADJACENT HABITATS).

COLLECTIONS ARE HELD FOR EDUCATIONAL, RESEARCH, SCIENTIFIC, AND CURATORIAL PURPOSES. WITH THE EXCEPTION OF CERTAIN FREE-LIVING ORGANISMS, COLLECTIONS ARE CATALOGUED, PRESERVED, AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY.

PART V, LINE 4: THE MUSEUM'S ENDOWMENT FUNDS CONSIST OF GENEROUS GIFTS FROM DONORS WHO, OVER THE YEARS, HAVE BEEN TOUCHED BY THE MISSION OF THE MUSEUM. IN ADDITION TO THESE DONOR GENERATED FUNDS, THE BOARD OF TRUSTEES SET ASIDE A QUASI-ENDOWMENT FUND TO HELP BUILD LONG-TERM RESERVES FOR THE FUTURE OPERATIONS OF THE MUSEUM. A PERCENTAGE OF THE EARNINGS FROM THESE ENDOWMENT FUNDS ARE USED FOR A VARIETY OF PURPOSES WHICH INCLUDE GENERAL OPERATING NEEDS AS WELL AS DONOR IMPOSED RESTRICTIONS FOR PROGRAMS SUCH AS EDUCATION, THE ART INSTITUTE, AND SCIENCE AND RESEARCH.

PART X: LINE 2, FIN 48 FOOTNOTE: EFFECTIVE OCTOBER 1, 2009, THE MUSEUM WAS REQUIRED TO ADOPT THE REVISED PROVISIONS OF ASC 740, RELATING TO UNCERTAIN TAX POSITIONS. THESE STANDARDS REQUIRE 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 LIKELY THAN NOT" STANDARD OF BEING SUSTAINED UNDER EXAMINATION BY THE APPLICABLE TAXING AUTHORITIES. THIS

Part XIV Supplemental Information (continued)

EVALUATION IS REQUIRED TO BE PERFORMED FOR ALL OPEN TAX YEARS, AS DEFINED BY THE VARIOUS STATUTES OF LIMITATIONS, FOR FEDERAL AND STATE PURPOSES.

THE MUSEUM IS ONLY SUBJECT TO INCOME TAXES ON UNRELATED BUSINESS TAXABLE INCOME (UBTI). AS A RESULT, THE MUSEUM IS REQUIRED TO FILE INFORMATIONAL RETURNS FOR FEDERAL AND STATE PURPOSES AND, IF IT HAS UBTI, FEDERAL AND STATE INCOME TAX RETURNS. WITH LIMITED EXCEPTIONS, THE MUSEUM IS NO LONGER SUBJECT TO TAX EXAMINATION FOR ANY YEARS EARLIER THAN 2006 FOR FEDERAL AND 2005 FOR STATE. MANAGEMENT HAS PERFORMED ITS EVALUATION OF TAX POSITIONS TAKEN ON ALL OPEN TAX RETURNS AND HAS DETERMINED THAT THERE WERE NO POSITIONS TAKEN THAT DO NOT MEET THE "MORE LIKELY THAN NOT" STANDARD.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES: -49055.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES: 49055.

PART III, LINE 5: IN ADDITION TO ITEMS DONATED FOR ITS COLLECTIONS, THE MUSEUM RECEIVES DONATIONS OF ART AND SIMILAR ASSETS TO BE AUCTIONED AT ITS ANNUAL GALA.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	289,261.			289,261.
	2 Less: Charitable contributions	160,644.			160,644.
	3 Gross income (line 1 minus line 2)	128,617.			128,617.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	29,471.			29,471.
	8 Entertainment				
	9 Other direct expenses	102,155.			102,155.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(131,626)
	11 Net income summary. Combine line 3, column (d), and line 10				-3,009.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		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. Combine line 1, column (d), and line 7					

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

13 Indicate the percentage of gaming activity operated in:

- a** The organization's facility

13a		%
13b		%
- 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? **15a**

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____ .
- c** If "Yes," enter name and address of the third party:

Name ► _____

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? **17a**
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

	Yes	No
15a		
17a		

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

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	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art	X	31	15,990.	DONOR ESTIMATE
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		1,118.	DONOR ESTIMATE
5 Clothing and household goods	X		9,520.	DONOR ESTIMATE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1	13,999.	TRADING PRICE
10 Securities - Closely held stock				
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	38	9,583.	DONOR ESTIMATE
19 Food inventory	X	2	250.	DONOR ESTIMATE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens	X	11	16,610.	DONOR ESTIMATE
24 Archeological artifacts				
25 Other ▶ (<u>WATER</u>)	X	1	51,721.	DONOR ESTIMATE
26 Other ▶ (<u>EQUIPMENT</u>)	X	10	14,679.	DONOR ESTIMATE
27 Other ▶ (<u>AUCTION ITEMS</u>)	X	13	6,110.	DONOR ESTIMATE
28 Other ▶ (<u>OTHER</u>)	X	4	1,161.	DONOR ESTIMATE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29** **0**

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

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

ARIZONA-SONORA DESERT MUSEUM

Employer identification number

86-0111675

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

DAY, ABOUT 30 DOCENTS PROVIDE INTERPRETATIONS FOR VISITORS THROUGHOUT
THE GROUNDS ON A VARIETY OF SUBJECTS RANGING FROM FOSSILS TO VULTURES,
FROM SAGUAROS TO RIPARIAN ECOLOGY. OUR APPROXIMATELY 200 DOCENTS OFFER
MORE THAN 20,000 ON-GROUNDS INTERPRETATIONS, ANNUALLY, ON SOME 40
DIFFERENT TOPICS. SURVEYS REVEAL THAT OVER ONE-HALF OF OUR VISITORS
INTERACT WITH DOCENTS DURING THEIR VISIT TO THE MUSEUM. THROUGH OUR
ON-GROUNDS CONCESSIONAIRES, THE MUSEUM HAS 2 GIFT SHOPS AND FOUR DINING
AREAS.

PROGRAM ONE: THE CENTER FOR SONORAN DESERT STUDIES.

SINCE 2006, THE DESERT MUSEUM'S SCIENCE AND EDUCATION PROGRAMS HAVE
BEEN HOUSED IN THE CENTER FOR SONORAN DESERT STUDIES. INITIATIVES
UNDERTAKEN BY THE CENTER ARE PROJECT-BASED, SUCH THAT 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 CENTER'S
PROGRAMS PARTNER BROADLY ACROSS THE LANDSCAPE OF THE U.S. AND MEXICAN
SCIENCE, EDUCATION, AND CONSERVATION COMMUNITY.

MAJOR PROGRAM AREAS IN THE CENTER FOR SONORAN DESERT STUDIES.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

ARIZONA-SONORA DESERT MUSEUM

Employer identification number

86-0111675

I. DOCENT PROGRAM: DOCENTS CONTRIBUTED 74,037 HOURS TO THE MUSEUM IN
2010.

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

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

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

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

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Schedule O (Form 990) 2009

932211
02-03-10

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

ARIZONA-SONORA DESERT MUSEUM

Employer identification number

86-0111675

CONSISTS OF 4 MORNING ORIENTATION SESSIONS.

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

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

II. YOUTH AND COMMUNITY OUTREACH EDUCATION PROGRAM: TOTAL AUDIENCE SERVED IN 2010: 50,124.

YOUTH FIELD TRIPS.

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

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Schedule O (Form 990) 2009

932211
02-03-10

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

ARIZONA-SONORA DESERT MUSEUM

Employer identification number

86-0111675

19 DIFFERENT DESERT DISCOVERY CLASSES AND LABS OFFERED IN MUSEUM

CLASSROOM FACILITIES.

NUMBERS SERVED IN 2010: 27,000.

DESERT ARK.

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

NUMBERS SERVED IN 2010: 22,000.

TEACHER WORKSHOPS/CONTINUING EDUCATION.

THE ARIZONA-SONORA DESERT MUSEUM PROVIDES TEACHERS WITH OPPORTUNITIES TO PARTICIPATE IN CLASSROOM AND OUTDOOR WORKSHOPS. THESE WORKSHOPS PROVIDE THEM WITH TOOLS AND RESOURCES TO HELP THEIR STUDENTS FURTHER THEIR KNOWLEDGE ABOUT SONORAN DESERT NATURAL HISTORY.

NUMBERS SERVED IN 2010: 349.

EARTH CAMP.

EARTH CAMPS ARE HANDS-ON, MINDS-ON FIELD CAMPS WHICH FOCUS ON SUSTAINABILITY ISSUES AND PROMOTE YOUTH LEADERSHIP SKILLS. STUDENTS LEARN ABOUT THE SONORAN DESERT ECOSYSTEM AND CURRENT ENVIRONMENTAL ISSUES WHILE HIKING, CAMPING AND EXPLORING OUR BEAUTIFUL DESERT. ASDM OFFERS BOTH A HIGH SCHOOL AND MIDDLE SCHOOL VERSION OF EARTH CAMP.

NUMBERS SERVED IN 2010: 74.

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

ARIZONA-SONORA DESERT MUSEUM

Employer identification number

86-0111675

MUSEUM EXPLORERS CAMP.

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

NUMBER SERVED IN 2010: 143.

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 2010: 17.

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

ARIZONA-SONORA DESERT MUSEUM

Employer identification number

86-0111675

COATI CLUB.

NUMBERS SERVED IN 2010: 94 (ABOUT 29 FAMILIES).

DESERT RATS.

CREATED AS A BRIDGE PROGRAM BETWEEN THE COATI KIDS CLUB AND THE JUNIOR
DOCENT PROGRAM, THE DESERT RATS SPEND TIME EXPLORING THE MUSEUM
INCLUDING GETTING A PEEK AT ALL OF THE BEHIND-THE-SCENES AREAS. THEY
LEARN ABOUT THE MUSEUM'S OPERATIONS AS WELL AS THE NATURAL HISTORY OF
THE FLORA AND FAUNA OF THE REGION. THEY ALSO GAIN INTERPRETIVE SKILLS
TO HELP PREPARE THEM TO APPLY TO BECOME A JUNIOR DOCENT. THIS IS A
ONE-YEAR PROGRAM THAT MEETS ABOUT ONCE A MONTH.

NUMBER SERVED IN 2010: 20.

ADVANCED YOUTH INTERPRETERS.

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

NUMBERS SERVED IN 2010: 15.

PUBLIC CLASSES, TRIPS AND TOURS FOR ADULTS AND FAMILIES.

THESE PROGRAMS ARE OFFERED TO THE PUBLIC THROUGHOUT THE YEAR TO CREATE

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

ARIZONA-SONORA DESERT MUSEUM

Employer identification number

86-0111675

A BETTER UNDERSTANDING OF OUR SONORAN DESERT THROUGH ENJOYABLE AND
INFORMATIVE EXPERIENCES, AND PROVIDE OPPORTUNITIES TO LEARN PRACTICAL
APPLICATIONS FOR WORKING AND PLAYING IN BALANCE WITH OUR ENVIRONMENT.
NUMBERS SERVED IN 2010: 412.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
TO SERVE THE MISSION OF THE DESERT MUSEUM. IN FISCAL YEAR 2010, THE
ART INSTITUTE SERVED 446 STUDENTS.

OUR NATURE ILLUSTRATION CERTIFICATE PROGRAM IS THE ONLY ONE OF ITS KIND
IN THE UNITED STATES. THESE CLASSES ARE DESIGNED AROUND AN ART
CURRICULUM WITH A FOCUS ON SONORAN DESERT SUBJECT MATTER. STUDENTS
ACQUIRE KNOWLEDGE ABOUT THE SUBJECTS OF THEIR WORK SUCH AS RAPTORS,
MAMMALS, DESERT BIRDS, REPTILES, AND PLANTS IN ADDITION TO LEARNING HOW
TO DRAW OR PAINT OR PHOTOGRAPH. THERE ARE 12 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 ILLUSTRATION. THE CERTIFICATE PROVIDES INCENTIVE
FOR STUDENTS TO PURSUE AND GROW THEIR KNOWLEDGE OF THE SONORAN DESERT
REGION.

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

ARIZONA-SONORA DESERT MUSEUM

Employer identification number

86-0111675

VANISHING CIRCLES IS A COLLECTION OF ORIGINAL PAINTINGS THAT WILL GO ON EXHIBIT FOR THE FIRST TIME HERE AT THE MUSEUM IN JANUARY 2011. AN EXHIBIT CATALOG/BOOK HAS BEEN COMPILED TO ACCOMPANY THE EXHIBIT. IT WILL SERVE TO EXTEND THE INTERPRETIVE VALUE OF THE EXHIBIT AND WILL BE AVAILABLE FOR PURCHASE BOTH AT THE OPENING AND IN THE GIFT STORE. THE VANISHING CIRCLES COLLECTION WILL ALSO BE AVAILABLE AS A TRAVELING EXHIBIT.

THE IRONWOOD GALLERY CONTINUES TO HAVE FOUR TO SIX DIFFERENT EXHIBITS THROUGHOUT THE YEAR. THESE ART EXHIBITS SERVE THE MISSION OF THE DESERT MUSEUM BY EXTENDING THE MUSEUM EXPERIENCE; INTERPRETING BOTH HABITAT AND WILDLIFE TO OUR VISITORS. THERE ARE 40 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.

WE CONTINUE TO PARTICIPATE IN THE SONORAN DESERT FLORILEGIUM PROGRAM. THE SONORAN DESERT FLORILEGIUM PROGRAM SEEKS TO PROMOTE AND PRESERVE BOTANICAL ART OF THE SONORAN DESERT REGION AND DIRECTS ITS EFFORTS TO COLLECT, EXHIBIT AND ARCHIVE THE HISTORICAL, CONTEMPORARY AND FUTURE BOTANICAL ART FOCUSED ON THIS REGION. THE ART INSTITUTE IS OFFERING CLASSES IN CREATING PLATES FOR A FLORILEGIUM AS PART OF THE SDF PROGRAM. WE ARE ALSO OFFERING CLASSES IN DRAWING LEGUMES, WHICH IS A PREPARATION FOR COLLABORATION ON A BOOK BETWEEN THE UNIVERSITY OF ARIZONA AND THE BOYCE THOMPSON ARBORETUM ON LEGUMES OF ARIZONA. THIS CLASS HAS BEEN ENTHUSIASTICALLY RECEIVED BY OUR STUDENTS.

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Schedule O (Form 990) 2009

932211
02-03-10

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

ARIZONA-SONORA DESERT MUSEUM

Employer identification number

86-0111675

OUR PHOTOGRAPHY CLASSES HAVE BEEN RAPIDLY EXPANDING TO MEET THE NEEDS OF OUR STUDENTS AND WE HAVE CREATED NEW CLASSES THAT ALLOW STUDENTS TO GO BEHIND THE SCENES TO TAKE PICTURES OF OUR LIVING COLLECTIONS. THESE CLASSES CONTINUE TO HAVE A WAITING LIST OF STUDENTS WHO WISH TO ATTEND AND WE HAVE ADDED MORE CLASSES THIS YEAR TO ACCOMMODATE THIS GROWTH.

FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION'S BYLAWS HAVE BEEN AMENDED. THE AUDIT AND FINANCE COUNCIL WAS RENAMED THE FINANCE COUNCIL, AND A SEPARATE AUDIT COMMITTEE WAS FORMED UNDER ARTICLE V SECTION 3. THE AUDIT COMMITTEE WILL ASSIST THE BOARD IN AREAS RELATING TO THE FINANCE REPORTING PROCESS. THE EXHIBITS, COLLECTIONS, AND FACILITIES COUNCIL WAS DISSOLVED.

FORM 990, PART VI, SECTION A, LINE 6: THERE IS ONE CLASS OF MEMBERS, ALL OF WHOM HAVE THE SAME VOTING RIGHTS WHICH ARE TO ELECT NEW TRUSTEES BY BALLOT.

FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS ELECT TRUSTEES BY BALLOT.

FORM 990, PART VI, SECTION B, LINE 11: A DRAFT COPY OF THE 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.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

ARIZONA-SONORA DESERT MUSEUM

Employer identification number

86-0111675

FORM 990, PART VI, SECTION B, LINE 12C: NEW MEMBERS OF THE BOARD OF TRUSTEES AND NEW EMPLOYEES ARE REQUIRED TO REVIEW A COPY OF THE CONFLICT OF INTEREST POLICY AND ACKNOWLEDGE IN WRITING THAT S/HE HAS DONE SO. ANNUALLY, EACH BOARD MEMBER AND EMPLOYEE COMPLETES A DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIP, POSITIONS OR CIRCUMSTANCES IN WHICH S/HE IS INVOLVED THAT COULD CONTRIBUTE TO A CONFLICT OF INTEREST ARISING. PRIOR TO BOARD OF TRUSTEES OR COMMITTEE ACTION ON A CONTRACT OR TRANSACTION INVOLVING A CONFLICT OF INTEREST, A DIRECTOR OR COMMITTEE MEMBER HAVING A CONFLICT OF INTEREST AND WHO IS IN ATTENDANCE AT THE MEETING SHALL DISCLOSE ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST. BOARD MEMBERS WHO HAVE A CONFLICT OF INTEREST ARE NOT PERMITTED TO PARTICIPATE OR HEAR THE BOARD OF TRUSTEE'S OR COMMITTEE'S DISCUSSION OF THE MATTER EXCEPT TO DISCLOSE THE MATERIAL FACTS AND TO RESPOND TO QUESTIONS. AN EMPLOYEE WHO IS NOT A MEMBER OF THE BOARD OF TRUSTEES DISCLOSES TO HIS/HER SUPERVISOR ANY CONFLICT OF INTEREST THAT SUCH EMPLOYEE HAS WITH RESPECT TO A CONTRACT OR TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15: THE CEO'S COMPENSATION IS DETERMINED BY THE COMPENSATION COUNCIL WHICH CONSISTS OF INDEPENDENT BOARD MEMBERS AND IS A SUB COUNCIL OF THE BOARD OF TRUSTEES. THE CEO'S COMPENSATION IS DETERMINED ON AN ANNUAL BASIS USING BOTH LOCAL COMPENSATION SURVEY DATA AS WELL AS THE ANNUAL COMPENSATION SURVEY DATA PROVIDED BY THE ASSOCIATION OF ZOOS & AQUARIUMS. THE COUNCIL MET IN MAY 2010 TO SET THE NEW CEO'S COMPENSATION BEGINNING JULY 2010 AND THE PROPOSED AMOUNT WAS DISCUSSED IN EXECUTIVE COMMITTEE WITH THE FULL BOARD, VOTED UPON AND

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

Schedule O (Form 990) 2009

932211
02-03-10

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

ARIZONA-SONORA DESERT MUSEUM

Employer identification number

86-0111675

APPROVED BY THE BOARD, AT THE MAY 2010 BOARD MEETING.

THE CHIEF FINANCIAL OFFICER'S COMPENSATION IS BASED UPON BOTH LOCAL
COMPENSATION SURVEY DATA AS WELL AS THE ANNUAL COMPENSATION SURVEY PROVIDED
BY THE ASSOCIATION OF ZOOS & AQUARIUMS. SALARY AND BENEFITS FOR THIS
POSITION ARE INCREASED OR DECREASED BASED UPON THE SAME PERCENTAGES AS ALL
OTHER STAFF. THE CFO SALARY DATA IS PROVIDED TO THE BOARD OF TRUSTEES FOR
INFORMATIONAL PURPOSES AND IS RECORDED IN THE MINUTES OF THE MEETING OF THE
BOARD OF TRUSTEES. THE CFO COMPENSATION AMOUNT WAS SET IN SEPTEMBER 2010
FOR FISCAL YEAR 2011.

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.

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization ARIZONA-SONORA DESERT MUSEUM	Employer identification number 86-0111675
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2021 NORTH KINNEY ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TUCSON, AZ 85743-9719	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

PENNY POYNTER, CONTROLLER

- The books are in the care of ▶ **2021 N KINNEY RD - TUCSON, AZ 85743-8918**
 Telephone No. ▶ **520-325-8447** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **OCT 1, 2009**, and ending **SEP 30, 2010**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Paperwork Reduction Act Notice, see Instructions.**