

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)

2011

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2011** calendar year, or tax year beginning **OCT 1, 2011** and ending **SEP 30, 2012**

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	C Name of organization ARIZONA-SONORA DESERT MUSEUM		D Employer identification number 86-0111675
	Doing Business As		E Telephone number (520) 883-1380
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	2021 NORTH KINNEY ROAD		G Gross receipts \$ 11,272,221.
City or town, state or country, and ZIP + 4 TUCSON, AZ 85743-9719		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: CRAIG S IVANYI SAME AS C ABOVE		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
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

Activities & Governance	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.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3 20	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 20	
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5 139	
	6 Total number of volunteers (estimate if necessary)	6 500	
	7a Total 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)	Prior Year: 3,315,874.	Current Year: 3,805,963.
	9 Program service revenue (Part VIII, line 2g)	3,416,644.	3,546,845.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	468,926.	433,321.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	583,513.	611,422.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,784,957.	8,397,551.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,830,931.	4,577,273.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 530,170.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,790,477.	3,971,609.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,621,408.	8,548,882.	
19 Revenue less expenses. Subtract line 18 from line 12	-836,451.	-151,331.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 25,379,435.	End of Year: 26,117,061.
	21 Total liabilities (Part X, line 26)	1,096,365.	1,303,231.
	22 Net assets or fund balances. Subtract line 21 from line 20	24,283,070.	24,813,830.

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, EXECUTIVE DIRECTOR		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	KAREN K. MCCLOSKEY, CPA		
	Firm's name BEACHFLEISCHMAN PC	Firm's EIN 86-0683059	Check if self-employed <input type="checkbox"/>
	Firm's address P.O. BOX 64130	Phone no. (520) 321-4600	PTIN P00099644
	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

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

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

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

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

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

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

THE ARIZONA-SONORA DESERT MUSEUM IS A WORLD-RENOWNED ZOO, NATURAL HISTORY MUSEUM AND BOTANICAL GARDEN. EXHIBITS REALISTICALLY RE-CREATE THE NATURAL LANDSCAPE OF THE SONORAN DESERT REGION. WITHIN THE MUSEUM GROUNDS, VISITORS WILL SEE 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 2012, ATTENDANCE AT THE MUSEUM WAS 367,487 VISITORS.

4b (Code:) (Expenses \$ 6,480,199. including grants of \$) (Revenue \$ 3,510,745.) CONSERVATION EDUCATION AND SCIENCE DEPARTMENT:

INITIATIVES UNDERTAKEN BY THE CONSERVATION EDUCATION AND SCIENCE DEPARTMENT 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 DEPARTMENT'S PROGRAMS PARTNER BROADLY ACROSS THE LANDSCAPE OF THE U.S. AND MEXICAN SCIENCE, EDUCATION, AND CONSERVATION COMMUNITY.

4c (Code:) (Expenses \$ 264,868. including grants of \$) (Revenue \$ 81,307.) 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 HIGH QUALITY VISUAL ART EXPERIENCES FOR ALL AGES. CLASSES ARE TAUGHT BY PROFESSIONALS AND RELATE TO OUR LIVING COLLECTIONS AND THE REGION TO ORGANIZE AND INTERPRET EXISTING ART COLLECTIONS AND TO CREATE GALLERY

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

4e Total program service expenses 6,745,067.

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 <i>Schedule B, Schedule of Contributors</i> ?	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, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <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 temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	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	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</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, Parts II and IV</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, Parts III and IV</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
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question number, description, and Yes/No responses. Includes rows for Form 1096, Form W-2G, Form W-3, and various tax compliance questions.

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	20	
1b	Enter the number of voting members included in line 1a, above, who are independent	20	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	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	Did the organization have local chapters, branches, or affiliates?		X
10b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AZ**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **REBECCA MYERS, CFO - 520-883-3012**
2021 N KINNEY RD, TUCSON, AZ 85743-8918

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAUL L. BAKER TRUSTEE	1.00	X						0.	0.	0.
(2) MICHAEL BALDWIN TRUSTEE	1.00	X						0.	0.	0.
(3) KEVIN E. BONINE TRUSTEE	1.00	X						0.	0.	0.
(4) JUDITH L. BRONSTEIN, PH.D. TRUSTEE	1.00	X						0.	0.	0.
(5) CARLA A. CONSOLI TRUSTEE	1.00	X						0.	0.	0.
(6) CATHY G. DAVIS TRUSTEE	2.00	X						0.	0.	0.
(7) SHARON FOLTZ TRUSTEE	1.00	X						0.	0.	0.
(8) JAMES HENSLEY TRUSTEE	1.00	X						0.	0.	0.
(9) ROBERT HUBER TRUSTEE	1.00	X						0.	0.	0.
(10) JAMES RONSTADT TRUSTEE	1.00	X						0.	0.	0.
(11) JOHN P. SCHAEFER, PH.D. TRUSTEE	1.00	X						0.	0.	0.
(12) DAVID SMALLHOUSE TRUSTEE	2.00	X						0.	0.	0.
(13) WILLIAM WALLACE, DVM TRUSTEE	1.00	X						0.	0.	0.
(14) ELIZABETH T. WOODIN TRUSTEE	1.00	X						0.	0.	0.
(15) CHANDLER D. WARDEN TRUSTEE	1.00	X						0.	0.	0.
(16) ARCHIBALD M. BROWN, JR. CHAIR	2.00	X		X				0.	0.	0.
(17) ROBERT C. KOCH VICE CHAIR	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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PATRICIA A. ENGELS IMMEDIATE PAST CHAIR	2.00	X		X				0.	0.	0.
(19) ROBIN B. RANDALL SECRETARY	1.00	X		X				0.	0.	0.
(20) FRANCIS J. BOYLE TREASURER	1.00	X		X				0.	0.	0.
(21) CRAIG IVANYI EXECUTIVE DIRECTOR	40.00			X				107,003.	0.	15,100.
(22) BRIAN BATEMAN EXECUTIVE DIRECTOR OF PHILANTHROPY	40.00			X				0.	0.	0.
(23) ROBERT EDISON E.D. PHILANTHROPY/CAPITAL CAMPAIGN	40.00			X				95,837.	0.	12,247.
(24) REBECCA R. MYERS CHIEF FINANCIAL OFFICER	40.00			X				56,619.	0.	13,474.
1b Sub-total								259,459.	0.	40,821.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								259,459.	0.	40,821.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
DESERT MOUNTAIN CONSTRUCTION 911 W. GRANT ROAD, TUCSON, AZ 85705	CONSTRUCTION	1,018,374.
ALPHAGRAPHS 2500 N. COYOTE DR. #110, TUCSON, AZ 85745	PRINTING	156,118.
BVZ ARCHITECTS 3445 PENROSE PLACE #210, BOULDER, CO 80301	ARCHITECTURAL	111,395.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	530,703.				
	c Fundraising events	1c	189,287.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	50,845.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	303,512.8.				
	g Noncash contributions included in lines 1a-1f: \$		131,047.				
	h Total. Add lines 1a-1f		380,596.3.				
	Program Service Revenue	2 a <u>ADMISSIONS</u>	Business Code 713990	235,402.6.	235,402.6.		
b <u>MEMBERSHIP DUES</u>		713990	789,520.	789,520.			
c <u>EDUCATION</u>		713990	287,513.	287,513.			
d <u>OTHER</u>		713990	115,786.	115,786.			
e							
f All other program service revenue							
g Total. Add lines 2a-2f			354,684.5.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		165,594.			165,594.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		831.			831.	
	6 a Gross rents	(i) Real	594,708.				
		(ii) Personal					
		b Less: rental expenses	39,030.				
		c Rental income or (loss)	555,678.				
	d Net rental income or (loss)		555,678.			555,678.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	2,756,952.				
		(ii) Other	160,126.				
		b Less: cost or other basis and sales expenses	2,518,995.	130,356.			
		c Gain or (loss)	237,957.	29,770.			
	d Net gain or (loss)		267,727.			267,727.	
	8 a Gross income from fundraising events (not including \$ 189,287. of contributions reported on line 1c). See Part IV, line 18	a	152,394.				
		b Less: direct expenses	145,279.				
c Net income or (loss) from fundraising events			7,115.			7,115.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a	86,217.					
	b Less: cost of goods sold	41,010.					
	c Net income or (loss) from sales of inventory		45,207.	45,207.			
Miscellaneous Revenue		Business Code					
11 a <u>VENDING MACHINES</u>		713990	2,591.			2,591.	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			2,591.			
12 Total revenue. See instructions.			839,755.1.	359,205.2.	0.	999,536.	

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).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	335,043.	59,484.	141,631.	133,928.
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	3,404,083.	2,753,856.	549,800.	100,427.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	2,897.	2,300.	410.	187.
9 Other employee benefits	498,386.	415,103.	67,955.	15,328.
10 Payroll taxes	336,864.	263,526.	55,057.	18,281.
11 Fees for services (non-employees):				
a Management				
b Legal	5,644.	4,690.	736.	218.
c Accounting	41,479.	34,466.	5,410.	1,603.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	28,653.		28,653.	
g Other	270,165.	139,279.	91,967.	38,919.
12 Advertising and promotion	127,724.	376.	127,348.	
13 Office expenses	416,054.	237,093.	28,626.	150,335.
14 Information technology	15,192.	12,947.	1,732.	513.
15 Royalties	6,744.	6,744.		
16 Occupancy	370,523.	357,444.	13,079.	
17 Travel	22,433.	20,799.	1,634.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	32,068.	10,739.	16,260.	5,069.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,194,306.	1,194,306.		
23 Insurance	83,193.	81,552.	1,447.	194.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM RESTRICTION MET	735,281.	649,420.	85,861.	
b ANIMAL EXPENSE	174,475.	174,475.		
c MAINTENANCE AND REPAIR	124,487.	106,779.	17,708.	
d BAD DEBT	13,200.			13,200.
e All other expenses	309,988.	219,689.	38,331.	51,968.
25 Total functional expenses. Add lines 1 through 24e	8,548,882.	6,745,067.	1,273,645.	530,170.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	39,960.	1	21,000.	
	2 Savings and temporary cash investments	503,690.	2	1,236,725.	
	3 Pledges and grants receivable, net	818,905.	3	888,981.	
	4 Accounts receivable, net	187,548.	4	135,273.	
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)				6
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	221,698.	8	235,948.	
	9 Prepaid expenses and deferred charges	96,278.	9	52,685.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 36,524,164.			
	b Less: accumulated depreciation	10b 19,861,493.			
		16,206,776.	10c	16,662,671.	
	11 Investments - publicly traded securities	2,827,778.	11	1,949,463.	
	12 Investments - other securities. See Part IV, line 11	3,776,162.	12	4,226,334.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
15 Other assets. See Part IV, line 11	700,640.	15	707,981.		
16 Total assets. Add lines 1 through 15 (must equal line 34)	25,379,435.	16	26,117,061.		
Liabilities	17 Accounts payable and accrued expenses	706,769.	17	803,764.	
	18 Grants payable		18		
	19 Deferred revenue	277,644.	19	340,559.	
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	111,952.	25	158,908.	
	26 Total liabilities. Add lines 17 through 25	1,096,365.	26	1,303,231.	
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	18,406,168.	27	18,716,276.	
	28 Temporarily restricted net assets	1,754,063.	28	1,952,136.	
	29 Permanently restricted net assets	4,122,839.	29	4,145,418.	
	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	24,283,070.	33	24,813,830.	
34 Total liabilities and net assets/fund balances	25,379,435.	34	26,117,061.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,397,551.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,548,882.
3	Revenue less expenses. Subtract line 2 from line 1	3	-151,331.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,283,070.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	682,091.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	24,813,830.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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 separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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 (2011)

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

2011

Open to Public Inspection

Name of the organization ARIZONA-SONORA DESERT MUSEUM	Employer identification number 86-0111675
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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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2011. 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 - 2010. 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 - 2011. 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 - 2010. 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,425,681.	2,834,663.	2,552,832.	3,260,706.	3,755,118.	17,829,000.
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	4,082,009.	3,607,495.	3,499,066.	3,492,932.	3,633,062.	18,314,564.
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	33,848.	41,276.	51,721.	55,167.	50,845.	232,857.
6 Total. Add lines 1 through 5	9,541,538.	6,483,434.	6,103,619.	6,808,805.	7,439,025.	36,376,421.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	510,898.	420,000.	260,361.	70,910.	152,508.	1,414,677.
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	510,898.	420,000.	260,361.	70,910.	152,508.	1,414,677.
8 Public support (Subtract line 7c from line 6.)						34,961,744.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	9,541,538.	6,483,434.	6,103,619.	6,808,805.	7,439,025.	36,376,421.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,038,027.	791,422.	817,677.	804,299.	761,133.	4,212,558.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,038,027.	791,422.	817,677.	804,299.	761,133.	4,212,558.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	7,726.	28,825.			7,115.	43,666.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	8,839.	11,726.	2,375.	2,034.	2,591.	27,565.
13 Total support (Add lines 9, 10c, 11, and 12.)	10,596,130.	7,315,407.	6,923,671.	7,615,138.	8,209,864.	40,660,210.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	85.99 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	84.45 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	10.36 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	11.10 %

19a 33 1/3% support tests - 2011. 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 - 2010. 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, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

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, total 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 total 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 Part I, 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 Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization ARIZONA-SONORA DESERT MUSEUM	Employer identification number 86-0111675
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	_____ _____ _____	\$ <u>8,996.</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>175,000.</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>80,078.</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>14,000.</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>6,000.</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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>10,640.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	<hr/> <hr/> <hr/>	\$ <u>65,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	<hr/> <hr/> <hr/>	\$ <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.)
10	<hr/> <hr/> <hr/>	\$ <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.)
11	<hr/> <hr/> <hr/>	\$ <u>161,614.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	<hr/> <hr/> <hr/>	\$ <u>8,284.</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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	<hr/> <hr/> <hr/>	\$ <u>25,850.</u>	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/>	\$ <u>50,845.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	<hr/> <hr/> <hr/>	\$ <u>957,417.</u>	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/>	\$ <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.)

Name of organization ARIZONA-SONORA DESERT MUSEUM	Employer identification number 86-0111675
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<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.)
20	<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.)
21	<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.)
22	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	<hr/> <hr/> <hr/>	\$ 10,000.	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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 5,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26		\$ 5,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27		\$ 10,945.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28		\$ 5,700.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29		\$ 22,696.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30		\$ 10,000.	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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32		\$ 53,391.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33		\$ 17,875.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34		\$ 144,794.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35		\$ 272,741.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36		\$ 15,000.	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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	<hr/> <hr/> <hr/>	\$ 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/>	\$ 9,000.	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/>	\$ 30,000.	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/>	\$ 10,000.	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/>	\$ 300,000.	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/>	\$ 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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	<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.)
44	<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.)
45	<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.)
46	<hr/> <hr/> <hr/>	\$ 12,953.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	<hr/> <hr/> <hr/>	\$ 13,000.	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/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
13	ONE WEEK STAY IN CABO SAN LUCAS AND ONE WEEK STAY IN LAKE TAHOE	\$ 7,500.	05/01/12
16	WATER USAGE FOR FISCAL YEAR ENDED 09/30/12	\$ 50,845.	09/30/12
25	DINNER AT TIFFANY'S FOR 10	\$ 5,000.	05/01/12
26	JAZZY MOTORIZED WHEEL CHAIR	\$ 5,000.	12/01/11
27	VETERINARY EQUIPMENT AND SUPPLIES	\$ 10,945.	02/01/12
28	ARTWORK	\$ 5,700.	05/01/12

Name of organization ARIZONA-SONORA DESERT MUSEUM	Employer identification number 86-0111675
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Part III *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total 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.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

ARIZONA-SONORA DESERT MUSEUM

Employer identification number

86-0111675

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

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

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain the arrangement in Part 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	5,941,048.	6,576,375.	6,760,305.	7,821,852.	
b Contributions	130,741.	32,790.	4,903.	6,184.	
c Net investment earnings, gains, and losses	1,032,335.	-17,868.	668,313.	-162,702.	
d Grants or scholarships					
e Other expenditures for facilities and programs	737,118.	624,840.	832,260.	870,480.	
f Administrative expenses	69,764.	25,409.	24,886.	34,549.	
g End of year balance	6,297,242.	5,941,048.	6,576,375.	6,760,305.	

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

- a Board designated or quasi-endowment 16.00 %
- b Permanent endowment 76.00 %
- c Temporarily restricted endowment 8.00 %

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

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

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	601,500.			601,500.
b Buildings	115,000.	32,489,964.	17,879,673.	14,725,291.
c Leasehold improvements				
d Equipment		2,473,977.	1,981,820.	492,157.
e Other		843,723.		843,723.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				16,662,671.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) HEDGE FUNDS	1,069,749.	END-OF-YEAR MARKET VALUE
(B) EQUITY FUNDS	3,156,585.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	4,226,334.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY UNDER TRUST AGREEMENT	69,699.
(3) CAPITAL LEASES PAYABLE	89,209.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	158,908.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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	8,397,551.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,548,882.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-151,331.
4	Net unrealized gains (losses) on investments	4	682,091.
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	682,091.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	530,760.

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	9,090,019.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	682,091.
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	682,091.
3	Subtract line 2e from line 1	3	8,407,928.
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	28,653.
b	Other (Describe in Part XIV.)	4b	-39,030.
c	Add lines 4a and 4b	4c	-10,377.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,397,551.

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

1	Total expenses and losses per audited financial statements	1	8,559,259.
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	39,030.
e	Add lines 2a through 2d	2e	39,030.
3	Subtract line 2e from line 1	3	8,520,229.
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	28,653.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	28,653.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,548,882.

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

PART X, LINE 2: FIN 48 (ASC 740) FOOTNOTE FROM FINANCIAL STATEMENTS: THE MUSEUM IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE MUSEUM IS ALSO EXEMPT FROM STATE INCOME TAXES. ACCORDINGLY, NO PROVISION IS MADE FOR INCOME TAXES IN THE FINANCIAL STATEMENTS. INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE MUSEUM'S TAX-EXEMPT PURPOSE, HOWEVER, MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS TAXABLE INCOME (UBTI). MANAGEMENT IS NOT AWARE OF ANY MATTERS WHICH WOULD CAUSE THE MUSEUM TO JEOPARDIZE ITS TAX-EXEMPT STATUS.

GAAP REQUIRES MANAGEMENT TO PERFORM AN EVALUATION OF ALL TAX POSITIONS

Part XIV Supplemental Information (continued)

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

THE MUSEUM IS ONLY SUBJECT TO INCOME TAXES ON UBTI AS APPLICABLE. AS A RESULT, THE MUSEUM IS REQUIRED TO FILE INFORMATIONAL RETURNS FOR FEDERAL AND STATE PURPOSES AND, IF IT HAS UBTI, FEDERAL AND STATE INCOME TAX RETURNS. WITH LIMITED EXCEPTIONS, THE MUSEUM IS NO LONGER SUBJECT TO TAX EXAMINATION FOR ANY YEARS EARLIER THAN 2009 FOR FEDERAL AND 2008 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 -39,030.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 39,030.

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.

**Supplemental Information Regarding
Fundraising or Gaming Activities**

2011

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
 - a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
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Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	OTHER (event type)	NONE (total number)	
Revenue	1 Gross receipts	311,707.	29,974.		341,681.
	2 Less: Charitable contributions	175,887.	13,400.		189,287.
	3 Gross income (line 1 minus line 2)	135,820.	16,574.		152,394.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	31,844.			31,844.
	8 Entertainment				
	9 Other direct expenses	111,450.	1,985.		113,435.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(145,279)
	11 Net income summary. Combine line 3, column (d), and line 10				7,115.

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					

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? Yes No
b If "No," explain: _____

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

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

13a		%
13b		%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2011

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	45	24,847.	DONOR ESTIMATE
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		1,315.	DONOR ESTIMATE
5 Clothing and household goods	X		6,707.	DONOR ESTIMATE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
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	23	8,137.	DONOR ESTIMATE
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens	X	22	11,819.	DONOR ESTIMATE
24 Archeological artifacts				
25 Other ▶ (<u>WATER</u>)	X	1	50,845.	DONOR ESTIMATE
26 Other ▶ (<u>OTHER</u>)	X	23	22,658.	DONOR ESTIMATE
27 Other ▶ (<u>AUCTION ITEMS</u>)	X	15	4,719.	DONOR ESTIMATE
28 Other ▶ ()				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2011)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

ARIZONA-SONORA DESERT MUSEUM

Employer identification number

86-0111675

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

MAJOR PROGRAM AREAS IN THE CONSERVATION EDUCATION AND SCIENCE

DEPARTMENT

I. DOCENT PROGRAM: DOCENTS CONTRIBUTED 75,000 HOURS TO THE MUSEUM IN
2012

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.

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

Schedule O (Form 990 or 990-EZ) (2011)

132211
01-23-12

Name of the organization ARIZONA-SONORA DESERT MUSEUM	Employer identification number 86-0111675
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AN EXTENSIVE 15-WEEK DOCENT TRAINING IS REQUIRED AND AFTER SUCCESSFUL COMPLETION, TRAINEES ARE WELCOMED INTO THE DOCENT CORPS. TRAINEES MEET AT THE MUSEUM FOR A THREE-HOUR CLASS, TWO WEEKDAY MORNINGS EACH WEEK FOR FIFTEEN WEEKS (SOME CLASSES ARE ALL DAY SESSIONS). THE FIRST WEEK CONSISTS OF 4 MORNING ORIENTATION SESSIONS.

THE CLASSES ARE TAUGHT BY MUSEUM CURATORIAL STAFF AND EDUCATORS. THE CURRICULUM IS COORDINATED BY THE 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 PROGRAM: TOTAL AUDIENCE SERVED IN 2012: 45,000

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-

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

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 19 DIFFERENT DESERT DISCOVERY CLASSES AND LABS OFFERED IN MUSEUM CLASSROOM FACILITIES.

NUMBERS SERVED IN 2012: 28,600

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 2012: 15,000

TEACHER WORKSHOPS/CONTINUING EDUCATION

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

NUMBERS SERVED IN 2012: 300

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

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--	--

OFFERS BOTH A HIGH SCHOOL AND MIDDLE SCHOOL VERSION OF EARTH CAMP. 16

TEACHERS IN OUR NEW EARTH CAMP FOR EDUCATORS PROGRAM RECEIVED OVER 80

HOURS OF PROFESSIONAL DEVELOPMENT CREDIT.

NUMBERS SERVED IN 2012: 56

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 2012: 100

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 2012: 15

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

Name of the organization ARIZONA-SONORA DESERT MUSEUM	Employer identification number 86-0111675
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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 2012: 15

COATI KIDS CLUB

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

NUMBERS SERVED IN 2012: 100 (ABOUT 30 FAMILIES)

COATI PUPS

A PROGRAM FOR PRESCHOOLERS AND THEIR PARENTS, COATI PUPS INTRODUCES SOME OF OUR YOUNGEST VISITORS TO THE WONDERS OF OUR DESERT THROUGH ART, CRAFTS, GUIDED WALKS, SCIENCE EXPLORATIONS AND SPECIAL ENCOUNTERS WITH LIVE ANIMALS.

NUMBERS SERVED IN 2012: 80

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

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

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 2012: 10

PUBLIC CLASSES, TRIPS AND TOURS FOR ADULTS AND FAMILIES

THESE PROGRAMS ARE OFFERED TO THE PUBLIC THROUGHOUT THE YEAR TO CREATE A BETTER UNDERSTANDING OF OUR SONORAN DESERT THROUGH ENJOYABLE AND INFORMATIVE EXPERIENCES, AND PROVIDE OPPORTUNITIES TO LEARN PRACTICAL APPLICATIONS FOR WORKING AND PLAYING IN BALANCE WITH OUR ENVIRONMENT.

NUMBERS SERVED IN 2012: 400

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

EXHIBITS THAT ARE RELEVANT AND INSPIRING TO SERVE THE MISSION OF THE DESERT MUSEUM. IN FISCAL YEAR 2012, THE ART INSTITUTE SERVED 607 STUDENTS.

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

Name of the organization ARIZONA-SONORA DESERT MUSEUM	Employer identification number 86-0111675
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THE PASTPERFECT MUSEUM SOFTWARE IS USED FOR OUR INVENTORY, DOCUMENTATION AND MAINTENANCE OF OUR ART COLLECTIONS. THIS SOFTWARE IS USED BY 7,000 MUSEUMS IN THE US AND IT WILL BE MORE THAN ADEQUATE FOR MANY DECADES OF USE HERE AT THE MUSEUM.

VANISHING CIRCLES IS A PERMANENT COLLECTION OF ORIGINAL PAINTINGS DEPICTING DISAPPEARING WILDLIFE OF THE SONORAN DESERT, CREATED BY INTERNATIONALLY RENOWNED ARTISTS. IN 2012 THE MUSEUM ADDED 2 PAINTINGS TO THE COLLECTION. VANISHING CIRCLES WILL CONTINUE TO GROW AND TRAVEL, ACTING AS A MULTI-MEDIA INTERPRETIVE TOOL FOR THE SONORAN DESERT REGION AND TO INSPIRE CONSERVATION THROUGH VISUAL ARTS EDUCATION.

THE IRONWOOD GALLERY 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. THE IRONWOOD GALLERY BEGAN A FACILITY REMODEL PROCESS WITH THE INTENT TO HEIGHTEN THE VISITOR EXPERIENCE BY PROVIDING A HIGHER QUALITY FACILITY, THEREFORE ATTRACTING EVEN MORE NOTABLE EXHIBITIONS FOR THE FUTURE. THE GALLERY EXHIBITS EXPANDED TO THE BALDWIN EDUCATION BUILDING. A ROSTER OF EXHIBITS TO BE HELD IN THE EDUCATION BUILDING IN CONJUNCTION WITH THE IRONWOOD GALLERY WAS PUT IN PLACE.

FORM 990, PART VI, SECTION A, LINE 6: THERE IS ONE CLASS OF MEMBERS, ALL

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

OF WHOM HAVE THE SAME VOTING RIGHTS WHICH ARE TO ELECT NEW TRUSTEES BY BALLOT.

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

FORM 990, PART VI, SECTION B, LINE 11: A DRAFT COPY OF FORM 990 IS GIVEN TO THE MEMBERS OF THE FINANCE COUNCIL. THE MEMBERS OF THE FINANCE COUNCIL, ALONG WITH THE CEO AND CFO, REVIEW ALL SCHEDULES AND NARRATIVES FOR ACCURACY AND COMPLETENESS. AFTER THE APPROVAL OF THE FINANCE COUNCIL, A COPY OF FORM 990 IS FORWARDED TO ALL BOARD MEMBERS PRIOR TO FILING THE RETURN.

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

Name of the organization ARIZONA-SONORA DESERT MUSEUM	Employer identification number 86-0111675
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FORM 990, PART VI, SECTION B, LINE 15: THE CEO'S COMPENSATION IS DETERMINED BY THE MANAGEMENT EVALUATION 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 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.

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.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
NET UNREALIZED GAINS ON INVESTMENTS: 682,091.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions ARIZONA-SONORA DESERT MUSEUM	Employer identification number (EIN) or <input checked="" type="checkbox"/> 86-0111675
	Number, street, and room or suite no. If a P.O. box, see instructions. 2021 NORTH KINNEY ROAD	Social security number (SSN) <input type="checkbox"/>
	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)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

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.

4 I request an additional 3-month extension of time until **AUGUST 15, 2013**

5 For calendar year , or other tax year beginning **OCT 1, 2011**, and ending **SEP 30, 2012**

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return

Change in accounting period

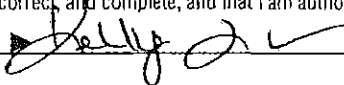
7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO COMPILE THE NECESSARY INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN.

8a 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.	8a	\$	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 and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature 

Title **CPA**

Date **5-15-12**

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **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
- 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	01	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, 2012**, 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, 2010**, and ending **SEP 30, 2011**.

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. Form 8868 (Rev. 1-2011)