

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



**Short Form** 

2008

Department of the Treasury

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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form

990 All other org. anizations with gross receipts less than \$1,000,000 and total assets

less than \$2,500,000 at the end of the year may use this form

Open to Public

OMB No 1545-1150

Inter	rnal Revenue Service The organization may have to use a copy of this return to satisfy	state rep	orling requirements		inspection
A	For the 2008 calendar year, or tax year beginning $Jul~1$ , 2008,	, and en	ding Jun 30		, 2009
<u>B_</u>	Check if applicable C Name of organization		][	) Empl	oyer identification number
	Address change   Please use IRS   Arizona Museum of Natural History Fou	undat	ion	86-	-0721792
Ы	Name change label or Number and street (or P O box, if mail is not delivered to street address)			ETelep	hone number
	Initial return type. 53 North Macdonald Street			(48	80) 898-0907
	Specific City or town, state or country, and ZIP + 4				
_	Amended return Instruc-	r 0E			ip Exemption
Ш	Application pending Mesa A		201	Num	
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts		G Accounting m		Cash X Acc
	must áttách a completed Schedule  (Form 990 or 990-EZ).		Other (specif	-	
	Website: ► N/A		H Check ► X		e organization is <b>not</b> schedule B (Form 990
	Organization type (check only one) — X 501(c) ( 3) ◀ (insert no ) 4947(a)(1) or L	527	990-EZ, or 99	90-PF)	
	Check ► If the organization is not a section 509(a)(3) supporting organization ar		ross receints are i	normal	ly not more than
T.	\$25,000 A return is not required, but if the organization chooses to file a return, be	sure to	file a complete re	turn	iy not more than
	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more				
	instead of Form 990-EZ	e, me i	01111 990	ı	<b>►</b> \$ 42,
	art I Revenue, Expenses, and Changes in Net Assets or Fund E	Baland	es (See the II	nstruc	
	1 Contributions, gifts, grants, and similar amounts received		•		1 1,
	Program service revenue including government fees and contracts				2 1,
	3 Membership dues and assessments				3 39,
	4 Investment income				4
	5a Gross amount from sale of assets other than inventory	5a			
	<b>b</b> Less cost or other basis and sales expenses	5b		l_	
R	c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) (att sch)	-			5c
MCZM<	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gam	iing, ched	ck here		
E '	a Gross revenue (not including \$ of contributions		-	_	
E	reported on line 1)	6a		-	
	<b>b</b> Less direct expenses other than fundraising expenses	6b			
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)				6c
	7a Gross sales of inventory, less returns and allowances	7a			
	<b>b</b> Less cost of goods sold	7b			
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		•		7c
	8 Other revenue (describe >			)	8
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)			` ▶	9 42,
	· · · · · · · · · · · · · · · · · ·	ee I.	-10 Stmt	1	10 5,0
	11 Benefits paid to or for members	<u>.</u>		<u> </u>	11
E	12 Salaries, other compensation, and employee benefits			_	12 8,
P	13 Professional fees and other payments to independent contractors			_	13
EN	14 Occupancy, rent, utilities, and maintenance			_	14 1,
S E S	15 Printing, publications, postage, and shipping			<u> </u>	15 3,
S	16 Other expenses (describe ► See Other Expenses Statement		1		16 2,
	17 Total expenses (add lines 10 through 16)			<del></del>	17 21,
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)			<del></del>	18 21,
A					21,
ΝS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (m figure reported on prior year's return)	nust agr	ree with ena-or-ye	ar	381,
N S E E T T	20 Other changes in net assets or fund balances (attach explanation)	ee L	-20 Stmt.	_	20 -68,
Ś		4		_	21 334,
Pa	art II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000	or mor	e. file Form 990 ii		
	(See the instructions for BOLD VED	3. 11101	(A) Beginning		
22	(See the instructions நிகுகுத் இடும்) 2 Cash, savings, and investments		394,		
23	2 Landand to Mana				23
24					24
25			395,		25 347,
26					26 13,
27			381,		
	Her assers of fund suitables (into 27 of column (b) must agree with time 21)			<u> </u>	JJ4,

Form 990-EZ(2008) Arizona Museum				-072	1792 Page <b>2</b>
Part III Statement of Program Se		<del></del>			Expenses
What is the organization's primary exempt purpose? Su Describe what was achieved in carrying out the describe the services provided, the number of program title	pport the Arizona e organization's exempt purpo persons benefited, or other re	Museum of Natur ses in a clear and cond levant information for e	ral History cise manner, ach	and ( 4947	uired for 501(c)(3) 4) organizations and (a)(1) trusts, optional hers.)
28 Grants for and expenses Arizona Museum of Natura		ing the			
(Grants \$ 5,000.) If th	is amount includes foreign gra	ants, check here	<u>-</u>	28 a	11,145.
29					
(Grants \$ ) If th	is amount includes foreign gra	ants, check here	<b>-</b>	29 a	
30					
<u> </u>	ils amount includes foreign gra	ants, check here		30 a	
	is amount includes foreign gr	ants, check here	▶ □	31 a	
32 Total program service expenses (add lin		-1	<u> </u>	32	11,145.
Part IV List of Officers, Directors  (a) Name and address	(b) Title and average hours per week devoted	<del></del>	(d) Contributions employee benefit plai	to	(e) Expense account and other allowances
	to position	not paid, enter 0 i)	deferred compensa		and other anowances
Boyd Campbell	  President				
53 N. Macdonald AZ 85201	2.00	0.		0.	
Ron Utke	2.00	· ·		<u> </u>	- m
Same as above	Vice president				
	2.00	0.		0.	
Don Strauch					
Same as above	Treasurer				
	5.00	0.		0.	
Peter Cook	Secretary				
Same as above	2.00	0.		0.	
Giles Mead					
Same as above	Board member	0.		0.	
Donna Benge	2.00	- 0.		<u> </u>	
Same as above	Board member				
	2.00	0.		0.	
Kerry Griffen	-				
Same as above	Board member	_			
	2.00	0.		0.	
Greg Marek	Board member				
Same as above	2.00	0.		0.	
Vic Linoff		<u>°:</u>		<u> </u>	
Same as above	Board member				
	2.00	0.		0.	
Robert Price	-				
Same as above	Board member			•	
	2.00	0.		0.	
	-				
	-				
			<u> </u>		<u> </u>
BAA	TEEA0812 (	)1/14/09			Form <b>990-EZ</b> (2008)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		х
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
í	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and	25-		,
	proxy tax requirements?  o If 'Yes,' has it filed a tax return on Form 990-T for this year?	35a 35b	<del> </del>	X
	Was there a liquidation, dissolution, termination, or substantial contraction during the year?			
	If 'Yes,' complete applicable parts of Schedule N	36	ļ	Х
	Enter amount of political expenditures, direct or indirect, as described in the instructions  Did the organization file Form 1120-POL for this year?	37b		X
	a Did the organization line Form 1120-1 OE for this year	37.5		
38	any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a		Х
1	of 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b			:
	501(c)(7) organizations Enter	Ì		
	a Initiation fees and capital contributions included on line 9	1	w. 1	
	Gross receipts, included on line 9, for public use of club facilities  39b  39b	┨		
40	section 4911 • 0.; section 4912 •0.; section 4955 •0.			
1	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?  If 'Yes,' complete Schedule L, Part I	40 ь		х
,	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		,	(%
	d Enter amount of tax on line 40c reimbursed by the organization	]	,	
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		
41	List the states with which a copy of this return is filed >	406	<u> </u>	<u> </u>
•				
	The body on the fibre Company is a time of the company of the comp	000	000	7
42	a The books are in care of ► the Organization Telephone no ► (480)  Located at ► 53 N. Macdonald Street Mesa AZ ZIP+4 ► 80201		-030	J'
	Locales at a 22 No. Macadinata Defeet nest _			
	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No X
	If 'Yes,' enter the name of the foreign country			
			C	
		^	,,	ž.
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			ļ
	c At any time during the calendar year, did the organization maintain an office outside of the U S ?	42 c		X
	If 'Yes,' enter the name of the foreign country.			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		▶ [_]	
	and enter the amount of tax-exempt interest received or accrued during the tax year	<del>.</del>		-
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead			
	of Form 990-EZ	44	-	Х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		x
				(2008)

Form 990-EZ (2008) Arizona Museum of Natural History Foundation 86-0721792 Pag

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

and complete the tables								
Did the organization engage in direct	or indirect political campaign acti	vities on behalf of or in	opposition to candidates	ac.	Yes	No		
for public office? If 'Yes,' complete Sc	•	shadula C. Dort II		46		X		
-			ete Schedule E	48	<b></b>	X		
9a Did the organization make any transfe		elated organization?		49a		X		
<b>b</b> If 'Yes,' was the related organization(s	s) a section 527 organization?			49b	l i	<u> </u>		
Complete this table for the five highes received more than \$100,000 of comp				es) who	each			
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex accou other all	pense int and lowance:	s		
one								
		· · ·						
al number of other employees paid over \$100,000	▶							
one	endent contractor paid more than \$100,000		(b) Type of service	(c) Comp				
			-					
al number of other independent contract	ors receiving over \$100,000	<b>&gt;</b>						
Under penalties of perjury, I declare that true, correct, and complete Declaration of	I have examined this return, including according preparer (other than officer) is based on a	mpanying schedules and state all information of which prepar-	ements, and to the best of my know er has any knowledge	ledge and b	elief, it i	ıs		
gn Signature of officer	Zamp bell			20	10			
7 7 7	AMPBELL , PRESI	DENT				<u> </u>		
rid Preparer's signature ►	Mogra	Date 3/2/10	Check if Seef-employed	rer's Identi	fying Nu 5995	mber		
e yours if self- employed). ► 1517 W IME	CPA PLLC PALA AVE		EIN ►	20-14	flold	 >22		
address, and ZIP + 4 MESA		AZ 85202-5	5812 Phone no ►					
the IRS discuss this return with the pre	parer shown above? See instruct		<del></del>	X Yes	. [ ]	No		
<del></del>	barer shown above. See histract	10113			-			
A				Form 99	N-E7 /	7(11)		

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 **2008** 

Open to Public Inspection

Employer identification number

Ariz			eum o														21792			
Part	l Re	easo	n for P	ubl	ic Ch	arity S	Statu	s (Al	l orga	anız	ations	must	compl	ete this	part.)	(see i	nstruct	ions)		
The org	ganıza	tion i	not a p	rıvat	e foun	dation b	ecaus	se it is	(Plea	ase c	heck on	ly <b>one</b> d	rganıza	tion )						
1	Ac	hurch	, conver	tion	of chu	rches o	r asso	ciatio	n of ch	nurch	es desc	ribed in	section	170(b)(1	χΑχί).					
2																				
3	╡ Ah	ospit	al or coo	oera	itive ho	spital s	ervice	orgar	nizatio	n des	scribed	ın <b>secti</b> o	on 17 <b>0</b> (b	)(1)(A)(ii	i). (Atta	ch Sche	dule H)			
4						•												r the hospi	tal's	
	nan	ne, c	ty, and s	tate									<b>-</b>					- <b>-</b>		
5 [	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(bX1)(AXiv)</b> . (Complete Part II)																			
6	≠ .	edera	I, state,	or lo	local government or governmental unit described in section 170(b)(1)(A)(v).															
7 [	<u>"</u> "	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 L	_		unity trus																	
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)									oss										
10 [	10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)																			
11 [	An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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								or hat											
	a	∏ту	pe I			<b>b</b>	/pe II			c 🗌	Type I	II — Fun	ctionally	ıntegrat	ed		d 🗌	Type III-	Other	
e [	ー tha	checl n fou )(a)(2	ndation r	box, nana	, I certi agers a	fy that t	he org er than	ganıza 1 one (	ition is or mor	not re pu	controlle	ed direc ipported	ly or incorrection	lirectly b ations de	y one or escribed	more d In secti	isqualifie on 509(a	ed persons )(1) or sec	other tion	
f	If th	ne or	•	n re	ceived	a writte	n dete	ermina	ation fr	om t	the IRS	that is a	Type I,	Type II o	or Type	III suppo	rting org	anızatıon,		
g	Sın	ce A	ugust 17,	200	)6, has	the org	anızat	tion ac	cepte	d any	y gift or	r contrib	ution fro	m any o	f the foll	owing p	ersons?			
_																			Yes	No
	(i)	a p be	erson w low, the	ho d gove	lirectly erning l	or indire	ectly o	control upporte	ls, eith ed org	ner al anıza	lone or t ation?	together	with per	sons de	scribed	ın (II) an	d (III)	11 g (i)		
	(ii)	a f	amily me	embe	er of a	persor	desc	ribed i	ın (ı) a	above	97							11 g (ii)		
	(iii)	a 3	35% conf	rolle	ed entit	y of a p	erson	descr	ıbed ıı	n (ı) ı	or (II) al	oove?						11 g (iii)		
h	Pro	vide	the follow	ving	ınform	nation al	bout th	he org	anızat	ions	the orga	anızatıor	suppor	ts						
	(i) Nar C	ne of S Organiz	supported ation			(ii) EIN		(d	Type of lescribed above or (see ins	d on lir r IRC s	nes 1-9 section	organiz (i) list gov	Is the ation in colled in your verning ument?	the orga	you notify nization in (i) of upport?	organizat	Is the ion in col zed in the S ?	(vii) Amour	nt of Sup	oport
								<u> </u>				Yes	No	Yes	No	Yes	No			
										_	_								••••	
				+		<u> </u>		1			_		-	<del> </del>	+		<del> </del> -			
										_										
																-				
										_								· <u>-</u>		
			-	-				<del> </del>				1	+	+			<del>   </del>			
Total						45° (		'	gt i e	*	* * *	· m	-	ľ	' <b> </b>	11				

Arizona Museum of Natural History Foundation 86-0721792 Schedule A (Form 990 or 990-EZ) 2008 Page 2 Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) ► (a) 2004 (e) 2008 (b) 2005 (c) 2006 (d) 2007 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 44,486 28,122 43,468 48,635 40,993. 205,704. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge 40,993 44,486. 48,635. 205,704. 28,122. 43,468. Total, Add lines 1-3 The portion of total Ź contributions by each person (other than a governmental 1,5 unit or publicly supported organization) included on line 1 that exceeds 2% of the amount 55 > shown on line 11, column (f) ART OF Public support. Subtract line 5 , .... · · · 205,704. from line 4 Section B. Total Support Calendar year (or fiscal year (d) 2007 (a) 2004 (b) 2005 (c) 2006 (e) 2008 (f) Total beginning in) • 28,122 40,993 205,704. 44,486 43,468 48,635. 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, rovalties and income form 889 53,041 25,802 198 87,774. 7,844 similar sources Net income form unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV) 4.4 Total support. Add lines 7 3. W 1 through 10 293,478. 12 Gross receipts from related activities, etc. (see instructions) 12 16,167. 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 70.09% 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 14 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f 15 86.44% 16a 33-1/3 support test - 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box X and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support test - 2007. 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 17a 10%-facts-and-circumstances test - 2008. 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 b 10%-facts-and-circumstances test - 2007. 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 of Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Par	t III Support Schedule fo	r Organization	s Described i	n Section 509	(a)(2)		
. a.	(Complete only if you chec				(-/(-/		
Sec	tion A. Public Support						
-	ndar year (or fiscal yr beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	, , ,					
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
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	,,,					
7 a	Total. Add lines 1-5 Amounts included on lines 1, 2, 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c	: Add lines 7a and 7b					<u> </u>	
8	Public support (Subtract line	3 38	2				
	7c from line 6)	, ***			**		<u>_</u>
	tion B. Total Support	<del>,</del>		T		1	
	ndar year (or fiscal yr beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	<b>(e)</b> 2008	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (add ins 9, 10c, 11, and 12)	د المراجع المر المراجع المراجع المراج	3	***************************************	<u> </u>		<del>.</del>
14	First five years. If the Form 990 organization, check this box and	is for the organiza	tion's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c)(3)	▶ □
Sec	tion C. Computation of Pu		ercentage				
_	Public support percentage for 20			e 13. column (fl)		15	%
	Public support percentage from 2					16	%
	tion D. Computation of Inv						
	Investment income percentage for	_			nn (f))	17	%
18	Investment income percentage fr	om <b>2007</b> Schedule	e A, Part IV-A, Im	e 27h		18	%
19 a	33-1/3 support tests - 2008. If the more than 33-1/3%, check this b	ne organization did ox and <b>stop here.</b>	d not check the bo The organization	ox on line 14, and qualifies as a pu	d line 15 is more th blicly supported or	nan 33-1/3%, and lii ganization	ne 17 is not ►
	<b>33-1/3 support tests</b> — <b>2007.</b> If the support test is not more than 33-1/3%, check	this box and <b>stop</b>	here. The organi	zation qualifies as	s a publicly suppor	ted organization	nd line 18 ►
20	Private foundation If the organic		ale a base an lina 1	4 100 or 10b ob	and this have and a	oo instructions	▶

Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

TEEA0404 10/07/08

BAA

Schedule A (Form 990 or 990-EZ) 2008

# **Other Assets and Liabilities**

2008

Name as Shown on Return	Employer Identification No
Arizona Museum of Natural History Foundation	86-0721792

Line 24 - Other Assets:	Beginning of Year	End of Year
Totals to Form 990-EZ, Part II, line 24		
Line 26 - Total Liabilities:	Beginning of Year	End of Year
Deferred revenue	13,040.	13,040
Totals to Form 990-EZ, Part II, line 26	13,040.	13,040

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Description	Amount
Unrealized loss on investments	-68,673.
Total	-68,673.

### **Supporting Statement of:**

Sch. A, page 2/Gross Receipts

Description	Amount
2004	
2005	
2006	8,952.
2007	5,755.
2008	1,460.

Total <u>16,167.</u>