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Part III

Statement of Program Service Accomplishments

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

☐

1

Briefly describe the organization’s mission

TO EDUCATE THE GENERAL PUBLIC ABOUT ARTS AND CULTURE OF AMERICAN INDIANS, WITH A FOCUS ON TRIBES OF THE SOUTHWEST USA

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If “Yes,” describe these changes on Schedule O

4

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

4a	(Code) (Expenses \$ 6,812,544 including grants of \$) (Revenue \$ 3,691,451)
THE HEARD MUSEUM IS A PRIVATE NON-PROFIT MUSEUM THAT PURSUES AN EDUCATIONAL MISSION OF EDUCATING THE PUBLIC ABOUT THE ARTS AND HISTORY OF AMERICAN INDIANS AND OTHER INDIGENOUS PEOPLES OF THE AMERICAS, WITH AN EMPHASIS ON TRIBES OF THE SOUTHWEST THE HEARD ACCOMPLISHES THIS TASK BY ORGANIZING EXHIBITS THAT SHOWCASE BOTH ITS COLLECTION OF MORE THAN 40,000 FINE ARTWORKS AND CULTURAL ARTIFACTS IN ITS PERMANENT COLLECTION AND ARTWORKS FROM OTHER INSTITUTIONS AND INDIVIDUALS, HOLDING SPECIAL EVENTS THAT HIGHLIGHT ONE OR MORE ASPECTS OF NATIVE ART, CULTURES AND/OR HISTORY, HOSTING MORE THAN 12,000 SCHOOLCHILDREN TOURING THE MUSEUM EACH YEAR, SUPPORTING THE CAREERS OF AMERICAN INDIAN ARTISTS IN THE HEARD MUSEUM SHOPS, THE BERLIN GALLERY OF CONTEMPORARY NATIVE ART AND BOOKS & MORE, A BOUTIQUE BOOKSTORE AND GIFT SHOP, OFFERING INDIGENOUS FOODS IN THE MENU OF THE MUSEUM'S CAFES AND CASUAL DINING VENUE, THE COFFEE CANTINA, AND BY OFFERING PROGRAMMING SUCH AS LECTURES, BOOK SIGNINGS AND PRESENTATIONS BY BOTH AMERICAN INDIAN AND NON-INDIAN EXPERTS IN ART, HISTORY AND CULTURES IN ADDITION TO ITS FLAGSHIP LOCATION, THE HEARD MUSEUM ALSO OPERATES A COMMUNITY MUSEUM IN NORTH SCOTTSDALE APROXIMATELY 101,000 PEOPLE VISITED THE MUSEUM DURING THE YEAR THE \$3,691,451 REVENUE REPRESENTS ONLY EARNED INCOME AND EXCLUDES CONTRIBUTIONS, GIFTS, FUNDRAISING PROCEEDS AND INVESTMENT INCOME FOR THE YEAR, TOTAL REVENUES WERE \$7 1 MILLION, TOTAL EXPENSES WERE \$8 9 MILLION	

4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)

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

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses

6,812,544

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8 Yes	
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
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? If "Yes," complete Schedule F, Parts II and IV	15	No
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? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

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>	21		No
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>	22		No
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>	23	Yes	
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>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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>	25a		No
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>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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>	26		No
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>	27		No
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>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
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>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
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>	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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>	32		No
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>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
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>	36		No
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>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	127	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	157	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?		No
d	If "Yes," indicate the number of Forms 8822 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure

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

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

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AZ
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	CARLOS ROJAS 2301 N CENTRAL AVE PHOENIX, AZ (602) 251-0222

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

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, or 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

[illegible]

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							547,381	0	7,224	

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 ▶4

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

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

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 ►0

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b	921,927				
	c	Fundraising events	1c	74,096				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	159,168				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,987,317				
	g	Noncash contributions included in lines 1a-1f \$		222,706				
	h	Total. Add lines 1a-1f			3,142,508			
Program Service Revenue			Business Code					
	2a	ADMISSIONS	611710	990,481	990,481			
	b	FAIR INCOME	900099	513,115	513,115			
	c	PRIVATE USE FEES	721000	467,352	467,352			
	d	EDUCATIONAL REVENUE	611710	24,951	24,951			
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			1,995,899			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		80,271			80,271	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties		2,535			2,535	
	6a	(i) Real						
		(ii) Personal						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(i) Securities						
		(ii) Other						
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)		88,931			88,931	
	8a	Gross income from fundraising events (not including \$ 74,096 of contributions reported on line 1c) See Part IV, line 18						
	a			258,064				
	b	Less direct expenses		188,992				
	c	Net income or (loss) from fundraising events . .		69,072			69,072	
	9a	Gross income from gaming activities See Part IV, line 19						
	a			10,617				
	b	Less direct expenses		0				
	c	Net income or (loss) from gaming activities . .		10,617			10,617	
	10a	Gross sales of inventory, less returns and allowances						
	a			5,007,105				
	b	Less cost of goods sold		3,311,553				
	c	Net income or (loss) from sales of inventory . .		1,695,552	1,695,552			
	Miscellaneous Revenue			Business Code				
	11a	MISCELLANEOUS		900099	34,492			34,492
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			34,492			
	12	Total revenue. See Instructions			7,119,877	3,691,451	0	285,918

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response 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.	191,706		191,706	
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.	3,028,964	2,432,751	430,006	166,207
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.	291,363	216,846	60,444	14,073
10	Payroll taxes.	239,556	180,857	46,234	12,465
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	11,752		11,752	
c	Accounting.	39,466		39,466	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	41,442		41,442	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	250,661	126,277	74,321	50,063
12	Advertising and promotion.	182,887	182,762		125
13	Office expenses.	328,632	270,913	52,322	5,397
14	Information technology.	93,830	29,722	38,103	26,005
15	Royalties.				
16	Occupancy.	749,549	749,549		
17	Travel.	18,926	12,375	4,471	2,080
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	52,205	36,853	15,352	
20	Interest.	31,608	31,608		
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	2,252,471	1,576,729	337,871	337,871
23	Insurance.	84,874		84,874	
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	OTHER PROGRAM EXPENSES	592,165	589,169		2,996
b	EXHIBIT EXPENSES	357,827	357,827		
c	FUNDRAISING EXPENSE	97,521			97,521
d	MEMBER SUPPORT	30,273	18,306		11,967
e	All other expenses.				
25	Total functional expenses. Add lines 1 through 24e.	8,967,678	6,812,544	1,428,364	726,770
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

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

☐

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			433,483	1	412,721
	2	Savings and temporary cash investments			414,708	2	21,674
	3	Pledges and grants receivable, net			61,790	3	248,824
	4	Accounts receivable, net			6,713	4	10,605
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			2,064,268	8	1,957,575
	9	Prepaid expenses and deferred charges			140,890	9	173,850
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	41,504,798	22,007,925	10c	20,229,780
	b	Less accumulated depreciation	10b	21,275,018			
	11	Investments—publicly traded securities			3,454,119	11	2,808,995
	12	Investments—other securities See Part IV, line 11			78,021	12	85,989
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets			9,000	14	8,728
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			28,670,917	16	25,958,741
Liabilities	17	Accounts payable and accrued expenses			978,080	17	697,468
	18	Grants payable				18	
	19	Deferred revenue			433,198	19	407,121
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			1,100,000	23	499,800
	24	Unsecured notes and loans payable to unrelated third parties			109,674	24	45,738
	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			326,626	25	127,982
	26	Total liabilities. Add lines 17 through 25			2,947,578	26	1,778,109
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			20,219,760	27	19,859,577
	28	Temporarily restricted net assets			2,600,816	28	1,398,686
	29	Permanently restricted net assets			2,902,763	29	2,922,369
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ 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			25,723,339	33	24,180,632
	34	Total liabilities and net assets/fund balances			28,670,917	34	25,958,741

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	7,119,877
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,967,678
3	Revenue less expenses Subtract line 2 from line 1	3	-1,847,801
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25,723,339
5	Net unrealized gains (losses) on investments	5	99,198
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	205,896
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	24,180,632

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 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
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	Yes	
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?		No
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		

SCHEDULE A

(Form 990 or 990EZ)

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

2012

Open to Public
Inspection

Name of the organization THE HEARD MUSEUM	Employer identification number 86-0107517
--	--

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 - Non-functionally integrated
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? (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? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?
h	☐	Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 monetary 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	5,194,720	4,156,371	2,761,013	3,025,296	3,142,508	18,279,908
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	130,000	130,000				260,000
4 Total. Add lines 1 through 3	5,324,720	4,286,371	2,761,013	3,025,296	3,142,508	18,539,908
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)						1,040,160
6 Public support. Subtract line 5 from line 4						17,499,748

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	5,324,720	4,286,371	2,761,013	3,025,296	3,142,508	18,539,908
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	87,632	47,733	141,752	58,862	82,806	418,785
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)	208,964	84,861	343,105	348,236	303,173	1,288,339
11	Total support (Add lines 7 through 10)						20,247,033
12	Gross receipts from related activities, etc (see instructions)					12	33,873,333
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	86 430 %
15	Public support percentage for 2011 Schedule A, Part II, line 14	15	88 910 %
16a	33 1/3% support test—2012. 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		
b	33 1/3% support test—2011. 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—2012. 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—2011. 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		
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		

Part IIISupport 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 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 lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15		
16 Public support percentage from 2011 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17		
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2012. 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—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶			

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation									
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME MISCELLANEOUS - 2008 AMOUNT \$ 13,052 2009 AMOUNT \$ 16,061 2010 AMOUNT \$ 16,407 2011 AMOUNT \$ 43,367 2012 AMOUNT \$ 34,492 GROSS FUNDRAISING REVENUE - 2008 AMOUNT \$ 195,912 2009 AMOUNT \$ 68,800 2010 AMOUNT \$ 326,698 2011 AMOUNT \$ 304,869 2012 AMOUNT \$ 268,681									

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
THE HEARD MUSEUM

Employer identification number
86-0107517

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? ☐ Yes☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes☐ No	

Part II

Conservation Easements. Complete if the organization answered "Yes" 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 Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

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

b

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

(i) 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

▶\$ _____

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

Cat No 52283D

Schedule D (Form 990) 2012

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

d

☐ Loan or exchange programs

b

☒ Scholarly research

e

☐ Other

c

☒ Preservation for future generations

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☒ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	4,555,550	4,094,164	4,162,062	3,093,905	3,372,853
b Contributions	46,570	10,519	129,329	849,761	245,885
c Net investment earnings, gains, and losses	341,661	450,867	-197,227	318,411	-168,449
d Grants or scholarships					
e Other expenditures for facilities and programs				100,015	356,384
f Administrative expenses					
g End of year balance	4,943,781	4,555,550	4,094,164	4,162,062	3,093,905

2

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

a

Board designated or quasi-endowment ▶ 37 000 %

b

Permanent endowment ▶ 58 000 %

c

Temporarily restricted endowment ▶ 5 000 %

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

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

Describe in Part XIII 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				
b Buildings		22,512,378	9,580,237	12,932,141
c Leasehold improvements		6,540,981	3,286,301	3,254,680
d Equipment		2,786,489	2,420,871	365,618
e Other		9,664,950	5,987,609	3,677,341
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				20,229,780

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return				
1	Total revenue, gains, and other support per audited financial statements	1	10,970,926	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	2e		
a	Net unrealized gains on investments	2a	99,198	
b	Donated services and use of facilities	2b	80,609	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	3,712,684	
e	Add lines 2a through 2d	2e	3,892,491	
3	Subtract line 2e from line 1	3	7,078,435	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4c		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	41,442	
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b	4c	41,442	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	7,119,877	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return				
1	Total expenses and losses per audited financial statements	1	12,318,398	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2e		
a	Donated services and use of facilities	2a	80,609	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	3,311,553	
e	Add lines 2a through 2d	2e	3,392,162	
3	Subtract line 2e from line 1	3	8,926,236	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :	4c		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	41,442	
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b	4c	41,442	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	8,967,678	

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

Identifier	Return Reference	Explanation
	PART III, LINE 1A	THE COLLECTIONS OF THE MUSEUM INCLUDE SEVERAL CATEGORIES OF NATIVE AMERICAN ART, PRIMARILY KACHINA DOLLS, BASKETS, JEWELRY, TEXTILES, CERAMICS, AND FINE ART, AS WELL AS COLLECTIONS FROM OTHER INDIGENOUS PEOPLES OF LATIN AMERICA, AFRICA AND OCEANIA, AND ARE EXPENSED IN THE PERIOD PURCHASED IN CONFORMITY WITH THE PRACTICE FOLLOWED BY MANY MUSEUMS, ART OBJECTS CONTRIBUTED TO THE MUSEUM ARE NOT INCLUDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. FURTHERMORE, IN CONFORMITY WITH INDUSTRY PRACTICE, THE MUSEUM HAS NOT RECORDED THE VALUE OF ITS COLLECTIONS ON THE STATEMENT OF FINANCIAL POSITION. THE FAIR VALUE OF CERTAIN COLLECTIONS IS DETERMINED BASED ON THIRD-PARTY EVIDENCE OF COMPARABLE ART SOLD THROUGH AUCTION HOUSES. THE FAIR VALUE OF COLLECTIONS CONTRIBUTED TO THE MUSEUM DURING 2013 AND 2012 WAS APPROXIMATELY \$631,522 AND \$1,265,000, RESPECTIVELY.
	PART III, LINE 4	THE CORPORATION MAINTAINS A MUSEUM OF ANTHROPOLOGY AND ART IN THE CITIES OF PHOENIX AND SCOTTSDALE FOR THE PURPOSE OF EDUCATING THE PUBLIC ABOUT THE HERITAGE, LIVING CULTURES AND ARTS OF NATIVE PEOPLES, WITH AN EMPHASIS ON THE PEOPLES OF THE SOUTHWEST. THIS PURPOSE IS ACCOMPLISHED THROUGH THE MUSEUM'S PROGRAMS OF EDUCATION, EXHIBITION, COLLECTION, RESEARCH, AND PUBLICATION.
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE INTENDED USE OF THE ENDOWMENT FUNDS ARE TO PROVIDE FOR THE FUTURE FINANCIAL STRENGTH OF THE ORGANIZATION.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE INCOME TAX PORTION OF THE MUSEUM'S FINANCIAL STATEMENT FOOTNOTE CONTAINS A DESCRIPTION OF THE ORGANIZATION'S QUALIFICATION AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IT THEN CONTAINS THE FOLLOWING TEXT REGARDING UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740): THE MUSEUM EVALUATES ITS UNCERTAIN TAX POSITIONS, IF ANY, ON A CONTINUAL BASIS THROUGH REVIEW OF ITS POLICIES AND PROCEDURES, REVIEW OF ITS REGULAR TAX FILINGS, AND DISCUSSIONS WITH OUTSIDE EXPERTS. MANAGEMENT BELIEVES THAT THE HEARD MUSEUM HAS NO UNCERTAIN TAX POSITIONS AS OF SEPTEMBER 30, 2013 AND 2012.
PART XI, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD 3,311,553. CHANGE IN GIFT ANNUITIES 205,896. ELIMINATE SEPARATE TRUST INCOME 195,235.
PART XII, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD 3,311,553.
		FORM 990, SCH D, PART XI & PART XII. THE 2013 \$1.3 MILLION DEFICIT PER THE AUDITED FINANCIAL STATEMENTS INCLUDES NON-CASH DEPRECIATION EXPENSE SUMMARIZED ON THE TABLE BELOW, REVERSING THE EFFECT OF THIS NON-CASH EXPENSE. BETTER REFLECTS OPERATING RESULTS OF THE MUSEUM'S CORE OPERATIONS. 2013 DEFICIT (1,347,472) PLUS DEPRECIATION 2,252,471. ADJUSTED 2013 RESULTS 904,999. THE MUSEUM BOARD AND STAFF IMPLEMENTED A 2014 BUDGET THAT CALLS FOR A CONTINUATION OF THE EXPENSE REDUCTIONS INITIATED IN FISCAL YEAR 2013.

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.

Revenue			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			<u>MOONDANCE</u>	<u>SONORAN SKIES</u>	<u>1</u>	(add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts	212,565	64,220	55,375	332,160	
	2	Less Contributions . . .	46,315	15,301	12,480	74,096	
3	Gross income (line 1 minus line 2)	166,250	48,919	42,895	258,064		
Direct Expenses	4	Cash prizes					
	5	Noncash prizes . . .					
	6	Rent/facility costs . . .					
	7	Food and beverages .	65,641	2,009	8,568	76,218	
	8	Entertainment	43,043	4,604	7,877	55,524	
	9	Other direct expenses .	25,971	24,328	6,951	57,250	
	10	Direct expense summary Add lines 4 through 9 in column (d) ►					(188,992)
	11	Net income summary Combine line 3, column (d), and line 10 ►					69,072

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .			
Direct Expenses	6	Volunteer labor			
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

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 _____

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

a The organization's facility	13a	
b An outside facility	13b	

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

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. 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).

Identifier	Return Reference	Explanation
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Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
THE HEARD MUSEUM

Employer identification number
86-0107517

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☒ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?	4a	Yes
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?	5a	No
b Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5b	No
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?	6a	No
b Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6b	No
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)LETITIA CHAMBERS FORMER CEO (RETIRED 7 31 12)	(i) (ii)	125,000 0	0 0	87,821 0	0 0	0 0	212,821 0	0 0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 4A	ON JULY 31, 2012 THE MUSEUM'S PRESIDENT LETITIA CHAMBERS RETIRED, IN ACCORDANCE WITH THE TERMS OF THE EMPLOYMENT AGREEMENT THE HEARD MUSEUM MADE RETIREMENT PAYMENTS OF \$16.6K PER MONTH THROUGH JUNE 2013

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons
▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2012
Open to Public Inspection

Name of the organization
THE HEARD MUSEUM

Employer identification number
86-0107517

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		Yes	No
Total ▶ \$											

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV

Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) BLUE CROSS BLUE SHIELD OF AZ	TWO TRUSTEES HAVE RELATIONSHIP WITH BLUE CROSS BLUE SHIELD SEE DESCRIPTION	243,543	ROBERT BULLA IS A TRUSTEE OF THE MUSEUM HE ALSO SERVES ON THE BOARD OF DIRECTORS OF BLUE CROSS BLUE SHIELD OF AZ (BCBS) MR BULLA RESIGNED FROM THE MUSEUM'S BOARD EFFECTIVE JULY 22, 2013 SUE NEVRAN IS A TRUSTEE OF THE MUSEUM SHE ALSO SERVES AS THE EXECUTIVE VICE PRESIDENT, EXTERNAL OPERATIONS OF BCBS BCBS IS THE MUSEUM'S HEALTH INSURANCE PROVIDER AND HAS BEEN FOR OVER A DECADE ANNUALLY THE INSURANCE COVERAGE IS COMPETITIVELY BID BY THE MUSEUM'S HEALTH INSURANCE BROKER, FRINGE BENEFIT GROUP IN THE PAST BCBS HAS BEEN SELECTED AS A RESULT OF HAVING A COMPETITIVE BID PLUS A VERY BROAD NETWORK OF CARE PROVIDERS IN PHOENIX		No
(2) ARIZONA PUBLIC SERVICE	TRUSTEE IS THE EXECUTIVE VP OF OPERATIONS AT ARIZONA PUBLIC SERVICE	373,714	MARK SCHIAVONI IS A TRUSTEE OF THE MUSEUM HE ALSO SERVES AS THE EXECUTIVE VICE PRESIDENT OPERATIONS OF ARIZONA PUBLIC SERVICE (APS) APS SUPPLIES THE MUSEUM WITH ALL OF ITS ELECTRIC POWER AT RATES ESTABLISHED BY STATE REGULATORS		No
(3) JOHN BULLA	COO	124,590	JOHN BULLA SERVES AS THE MUSEUM'S CHIEF OPERATING OFFICER (COO) JOHN IS THE SON OF ROBERT BULLA, TRUSTEE MR ROBERT BULLA RESIGNED FROM THE MUSEUM'S BOARD EFFECTIVE JULY 22, 2013 JOHN RECEIVES COMPENSATION FOR HIS DUTIES AS THE COO HIS SALARY IS DETERMINED UNDER THE SAME PROCEDURES THAT APPLY TO ALL OF THE OTHER EMPLOYEES OF THE ORGANIZATION		No
(4) USI SERVICES LLC	TRUSTEE IS A MANAGER AT USI SERVICES, LLC	91,493	WICK PILCHER IS A TRUSTEE OF THE MUSEUM HE ALSO MANAGES USI SERVICES, LLC, FORMERLY PILCHER INSURANCE BROKER, IN PHOENIX USI SERVICES IS THE MUSEUM'S GENERAL AND PROFESSIONAL INSURANCES BROKER ANNUALLY, ALL GENERAL AND PROFESSIONAL INSURANCES ARE COMPETITIVELY BID		No

Part V

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
THE HEARD MUSEUM

Employer identification number
86-0107517

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	122	0	FAIR MARKET VALUE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X			FAIR MARKET VALUE
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	3	40,221	FAIR MARKET VALUE
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	3	112,034	FAIR MARKET VALUE
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (FUNDRAISER DONATIONS)	X	40	75,539	FAIR MARKET VALUE
26 Other ► (OTHER)	X	9	14,892	FAIR MARKET VALUE
27 Other ► ()				
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

13

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?

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II

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

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTIONS	PART I, COLUMN (B)	NUMBER OF CONTRIBUTORS
THIRD PARTY USE	PART I, LINE 32B	A BROKER FOR LIQUIDATION OF SECURITIES
NON REPORTING OF REVENUE	PART I, LINE 33	DURING THE YEAR, THE ORGANIZATION RECEIVED WORKS OF ART, BOOKS, AND PUBLICATIONS DONATED TO ITS COLLECTION IN CONFORMITY WITH THE PRACTICE FOLLOWED BY MANY MUSEUMS, OBJECTS CONTRIBUTED TO THE ORGANIZATION ARE NOT INCLUDED AS REVENUE OR EXPENSE ON FORM 990, PARTS VIII OR IV AS MORE FULLY EXPLAINED IN SCHEDULE D THE FAIR MARKET VALUES OF CERTAIN COLLECTIONS IS DETERMINED BASED ON THIRD-PARTY EVIDENCE OF COMPARABLE ART SOLD THROUGH AUCTION HOUSES AND WERE VALUED AT APPROXIMATELY \$631,522

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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization THE HEARD MUSEUM	Employer identification number 86-0107517
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Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	ROBERT BULLA, TRUSTEE AND SUE NEVRAN, TRUSTEE HAVE A BUSINESS RELATIONSHIP
	FORM 990, PART VI, SECTION A, LINE 4	IN APRIL 2013, THE BOARD OF TRUSTEES UNANIMOUSLY APPROVED CHANGES TO ITS BYLAWS THE GENERAL EFFECTS OF THE REVISIONS WERE TO SIMPLIFY AND CLARIFY THE BYLAWS GENERALLY, INCLUDING THE ELIMINATION OF AMBIGUITIES AND INCONSISTENCIES THE REVISIONS FOCUS THE BYLAWS ON PRINCIPLES AND MECHANISMS RELATING TO GOVERNANCE POLICY WHILE MINIMIZING BOARD INTERFERENCE WITH MANAGEMENT OF THE MUSEUM ADDITIONALLY, THE REVISIONS ADDED THE PRESIDENT OF THE HEARD MUSEUM GUILD AS A BOARD MEMBER, EX OFFICIO, WITH FULL VOTING RIGHTS THE REVISIONS WERE BASED PARTIALLY UPON THE MANUAL "NATIONAL STANDARDS AND BEST PRACTICES" PUBLISHED BY THE AMERICAN ALLIANCE OF MUSEUMS, THE LEADING INDUSTRY GROUP
	FORM 990, PART VI, SECTION A, LINE 6	MEMBERSHIP IN THE HEARD MUSEUM SHALL BE OPEN TO ALL PERSONS UPON PAYMENT OF SUCH DUES AS THE BOARD OF TRUSTEES MAY FROM TIME TO TIME ESTABLISH
	FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS SHALL ELECT THE BOARD OF TRUSTEES TO OVERSEE THE BUSINESS OF THE CORPORATION
	FORM 990, PART VI, SECTION A, LINE 7B	MEMBERS ELECT THE OPERATING BOARD MEMBERS
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM THE RETURN WILL BE REVIEWED BY THE CFO AND AUDIT COMMITTEE PRIOR TO A FINAL REVIEW BY THE BOARD OF TRUSTEES THE RETURN WILL BE FILED WITH THE IRS AFTER DISTRIBUTION TO THE BOARD
	FORM 990, PART VI, SECTION B, LINE 12C	IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE AND NATURE OF HIS OR HER FINANCIAL INTEREST TO THE TRUSTEES AND MEMBERS OF COMMITTEES WITH BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT AFTER DISCLOSURE OF THE FINANCIAL INTEREST, THE INTERESTED PERSON SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE FINANCIAL INTEREST IS DISCUSSED AND VOTED UPON THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS IN ANY CASE WHERE THE HEARD ENTERS INTO A TRANSACTION IN WHICH A TRUSTEE IS AN INTERESTED PARTY, THE TRUSTEE SHALL NOT PARTICIPATE IN ANY DECISIONS CONCERNING THE SOURCE OF THE CONFLICT THIS PROVISION SHALL APPLY IN ANY CASE WHERE A FAMILY MEMBER OF A TRUSTEE IS EMPLOYED BY OR IS A CONTRACTOR TO THE MUSEUM AND SHALL INCLUDE ANY DISCUSSIONS OR DECISIONS RELATED TO EMPLOYMENT OR OTHER ASSOCIATION, PERFORMANCE EVALUATION OR COMPENSATION OF A FAMILY MEMBER EACH TRUSTEE AND MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON (A) HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, (B) HAS READ AND UNDERSTANDS THE POLICY, (C) HAS AGREED TO COMPLY WITH THE POLICY, AND (D) UNDERSTAND THAT THE HEARD IS A TAX-EXEMPT ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES
	FORM 990, PART VI, SECTION B, LINE 15	THE HR COMMITTEE OF THE BOARD OF TRUSTEES OR ITS DESIGNATE REVIEWS SALARY OF THE EXECUTIVE DIRECTOR ANNUALLY THE COMMITTEE DISCUSSES THE COMPENSATION OF OTHER LOCAL NOT-FOR-PROFIT ORGANIZATIONS DURING THE REVIEW PROCESS THE HR COMMITTEE IS MADE UP OF THE INDEPENDENT OFFICERS OF THE BOARD OF TRUSTEES THE 2013 REVIEW WAS DESIGNATED TO AND COMPLETED BY THE EXECUTIVE SEARCH COMMITTEE THE MUSEUM DIRECTOR/CEO COMPARES THE SALARIES OF TOP MANAGEMENT TO INDUSTRY COMPARABLE DATA FOR THE REGION
	FORM 990, PART VI, SECTION C, LINE 19	THE ARTICLES OF INCORPORATION, BY-LAWS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	CHANGE IN GIFT ANNUITY 205,896
	FORM 990, PART XII, LINE 2C	THE AUDIT COMMITTEE OVERSEES THE FINANCIAL STATEMENT AUDIT THERE HAVE NOT BEEN ANY CHANGES TO THE PROCESS FROM THE PREVIOUS YEAR

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
THE HEARD MUSEUM

Employer identification number
86-0107517

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HEARD MUSEUM ENDOWMENT TRUST JP MORGAN CHASE BANK 270 PARK NEW YORK, NY 10017 94-6095432	INVESTMENT	AZ	4947(A)(1)		N/A		No

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

No

1q

No

1r

No

1s

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2012

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Software ID:
Software Version:
EIN: 86-0107517
Name: THE HEARD MUSEUM

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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Additional Data

Software ID:

Software Version:

EIN: 86-0107517

Name: THE HEARD MUSEUM

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SHIRLEY AVERY TRUSTEE	1 00	X						0	0	0
EDDIE BASHA TRUSTEE (DECEASED 3/2013)	1 00	X						0	0	0
ARLENE K BEN-HORIN TRUSTEE	1 00	X						0	0	0
HOWARD R BERLIN TRUSTEE	1 00	X						0	0	0
ROBERT B BULLA TRUSTEE (LEFT 7 22 13)	1 00	X						0	0	0
STEVEN R CHANEN TRUSTEE	1 00	X						0	0	0
ROBERT A COWIE TRUSTEE	1 00	X						0	0	0
CHRISTOPHER CLARK DESCHENE TRUSTEE	1 00	X						0	0	0
RYAN P DESMOND TRUSTEE	1 00	X						0	0	0
ROBERT S DIAMOND TRUSTEE	1 00	X						0	0	0
PETER S FINE TRUSTEE	1 00	X						0	0	0
PATRICIA K HIBBELER TRUSTEE	1 00	X						0	0	0
CARRIE L HULBURD TRUSTEE	1 00	X						0	0	0
JAMES R HUNTWORK TRUSTEE	1 00	X						0	0	0
JEFFREY H KAHN TRUSTEE	1 00	X						0	0	0
WILLIAM LAVIDGE TRUSTEE (RESIGNED 4/2013)	1 00	X						0	0	0
STEPHEN R LEWIS TRUSTEE	1 00	X						0	0	0
VALERIE MANNING TRUSTEE	1 00	X						0	0	0
JOHN MELAMED TRUSTEE	1 00	X						0	0	0
ALICE AJ MONONGYE TRUSTEE	1 00	X						0	0	0
ELIZABETH MURFEE DECONCINI TRUSTEE	1 00	X						0	0	0
SUSAN H NAVRAN TRUSTEE	1 00	X						0	0	0
SCOTT H O'CONNOR TRUSTEE	1 00	X						0	0	0
ARTHUR L PELBERG MD TRUSTEE	1 00	X						0	0	0
WICK PILCHER TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK SCHIAVONI TRUSTEE	1 00	X						0	0	0
JOETTE B SCHMIDT TRUSTEE	1 00	X						0	0	0
JOHN B STITELER TRUSTEE	1 00	X						0	0	0
IVAN MAKIL TRUSTEE	1 00	X						0	0	0
WILLIAM RIDENOUR TRUSTEE	1 00	X						0	0	0
MARK B BONSALL CHAIR	10 00	X		X				0	0	0
LELAND W PETERSON VICE-CHAIR (INTERIM PRESIDENT & CEO)	40 00	X		X				0	0	0
DR GEORGE BLUE SPRUCE JR SECRETARY	4 00	X		X				0	0	0
F WESLEY CLELLAND III TREASURER	4 00	X		X				0	0	0
ROD PASSMORE TRUSTEE-GUILD PRESIDENT	4 00	X						0	0	0
RICHARD WEST TRUSTEE (RESIGNED 1/2013)	1 00	X						0	0	0
JAMES PEPPER HENRY MUSEUM DIRECTOR/CEO	40 00			X				0	0	0
CARLOS L ROJAS CFO	40 00			X				120,000	0	3,612
WILLIAM BRUCE MCGEE DIRECTOR OF RETAIL SALES	40 00					X		104,100	0	3,612
LAURA BURGIS VP INSTITUTIONAL ADV	40 00					X		110,460	0	0
LETITIA CHAMBERS FORMER CEO (RETIRED 7 31 12)	0 00						X	212,821	0	0