DLN: 93493113018450 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019 D Employer identification number B Check if applicable THE HEARD MUSEUM ☐ Address change 86-0107517 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite 2301 N CENTRAL AVE ☐ Application pending (602) 252-8840 City or town, state or province, country, and ZIP or foreign postal code PHOENIX, AZ $\,\,$ 85004 $\,$ G Gross receipts \$ 13,295,671 Name and address of principal officer H(a) Is this a group return for DAVID ROCHE □Yes ☑No subordinates? 2301 N CENTRAL AVE H(b) Are all subordinates PHOENIX, AZ 85004 ☐ Yes ☐No included? Tax-exempt status **✓** 501(c)(3) 4947(a)(1) or If "No," attach a list (see instructions) 501(c) () **◀** (insert no) **H(c)** Group exemption number ▶ Website: ► WWW HEARD ORG L Year of formation 1929 M State of legal domicile AZ K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities TO BE THE WORLD'S PREEMINENT MUSEUM FOR THE PRESENTATION, INTERPRETATION AND ADVANCEMENT OF AMERICAN INDIAN ART, EMPHASIZING ITS INTERSECTION WITH BROADER ARTISTIC AND CULTURAL THEMES Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 35 Number of independent voting members of the governing body (Part VI, line 1b) 5 124 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 450 Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year** 4,278,315 4,934,413 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 1,899,855 2,046,825 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 480,560 191,342 1,325,400 1,863,301 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 7,984,130 9,035,881 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 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) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,967,323 4,530,366 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶604,122 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 5,300,221 6,118,577 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 9,267,544 10,648,943 19 Revenue less expenses Subtract line 18 from line 12 . -1,283,414 -1,613,062 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 27,598,376 26,686,923 2,177,898 21 Total liabilities (Part X, line 26) . 1,568,854 22 Net assets or fund balances Subtract line 21 from line 20 . 24,509,025 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 2020-04-22 Signature of officer Sign Here DAVID ROCHE CEO Type or print name and title Print/Type preparer's name Preparer's signature Date Check | If 2020-04-22 P01300648 Paid self-employed Firm's name CLIFTONLARSONALLEN LLP Firm's EIN ▶ 41-0746749 **Preparer** Use Only Firm's address ▶ 20 E THOMAS RD STE 2300 Phone no (602) 266-2248 PHOENIX, AZ 85012 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2018)						Page 2
Pa	rt III Statem	ent of Program Servic	e Accomplis	hments			
	Check if	Schedule O contains a respo	nse or note to a	any line in this Part III .			✓
1		the organization's mission		•			
					R THE PRESENTATION, INTERPRE' ADER ARTISTIC AND CULTURAL TI		
2	Did the organiza	ition undertake any significa	nt program ser	vices during the year whi	ch were not listed on		
	the prior Form 9	90 or 990-EZ?				🗌 Yes 💆	No
	If "Yes," describ	e these new services on Sch	edule O				
3	Did the organiza	ition cease conducting, or m	ake significant	changes in how it conduc	ts, any program		
		e these changes on Schedul				☐ Yes	☑ No
4	Describe the org Section 501(c)(3	janization's program service	accomplishmer	to report the amount of	argest program services, as measi grants and allocations to others, t		s
4a	(Code) (Expenses \$	7.779.291	including grants of \$	0) (Revenue \$	3,953,108)	
	See Additional Dat		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,,,	
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)	
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)	
4d		services (Describe in Schedu	•				
	(Expenses \$		uding grants of) (Revenue \$)	
4e	Total program	service expenses >	7,779,2	91			

Par	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX "	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section $170(b)(1)(A)(II)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
Ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	20b 21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
				n (2018)

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Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
Ь	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Yes

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189

0

1a

1b

No

	of any of these persons? If "Yes," complete Schedule L, Part III
28	Was the organization a party to a business transaction with one instructions for applicable filing thresholds, conditions, and exce

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V $\,$.

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Part V

Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7a Yes

If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Yes Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7c Yes d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

7e No 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . No If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h

Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during 8 9a Did the sponsoring organization make any taxable distributions under section 4966? . . . 9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . 9h Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 . . . 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter

13a

14a

14b

15

No

No

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a Gross income from members or shareholders . 11a **b** Gross income from other sources (Do not net amounts due or paid to other sources 11b 12a

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year?

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Note. See the instructions for additional information the organization must report on Schedule O

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Pa	IT VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	"No" respo	onse to	lines							
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		✓							
Se	ection A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year	35									
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O										
b	b Enter the number of voting members included in line 1a, above, who are independent 1b 3										
2				No							
3	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? .										
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No							
6	Did the organization have members or stockholders?	6	Yes								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or members of the governing body?	ore 7a	Yes								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year the following	by									
а	The governing body?	8a	Yes								
Ь	Each committee with authority to act on behalf of the governing body?	. 8b	Yes								
9	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										
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Reve	nue Code	e.)								
			Yes	No							
	Did the organization have local chapters, branches, or affiliates?	10a	Yes								
Ь	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?	5, 10 b	Yes								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	ne 11a	Yes								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes								
13	Did the organization have a written whistleblower policy?	13	Yes								
14	Did the organization have a written document retention and destruction policy?	14	Yes								
15	Did the process for determining compensation of the following persons include a review and approval by independen persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	t									
а	The organization's CEO, Executive Director, or top management official	15a	Yes								
b	Other officers or key employees of the organization	15b		No							
	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?	16a		No							
Ь	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?										
Se	ection C. Disclosure										
17	List the States with which a copy of this Form 990 is required to be filed▶										
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply										
	Own website Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year										
20	State the name, address, and telephone number of the person who possesses the organization's books and records										

101111 330 (2	010)										Page /
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	≘ ın t	hıs	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (Compensated En	nployees	
year .	this table for all persons requir of the organization's current of		·						, ,		•
of compensa	tion Enter -0- in columns (D), (if the organization's current key	E), and (F) if no	compe	nsatı	on w	vas į	paid		- ,,		
• List the who received	organization's five current high direportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	than a	n off	icer, director, truste	e or key employee)	1
• List all o	of the organization's former office compensation from the organization						pensat	ed e	employees who rece	ived more than \$10	0,000
	f the organization's former dir e , more than \$10,000 of reportat										e
compensated	in the following order individual demployees, and former such p	ersons									
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo oth a direct	ox, un off tor/t	t cho unles ficer rust	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MI3C)	(W- 2/1099- MISC)	related organizations
See Additiona	al Data Table										

(B) Average hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than the companies of the compa							o) rtable nsation n the ation (W-	(E) Reportable compensation from related organizations (W-		Estir amount compe fron	F) nated of other nsation n the
for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-N	rela		ation and ated zations
See Additional Data Table												
art VII , Section	Α				>							
				h					00.000	υ		52,829
		e iisu	eu ai	DOVE	e) wno	rece	ervea mor	e man şi	00,000			
											Yes	No
					oyee, o	or hi	ghest com	pensated	employee o			No
s greater than \$	150,00	0? <i>If</i>							n the			
			•	•	• .	•		• •		.	l Yes	
								on or ind	· · ·	5	;	No
ors												
										f compe	nsation	
(A)		,							(B)			(C)
ina pusiness addre	:55						N				Сопр	192,655
							E	VENT MAN	AGEMENT SER	VICES		124,419
							E	EVENT MAN	AGEMENT SER	VICES		124,419
									AGEMENT SER			124,419
	(B) Average hours per week (list any hours for related organizations below dotted line) Latt VII, Section but not limited organization but not limited organization constitutes and for such individual the sum of reposes greater than some constitutes are competed for such individual the sum of reposes greater than some constitutes are competed for such individual the sum of reposes greater than some constitutes are competed for such individual the sum of reposes greater than some constitutes are competed for such individual the sum of reposes greater than some constitutes are competed for such individual the sum of reposes greater than some constitutes are constituted for such individual the sum of reposes greater than some constitutes are constituted for such as a sum of the sum o	(B) Average hours per week (list any hours for related organizations below dotted line) Art VII, Section A but not limited to thosorganization ▶ 5 officer, director or trust of for such individual the sum of reportable is greater than \$150,00 ve or accrue compensated indeposation for the calendary	(B) Average hours per week (list any hours for related organizations below dotted line) Art VII, Section A but not limited to those list organization ▶ 5 officer, director or trustee, keep for such individual the sum of reportable composition of the calendar year (A)	(B) Average hours per week (list any hours for related organizations below dotted line) Individual Trucks Individual Trucks	(B) Average hours per week (list any hours for related organizations below dotted line) Art VII, Section A but not limited to those listed above organization ▶ 5 officer, director or trustee, key employed organization ▶ 5 officer, director or trustee, key employed organization ▶ 5 officer, director or trustee, key employed organization ▶ 5 officer, director or trustee, key employed organization ▶ 5 officer, director or trustee, key employed organization ▶ 5 officer, director or trustee, key employed organization ▶ 5 officer, director or trustee, key employed or such individual	(B) Average hours per week (list any hours for related organizations below dotted line) Individual trustee In stitutional Trustee Officer for related organizations below the below dual trustee In stitutional Trustee Officer for related organizations below the below to related line) but not limited to those listed above) who organization ▶ 5 officer, director or trustee, key employee, organization ▶ 5 officer, director or trustee, key employee, organization ▶ 5 officer, director or trustee, key employee, organization ▶ 5 officer, director or trustee, key employee, organization ▶ 5 officer, director or trustee, key employee, organization ▶ 5 officer for such individual	(C) Average hours per week (list any hours for related organizations below dotted line) Individual truster or related organizations below dotted line) But not limited to those listed above) who recorganization > 5 Deficer, director or trustee, key employee, or his for such individual the sum of reportable compensation and others greater than \$150,000? If "Yes," complete Schedule J for such person or sets compensated independent contractors that isation for the calendar year ending with or with the sum of reportable compensation and others are compensated independent contractors that isation for the calendar year ending with or with the sum of reportable compensation and others are compensated independent contractors that isation for the calendar year ending with or with the sum of reportable compensation and others are compensated independent contractors that isation for the calendar year ending with or with the sum of the calendar year ending with or with the sum of reportable compensation from any unrelated of the calendar year ending with or with the sum of reportable compensation from any unrelated of the calendar year ending with or with the sum of reportable compensation from any unrelated of the calendar year ending with or with the sum of reportable compensation from any unrelated of the calendar year ending with or with the sum of reportable compensation from any unrelated of the calendar year ending with or with the sum of reportable compensation from any unrelated of the calendar year ending with or with the calendar year ending with the calendar year e	Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours for related organizations below dotted line) Average hours for related organizations below dotted line) Average hours per solution (do not check more than one box, unless person is both an officer and a director/trustee) Average hours per solution (do not check more than one box, unless person is both an officer and a director/trustee) Average hours per solution (do not check more than one box, unless person is both an officer and a director/trustee) Average hours per solution (do not check more than one box, unless person is both an officer and a director/trustee) Average hours per solution (do not check more than one box, unless person is both and officer and a director/trustee) Average hours per solution (do not check more than one box, unless person is both and officer and a director/trustee) Average hours per solution (do not check more than one box, unless person is both and officer person is both and officer person in the calendar year ending with or within the or person that per solution is both and officer person in the calendar year ending with or within the or person in the calendar year ending with or within the or person in the calendar year ending with or within the or person in the calendar year ending with or within the or person in the calendar year ending with or within the or person in the calendar year ending with or within the or per solution in the calendar year ending with or within the or per solution in the calendar year ending with or within the or per solution in the calendar year ending with or within the or per solution in the calendar year ending with or within the calendar year ending with or within the or per solution in the calendar year ending with or within the or per solution in the calendar year ending	(B) Average hours per week (list any hours for related organizations below dotted line) District Column Column	(B) Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Organizations below dotted line) Organization organization organization organization organization below dotted line) Description of services and a director or trustee, key employee, or highest compensated employee organization below dotted line) Organization below dotted line organization or individual organization or individual organization or individual for organization or individual organization organiza	(B) Average hours per week (list any hours for related organizations below dotted line) O	Average hours per week (list any hours for related organizations is both an officer and a director/trustee) Special discontinuity of the discontinuity of

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

Form **990** (2018)

Part		Ctatament of	f Dougeus									rage 3
Part	VII			rocn	onse or note to any	lina in +	hic Port VIII					
		Check if Schedu	ie O Contains a	resp	onse of flore to any	(A) revenue	Rel e: fu	(B) ated or kempt nction	(C) Unrelate busines revenue	ed ss	(D) Revenue excluded from tax under sections
	1	a Federated campaig	ıns	1a				re	venue			512 - 514
nts nts		b Membership dues	L	1b	928,772							
ira Jou		c Fundraising events	Ļ	1c	914,112							
s, c An		d Related organization	Ļ	1d	128,704							
<u>a</u> ≝		e Government grants (c	Ļ	1e	200,020							
آ. آا		f All other contributions	· L	те	1 200,020							
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts r above 9 Noncash contribution	not included	1f	2,762,805							
ontri nd O		ın lınes 1a - 1f \$ _			39,38 <u>4</u>							
ة ت		h Total. Add lines 1a	-1†	•	· · · •	1	4,934,413					
Ŧ					Business	s Code	1 .	127,374	1 12	7,374		
หะน		a ADMISSIONS				611710		191,634		1,634		
Service Revenue		FAIR INCOME				900099		127,581		7,581		
MCE		PRIVATE USE FEES				721000	•	236	42	236		
Ser	C	d EDUCATIONAL REVENU	E			611710		230		236		
am	e	e		_								
Program	f	f All other program se	ervice revenue									
Φ	g	JTotal. Add lines 2a-2	2f		▶ 2,	046,825						
	3	Investment Income (I	including divide	ends,	ınterest, and other		222.46					222.460
		sımılar amounts)			•	`	323,16	U				323,160
		Income from investm Royalties				• •	13,76	6				13,766
	,	Royalties	(ı) Real		(II) Personal	1	25,15					20,7.00
	6	a Gross rents	(1)		(11) 1 2 1 2 1 1 1 1	1						
						_						
		b Less rental expenses										
	•	c Rental income or (loss)										
		d Net rental income o	r (loss)			4						
		a Net rental income o	(ı) Securiti		(II) Other	1						
	78	a Gross amount				1						
		from sales of assets other	2,09	93,201								
		than inventory										
	I	b Less cost or other basis and	2,2	25,019	,							
		sales expenses C Gain or (loss)	·	31,818		-						
		d Net gain or (loss)			<u> </u>	-	-131,81	8				-131,818
		a Gross income from f				1	<u> </u>					· · · · · · · · · · · · · · · · · · ·
ne		(not including \$ contributions reporte	914,112	of								
/en		See Part IV, line 18	• • • • •	а	98,641	ι						
Re	ı	b Less direct expense	es	b	189,676	5						
Other Revenue	•	c Net income or (loss)	from fundrais	ing ev	ents		-91,03	5				-91,035
Oth	98	a Gross income from o See Part IV, line 19		es								
		2001 4.1117 25		а	1							
	ı	b Less direct expense	es	b								
	•	c Net income or (loss)	from gaming	activit	ties							
	10	aGross sales of inventi- returns and allowand										
				a	3,751,378	3						
	ı	b Less cost of goods	sold	b	1,845,095	5						
	•	c Net income or (loss)	from sales of	ınven	tory . ►		1,906,28	3	1,906,283			
		Miscellaneous	Revenue		Business Code		24.20					24.20
	11	1aOTHER REVENUES			90009	19	34,28	'				34,287
					<u> </u>			1				
	ı	ь										
	•	с										
								1				
		d All other revenue						-				
		e Total. Add lines 11a			•		34,28	7				
	12	2 Total revenue. See	! Instructions				9,035,88	1	3,953,108		0	148,360
												Form 990 (2018)

Forr	n 990 (2018)				Page 10
	Statement of Functional Expenses cion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	anizations must comp	lete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX $$.			<u> \square</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
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	600,899	193,363	299,997	107,539
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	3,345,660	2,636,617	462,119	246,924
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits	300,919	237,382	43,176	20,361
10	Payroll taxes	282,888	211,413	48,016	23,459
11	Fees for services (non-employees)				
	Management				
	Legal	17,018		17,018	
		34,364		34,364	
	Accounting	34,304		34,304	
	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees	69,000		69,000	
-	JOther (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	355,386	230,760	119,148	5,478
12	Advertising and promotion	293,907		293,907	
13	Office expenses	664,791	406,657	219,961	38,173
14	Information technology	164,222	62,982	82,834	18,406
15	Royalties				
16	Occupancy	568,006	504,969	46,751	16,286
17	Travel	37,686	22,649	14,793	244
	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	109,040	20,271	64,875	23,894
	Interest	34,390	,	34,390	<u> </u>
	Payments to affiliates			,	
	Depreciation, depletion, and amortization	1,798,277	1,654,608	89,793	53,876
	· ' ' ' '	123,007	1,031,000	123,007	33,070
	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)	123,007		123,007	
	a UNRELATED BUSINESS INCO	308		308	
	b EXHIBITS	752,553	752,553		
	c FESTIVALS AND PROGRAMMI	709,799	658,381	51,418	
	d ACQUISITIONS AND CONSER	150,297	150,297		
	e All other expenses	236,526	36,389	150,655	49,482
25	Total functional expenses. Add lines 1 through 24e	10,648,943	7,779,291	2,265,530	604,122
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form **990** (2018)

Page **11**

547.373

799,533

106.958

2.177.898

17.508.811

2,236,173

4,764,041

24,509,025

26,686,923

Form **990** (2018)

533.516

469,000

83.510

1.568.854

18.875.219

2,424,762

4.729.541

26,029,522

27,598,376

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Form 990 (2018)

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Liabilities 22

Fund Balances

Assets or 30

Net

Deferred revenue

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

and other liabilities not included on lines 17 - 24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > \quad \text{and complete lines 30 through 34.}

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

	Beginning of year		End of year
1 Cash-non-interest-bearing	269,461	1	267,672
2 Savings and temporary cash investments	1,552,754	2	1,355,979
3 Pledges and grants receivable, net	751,219	3	692,700
4 Accounts receivable, net	8,788	4	2,006
E Loans and other recovables from surrent and former officers directors			

	3	Pledges and grants receivable, net			751,219	3	
	4	Accounts receivable, net			8,788	4	
	5	Loans and other receivables from current and for trustees, key employees, and highest compensate Part II of Schedule L	nployees Complete		5		
	6	Loans and other receivables from other disqualit section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations. Part II of Schedule L	rsons (as defined under s(c)(3)(B), and of section 501(c)(9) structions) Complete		6		
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			1,274,074	8	
A	9	Prepaid expenses and deferred charges			221,076	9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	44,429,410			
	i .				1	ĺ	1

S		contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	structions) Complete		6		
eta	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use	1,274,074	8	1,380,685		
⋖	9	Prepaid expenses and deferred charges			221,076	9	135,698
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	44,429,410			
	b	Less accumulated depreciation	10 b	28,975,722	15,703,935	10c	15,453,688
	11	Investments—publicly traded securities .			7,725,274	11	7,310,076
	12	Investments—other securities See Part IV, line	11 .	[89,354	12	87,198
	13	Investments—program-related See Part IV, line	: 11 .			13	
	14	Intangible assets		[2,441	14	1,221
	15	Other assets See Part IV, line 11		[15	
	16	Total assets.Add lines 1 through 15 (must equ	27,598,376	16	26,686,923		
	17	Accounts payable and accrued expenses	482,828	17	724,034		
	18	Grants payable		18			

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a

3b

No

Form 990 (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID: Software Version:

EIN: 86-0107517

Name: THE HEARD MUSEUM

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation

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

		and	a un	eccc) / Cl	usice	,	Organization	diganizacions	nom the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	ee voldine Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JOHN MELAMED CHAIR	4 00	×		×				0	0	0
JAMES R HUNTWORK VICE CHAIR	4 00	×		х				0	0	0
LELAND W PETERSON TREASURER	4 00	х		х				0	0	0
PATRICIA K HIBBELER SECRETARY	4 00	×		х				0	0	0
SUSAN H NAVRAN TRUSTEE	1 00	Х						0	0	0

KAREN ABRAHAM

TONY ASTORGA

ARLENE K BEN-HORIN

MARK B BONSALL

GREGORY BOYCE

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TRUSTEE

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and Independent Contractors

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

	any hours	and	a dır	ecto	r/tr	ustee)	1	organization	organizations	from the
	for related organizations below dotted line)		Institutional Trustee	Officer		Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
CRAIG COHEN MD TRUSTEE	1 00	х						0	0	0
ROBERT A COWIE TRUSTEE	1 00	×						0	0	0
ELIZABETH MURFEE DECONCINI TRUSTEE	1 00	х						0	0	0

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ROBERT A COWIE
TRUSTEE
ELIZABETH MURFEE DECONCINI
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JOHN LOMAX

ROBERT MEYER

JOHN GRAHAM

CARRIE L HULBURD

STEPHEN R LEWIS

MARIGOLD LINTON

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and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

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

and Independent Contractors

TRUSTEE

TRUSTEE

SUE SNYDER

JANIS LYON

JOHN COGGINS

ADRIAN COHEN

TRUSTEE

TRUSTEE

TRUSTEE

....... **TRUSTEE**

DAVID WILSHIN

	any nours	and	a dir	ecto	אר/ נרי	ustee)	' !	organization	organizations	rrom the	
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
SCOTT MONTGOMERY TRUSTEE	1 00	×						0	0	0	
SCOTT H O'CONNOR TRUSTEE	1 00	×						0	0	0	
WILLIAM RIDENOUR TRUSTEE	1 00	×						0	0	0	
DON SMITH	1 00	×						0	0	0	

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TRUSTEE		^			9	
WILLIAM RIDENOUR	1 00	×			0	
TRUSTEE					,	
DON SMITH	1 00	×			0	
TRUSTEE		^				
CHRISTY VEZOLLES	1 00					

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

and Independent Contractors

TRUSTEE

CEO

CFO

COO

DAVID ROCHE

ROBIN KLUNG

JOHN BULLA

DAN HAGERTY

WILLIAM BRUCE MCGEE

DIRECTOR OF RETAIL SALES

DIR STRAT DEV & PROGRAMMING

	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
DAVID HANSEN TRUSTEE	1 00	×						0	0	0
SHARRON LEWIS TRUSTEE	1 00	×						0	0	0
MARGO SIMONS	1 00								0	

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248,555

138,895

167,750

100,155

143,397

7,185

15,809

7,185

7,624

15,026

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TRUSTEE		×			0	
MARGO SIMONS	1 00	×			0	
TRUSTEE		^				
GINGER SYKES TORRES	1 00	×			0	
TRUSTEE		_ ^				
JOHN FURTH	1 00					

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SCHEDU Form 990 (990EZ)		Com		Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable	organization or trust.		2018
Department of the			► Go to	www.irs.gov/Form				Open to Public Inspection
Name of the THE HEARD MUS	organizati	on					Employer identific	cation number
				(41)			86-0107517	
				us (All organization e it is (For lines 1 thro			see instructions.	
-				ssociation of churches			(A)(i).	
2	school des	cribed in sec	tion 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))		
 3	hospital or	a cooperativ	e hospital ser	vice organization desci	ribed in section	170(b)(1)(A)(iii).	
	medical resame, city, a		ızatıon operat	ed in conjunction with	a hospital descri	ibed in section :	170(b)(1)(A)(iii). E	Enter the hospital's
		ion operated		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descr	ibed in section 170
•	,, ,, ,,		,	r governmental unit de	scribed in sectio	on 170(b)(1)(A	۱)(v).	
	_		nally receives vi). (Complete	a substantial part of it Part II)	s support from a	governmental u	ınıt or from the genei	ral public described in
8	community	trust descri	bed in sectio i	n 170(b)(1)(A)(vi)	(Complete Part I	I)		
				escribed in 170(b)(1) lee instructions Enter				lege or university or a
fr Ir	om activitie ivestment ii	es related to ncome and u	its exempt fur nrelated busir	(1) more than 331/39 nctions—subject to cer ness taxable income (le omplete Part III)	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross
	•			d exclusively to test fo	r public safety S	See section 509	(a)(4).	
	nore publicly	/ supported	organizations	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(
а <u></u> т	ype I. A su rganization(pporting org (s) the powe	anızatıon opei	rated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
⊔ m	nanagement	of the supp		pervised or controlled in ation vested in the sar and C.				
				supporting organizatio				ated with, its
d 🗌 T	ype III no unctionally i	n-function ntegrated T	I lly integrate he organizatio	d. A supporting organi in generally must satis rt IV, Sections A and	ization operated fy a distribution	in connection wi requirement and	th its supported orga	
e □ 0	heck this bo	ox if the orga	nızatıon recei	ved a written determir	nation from the I		pe I, Type II, Type I	II functionally
	-		n-functionally organizations	integrated supporting	organization			
g Provide	the followin	ng informatio	n about the s	upported 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 in your governing organization in your governing organization.							(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
otal								
	rk Reducti	on Act Noti	ce. see the I	nstructions for	Cat No 11285	5F :	Schedule A (Form 9	990 or 990-EZ) 201

Schedule A (Form 990 or 990-EZ) 2018

Page 2

	(b)(1)(A)(ix)	_					
_		ails to qualify un	der the tests list	ed below, pleas	e complete Part	III.)	
(Complete only if you checked the box on line 5, 7, 8, 0, 9 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III. Section A. Public Support (Glacindar year or first of support) (offscard year beginning in)							
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	membership fees received (Do not	4,290,421	4,117,227	9,484,468	4,278,315	4,934,413	27,104,844
2							
3							
4		4 290 421	4 117 227	9 484 468	4 278 315	4 934 413	27 104 844
5		1,250,121	1,111,1227	3,101,100	1,2,0,010	1,750 1,115	27,7201,011
							7 878 161
							7,070,101
	amount shown on line 11, column (f)						
6							19,226,683
		(a)2014	(b) 2015	(c) 2016	(d)2017	(e) 2018	(f)Total
7	. , , , , ,	4,290,421	4,117,227	9,484,468	4,278,315	4,934,413	27,104,844
				, .			· · ·
		151,571	202,995	206,577	306,536	336,926	1,204,605
9							
10							
		72,808	63,640	32,190	20,996	34,287	223,921
11							28,533,370
12	Gross receipts from related activities,	etc (see instruction	ons)		•	12	30,877,166
13	First five years. If the Form 990 is fo	or the organization	's first, second, thi	rd, fourth, or fifth	tax year as a sect	ion 501(c)(3) orga	nization,
	check this box and stop here					▶ □	
- 5							
14	Public support percentage for 2018 (Iii	ne 6, column (f) dı	vided by line 11, c	olumn (f))		14	67 380 %
15	Public support percentage for 2017 Sc	hedule A, Part II, l	ine 14			15	66 350 %
16	a 33 1/3% support test—2018. If the	organization did r	not check the box o	on line 13, and line	e 14 is 33 1/3% or	more, check this b	юх
ı					nd line 15 is 33 1/	3% or more, check	· —
	box and stop here. The organization	qualifies as a pub	licly supported org	anızatıon			▶ □
17	ıs 10% or more, and ıf the organızatıo	n meets the "facts	-and-circumstance	s" test, check this	box and stop her	r e. Explain	
	organization			J		, , , , , , , , , , , , , , , , , , , ,	►□
ŀ	10%-facts-and-circumstances tes 15 is 10% or more, and if the organiz Explain in Part VI how the organization	zation meets the "f	acts-and-circumst	ances" test, check	this box and stop	here.	· -

Р	Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	pelow, please co	omplete Part II.)	
30	Calendar year		43.554.5		413.004-		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 Gross receipts from activities that are						
3	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 The value of services or facilities						
5	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)						
36	ection B. Total Support Calendar year			I	1		1
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
b	income from similar sources Unrelated business taxable income						
D	(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							
	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	r the organization	ı 's fırst, second, tl	nird, fourth, or fift	:h tax vear as a se	ction 501(c)(3) c	rganization.
	check this box and stop here	,	, ,	, ,	,	(), ()	• □
Se	ection C. Computation of Public	Support Perce	ntage				<u> </u>
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S					16	
	ection D. Computation of Investi					1 1	
<u> </u>	Investment income percentage for 201			line 13, column (f	·))	17	
18	Investment income percentage from 2	•		,(••	18	
	331/3% support tests—2018. If the		·	on line 14 and lin	ne 15 is more than		ne 17 is not
							_
	more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2017. If the	-			•		_
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anızatıon	▶⊔_
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check	this box and see	instructions	▶ □

Schedule A (Form 990 or 990-EZ) 2018 Page 4 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 Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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 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 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а 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 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 3с 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 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 4b supervised by or in connection with its supported organizations

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 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 5a

amendment to the organizing document) 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? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

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

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 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 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 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.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		
S	ection 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? 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.	1		
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? 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	2		
	organization	-		
S	ection 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)? 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)	1		
_	<u> </u>			
	ection 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?		103	-140
		1		
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	Yes	No
	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? 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	2a		
	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? 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			
,		2b		
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>	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3h		

Sched	lule A (Form 990 or 990-EZ) 2018			Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	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		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

Schedule A (Form 990 or 990-EZ) (2018)

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2
If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

a Excess from 2014. **b** Excess from 2015. **c** Excess from 2016.

See instructions

d Excess from 2017.e Excess from 2018.

3_j and 4c

8 Breakdown of line 7

chedule A i	(Form 990 or 990-EZ) 2	2018 Page 8						
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						
90 Sche	dule A, Supplemen	tal Information						
Re	turn Reference	Explanation						
	A, PART II, LINE 10,	MISCELLANEOUS GROSS FUNDRAISING REVENUE						

INCOME

SCHEDULE D

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

(Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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.

▶ Go to www.irs.gov/Form990 for the latest information.

DLN: 93493113018450 OMB No 1545-0047

Open to Public Inspection

	me of the organization			Employer ident	tification number		
IHE	E HEARD MUSEUM			86-0107517			
Ρā	rt I Organizations Maintaining Donor Adv			r Accounts.			
	Complete if the organization answered "Ye			41.55	1 11		
	Tabal assessing at and affirmati	(a) Donor advise	ed funds	(b)Funds a	nd other accounts		
•	Total number at end of year						
<u>.</u>	Aggregate value of contributions to (during year)						
•	Aggregate value of grants from (during year)						
٠	Aggregate value at end of year						
•	Did the organization inform all donors and donor advisor organization's property, subject to the organization's e		s held in donor adv	vised funds are th	e Yes No		
•	Did the organization inform all grantees, donors, and d charitable purposes and not for the benefit of the dono private benefit?						
9-5	rt II Conservation Easements. Complete if t	he organization answers	nd "Ves" on Form	n 990 Part IV I	☐ Yes ☐ No		
	Purpose(s) of conservation easements held by the orga			11 990, Faic 1V, 1	iiie 7.		
•	Preservation of land for public use (e.g., recreation		• •	h			
		,	Preservation of an				
	☐ Protection of natural habitat	L F	Preservation of a c	ertified historic str	ucture		
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation conf	tribution in the fori		n he End of the Year		
а	Total number of conservation easements			2a			
b	Total acreage restricted by conservation easements			2b			
c	Number of conservation easements on a certified histor	nc structure included in (a)		2c			
d	Number of conservation easements included in (c) acqu structure listed in the National Register	ured after 7/25/06, and not	on a historic	2d			
3	Number of conservation easements modified, transferratax year •	ed, released, extinguished,	or terminated by t	the organization d	uring the		
ļ	Number of states where property subject to conservation	on easement is located >					
•	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold	he periodic monitoring, insp s?	pection, handling o	_	☐ Yes ☐ No		
,	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations	s, and enforcing co	nservation easem	ents during the year		
,	Amount of expenses incurred in monitoring, inspecting \$ \\$, handling of violations, and	l enforcing conserv	vation easements (during the year		
3	Does each conservation easement reported on line 2(d and section $170(h)(4)(B)(ii)$?) above satisfy the requiren	nents of section 17	. , , , , , , ,	☐ Yes ☐ No		
)	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization		nse statement, and	i		
а	t III Organizations Maintaining Collections Complete of the organization answered "Ye	of Art, Historical Tre		er Similar Asse	ets.		
.a	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its fina	16 (ASC 958), not to report public exhibition, educatio	: in its revenue sta n, or research in fi				
b	TO 1						
((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, histor						
а	following amounts required to be reported under SFAS Revenue included on Form 990, Part VIII, line 1	110 (ASC 958) relating to t	mese items	> \$			
h	Assets included in Form 990, Part V						

Cat No 52283D

Schedule D (Form 990) 2018

Par	t III	Organizations Ma	aintaining Coll	ections o	f Art, Hi	istori	cal Tı	reası	ıres, or	Other	Similar A	ssets (con	tınued)	
3		ing the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection ms (check all that apply)												
а	\checkmark	Public exhibition				d		Loan	or excha	inge prog	ırams			
b	✓	Scholarly research e Other												
С	\checkmark	Preservation for future generations												
4		Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII												
5		During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No												
Pa	rt IV	Escrow and Cust												
		Complete if the org X, line 21.	ganization answ	ered "Yes"	' on Forn	n 990	, Part	IV, I	ine 9, or	reporte	d an amou	unt on For	m 990,	Part ———
1a		e organization an agent ded on Form 990, Part)		n or other i	ntermedia	ary for	contril	butior	s or othe	r assets	not	☐ Yes	□ N	lo
b	If "Y€	es," explain the arrange	ment in Part XIII	and comple	te the foll	owing	table		Γ		Α	mount		_
c		nning balance		·		_			Ī	1c				_
d	Addıt	tions during the year							Ī	1d				_
е	Distri	butions during the year							[1e				_
f	Endır	ng balance							[1f				_
2a	Dıd tl	he organization include	an amount on Fo	rm 990, Pari	t X, line 2	1, for	escrow	or cu	stodial a	ccount lia	ability?	☐ Yes	□ N	– lo
b	If "Y∈	es," explain the arrange												
Pa	rt V	Endowment Fund	ds. Complete ıf											
	D			(a)Current		19 (d)	nor yea	-		ears back	(d)Three ye		Four yea	
	_	ning of year balance .		9,	797,361		10,020	-		5,525,931		,200,409	٥,	056,041
		butions			78,270			5,500 9,969		4,260,566 617,589		321,321 440,944		20,003 279,803
		vestment earnings, gain	is, and losses		70,270			,,,,,,,				110,511		
		s or scholarships	•											
	and pr	expenditures for facilities or control of the contr	es		447,378		989	9,906		383,288		436,743		
		istrative expenses .			420.252		0.70	7 261		0.020.700	_	F2F 024		706 241
g		year balance			428,253		9,797			0,020,798	5,	,525,931	4,	796,241
2		de the estimated percer	-	,	balance ((line 1g	g, colu	mn (a)) held as	5				
а		d designated or quasi-ei		16 410 %										
b		nanent endowment 🕨	78 560 %											
С		porarily restricted endov		30 %										
3 -		percentages on lines 2a, :here endowment funds		•		+6-4		ماط مہ	رمر معالم ما ام	atarad fa	. +h.a			
3а		nization by	not in the posses:	sion of the c	organizatio	on that	. are n	eiu an	ia aaminii	stered to	rine		Yes	No
	(i) u	nrelated organizations										3a(i)) Yes	
	(ii) r	related organizations .										3a(ii) Yes	
b		es" on 3a(II), are the rel	-		•			?.				3b	Yes	
4		ribe in Part XIII the inte			n's endow	ment f	unds							
Pa	rt VI	Land, Buildings,			lon Forn	~ 000	Dowt	T\ / 1.	no 115	Coo For	000 Da	urt V lung :	10	
	Descr	Complete if the ord	(a) Cost or oth (investme	er basıs	(b) Cost o						lepreciation		Book valu	e
1a	Land			+										
	Buildin	ŀ		+			22.51	12,378			13,015,770		(9,496,608
		hold improvements		+				54,538			3,268,761			3,795,777
	Fauinn	· · · · · · · · · · · · · · · · · · ·						50.319			3,341,388			708.931

10,802,175

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

1,452,372

15,453,688

9,349,803

Part VIII Investments—Other Securities. Complete if the organize	zation answe	red "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	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	value	
(2) Closely-held equity interests		
(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	e 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)		
Other Assets. Complete if the organization answered 'Yes' on F (a) Description	orm 990, Part	IV, line 11d See Form 990, Part X, line 15 (b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered	'Voc' on Form	n 000 Part IV line 11e or 11f
See Form 990, Part X, line 25.		
1. (a) Description of liability (1) Federal income taxes	(b) Boo	k value
GIFT ANNUITY PAYABLE		19,275
DEPOSITS (3)		87,683
(4)		
(5)		
(6)		
(7)		
		100 000
	ote to the orga	anization's financial statements that reports the
(8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnorganization's liability for uncertain tax positions under FIN 48 (ASC 740). Check		

Part XI

2

4

а

b

c 5

1

2

c

d

3 4

b

5

Part XII

Schedule D (Form 990) 2018

99.236

-110.625

69,000

-1.858.725

1,858,725

69.000

2e

3

4c

2e

3

4c

5

Page 4

-11,389

10,825,606

-1,789,725

9,035,881

12,438,668

1,858,725

10,579,943

69,000

10.648.943

Schedule D (Form 990) 2018

_	rece anneanzed gams (1055es) on mivestments	•	•	•
b	Donated services and use of facilities			
c	Recoveries of prior year grants			
d	Other (Describe in Part XIII)			
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
3	Subtract line 2e from line 1		•	

Other (Describe in Part XIII)

Add lines **4a** and **4b**

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Add lines 2a through 2d . .

Return Reference

See Additional Data Table

Net unrealized gains (losses) on investments .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information

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

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

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

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

2a

2b 2c 2d

4a

4b

2a 2b

2c

2d

4a

4b

Explanation

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software Version: **EIN:** 86-0107517

Name: THE HEARD MUSEUM

SOLD THROUGH AUCTION HOUSES THE FAIR VALUE OF COLLECTIONS CONTRIBUTED TO THE MUSEUM DURI

Supplemental Information

Return Reference	Explanation			
PART III, LINE 1A	THE COLLECTIONS OF THE MUSEUM INCLUDE SEVERAL CATEGORIES OF NATIVE AMERICAN ART,			

Software ID:

T. PRIMARILY KACHINA DOLLS, BASKETS, JEWELRY, TEXTILES, CERAMICS, AND FINE ART, AS WELL AS COLLECTIONS

FROM OTHER INDIGENOUS PEOPLES OF LATIN AMERICA, AFRICA AND OCEANIA, AND ARE EXPENSED IN T HE PERIOD PURCHASED IN CONFORMITY WITH THE PRACTICE FOLLOWED BY MANY MUSEUMS, ART OBJECTS CONTRIBUTED TO THE MUSEUM ARE NOT INCLUDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STA TEMENTS FURTHERMORE. IN CONFORMITY WITH INDUSTRY PRACTICE, THE MUSEUM HAS NOT RECORDED TH E VALUE OF ITS COLLECTIONS ON THE CONSOLIDATED STATEMENTS OF FINANCIAL POSITION THE FAIR VALUE OF CERTAIN COLLECTIONS IS DETERMINED BASED ON THIRD-PARTY EVIDENCE OF COMPARABLE ART

NG THE YEAR ENDED SEPTEMBER 30, 2019 WAS \$1,035,286

Supplemental Information	
Return Reference	Explanation
PART III, LINE 4	THE CORPORATION MAINTAINS A MUSEUM IN THE CITY OF PHOENIX DEDICATED TO THE ADVANCEMENT OF AMERICAN INDIAN ART THE HEARD MUSEUM ART COLLECTION CONCENTRATES ON THE LIVES OF NATIVE P EOPLES AND CONSISTS OF MORE THAN 40,000 OBJECTS THE TWO FOCAL AREAS OF THE COLLECTION ARE COMPREHENSIVE CULTURAL COLLECTIONS FROM THE GREATER SOUTHWEST AND CONTEMPORARY NATIVE FIN E ART FROM NORTH AMERICA KEY COLLECTIONS INCLUDE HOPI KATSINA DOLLS, NAVAJO AND ZUNI JEWE LRY, NAVAJO TEXTILES, SOUTHWESTERN CERAMICS FROM PREHISTORY TO THE PRESENT, AND BASKETS FROM THE SOUTHWEST, CALIFORNIA, THE GREAT BASIN AND THE NORTHWEST THE APPROXIMATELY 4,000 FINE ART WORKS IN THE HEARD MUSEUM COLLECTION DOCUMENT THE AMERICAN INDIAN FINE ART MOVEMEN T FROM THE 20TH CENTURY TO THE PRESENT, AND INCLUDE WORK BY SOME OF THE FINEST HISTORIC AND CONTEMPORARY AMERICAN INDIAN ARTISTS

Supplemental Information				
Return Reference	Explanation			
PART V, LINE 4	THE INTENDED USE OF THE ENDOWMENT FUNDS IS TO PROVIDE FOR THE FUTURE FINANCIAL STRENGTH OF THE ORGANIZATION PART V, LINE 1, COLUMN (D) THE PRIOR YEAR BEGINNING BALANCE IN THE END OWMENT FUNDS HAS BEEN INCREASED TO INCLUDE THE ASSETS HELD AS AN ENDOWMENT BY THE HEARD FA MILY ENDOWMENT TRUST (SEE SCHEDULE R) THAT IS AN IRREVOCABLE TRUST CREATED BY THE HEARD FA MILY FOR THE BENEFIT OF THE HEARD MUSEUM SINCE THESE ASSETS ARE CURRENTLY HELD AS AN ENDOWMENT BY THE TRUST FOR THE BENEFIT OF THE MUSEUM, THEY ARE NOW INCLUDED ON THIS SCHEDULE IN ADDITION, THERE WAS A RESTATEMENT OF THE ENDOWMENT BALANCE DUE TO THE CORRECTION OF AN ERROR AS EXPLAINED BELOW DURING FISCAL YEAR 2016 MANAGEMENT OF THE MUSEUM DETERMINED THAT THE BALANCE OF THE ENDOWMENT AS OF OCTOBER 1, 2015 WAS INCORRECT MANAGEMENT DETERMINED THAT A PORTION OF A CHARITABLE GIFT ANNUITY HAD BEEN INCLUDED IN THE ENDOWMENT AT THE INCOR RECT AMOUNT THIS RESULTED IN A CORRECTION TO THE ENDOWMENT BY REMOVING \$415,657 ADDITION ALLY, MANAGEMENT OF THE MUSUEM DETERMINED THAT THE CAPITAL APPRECIATION OF A PERPETUAL TRU ST DATING BACK TO 1932 WAS IMPROPERLY REFLECTED AS UNRESTRICTED NET ASSETS AND SHOULD HAVE BEEN PERMANENTLY RESTRICTED NET ASSETS THIS RESULTED IN A CORRECTION OF AN ERROR BY DECR EASING UNRESTRICTED NET ASSETS AND INCREASING PERMANETLY RESTRICTED NET ASSETS BY \$2,567,2 88 THIS ERROR DID NOT HAVE AN IMPACT ON THE TOTAL ENDOWMENT BALANCE HOWEVER, THE ERROR C AUSED A DEFICIT IN THE UNRESTRICTED PORTION OF THE ENDOWMENT BALANCE HOWEVER, THE ERROR C AUSED A DEFICIT IN THE UNRESTRICTED PORTION OF THE ENDOWMENT BALANCE HOWEVER, THE ERROR C AUSED A DEFICIT IN THE UNRESTRICTED PORTION OF THE ENDOWMENT BALANCE HOWEVER, THE ERROR C AUSED A DEFICIT IN THE UNRESTRICTED PORTION OF THE ENDOWMENT BALANCE HOWEVER, THE ERROR C AUSED A DEFICIT OF THE LINE 1G (E) AS FOLLOWS LINE 1G(E) \$4,796,241 LESS CHARTIABLE GIFT ANNUITY CORRECTION (\$415,657) PLUS DEFICIT CORRECTION \$744,825 PLUS PERPETUAL TRUST ADJUSTMENT \$75,000			

Supplemental Information					
Return Reference	Explanation				
PART X, LINE 2	THE MUSEUM EVALUATES ITS UNCERTAIN TAX POSITIONS, IF ANY, ON A CONTINUAL BASIS THROUGH REV IEW OF ITS POLICIES AND PROCEDURES, REVIEW OF ITS REGULAR TAX FILINGS, AND DISCUSSIONS WIT H OUTSIDE EXPERTS MANAGEMENT BELIEVES THAT THE HEARD MUSEUM HAS NO UNCERTAIN TAX POSITION S AS OF SEPTEMBER 30, 2019				

Cupplemental Information

Supplemental Information Return Reference Explanation PART XI, LINE 2D - OTHER CHANGE IN GIFT ANNUITIES -6.671 ELIMINATE SEPARATE TRUST ACTIVITIES INCLUDED IN REVENUES -103.954 I ADJUSTMENTS

upplemental Information					
Return Reference	Explanation				
PART XI, LINE 4B - OTHER ADJUSTMENTS	COST OF GOODS SOLD -1,845,095 SPECIAL EVENT EXPENSES MOVED FROM FUNCTIONAL EXPENSE SCHEDULE -13,630				

upplemental Information						
Return Reference	Explanation					
,	COST OF GOODS SOLD 1,845,095 SPECIAL EVENT EXPENSES MOVED FROM FUNCTIONAL EXPENSE SCHEDULE 13,630					

SCHEDULE G
(Form 990 or 990-EZ)

SCHEDULE G
Fundraising or C

Department of the Treasury

Internal Revenue Service

licensing

Supplemental Information Regarding Fundraising or Gaming Activities

Go to www irs gov/Form990 for instructions and the latest information

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.

OMB No 1545-0047
2018

DLN: 93493113018450

Open to Public Inspection

Employer identification number Name of the organization THE HEARD MUSEUM 86-0107517 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations 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 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 (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or

che	dule G (Form 990 or 990-EZ) 2018					F	Page 3
.1	Does the organization conduct gaming	activities with nonmember	5?		☐ Yes	□Ne	
.2	Is the organization a grantor, beneficia formed to administer charitable gaming		member of a partnership or other entity		□Yes		
3	Indicate the percentage of gaming activ	vity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
4	Enter the name and address of the pers	son who prepares the orga	nization's gaming/special events books and ri	ecords			
	Name ►						
	Address ►						
5a	Does the organization have a contract virevenue?	with a third party from who	om the organization receives gaming		□Yes	□No	
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by		anization ▶ \$ and th	ne			
С	If "Yes," enter name and address of the	e third party					
	Name ►						
	Address ▶						
6	Gaming manager information						
	Name ►						
	Gaming manager compensation ▶ \$						
	Description of services provided ▶						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
7	Mandatory distributions						
а	Is the organization required under state retain the state gaming license?	e law to make charitable di	stributions from the gaming proceeds to		Yes	□No	
b	Enter the amount of distributions requirements in the organization's own exempt activities.		ated to other exempt organizations or spent		53		
Pai	t IV Supplemental Informatio	n. Provide the explanat	rions required by Part I, line 2b, column licable. Also provide any additional info				 S.
_	Return Reference		Explanation				

Schedule G (Form 990 or 990-EZ) 2018

efil	e GRAPHIC pr	int - DO NOT PROCESS	s Filed Dat	a -	DLN: 934	9311	13018	450
Sch	edule J	Cor	npensat	ion Information	OM	IB No	1545-0	0047
(For	n 990)	For certain Officers	, Directors, 1	Trustees, Key Employees, and Hig	hest			
		► Complete if the organ		ated Employees vered "Yes" on Form 990, Part IV	. line 23.	20	18	₹
			▶ Attach	to Form 990.				
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov</u>	<u>Form990</u> for	instructions and the latest inform	nation.		to Pul ectio	
Nar	ne of the organiza	ation			Employer identificat			
THE	HEARD MUSEUM				86-0107517			
Pa	rt I Questi	ons Regarding Compensation	on					
							Yes	No
1a				f the following to or for a person liste by relevant information regarding the				
		or charter travel		Housing allowance or residence for	•			
	_	companions	님	Payments for business use of perso				
		nification and gross-up payments	H	Health or social club dues or initiation				
	□ Discretion	ary spending account		Personal services (e g , maid, chauf	reur, cher)			
b		kes in line 1a are checked, did the Il of the expenses described above		ollow a written policy regarding payn nplete Part III to explain	nent or reimbursement	1 b		
2	Did the organiza	tion require substantiation prior to	reimbursing	or allowing expenses incurred by all r, regarding the items checked in line	152	2		
	unectors, truste	es, officers, including the CEO/Exe	cutive Directo	r, regarding the items checked in line	: Iar			
3		f any, of the following the filing of EO/Executive Director Check all t		ed to establish the compensation of the	ne			
	_	•		CEO/Executive Director, but explain	n Part III			
	Compone:	ation committee	П	Written employment contract				
		ent compensation consultant	✓	Compensation survey or study				
		of other organizations	<u></u>	Approval by the board or compensa	tion committee			
4			0, Part VII, Se	ection A, line 1a, with respect to the f	ılıng organızatıon or a			
	related organiza	tion						
a		ance payment or change-of-contro				4a		No
b	•	receive payment from, a supplen	•	· ·		4b		No
С		receive payment from, an equity If lines 4a-c. list the persons and r	·	nsation arrangement? plicable amounts for each item in Par	: III	4c		No
	,	· ···· · · · · · · · · · · · · · · ·						
	Only 501(c)(3), 501(c)(4), and 501(c)(29) o	rganizations	must complete lines 5-9.				
5		d on Form 990, Part VII, Section on the development on the revenues of		the organization pay or accrue any				
а	The organization	٦٦				5a		No
b	Any related orga					5b		No
_	•	5a or 5b, describe in Part III	A 1 4	ble a companye be				
6		ed on Form 990, Part VII, Section on the net earnings of	A, line 1a, did	the organization pay or accrue any				
a	The organization					6a		No
b	Any related orga					6 b		No
7	•	6a or 6b, describe in Part III	اداد حاد مصا ۸	the eventuation provide and provident	al .			
7	payments not de	escribed in lines 5 and 6? If "Yes,"	describe in Pa		u	7		No
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," decrease of the section 53 4958-4(a)(3)?	escribe			N.
9		3, did the organization also follow	the rebuttable	presumption procedure described in	Regulations section	9		No
For D		ction Act Notice, see the Instr	uctions for Ec	orm 990 Cat No. 5	50053T Schedule 1		, 000)	2018

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 colu	mns (B))(ı)-(ııı) for each listed in	t are not listed on Form 99 dividual must equal the to	tal amount of Form 990,	Part VII, Section A, line	1a, applicable column (D	and (E) amounts for tha	t ındıvıdual
(A) Name and Title		(i) Base compensation	of W-2 and/or 1099-MISO (ii) Bonus & Incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 DAVID ROCHE CEO	(i)	248,555	0	0	0	7,185	255,740	0
	(ii)	0	0	0	0	0	0	0
2 ROBIN KLUNG CFO	(i)	138,895	0	0	0	15,809	154,704	0
	(ii)	0	0	0	0	0	0	0
3 JOHN BULLA COO	(i)	167,750	0	0	0	7,185	174,935	0
	(ii)	0	0	0	0	0	0	0
4 DAN HAGERTY DIR STRAT DEV &	(i)	143,397	0	0	0	15,026	158,423	0
PROGRAMMING	(ii)	0	0	0	0	0	0	0
								_
								_
							Schedule	J (Form 990) 2018

Schedule J (Form 990) 2018 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

Schedule J (Form 990) 2018

efil	e GRAPHIC pr	rint - DO NOT PI	ROCESS	As Filed Data -		DLN	: 93493113018450
	EDULE M			loncash Contri	hutions		OMB No 1545-0047
(For	m 990)		17	ioncasn contri	Dutions		2010
		▶Complete if the	organizati	ons answered "Yes" on F	orm 990, Part IV, lines 2	9 or 30.	2018
		► Attach to Form	990.				
	tment of the Treasury	▶Go to <u>www.irs.</u>	gov/Form9	90 for the latest informa	tion.		Open to Public
	al Revenue Service e of the organizat	l l				Employer ider	Inspection ntification number
	EARD MUSEUM	.1011				Employer idei	itilication number
						86-0107517	
Pa	rt I Types	of Property	1		T	1	
			(a)	(b) Number of contributions or	(c) Noncash contribution	Motho	(d) od of determining
			applicable	items contributed	amounts reported on		contribution amounts
					Form 990, Part VIII, line		
1	Art—Works of art	+	X	13	1g	EXPLANATION	-I INF 33
	Art—Historical tre					EXI E (IVXIII)	
3	Art—Fractional in	nterests					
4	Books and public		Х			EXPLANATION	-LINE 33
5	Clothing and hou						
6	goods Cars and other v	ehicles					
7	Boats and planes					1	
8	Intellectual prope	•					
9	Securities—Public	•	X	4	179,652	2 FMV	
	Securities—Close	•				-	
11	Securities—Partr or trust interest	1 '					
12	Securities—Misce	ellaneous					
13	Qualified conserve contribution—Hi						
	structures .					-	
14	Qualified conserve contribution—Of						
15	Real estate—Res	sidential .					
16	Real estate—Cor	mmercial					
17	Real estate—Oth				60.70		
18 19	Collectibles . Food inventory		X	21	69,/3	FMV PER DON	<u>OR</u>
20	Drugs and medic						
21	Taxidermy .	• •					
22	Historical artifact	ts					
	Scientific specim						
	Archeological art	ifacts				<u> </u>	
	Other ► (RED FOOD)		X	/	70,000		
	Other►(D DONATION)		Х	1	20,000) FMV	
27	Other ▶ ()	<u> </u>				
28	Other • ()	<u> </u>				
29				tion during the tax year for 3, Part IV, Donee Acknowled		29	1
	_	•			-		Yes No
30a	must hold for at	least three years f	rom the date	contribution any property of the initial contribution, a			
	purposes for the	e entire holding peri	od?				30a No
Ь	If "Yes," describ	e the arrangement	ın Part II				
31	Does the organi	zation have a gift a	cceptance p	olicy that requires the review	v of any nonstandard contri	butions?	31 Yes
32a	Does the organi contributions?		nird parties o	or related organizations to s	olicit, process, or sell nonca	sh	32a Yes
b	If "Yes," describ	e ın Part II					
33	_	•	n amount in	column (c) for a type of pro	perty for which column (a)	ıs checked,	
	describe in Part						
For D	anorwork Doductie	on Act Notice, see th	e Instruction	s for Form 900	Cat No. 512271	Scho	edule M (Form 990) (2018)

Schedule M (Form 990) (2018)	Page 2
	ion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part imber of contributions, the number of items received, or a combination of both. Also complete
Return Reference	Explanation
PART I, COLUMN (B)	COLUMN B INCLUDES THE NUMBER OF CONTRIBUTIONS
PART I, LINE 32B	A BROKER IS USED FOR LIQUIDATION OF SECURITIES
,	DURING THE YEAR, THE ORGANIZATION RECEIVED \$1,035,286 OF WORKS OF ART, DONATED TO ITS COLLECTION DURING THE YEAR ENDED SEPTEMBER 30, 2019 IN CONFORMITY WITH THE PRACTICE FOLLOWED BY MANY MUSEUMS, OBJECTS CONTRIBUTED TO THE ORGANIZATION ARE NOT INCLUDED AS REVENUE OR EXPENSE ON FORM 990, PARTS VIII OR IV
	Schedule M (Form 990) (2018)

effie GRAPF	iic print	- DO NOT PROCESS AS FIRED Data -		DLN:	93493113018450
SCHEDUL (Form 990 or EZ)	r 990-	Supplemental Information to Fo Complete to provide information for responses Form 990 or 990-EZ or to provide any add ▶ Attach to Form 990 or 991 ▶ Go to <u>www.irs.gov/Form990</u> for the la	to specific questi litional informatio 0-EZ.	ons on n.	OMB No 1545-0047 2018 Open to Public Inspection
Name l 8ዩ the ነ ዕት THE HEARD MUSE				Employer identi 86-0107517	fication number
990 Schedul	e O, Sup	plemental Information			
Return Reference		Explanatio	n		
FORM 990, PART III, LINE 4A	NIZED IN ONAL PI IAN ART T-PERSO ITIONAL ERICAN CTIVE A PLISHES 40,000 F OTHERS , AND/OI , SUPPO MORE, A OF THE IGNINGS	TS FOUNDING IN 1929, THE HEARD MUSEUM HAS GROWNTERNATIONALLY FOR THE QUALITY OF ITS COLLECTIOR ROGRAMMING AND ITS UNMATCHED FESTIVALS DEDICATION OF THE STORIES ON PERSPECTIVE, AS WELL AS EXHIBITIONS THAT SHOWN AND CONTEMPORARY ART THE HEARD MUSEUM SETS INDIAN ARTISTS AND TRIBAL COMMUNITIES TO PROVID BOUT THE ART OF NATIVE PEOPLE, ESPECIALLY THOSE ITS MISSION BY ORGANIZING EXHIBITS THAT SHOWCAINE ARTWORKS AND CULTURAL ARTIFACTS IN ITS PERIOR, HOLDING SPECIAL EVENTS THAT HIGHLIGHT ONE OR RHISTORY, HOSTING APPROXIMATELY 8,500 SCHOOL CORTING THE CAREERS OF AMERICAN INDIAN ARTISTS IN ABOUTIQUE BOOKSTORE AND GIFT SHOP, OFFERING IN MUSEUM'S CAFE AND COFFEE CANTINA, AND OFFERING AND PRESENTATIONS BY EXPERTS IN ART, HISTORY, AS AND FRESENTATIONS BY EXPERTS IN ART, HISTORY, AS AND FIRM AND OFFER ING.	NS, WORLD-CLAS ATED TO THE ADV OF AMERICAN IN WCASE THE BEAU STHE STANDARD DE VISITORS WITH E FROM THE SOUT ASE BOTH ITS COU MORE ASPECTS (CHILDREN TOURIN I THE HEARD MUS NDIGENOUS INGRI G PROGRAMMING	IS EXHIBITIONS, E VANCEMENT OF A DIAN PEOPLE FR ITY AND VITALITY FOR COLLABORA A DISTINCTIVE F ITH WEST THE HE. LLECTION OF MO DE NATIVE ART, C IG THE MUSEUM I EUM SHOPS AND EUM SHOPS AND EUM SHOPS AND SUCH AS LECTU	EDUCATI MERICAN IND OM A FIRS OF TRAD ITING WITH AM ERSPE ARD ACCOM RE THAN CULTURES EACH YEAR D BOOKS & THE MENU RES, BOOK S

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE BOARD OFFICERS, THE IMMEDIATE PAST BOARD CHAIR, IF STILL A TRUSTEE, AND THE COMMITTEE CHAIR OF EACH STANDING COMMITTEE OTHER THAN THE A UDIT COMMITTEE WHENEVER, IN THE JUDGMENT OF THE BOARD CHAIR, BOARD ACTION IS NECESSARY OR APPROPRIATE AND IT IS NOT PRACTICAL TO CALL A SPECIAL MEETING OF THE BOARD, THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL THE AUTHORITY OF THE BOARD, EXCEPT THAT THE EXE CUTIVE COMMITTEE SHALL NOT HAVE AUTHORITY TO (I) APPOINT OR REMOVE THE DIRECTOR, (II) ELE CT OR REMOVE TRUSTEES, (III) AMEND THE BYLAWS, (IV) SELL, LEASE OR OTHERWISE DISPOSE OF RE AL OR PERSONAL PROPERTY WITH A VALUE IN EXCESS OF \$1,000,000, OR (V) INCUR ANY DEBT OR OTH ER OBLIGATION OR LIABILITY IN EXCESS OF \$500,000

Return Explanation
Reference

FORM 990,	MEMBERSHIP IN THE HEARD MUSEUM SHALL BE OPEN TO ALL PERSONS UPON PAYMENT OF SUCH DUES AS T
PART VI,	HE BOARD OF TRUSTEES MAY FROM TIME TO TIME ESTABLISH
SECTION A,	
LINE 6	

Return Explanation
Reference

FORM 990,	THERE IS A SUPPORT ORGANIZATION WITHIN THE HEARD MUSEUM, THE HEARD MUSEUM GUILD, THAT ELEC
PART VI,	TS ITS OFFICERS THE PRESIDENT OF THE GUILD IS DESIGNATED AS A TRUSTEE OF THE MUSEUM PER T
SECTION A,	HE GOVERNING DOCUMENTS THE PRESIDENT OF THE GUILD IS THE ONLY MEMBER OF THE MUSEUM BOARD
LINE 7A	THAT IS NOT ELECTED BY THE TRUSTEES OF THE MUSEUM

Return Explanation

LINE 11B

FORM 990, THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND REVIEWED BY THE CFO, COO AND DI PART VI, RECTOR/CEO, WITH A FINAL REVIEW BY THE AUDIT COMMITTEE AND DISTRIBUTION TO THE BOARD OF TR SECTION B. USTEES BEFORE FILING WITH THE IRS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE AND NATURE OF HIS OR HER FINANCIAL INTEREST TO THE TRUSTEES AND ME MBERS OF COMMITTEES WITH BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR AR RANGEMENT AFTER DISCLOSURE OF THE FINANCIAL INTEREST, THE INTERESTED PERSON SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE FINANCIAL INTEREST IS DISCUSSED AND VOTED UPON THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS IN A NY CASE WHERE THE HEARD ENTERS INTO A TRANSACTION IN WHICH A TRUSTEE IS AN INTERESTED PART Y, THE TRUSTEE SHALL NOT PARTICIPATE IN ANY DECISIONS CONCERNING THE SOURCE OF THE CONFLIC THIS PROVISION SHALL ALSO APPLY IN ANY CASE WHERE A FAMILY MEMBER OF A TRUSTEE IS EMPLO YED BY OR IS A CONTRACTOR TO THE MUSEUM AND SHALL INCLUDE ANY DISCUSSIONS OR DECISIONS RELATED TO EMPLOYMENT OR OTHER ASSOCIATION, PERFORMANCE EVALUATION OR COMPENSATION OF A FAMIL Y MEMBER EACH TRUSTEE AND MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS SHALL ANNUALL Y SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON (A) HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, (B) HAS READ AND UNDERSTANDS THE POLICY, (C) HAS AGREED TO COMPLY WITH THE POLICY, AND(D) UNDERSTANDS THAT THE HEARD IS A TAX-EXEMPT ORGANIZATION AND THAT IN ORD ER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCO MPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES THE MINUTES OF THE BOARD AND ALL COMMITTEES WITH BOARD DELEGATED POWERS SHALL CONTAIN A RECORD OF ANY VOTES TAKEN IN CONNECTION THERE WITH

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE SEARCH AND EXECUTIVE COMMITTEES OF THE BOARD OF TRUSTEES REVIEWED THE SALARY OF THE DI RECTOR/CEO PRIOR TO EMPLOYMENT INITIATIONS EXECUTIVE COMPENSATION WAS REVIEWED AGAINST THE MOST RECENT AMERICAN ALLIANCE OF MUSEUMS NATIONAL MUSEUM SALARY SURVEY REPORT AND AGAINS T COMPENSATION OF OTHER NON-PROFIT ORGANIZATIONS THE DIRECTOR/CEO'S SALARY REMAINED UNCHAINGED THROUGH THE FISCAL YEAR ENDED SEPTEMBER 30, 2019 A REVIEW WAS PERFORMED PRIOR TO THE END OF THE FISCAL YEAR ENDED SEPTEMBER 30, 2019 TO DETERMINE COMPENSATION FOR THE UPCOMIN G FISCAL YEAR THE DIRECTOR/CEO REVIEWS SALARY OF KEY EMPLOYEES ANNUALLY INCLUDING A COMPARISON OF THE COMPENSATION OF OTHER LOCAL NOT-FOR-PROFIT ORGANIZATIONS THE PROCESS WAS LAS T REVIEWED IN 2019

Return Explanation

FORM 990, PART VI, SECTION C, LINE 19

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. CHANGE IN GIFT ANNUITY -6.671 PART XI.

LINE 9

Return Explanation
Reference

FORM 990,	THERE HAS BEEN NO CHANGE IN EITHER THE OVERSIGHT PROCESS OR THE SELECTION PROCESS DURING THE TAX
PART XII,	YEAR
PG 12, LINE	ļ ,
2C	l l

efile GRAPHIC print - DC	NOT PROCESS	As Filed Data -										DLN: 93493	113018	3450						
SCHEDULE R (Form 990)	rganizations and Unrelated Partnerships zation answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. irs.gov/Form990 for instructions and the latest information.										1545-004 18 • Public									
Department of the Treasury Internal Revenue Service		7 Go to <u>1711 1</u>	sigot)	101	moti actio	no una circ	i ideese iiii o	······································					ection							
THE HEARD MUSEUM											Employer identification number									
													86-0107517							
Part I Identification	of Disregarded E	ntities Complete if	he organ	ization answ	ered "Yes	" on Form	990, Part	IV, line 3	3.											
Name, address, and	(a) EIN (If applicable) of disri	egarded entity		(b) Primary a			c) ncile (state n country)	(d) Total inc	ome	(e) End-of-year as	ssets	(f Direct co ent	ntrolling							
Part II Identification of related tax-exen	of Related Tax-Ex opt organizations di		s Comple	ete if the org	anızatıon	answered	"Yes" on F	orm 990,	Part I\	/, line 34 be	cause	ıt had one or	more							
Name, address, an	(a) d EIN of related organızatı	ion	Prim	(b) ary activity	Legal dom	c) nicile (state n country)	(d) Exempt Cod		Public cl	(e) narity status n 501(c)(3))	Dir	(f) rect controlling entity	Section (13) cor enti	512(b) ntrolled						
For Paperwork Reduction Ac	t Notice, see the Inc	structions for Form 9	90.		Ca	at No 5013	 				Sche	edule R (Form	990) 20	18						

Part III Identification of Related Org one or more related organization	mis treated as a partifership														
(a) Name, address, and E related organizatio	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predom Income(r unrela excluded tax un sections	ninant related, ated, d from nder 5 512-	(f) Share o total incoi	f Share of me end-of-year assets	(H Dispropi alloca	rtionate	(i) Code V amount i 20 c Schedul (Form 1	-UBI in box of e K-1	(j Gener mana partr	al or ging	(k) Percentage ownership	
					514	+)			Yes	No			Yes	No	
													\neg	-	
Part IV Identification of Related Orgobecause it had one or more related to the company of the c							ation an	swered "Yes	s" on Fo	orm 9	90, Par	t IV,	line .	34	
Part IV Identification of Related Org because it had one or more rela- (a) Name, address, and EIN of related organization		s a corporation	c) egal nicile or foreign	st during th		Type o	e)	swered "Yes (f) Share of total Income	Share	(g) of end-ovear	of-	t IV, (h) Percent) tage	Se (1	(I) ction 512(le 3) controlle entity?
because it had one or more rela (a) Name, address, and EIN of	ated organizations treated as (b)	s a corporation (on or tru (c) egal micile	St during th	(d) controlling ntity	Type o	e) of entity , S corp,	(f) Share of total	Share) as	(g) of end-o	of-	(h) Percen) tage ship	Se (1	3) controlle
because it had one or more related (a) Name, address, and EIN of related organization (1)HEARD FAMILY ENDOWMENT TRUST JP MORGAN CHASE 270 PARK NEW YORK, NY 10017	ated organizations treated a: (b) Primary activity	s a corporation (on or tru (c) egal micile or foreign intry)	St during th	e tax ye (d) controlling ntity	Type o	e) of entity , S corp,	(f) Share of total Income	Share) as	(g) of end-o rear ssets	of-	(h) Percent owners) tage ship	Se (1	3) controlle entity? 'es No
because it had one or more rela (a) Name, address, and EIN of related organization	ated organizations treated a: (b) Primary activity	s a corporation (on or tru (c) egal micile or foreign intry)	St during th	(d) controlling ntity	Type o	e) of entity , S corp,	(f) Share of total Income	Share) as	(g) of end-o rear ssets	of-	(h) Percent owners) tage ship	Se (1	3) controlle entity? 'es No
because it had one or more related (a) Name, address, and EIN of related organization (1)HEARD FAMILY ENDOWMENT TRUST JP MORGAN CHASE 270 PARK NEW YORK, NY 10017	ated organizations treated a: (b) Primary activity	s a corporation (on or tru (c) egal micile or foreign intry)	St during th	(d) controlling ntity	Type o	e) of entity , S corp,	(f) Share of total Income	Share) as	(g) of end-o rear ssets	of-	(h) Percent owners) tage ship	Se (1	3) controlle entity? 'es No
because it had one or more related (a) Name, address, and EIN of related organization (1)HEARD FAMILY ENDOWMENT TRUST JP MORGAN CHASE 270 PARK NEW YORK, NY 10017	ated organizations treated a: (b) Primary activity	s a corporation (on or tru (c) egal micile or foreign intry)	St during th	(d) controlling ntity	Type o	e) of entity , S corp,	(f) Share of total Income	Share) as	(g) of end-o rear ssets	of-	(h) Percent owners) tage ship	Se (1	3) controlle entity? 'es No
because it had one or more related (a) Name, address, and EIN of related organization (1)HEARD FAMILY ENDOWMENT TRUST JP MORGAN CHASE 270 PARK NEW YORK, NY 10017	ated organizations treated a: (b) Primary activity	s a corporation (on or tru (c) egal micile or foreign intry)	St during th	(d) controlling ntity	Type o	e) of entity , S corp,	(f) Share of total Income	Share) as	(g) of end-o rear ssets	of-	(h) Percent owners) tage ship	Se (1	3) controlle entity? 'es No
because it had one or more related (a) Name, address, and EIN of related organization (1)HEARD FAMILY ENDOWMENT TRUST JP MORGAN CHASE 270 PARK NEW YORK, NY 10017	ated organizations treated a: (b) Primary activity	s a corporation (on or tru (c) egal micile or foreign intry)	St during th	(d) controlling ntity	Type o	e) of entity , S corp,	(f) Share of total Income	Share) as	(g) of end-o rear ssets	of-	(h) Percent owners) tage ship	Se (1	3) controlle entity? 'es No

Schedule R (Form 990) 2018		P	age 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 3	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?	Γ		†
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity		.a	No
b Gift, grant, or capital contribution to related organization(s)		.b	No
c Gift, grant, or capital contribution from related organization(s)		.c Yes	
d Loans or loan guarantees to or for related organization(s)		.d	No
e Loans or loan guarantees by related organization(s)		.e	No
f Dividends from related organization(s)	1	Lf	No
g Sale of assets to related organization(s)	1	.g	No
h Purchase of assets from related organization(s)	1	.h	No
i Exchange of assets with related organization(s)	:	Lī	No
j Lease of facilities, equipment, or other assets to related organization(s)	-	lj	No
k Lease of facilities, equipment, or other assets from related organization(s)	.	.k	No
l Performance of services or membership or fundraising solicitations for related organization(s)		LT	No
m Performance of services or membership or fundraising solicitations by related organization(s)	. 1	.m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		Ln	No
o Sharing of paid employees with related organization(s)		.о	No
p Reimbursement paid to related organization(s) for expenses		.p	No
q Reimbursement paid by related organization(s) for expenses		.q	No
r Other transfer of cash or property to related organization(s)		lr	No
${f s}$ Other transfer of cash or property from related organization(s)	[1	.s	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transact	ion thresholds		
(a) Name of related organization (b) Transaction Transaction type (a-c)	(d) Method of determining amou	nt involve	d

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	section 501(c)(3) organizations?		Are all partners section 501(c)(3) organizations?		Are all partners		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership	
			514)	Yes	No			Yes	No		Yes	No						
													_					
									•	Schedul	e R (Form	1 99	0) 2018					

