

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017

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

C Name of organization
PHOENIX ART MUSEUM

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
1625 N CENTRAL AVENUE

City or town, state or province, country, and ZIP or foreign postal code
PHOENIX, AZ 850041685

D Employer identification number
86-0072608

E Telephone number
(602) 257-1880

G Gross receipts \$ 12,681,417

F Name and address of principal officer
DAWN OLSEN
1625 N CENTRAL AVENUE
PHOENIX, AZ 850041685

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.PHXART.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1949

M State of legal domicile AZ

Part I Summary

1 Briefly describe the organization's mission or most significant activities
WORLD CLASS MUSEUM, SEE SCHEDULE O, PART III EXPLANATIONS

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

3 Number of voting members of the governing body (Part VI, line 1a)	47
4 Number of independent voting members of the governing body (Part VI, line 1b)	47
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	252
6 Total number of volunteers (estimate if necessary)	1,560
7a Total unrelated business revenue from Part VIII, column (C), line 12	26,073
7b Net unrelated business taxable income from Form 990-T, line 34	-13,577

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	8,555,060	8,569,427
9 Program service revenue (Part VIII, line 2g)	2,616,012	2,757,707
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,593	4,388
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	216,546	526,564
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,394,211	11,858,086
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,488,776	5,626,066
16a Professional fundraising fees (Part IX, column (A), line 11e)	4,810	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,688,386		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,414,631	5,483,535
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	10,908,217	11,109,601
19 Revenue less expenses Subtract line 18 from line 12	485,994	748,485

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	10,958,470	8,628,498
21 Total liabilities (Part X, line 26)	5,724,651	2,681,039
22 Net assets or fund balances Subtract line 21 from line 20	5,233,819	5,947,459

Part II Signature Block

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

Sign Here

Signature of officer _____ Date 2018-05-15
DAWN OLSEN DEPUTY DIR OF FINANCE & OPERATIONS
Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name STEPHEN E LIVINGSTON CPA	Preparer's signature STEPHEN E LIVINGSTON CPA	Date	Check <input type="checkbox"/> if self-employed	PTIN P00317845
Firm's name ▶ CLIFTONLARSONALLEN LLP			Firm's EIN ▶ 41-0746749	
Firm's address ▶ 20 E THOMAS RD STE 2300 PHOENIX, AZ 85012			Phone no (602) 266-2248	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
 SEE SCHEDULE O FOR THE MISSION STATEMENT

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 \$ 328,564 including grants of \$) (Revenue \$ 235,077)
 See Additional Data

4b (Code) (Expenses \$ 317,643 including grants of \$) (Revenue \$ 435,358)
 See Additional Data

4c (Code) (Expenses \$ 173,990 including grants of \$) (Revenue \$ 119,716)
 See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
 (Expenses \$ 6,006,403 including grants of \$) (Revenue \$ 2,297,128)

4e Total program service expenses ▶ 6,826,600

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		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? <i>If "Yes," complete Schedule G, Part II</i>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (47); 1b Enter the number of voting members included in line 1a, above, who are independent (47); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (AZ); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (DAWN OLSEN 1625 N CENTRAL AVENUE PHOENIX, AZ 850041685 (602) 257-2111).

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	832,459				
	c Fundraising events	1c	1,341,458				
	d Related organizations	1d	987,248				
	e Government grants (contributions)	1e	112,291				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,295,971				
	g Noncash contributions included in lines 1a-1f \$ _____		802,277				
	h Total. Add lines 1a-1f		8,569,427				
Program Service Revenue		Business Code					
	2a ADMISSIONS	900099	1,188,450	1,188,450			
	b MEMBERSHIP DUES	900099	1,104,708	1,104,708			
	c PROGRAM SERVICE REVENUE	900099	464,549	464,549			
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		2,757,707					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,388			4,388	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ 1,341,458 of contributions reported on line 1c) See Part IV, line 18	a	290,371				
		b Less direct expenses	b	433,294			
		c Net income or (loss) from fundraising events		-142,923			-142,923
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a	719,609					
	b Less cost of goods sold	b	390,037				
	c Net income or (loss) from sales of inventory		329,572	329,572			
Miscellaneous Revenue	Business Code						
11a REIMBURSEMENTS	900099	313,842			313,842		
b CATERING	722320	26,073		26,073			
c _____							
d All other revenue							
e Total. Add lines 11a-11d		339,915					
12 Total revenue. See Instructions		11,858,086	3,087,279	26,073	175,307		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,099,441	398,307	396,280	304,854
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	3,976,931	2,614,889	872,620	489,422
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	-445,337	-261,668	-183,106	-563
9 Other employee benefits	607,492	405,226	135,475	66,791
10 Payroll taxes	387,539	237,526	100,777	49,236
11 Fees for services (non-employees)				
a Management				
b Legal	91,143		72,797	18,346
c Accounting	29,200		29,200	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	735,121	342,222	139,883	253,016
12 Advertising and promotion	299,209	283,191	9,959	6,059
13 Office expenses	851,768	548,916	196,059	106,793
14 Information technology	83,112	29,584	53,528	
15 Royalties				
16 Occupancy	853,329	181,121	594,701	77,507
17 Travel	197,503	143,263	9,786	44,454
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,719	5,630	999	3,090
20 Interest	16,954		16,954	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	540,752	502,900	16,222	21,630
23 Insurance	122,154	93,182	28,487	485
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 EXHIBITION FEES	530,546	522,780		7,766
b PRODUCTION AND EXHIBIT	359,485	353,713	2,754	3,018
c CATERING AND HOSPITALITY	173,639	57,875	3,342	112,422
d DUES AND SUBSCRIPTIONS	133,351	76,961	21,934	34,456
e All other expenses	456,550	290,982	75,964	89,604
25 Total functional expenses. Add lines 1 through 24e	11,109,601	6,826,600	2,594,615	1,688,386
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	757,027	1	587,487
	2 Savings and temporary cash investments	2,250,132	2	916,272
	3 Pledges and grants receivable, net	2,202,755	3	1,846,315
	4 Accounts receivable, net	260,626	4	150,074
	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	364,009	8	353,298
	9 Prepaid expenses and deferred charges	166,064	9	151,367
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	15,481,461		
	b Less accumulated depreciation	11,300,609		
		4,524,839	10c	4,180,852
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	433,018	15	442,833	
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,958,470	16	8,628,498	
Liabilities	17 Accounts payable and accrued expenses	1,139,238	17	948,384
	18 Grants payable		18	
	19 Deferred revenue	524,414	19	382,842
	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	2,114,230	23	663,872
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1,946,769	25	685,941
	26 Total liabilities. Add lines 17 through 25	5,724,651	26	2,681,039
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	397,009	27	1,128,312
	28 Temporarily restricted net assets	4,836,810	28	4,819,147
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	5,233,819	33	5,947,459
	34 Total liabilities and net assets/fund balances	10,958,470	34	8,628,498

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,858,086
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,109,601
3	Revenue less expenses Subtract line 2 from line 1	3	748,485
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,233,819
5	Net unrealized gains (losses) on investments	5	
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	-34,845
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,947,459

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 86-0072608

Name: PHOENIX ART MUSEUM

Form 990 (2016)

Form 990, Part III, Line 4a:

SEE SCHEDULE O FOR DESCRIPTION OF "A NEW REPUBLIC" BY KEHINDE WILEY

Form 990, Part III, Line 4b:

SEE SCHEDULE O FOR DESCRIPTION OF "SAMURAI ARMOR" FROM THE ANN AND GABRIEL BARBIER-MUELLER COLLECTION

Form 990, Part III, Line 4c:

SEE SCHEDULE O FOR DESCRIPTION OF "EMPHATICS AVANT-GARDE FASHION, 1963-2013"

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 73,787 including grants of \$) (Revenue \$ 109,003)

SELECTIONS FROM THE SCHORR COLLECTION LILA AND JOEL HARNETT GALLERY AND ULLMAN CENTER FOR THE ART OF PHILIP C CURTIS DAVID AND HANNAH LEWIS HAVE SPENT FOUR DECADES CAREFULLY AND PAINSTAKINGLY AMASSING ONE OF THE MOST IMPORTANT COLLECTIONS OF OLD MASTER AND 19TH-CENTURY PAINTINGS IN THE WORLD, AND ONE OF THE LARGEST PRIVATE COLLECTIONS IN THE UNITED KINGDOM WITH THEIR FIRST PURCHASE IN 1967, THE LEWISES WERE NOT ART EXPERTS, FIRST BEGINNING THEIR COLLECTION FOR THE SOLE PURPOSE OF FINDING ART TO HANG ON THE WALLS OF THEIR NEW HOME IN NORTH LONDON WHAT WOULD TRANSPIRE WOULD BECOME A PASSION THAT WOULD CONSUME THEIR LIVES FOR DECADES TO COME, AND FOREVER TRANSFORM THE GALLERIES OF MUSEUMS ALL OVER THE WORLD TODAY, THE SCHORR COLLECTION, NAMED FOR THE FAMILY OF HANNAH LEWIS, NUMBERS MORE THAN 500 WORKS, RANGING FROM TENDER 15TH-CENTURY DEVOTIONAL IMAGES THROUGH TO 19TH-CENTURY FRENCH IMPRESSIONIST LANDSCAPES AND 20TH-CENTURY MODERN MASTERS RATHER THAN SEQUESTER THE TREASURES OF THEIR COLLECTION AWAY IN PRIVATE GALLERIES, THE LEWIS FAMILY SHARES WORKS FROM THE SCHORR COLLECTION, ONE OF THE LARGEST PRIVATE COLLECTIONS IN THE UNITED KINGDOM, WITH PUBLIC MUSEUMS ON A LONG-TERM BASIS A RECIPIENT OF LONG-TERM LOANS FROM THE SCHORR COLLECTION IN 2013, PHOENIX ART MUSEUM WILL NOW WELCOME AN ADDITIONAL 30 PAINTINGS THIS SIGNIFICANT GROUP WILL INCLUDE A FULL-LENGTH 17-CENTURY PORTRAIT BY ANTONY VAN DYCK FROM HIS GENOA PERIOD AND THE GREAT DEATH OF SENECA (C 1625), BY GERARD VAN HONTHORST THE NEW WORKS WILL ALSO INCLUDE THREE SERIES BY FRANCISCO GOYA LOS CAPRICHOS, DISASTERS OF WAR, AND LOS PROVERBIOS (19TH CENTURY)

(Code) (Expenses \$ 101,282 including grants of \$) (Revenue \$ 183,000)

#10703 DISCOUNT TIRE FAMILY WEEKENDS JOIN US ON THE SECOND WEEKEND OF EACH MONTH FOR A WHIRLWIND OF GREAT ART AND HANDS-ON ACTIVITIES THROUGH THE GENEROSITY OF DISCOUNT TIRE COMPANY, THE MUSEUM OFFERS FREE GENERAL ADMISSION ON THE SECOND WEEKEND OF EACH MONTH, WITH EXCITING ACTIVITIES, SCAVENGER HUNTS, LIVE PERFORMANCES, STORY TIME, FREE TOURS, AND MORE EACH DISCOUNT TIRE FREE FAMILY WEEKEND FEATURES AN OPPORTUNITY TO LEARN ABOUT AND MAKE ART WITH A FEATURED LOCAL VALLEY ARTIST, FROM MURALISTS TO DANCERS AND MORE OPEN TO THE PUBLIC ON SATURDAY FROM 10 A M - 5 P M AND SUNDAY FROM NOON - 5 P M

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 70,505 including grants of \$) (Revenue \$ 6,345)

EDWARD BURTYNSKY WATER WATER FEATURES CANADIAN ARTIST EDWARD BURTYNSKY'S EXPLORATION OF HUMANITY'S INCREASINGLY STRESSED RELATIONSHIP WITH THE WORLD'S MOST VITAL NATURAL RESOURCE BETWEEN 2007 AND 2012, BURTYNSKY TRAVELLED THE GLOBE, FROM THE GULF OF MEXICO TO THE SHORES OF THE GANGES, CRAFTING AN AMBITIOUS REPRESENTATION OF WATER'S INCREASINGLY FRAGMENTED LIFECYCLE IN ENORMOUS, COLOR PRINTS BURTYNSKY'S AERIAL IMAGES TRACE THE VARIOUS ROLES THAT WATER PLAYS IN MODERN LIFE-AS A SOURCE OF HEALTHY ECOSYSTEMS AND ENERGY, AS A KEY ELEMENT IN CULTURAL AND RELIGIOUS RITUALS, AND AS A RAPIDLY DEPLETING RESOURCE SOMETIMES ELEGANT, SOMETIMES HAUNTING, THE ABSTRACT PICTURES HOVER BETWEEN THE WORLDS OF PAINTING AND PHOTOGRAPHY, FORMING A COMPELLING GLOBAL PORTRAIT OF WATER THAT FUNCTIONS AS AN OPEN-ENDED QUESTION ABOUT HUMANITY'S PAST, PRESENT, AND FUTURE RELATIONSHIP WITH THE NATURAL WORLD

(Code) (Expenses \$ 69,053 including grants of \$) (Revenue \$ 20,719)

THE PROPELLER GROUP AN ARTIST TEAM BASED IN HO CHI MINH CITY, VIETNAM-BLURS THE BOUNDARIES BETWEEN FINE ART AND MEDIA PRODUCTION TWO OF THE GROUP'S MEMBERS, MATT LUCERO, AND TUAN ANDREW NGUYEN, STUDIED AT CALIFORNIA INSTITUTE OF THE ARTS IN VALENCIA, CALIFORNIA WITH DANIEL JOSEPH MARTINEZ ALONG WITH PHUNAM, THE THIRD MEMBER, THEY SHARE AN INTEREST IN GLOBALIZED STREET CULTURE AND A BACKGROUND IN FILMMAKING WITH THIS TRAINING, THEY OPERATE AS BOTH AN ARTIST COLLECTIVE AND A PRODUCTION COMPANY NAMED TPG THEIR AMBITIOUS PROJECTS ARE FREQUENTLY ANCHORED IN VIETNAM'S HISTORY OR ITS CURRENT DYNAMICS AS A GROWING CAPITALIST MARKET, AND YET THEY EXTEND TO ADDRESS GLOBAL PHENOMENA, WHETHER INTERNATIONAL COMMERCE, THE TOOLS OF WAR, OR SHARED TRADITIONS ACROSS CULTURES WORKING IN INNOVATIVE WAYS, THE PROPELLER GROUP HAS DEVELOPED A MODEL THAT MERGES COLLABORATIVE, CONCEPTUAL ART PRACTICES-PARTIALLY STEEPED IN THE POLITICALLY INFLECTED ARTWORK OF THE 1990S-WITH THE FORMS AND METHODS OF POPULAR MEDIA TODAY THE PROPELLER GROUP'S EXHIBITION AT PHOENIX ART MUSEUM PRESENTS A NUMBER OF MULTI-PART PROJECTS FROM THE PAST FIVE YEARS, COMPRISED OF VIDEOS AND RELATED OBJECTS FADE IN TRACKS THE FAKE ANTIQUES TRADE IN VIETNAM THE LIVING NEED LIGHT, THE DEAD NEED MUSIC IS A FILM THAT WEAVES TOGETHER FUNERARY TRADITIONS FROM HO CHI MINH CITY AND NEW ORLEANS OTHER RECENT WORKS SCRUTINIZE THE HISTORIES OF SPECIFIC WEAPONS NAMELY THE AK-47 AND M16, TWO RIFLES THAT IN MAINSTREAM MOVIES ARE OFTEN ASSOCIATED WITH VIETNAM AND COUNTRIES IN THE WEST, RESPECTIVELY THIS IS THE FIRST TIME THAT THESE PROJECTS HAVE BEEN SHOWN TOGETHER SINCE THE GROUP WAS FORMED IN 2006

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 55,262 including grants of \$) (Revenue \$ 75,000)

HORACIO ZABALA HORACIO ZABALA (ARGENTINA, B 1943) IS RECOGNIZED AS ONE OF THE MOST IMPORTANT CONCEPTUAL ARTISTS TO EMERGE IN ARGENTINA DURING THE LATTER PART OF THE 20TH CENTURY EDUCATED AS AN ARCHITECT BUT ACTIVE AS AN ARTIST SINCE THE LATE 1960S, HE HAS LONG BEEN FASCINATED BY THE MEANS BY WHICH SPACE IS DEFINED, BE IT ARCHITECTURAL, CARTOGRAPHIC, OR NARRATIVE IN THE EARLY 1970S, ZABALA PRODUCED A SERIES OF MAPS OF LATIN AMERICA THAT HE GRAPHICALLY MODIFIED TO REFLECT ARGENTINA'S SOCIO-POLITICAL TURMOIL UNDER REPRESSIVE MILITARY DICTATORSHIPS HE BEGAN THIS EXPERIMENTATION BY OBSCURING MAPS OF THE REGION WITH MONOCHROMATIC RECTANGLES OF BLACK, BLUE, OR RED PAINT HE ALSO MADE MAPS INVISIBLE BY THE PROLIFERATION OF THE WORD "CENSORED" RUBBER-STAMPED ACROSS THEIR SURFACES, MAPS WITH ABSENCES CREATED BY BURNING GAPING HOLES THROUGH THE PAPER, AND HAND-DRAWN MAPS OF LATIN AMERICAN LAND MASSES CRUMBLING INTO THE SEA FROM INSIDE OUT TO ESCAPE PERSECUTION, ZABALA MOVED HIS FAMILY TO EUROPE IN 1976 HE RETURNED TO ARGENTINA IN 1998 AND TOOK UP WHERE HE LEFT OFF, WITH THE IDEA OF MAPPING SPACE, BUT NOW THROUGH A DIFFERENT IDIOM MONOCHROMATIC PAINTINGS ARRANGED IN SEQUENCES ACCOMPANIED BY MATHEMATICAL SIGNS OR PUNCTUATION MARKS THE MONOCHROME SEEN IN HIS EARLY MAPS HAS NOW BECOME UNTETHERED FROM GEOGRAPHY ZABALA TITLES THESE PUNCTUATED MONOCHROMES HYPOTHESES, SUGGESTING THAT THEY CONSTITUTE ONLY ONE POSSIBLE SOLUTION AMONG MANY OTHERS THESE WORKS PRESENT VIEWERS WITH AN INVITATION TO VISUALIZE PAINTING AS INEXTRICABLY LINKED TO OTHER SYSTEMS OF LOGIC AND REASON, EVEN BEYOND MATH AND LANGUAGE FEATURING MAPS, MONOCHROMES, AND SCULPTURES, THE EXHIBITION HORACIO ZABALA MAPPING THE MONOCHROME PRESENTS A CROSS-SECTION OF ZABALA'S WORK, BOTH HISTORICAL AND CONTEMPORARY IT ILLUSTRATES HIS CONTINUOUS EXPLORATION OF INNOVATIVE WAYS TO ENGAGE VIEWERS WITH ART OBJECTS THAT ARE IMMEDIATELY ACCESSIBLE BECAUSE THEY ARE FAMILIAR TO US, BUT ALTERED TO REFLECT DEEPER SOCIO-POLITICAL UNDERCURRENTS OR REFERENCES TO ART HISTORICAL TRADITIONS ON AN INTERNATIONAL SCALE

(Code) (Expenses \$ 5,636,514 including grants of \$) (Revenue \$ 1,183,452)

REMAINING MEMBERSHIP AND OTHER PROGRAM REVENUES AND EXPENSES OF THE MUSEUM THAT HAVE NOT BEEN ALLOCATED TO A SPECIFIC EXHIBIT

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ including grants of \$) (Revenue \$ 719,609)

GIFT SHOP AND MUSEUM STORE - DESIGNED TO GIVE VISITORS A MORE IN DEPTH KNOWLEDGE OF THE VISUAL ARTS AND OF THE SUBJECTS DISCUSSED IN THE MUSEUM'S COLLECTIONS AND EXHIBITIONS THE EDUCUATIONAL MERCHANDISE, UNIQUE MEMORABILIA AND EXHIBITION SPECIFIC ITEMS ALLOW FOR THE CONTINUATION OF THE MUSEUM EXPERIENCE AT HOME

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			
MIKE COHN CHAIRMAN	1 00	X		X				0	0	0
JON HULBURD VICE CHAIRMAN	1 00	X		X				0	0	0
ROSELLEN PAPP VICE CHAIRMAN	1 00	X		X				0	0	0
MARK FELDMAN TREASURER	1 00	X		X				0	0	0
ALICE BAZLEN SECRETARY	1 00	X		X				0	0	0
TONY ASTORGA TRUSTEE	1 00	X						0	0	0
RYAN BACKLUND TRUSTEE	1 00	X						0	0	0
PETER BANKO TRUSTEE (LEFT 9/2016)	1 00	X						0	0	0
DEBBIE BERGE TRUSTEE (LEFT 8/2016)	1 00	X						0	0	0
MICHAEL BILL TRUSTEE (LEFT 9/2016)	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			
MATTHEW BOLAND TRUSTEE	1 00	X						0	0	0
JOHN BOUMA TRUSTEE	1 00	X						0	0	0
DONALD BRANDT TRUSTEE	1 00	X						0	0	0
JO BRANDT TRUSTEE	1 00	X						0	0	0
LARRY CLEMMENSEN TRUSTEE	1 00	X						0	0	0
AMY COHN TRUSTEE	1 00	X						0	0	0
JOAN CREMIN TRUSTEE	1 00	X						0	0	0
DENISE DELGADO TRUSTEE	1 00	X						0	0	0
EILEEN ELLIOTT TRUSTEE	1 00	X						0	0	0
CARTER EMERSON 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			
ERIN GOGOLAK TRUSTEE	1 00	X						0	0	0
RICHARD GOLDSMITH TRUSTEE (LEFT 9/2016)	1 00	X						0	0	0
PAUL GROVES TRUSTEE	1 00	X						0	0	0
DR MERYL HABER TRUSTEE	1 00	X						0	0	0
DIANE HALLE TRUSTEE	1 00	X						0	0	0
NANCY HANLEY TRUSTEE	1 00	X						0	0	0
TIM JONES TRUSTEE	1 00	X						0	0	0
JANE JOZOFF TRUSTEE	1 00	X						0	0	0
ELLEN KATZ TRUSTEE	1 00	X						0	0	0
KEN KENDRICK 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			
MARGOT KNIGHT TRUSTEE	1 00	X						0	0	0
ALAN W KOSLOFF TRUSTEE	1 00	X						0	0	0
JOE LAMPE TRUSTEE	1 00	X						0	0	0
SALLY LEHMANN TRUSTEE	1 00	X						0	0	0
DAVID LENHARDT TRUSTEE	1 00	X						0	0	0
SHARRON LEWIS TRUSTEE	1 00	X						0	0	0
K DAVID LINDER TRUSTEE (LEFT 9/2016)	1 00	X						0	0	0
JUDY LINHART TRUSTEE	1 00	X						0	0	0
LORI MASSEY TRUSTEE	1 00	X						0	0	0
GARRETT MCKNIGHT 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			
FRANCIS NAJAFI TRUSTEE	1 00	X						0	0	0
PATRICIA NOLAN TRUSTEE (LEFT 9/2016)	1 00	X						0	0	0
DORIS ONG TRUSTEE	1 00	X						0	0	0
JIM PATTERSON TRUSTEE	1 00	X						0	0	0
STEVE RINEBERG TRUSTEE (LEFT 1/2017)	1 00	X						0	0	0
DAVID ROUSSEAU TRUSTEE	1 00	X						0	0	0
DEANNA SALAZAR TRUSTEE	1 00	X						0	0	0
JAY SCHLOTT TRUSTEE	1 00	X						0	0	0
SUE SELIG TRUSTEE	1 00	X						0	0	0
ANN SINER TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(D)	(E)	(F)
(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)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
ADAM SINGER TRUSTEE	1 00	X						0	0	0		
ANGELA C SINGER TRUSTEE	1 00	X						0	0	0		
RAYMOND SLOMSKI TRUSTEE	1 00	X						0	0	0		
MARK TARBELL TRUSTEE (LEFT 9/2016)	1 00	X						0	0	0		
GARY TOOKER TRUSTEE (LEFT 9/2016)	1 00	X						0	0	0		
MEREDITH VON ARENTSCHILDT TRUSTEE	1 00	X						0	0	0		
WILLIAM G WAY TRUSTEE (LEFT 9/2016)	1 00	X						0	0	0		
AMANDA CRUZ SYBIL HARRINGTON DIRECTOR, CEO	37 50			X				293,610	0	23,425		
KIRSTEN PETERSON JOHANSEN DEPUTY DIRECTOR, ADVANCEMENT	37 50			X				236,970	0	5,729		
DAWN OLSEN DEPUTY DIR, FINANCE AND OPERATIONS	37 50			X				200,000	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			
GILBERT VICARIO THE SELIG FAMILY CHIEF CURATOR	37 50			X				124,306	0	6,691
JAMES BALLINGER DIRECTOR EMERITUS	37 50			X				200,000	0	0

SCHEDULE A
(Form 990 or
990EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
PHOENIX ART MUSEUM

Employer identification number

86-0072608

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	5,491,850	6,348,004	10,735,711	8,555,060	8,569,427	39,700,052
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	4,693,127	4,892,897	4,712,695	4,636,914	5,132,833	24,068,466
4 Total. Add lines 1 through 3	10,184,977	11,240,901	15,448,406	13,191,974	13,702,260	63,768,518
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)						631,788
6 Public support. Subtract line 5 from line 4						63,136,730

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	10,184,977	11,240,901	15,448,406	13,191,974	13,702,260	63,768,518
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,982	4,777	3,665	6,543	4,388	27,355
9 Net income from unrelated business activities, whether or not the business is regularly carried on	28,053	5,749	438			34,240
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	143,872	161,260	139,746	146,194	313,842	904,914
11 Total support. Add lines 7 through 10						64,735,027
12 Gross receipts from related activities, etc (see instructions)					12	21,033,001
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	97.530 %
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	98.660 %
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 VI.)						
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 section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

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

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

Part VI Supplemental Information.

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	REIMBURSEMENTS

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
PHOENIX ART MUSEUM

Employer identification number
86-0072608

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

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

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	24,918,790	25,022,737	25,422,566	23,739,569	22,949,075
b Contributions	1,278,867	1,592,609	5,259,560	295,894	193,587
c Net investment earnings, gains, and losses	2,287,324	-511,232	31,541	2,777,782	2,028,519
d Grants or scholarships	1,171,983	1,124,472	1,268,464	1,324,623	1,350,242
e Other expenditures for facilities and programs			4,400,308		
f Administrative expenses		60,852	22,158	66,056	81,370
g End of year balance	27,312,998	24,918,790	25,022,737	25,422,566	23,739,569

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 100 000 %
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|-----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | Yes |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | Yes |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		699,253		699,253
b Buildings				
c Leasehold improvements		10,790,751	7,911,547	2,879,204
d Equipment		3,991,457	3,389,062	602,395
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				4,180,852

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) CHARITABLE GIFT ANNUITIES	409,339
(2) DUE FROM RELATED PARTIES	33,494
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	442,833

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
CHARITABLE GIFT ANNUITIES	335,314
ACCRUED PENSION	111,044
SUPPLEMENTAL RETIREMENT ACCOUNT	239,583
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	685,941

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 86-0072608

Name: PHOENIX ART MUSEUM

Supplemental Information

Return Reference	Explanation
PART III, LINE 1A	FINE ARTS COLLECTION CONSISTS OF PURCHASED AND DONATED WORKS OF ART THE COLLECTION IS ON DISPLAY TO THE GENERAL PUBLIC THE MUSEUM EMPLOYS PROFESSIONAL STAFF TO ENSURE THAT THE COLLECTION ITEMS ARE PRESERVED AND PROTECTED THE COLLECTION ITEMS ARE NOT CAPITALIZED BY THE MUSEUM COSTS OF PURCHASING COLLECTION ITEMS, DEACCESSIONS OF COLLECTION ITEMS, AND PROCEEDS FROM INSURANCE RECOVERIES ARE INCLUDED AS A CHANGE IN THE APPROPRIATE CATEGORY OF NET ASSETS PROCEEDS FROM THE DEACCESSION OF COLLECTION ITEMS ARE RESTRICTED FOR PURCHASES OF ADDITIONAL COLLECTION ITEMS ACQUISITIONS OF FINE ART, INCLUDED AS A DECREASE IN UNRESTRICTED NET ASSETS, TOTALED \$34,845 AND \$251,244 OR THE YEARS ENDED JUNE 30, 2017 AND 2016, RESPECTIVELY THE AMERICAN ALLIANCE OF MUSEUMS (AAM) WHICH IS THE NATIONAL ACCREDITATION ORGANIZATION FOR MUSEUMS HAS A POLICY RELATED TO MUSEUM COLLECTIONS THEIR POLICY IS THAT MUSEUMS DO NOT HAVE TO LIST THEIR COLLECTION AS AN ASSET ON THEIR FINANCIAL STATEMENTS IF A MUSEUM DOES ELECT TO LIST ITS COLLECTION ON ITS FINANCIAL STATEMENTS, IT MUST BE BASED ON A RECENT APPRAISAL OF THE COLLECTION THE MUSEUM HAS ELECTED TO EXPENSE CONTRIBUTIONS WHEN OBTAINED, AND HAS NOT CAPITALIZED THE COLLECTION

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE MUSEUM HAS VARIOUS FUNDS THAT ARE DESIGNATED FOR RESTRICTED PURPOSES SUCH AS EXHIBITION COSTS, EDUCATION PROGRAMS, ART CONSERVATION, AND EDUCATOR AND CURATOR SALARIES AND BENEFITS. ITS OTHER FUNDS ARE USED EACH YEAR AS PER THE WISHES OF THE MUSEUM DIRECTOR. WE ALSO HAVE FUNDS THAT ARE CONTROLLED BY OUR SUPPORT ORGANIZATIONS, USUALLY FOR THE ACQUISITION OF NEW ART FOR THE MUSEUM.

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2016

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
PHOENIX ART MUSEUM

Employer identification number

86-0072608

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		THE PARTY (event type)	INDEPENDENT WOMENS LUNCHEON (event type)	5 (total number)	Total events (add col (a) through col (c))
1	Gross receipts	626,077	536,069	469,683	1,631,829
2	Less Contributions	560,327	413,563	367,568	1,341,458
3	Gross income (line 1 minus line 2)	65,750	122,506	102,115	290,371
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	58,000	89,956	53,000	200,956
	6 Rent/facility costs				
	7 Food and beverages	57,965	38,575	81,087	177,627
	8 Entertainment	26,100	3,643	2,386	32,129
	9 Other direct expenses	9,069	4,848	8,665	22,582
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				433,294
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-142,923

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|----------|-----------------------------|---|
| a | The organization's facility | % |
| b | An outside facility | % |

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

Name ▶

Address ▶

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation
------------------	-------------

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

2015
Open to Public Inspection

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

Name of the organization PHOENIX ART MUSEUM	Employer identification number 86-0072608
--	--

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> 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 directors, trustees, officers, including 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. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on 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	Yes
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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on 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," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on 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," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on 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 on 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" on 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 on 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 in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 AMANDA CRUZ SYBIL HARRINGTON DIRECTOR, CEO	(i)	293,610	0	0	11,077	12,348	317,035	0
	(ii)	0	0	0	0	0	0	0
2 KIRSTEN PETERSON JOHANSEN DEPUTY DIRECTOR, ADVANCEMENT	(i)	236,970	0	0	0	5,729	242,699	0
	(ii)	0	0	0	0	0	0	0
3 DAWN OLSEN DEPUTY DIR, FINANCE AND OPERATIONS	(i)	200,000	0	0	0	0	200,000	0
	(ii)	0	0	0	0	0	0	0
4 JAMES BALLINGER DIRECTOR EMERITUS	(i)	75,000	0	125,000	0	0	200,000	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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.

Return Reference	Explanation
PART I, LINES 4A-B	JAMES BALLINGER RECEIVED A SEVERANCE AMOUNT OF \$125,000 DURING THE YEAR. HE ALSO, PURSUANT TO AN EMPLOYMENT AGREEMENT, PARTICIPATES IN A SUPPLEMENTAL RETIREMENT PLAN. THE AMOUNT ACCRUED BY THE MUSEUM UNDER THIS EMPLOYMENT AGREEMENT WAS \$239,583 AS OF 6/30/2017.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2016

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
PHOENIX ART MUSEUM

Employer identification number
86-0072608

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	421		N/A
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	13	601,321	FMV
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				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (FR AUCTION ITEMS)	X	105	200,956	FMV
26 Other ▶ (_____)				
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** 3

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? **30a** 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** No

b If "Yes," describe in Part II

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

	Yes	No
30a		No
31	Yes	
32a		No

Part II Supplemental Information.

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

Return Reference	Explanation
PART I, COLUMN (B)	THE NUMBER OF CONTRIBUTIONS ARE LISTED IN COLUMN B
PART I, LINE 33	THE MUSEUM HAS A LARGE COLLECTION OF FINE ART BUT DOES NOT CAPITALIZE OR VALUE ITS COLLECTION, SO GIFTS OF ART ARE NOT INCLUDED IN REVENUE

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

2016**Open to Public Inspection**

Department of the Treasury

Internal Revenue Service

Name of the organization

PHOENIX ART MUSEUM

Employer identification number

86-0072608

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	PHOENIX ART MUSEUM IS A VIBRANT DESTINATION CONNECTING PEOPLE TO GREAT ART FROM AROUND THE WORLD TO ENRICH THEIR LIVES AND COMMUNITIES THIS VISION IS SUPPORTED BY FOUR STRATEGIC PILLARS WHICH ARE 1 EXCEPTIONAL ART - TO CELEBRATE THE HIGHEST QUALITY VISUAL ART THROUGH OUTSTANDING EXHIBITIONS, ACQUISITIONS AND COLLECTION STEWARDSHIP 2 ENRICHMENT AND LEARNING - TO CREATE A NATIONALLY RECOGNIZED MODEL FOR ENHANCING EXPERIENCE OF THE VISUAL ARTS THROUGH INTERPRETATION, ENGAGED LEARNING, AND ENRICHMENT 3 BROAD AUDIENCE - TO ATTRACT THE BROADEST POSSIBLE AUDIENCE TO THE MUSEUM AS CONSISTENT AND ENTHUSIASTIC PARTICIPANTS 4 FISCAL STABILITY AND ORGANIZATIONAL EXCELLENCE - TO ACHIEVE AND MAINTAIN A STRONG FINANCIAL FOUNDATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>KEHINDE WILEY A NEW REPUBLIC KEHINDE WILEY IS ONE OF THE LEADING AMERICAN ARTISTS TO EMERGE IN THE LAST DECADE AND HE HAS BEEN INGENUOUSLY REWORKING THE GRAND PORTRAITURE TRADITIONS SINCE ANCIENT TIMES THE PORTRAIT HAS BEEN TIED TO THE REPRESENTATION OF POWER, AND IN EUROPEAN COURTS AND CHURCHES, ARTISTS AND THEIR PATRONS DEVELOPED A COMPLEX REPOSITORY OF POSTURES AND POSES AND REFINED A SYMBOLIC LANGUAGE THIS LANGUAGE, WOVEN INTO ALL ASPECTS OF A PORTRAIT, DESCRIBED THE SITTER'S INFLUENCE AND POWER, VIRTUE AND CHARACTER, OR PROFESSION IN HIS CONSIDERATION OF PORTRAIT TRADITIONS, WILEY HAS BEEN ESPECIALLY DRAWN TO THE GRAND ARISTOCRATIC PORTRAITS OF THE 18TH CENTURY THE ARTIST BEGAN HIS FIRST SERIES OF PORTRAITS IN THE EARLY 2000S DURING A RESIDENCY AT THE STUDIO MUSEUM IN HARLEM HE SET OUT TO PHOTOGRAPH AND RECAST ASSERTIVE AND SELF-EMPOWERED YOUNG MEN FROM THE NEIGHBORHOOD IN THE STYLE AND MANNER OF TRADITIONAL HISTORY PAINTING SINCE THEN HE HAS ALSO PAINTED RAP AND SPORTS STARS BUT FOR THE MOST PART HIS ATTENTION HAS FOCUSED ON ORDINARY MEN OF COLOR IN THEIR EVERYDAY CLOTHES TRAINED AT YALE IN THE 1990S, WILEY WAS STEEPED IN THE DISCUSSIONS CONCERNING IDENTITY POLITICS DURING THIS DECADE AND HE BRINGS HIS PERSONAL INSIGHTS AND THEORETICAL STUDIES TO HIS PRACTICE WILEY'S PORTRAITS ARE HIGHLY STYLIZED AND STAGED, AND DRAW ATTENTION TO THE DIALECTIC BETWEEN A HISTORY OF ARISTOCRATIC REPRESENTATION AND THE PORTRAIT AS A STATEMENT OF POWER AND THE INDIVIDUAL'S SENSE OF EMPOWERMENT THE WORKS PRESENTED IN KEHINDE WILEY A NEW REPUBLIC RAISE QUESTIONS ABOUT RACE, GENDER, AND THE POLITICS OF REPRESENTATION BY PORTRAYING CONTEMPORARY AFRICAN AMERICAN MEN AND WOMEN USING THE CONVENTIONS OF TRADITIONAL EUROPEAN PORTRAITURE THE EXHIBITION INCLUDES AN OVERVIEW OF THE ARTIST'S PROLIFIC FOURTEEN-YEAR CAREER AND FEATURES SIXTY PAINTINGS AND SCULPTURES THROUGH THE PROCESS OF "STREET CASTING," WILEY INVITES INDIVIDUALS, OFTEN STRANGERS HE ENCOUNTERS ON THE STREET, TO SIT FOR PORTRAITS IN THIS COLLABORATIVE PROCESS, THE MODEL CHOOSES A REPRODUCTION OF A PAINTING FROM A BOOK AND REENACTS THE POSE OF THE PAINTING'S FIGURE BY INVITING THE SUBJECTS TO SELECT A WORK OF ART, WILEY GIVES THEM A MEASURE OF CONTROL OVER THE WAY THEY'RE PORTRAYED, ALLOWING THEM TO HAVE A VOICE IN THE TELLING OF THEIR INDIVIDUAL, UNIQUE STORY</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	<p>SAMURAI ARMOR FROM THE ANN AND GABRIEL BARBIER-MUELLER COLLECTION TAKES VISITORS ON A JOURNEY BACK IN TIME TO DISCOVER THE LIFE, CULTURE, AND PAGEANTRY OF THE REVERED AND FEARED JAPANESE SAMURAI WARRIORS THROUGH REMARKABLE OBJECTS FROM ONE OF THE BEST AND LARGEST COLLECTIONS IN THE WORLD THE EXHIBITION, ORGANIZED BY THE ANN & GABRIEL BARBIER-MUELLER MUSEUM IN DALLAS, TEXAS, FEATURES MORE THAN 140 OBJECTS OF WARRIOR REGALIA, WITH FULL SUITS OF ARMOR, HELMETS AND MASKS, WEAPONS, HORSE TACK, AND OTHER BATTLE GEAR IT TRACES THE EVOLUTION OF THE DISTINCTIVE APPEARANCE AND EQUIPMENT OF THE SAMURAI THROUGH THE CENTURIES AND EXAMINES THE WARRIORS' HISTORY THROUGH WORKS OF CONSUMMATE CRAFTSMANSHIP AND EXQUISITE DESIGN DURING THE CENTURIES COVERED BY THE EXHIBITION, WARFARE EVOLVED FROM COMBAT BETWEEN SMALL BANDS OF EQUESTRIAN ARCHERS TO THE CLASH OF VAST ARMIES OF INFANTRY AND CAVALRY EQUIPPED WITH SWORDS, SPEARS, AND EVEN MATCHLOCK GUNS ARMS AND ARMOR WERE NEEDED IN UNPRECEDENTED QUANTITIES, AND CRAFTSMEN RESPONDED WITH AN ASTONISHINGLY VARIED ARRAY OF ARMOR THAT WAS BOTH FUNCTIONAL AND VISUALLY SPECTACULAR, A CELEBRATION OF THE WARRIOR'S PROWESS EVEN AFTER 1615, WHEN THE TOKUGAWA MILITARY DICTATORSHIP BROUGHT AN END TO BATTLE, SAMURAI FAMILIES CONTINUED TO COMMISSION SPLENDID ARMS AND ARMOR FOR CEREMONIAL PURPOSES BECAUSE THE SOCIAL RANK, INCOME, AND PRESTIGE OF A SAMURAI FAMILY WERE STRICTLY DETERMINED BY THE BATTLEFIELD VALOR OF THEIR ANCESTORS, ARMOR BECAME EVEN MORE SUMPTUOUS AS THE EMBODIMENT OF AN ELITE WARRIOR FAMILY'S HERITAGE THE EXHIBITION IS ACCOMPANIED BY A FULLY-ILLUSTRATED CATALOG, ART OF ARMOR SAMURAI ARMOR FROM THE ANN AND GABRIEL BARBIER-MUELLER COLLECTION, WITH ESSAYS BY LEADING JAPANESE SAMURAI ARMOR EXPERTS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	EMPHATICS AVANT-GARDE FASHION, 1963-2013 LAST YEAR, PHOENIX ART MUSEUM ACQUIRED A RARE ARCHIVE OF AVANT-GARDE CONTEMPORARY FASHIONS AND EPHEMERA COLLECTED BY JAMES AND KARIN LEGATO WHO OWNED AND OPERATED EMPHATICS, AN EXCLUSIVE BOUTIQUE IN PITTSBURGH THIS COMPREHENSIVE ARCHIVE FEATURES FASHIONS AND ACCESSORIES BY RENOWNED DESIGNERS SUCH AS ALEXANDER MCQUEEN, ISSEY MIYAKE, THIERRY MUGLER, JOHN GALLIANO, ROMEO GIGLI, ALAIA AND JEAN PAUL GAULTIER WITH ORIGINAL RUNWAY SHOW INVITATIONS, VIDEOS AND OTHER MATERIALS AND ACCESSORIES ON VIEW TOGETHER FOR THE FIRST TIME, THIS EXHIBITION CELEBRATES THE ENORMOUS CREATIVITY OF FASHION FROM 1963-2013 IN A DYNAMIC, MULTI-MEDIA INSTALLATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE MUSEUM HAS A MEMBERSHIP PROGRAM THAT CURRENTLY HAS 8,031 MEMBERS REGULAR MEMBERS AND CIRCLES MEMBERS, EACH GET ONE VOTE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS OF THE GOVERNING BODY (BOARD OF TRUSTEES) ARE NOMINATED BY THE MUSEUM'S NOMINATING COMMITTEE AND THEN ARE VOTED UPON BY THE MUSEUM MEMBERSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE RETURN WILL BE PROVIDED TO EACH BOARD MEMBER TO READ AND EACH WILL BE GIVEN THE OPPORTUNITY TO ASK QUESTIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE MUSEUM'S GUIDELINES FOR PROFESSIONAL PRACTICES QUESTIONNAIRE AND COMPLIANCE AGREEMENT IS REQUIRED TO BE COMPLETED AND SIGNED BY TRUSTEES, PRESIDENTS OF SUPPORT ORGANIZATIONS, MUSEUM DIRECTOR, DIVISION HEADS, DEPARTMENT HEADS, AND ALL ACCOUNTING STAFF ANNUALLY THIS PROCESS IS DONE EVERY YEAR IN SEPTEMBER THE COMPLETED AND SIGNED AGREEMENTS ARE REVIEWED BY HUMAN RESOURCES MANAGER FOR COMPLETENESS ANY QUESTION THAT ARISES IS DISCUSSED WITH THE INDIVIDUAL SIGNING THE AGREEMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	DATA FROM OTHER MUSEUMS IS USED TO EVALUATE COMPENSATION FOR THE CEO, INCLUDING FROM THE AMERICAN ASSOCIATION OF MUSEUM DIRECTORS THE EXECUTIVE COMMITTEE MAKES THE DECISION DECISIONS MADE DURING BUDGET PROCESS LAST PERFORMED MARCH 2017 FOR DETERMINING THE COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES, COMPARISONS ARE MADE WITH OTHER MUSEUMS DECISIONS MADE DURING BUDGET PROCESS BY THE CEO LAST PERFORMED MARCH 2017

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION FINANCIAL STATEMENTS ARE AVAILABLE ON THE WEBSITE AND THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ACQUISITION OF FINE ART ACQUISITION OF FINE ART -34,845

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS FOR THE AUDIT OR ITS SELECTION PROCESS FOR INDEPENDENT AUDITORS DURING THE YEAR

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
PHOENIX ART MUSEUM

Employer identification number

86-0072608

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on 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" on 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)PHOENIX ART MUSEUM ENDOWMENT FUND INC 1625 N CENTRAL AVENUE PHOENIX, AZ 850041685 86-0765761	FINANCIAL SUPPORT OF PHOENIX ART MUSEUM	AZ	501(C)(3)	LINE 12A, I	PHOENIX ART MUSEUM	Yes	

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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" on 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" on 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

	Yes	No
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	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	Yes
r Other transfer of cash or property to related organization(s)	1r	Yes
s Other transfer of cash or property from related organization(s)	1s	Yes

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PHOENIX ART MUSEUM ENDOWMENT FUND	C	987,248	FAIR MARKET VALUE

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)
