Tucson Museum of Art and Historic Block, Inc.

IRS Form 990, Return of Organization Exempt from Income Tax IRS Form 990-T, Exempt Organization Business Income Tax Return For the Year Ended June 30, 2017

TUCSON MUSEUM OF ART AND HISTORIC BLOCK, INC.

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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30, 2017 Open to Public Inspection

OMB No. 1545-0047

В	Check if applicable:	C Name of organization		D Employer identific	cation number		
_	Address	TOCSON MUSEUM OF ART AND HISTORIC BLOCK					
F	change	AND HISTORIC BLOCK INC		0.5.500	5274		
F	Name change Initial	Doing business as	In ()	86-6006			
F	return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
L	return/ termin-	140 NORTH MAIN AVENUE		520-624			
_	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,371,781.		
F	Amende return	TUCSON, AZ 85701		H(a) Is this a group re			
	Applica- tion pending			for subordinates?Yes X No			
_		SAME AS C ABOVE		H(b) Are all subordinates in			
		mpt status:	or 527	-	list. (see instructions)		
		e: WWW.TUCSONMUSEUMOFART.ORG organization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	State of legal domicile: AZ		
		organization: X Corporation Trust Association Other Summary	L Year	of formation. 1975 N	State of legal doffliche, AZ		
	1545HCHCHC14544		משוחווד ה				
Se	1 E	riefly describe the organization's mission or most significant activities:	Jacoban.		1		
Activities & Governance	0 -	No all this have the supervisation discontinued its encycling or disco	and of mar	than OEO/ of its not as	nosto.		
Veri	2 (Check this box if the organization discontinued its operations or dispositive the discontinued its operations.			27		
Ĝ	3 1	lumber of voting members of the governing body (Part VI, line 1a)			27		
∞	4 N	lumber of independent voting members of the governing body (Part VI, line 1b)			64		
ties	5 T	otal number of individuals employed in calendar year 2016 (Part V, line 2a)			600		
ξį	6 7	otal number of volunteers (estimate if necessary)			18,810.		
Ac	/a i	otal unrelated business revenue from Part VIII, column (C), line 12			-21,452.		
_	D I	let unrelated business taxable income from Form 990-T, line 34		Prior Year	Current Year		
		Contributions and grants (Part VIII, line 1h)		1,250,456.	2,947,364.		
Revenue	8 C			225,694.	203,521.		
Ver	10	[HE TRUE NOTE NOTE IN THE CONTROL OF SECURITIES IN THE SECURITIES AND THE SECURITIES IN THE SECURITIES IN THE		93,325.	73,290.		
Re	10 1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		678,187.	683,870.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,247,662.	3,908,045.		
_		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.			
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		1,467,778.	1,498,901.		
Expenses	15 5	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
en	loa r		,395.				
X	47		- LENGAGE	1,154,421.	1,404,385.		
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,622,199.	2,903,286.		
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-374,537.	1,004,759.		
-5	19 F	Revenue less expenses. Subtract line 18 from line 12		eginning of Current Year	End of Year		
sets or		Tatal assets (Dart V. line 16)	, D	6,839,081.	7,713,294.		
ASSE	20 1	otal assets (Part X, line 16) otal liabilities (Part X, line 26)		582,482.	337,173.		
Net As	21 7	Net assets or fund balances. Subtract line 21 from line 20		6,256,599. 7,376,12			
	Part II	Signature Block		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,		
		ties of perjury, I declare that I have examined this return, including accompanying schedu	les and staten	nents, and to the best of m	v knowledge and belief, it is		
		and complete. Declaration of preparer (other than officer) is based on all information of v			,,		
	(, and somposition of property		2/11	112		
Si	an T	Signature of officer		Date	1.		
	ere	JEREMY MIKO AUCEAK, CHIEF EXECUTIVE OFFICER					
110		Type or print name and title					
-		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Pa	id k	05/05/18 if self-employ	P01777649				
	1.0	Firm's name HEINFELD, MEECH, & CO, P.C.		Firm's EIN	86-0558065		
		Firm's address 10120 N. ORACLE RD					
	- 1	TUCSON, AZ 85704		Phone no.520	7422611		
M	ay the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No		
-	Contract of the Contract of th						

1,856,430.

including grants of \$

) (Revenue \$

Total program service expenses

Form 990 (2016) AND HISTORIC BLOCK Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		х
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		Х
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		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8	Х	
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		х
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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
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	х	
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		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
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		х
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		х
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	17		Х
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	Х	
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	Х	

Form **990** (2016)

Form 990 (2016) AND HISTORIC BLOCK INC Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	21		Х
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		Х
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		Х
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		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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		Х
D	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	054		x
06	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	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		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
	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? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
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		х
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		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	l

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 15 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Х 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Х b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х Х **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Х **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Х c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Х Х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?... h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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 the year? Sponsoring organizations maintaining donor advised funds. a 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? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand Х 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O ...

Form 990 (2016) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				Х				
Sec	tion 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	1a 2	7						
	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	Enter the number of voting members included in line 1a, above, who are independent	1b 2	7						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?								
3	B 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?		3		х				
4	Did the organization make any significant changes to its governing documents since the prior Form		4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?	5		Х				
6	Did the organization have members or stockholders?		6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a								
	more members of the governing body?		7a		х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,								
	persons other than the governing body?		7b		х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
а	The governing body?		8a	х					
b	Each committee with authority to act on behalf of the governing body?		8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F								
				Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a	Х					
	If "Yes," did the organization have written policies and procedures governing the activities of such								
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	х					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo		11a	Х					
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	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe							
	in Schedule O how this was done		12c	Х					
13	Did the organization have a written whistleblower policy?		13	Х					
14	Did the organization have a written document retention and destruction policy?		14	Х					
15	Did the process for determining compensation of the following persons include a review and approve	al by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?							
а	The organization's CEO, Executive Director, or top management official		15a	Х					
	Other officers or key employees of the organization		15b	Х					
	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 arrange	ement with a							
	taxable entity during the year?		16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization's							
	exempt status with respect to such arrangements?		16b						
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ►AZ								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	T (Section 501(c)(3)s only)	availal	ole					
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website X Another's website X Upon request Other (explain	n in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, c	onflict of interest policy, ar	nd finar	ncial					
	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 b	ooks and records:							
	CHRISTOPHER GORDON, CHIEF FINANCIAL OFFICER - 520-624-2333								
	140 NORTH MAIN AVENUE, TUCSON, AZ 85701								

AND HISTORIC BLOCK INC

Form 990 (2016) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

		1 1
Check if Schedule O contains a response or note to any line	a in thic Part \/II	1 1
Officer if deficiency of contains a response of fide to any line	ic iii tiiis i ait vii	

<u> Page</u> **7**

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organiza (A)	(B)		(C)		(D)	(E)	(F)			
Name and Title	Average	(do		Pos heck		than	one	Reportable	Reportable compensation from related	Estimated
	hours per week	box	, unle cer an	ss pe ıd a d	rson irecto	is bot or/trus	h an tee)	compensation from		amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) AMY J. ADAMS	2.00	트	느	6	<u>~</u>	王ə	3			
TRUSTEE	2.00	x						0.	0.	0.
(2) LARRY ADAMSON	2.00									-
TRUSTEE	-	х						0.	0.	0.
(3) ANDY ANDERSON	2.00							-	<u> </u>	-
TRUSTEE EMERITUS		х						0.	0.	0.
(4) JOYCE ANICKER	2.00									
TRUSTEE EMERITUS		х						0.	0.	0.
(5) ALICE BAKER	2.00									
TRUSTEE EMERITUS		х						0.	0.	0.
(6) JOYCE BROAN	2.00									
TRUSTEE		Х						0.	0.	0.
(7) MARY JO BROWN	2.00									
SECRETARY		Х		Х				0.	0.	0.
(8) MICHAEL BYLSMA	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(9) JEAN COOPER	2.00									
TRUSTEE		Х						0.	0.	0.
(10) CAROL DETERS	2.00							_	_	_
TRUSTEE EX-OFFICIO		Х						0.	0.	0.
(11) JEFFREY GARTNER	2.00									
TRUSTEE EX-OFFICIO	2.00	Х						0.	0.	0.
(12) MOIRA GEOFFRION TRUSTEE EX-OFFICIO	2.00	x						0.	0.	0
(13) JAMES GLASSER	2.00	^						0.	0.	0.
TRUSTEE EMERITUS	2.00	x						0.	0.	0.
(14) JOHN GOODMAN	2.00							0.	· ·	••
TRUSTEE EMERITUS	2,00	x						0.	0.	0.
(15) FRANK HAMILTON	2.00								- •	
VICE PRESIDENT		х		x				0.	0.	0.
(16) MICHAEL HANSON	2.00									
IMMEDIATE PAST PRESIDENT		х						0.	0.	0.
(17) JOAN JACOBSON	2.00									
TRUSTEE		х	1	I		I		0.	0.	0.

Form **990** (2016) 632007 11-11-16

0.

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1

16,536.

16,536.

TUCSON MUSEUM OF ART AND HISTORIC BLOCK AND HISTORIC BLOCK INC Form 990 (2016) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (F) (D) (E) Position Name and title Average Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC) from the related nstitutional trustee (W-2/1099-MISC) organization organizations (ey employee and related below organizations)fficer line) (18) MICHAEL JETTE 2.00 TRIISTER Х 0 0 0. (19) MARILYN JOYCE 2.00 TRUSTEE Х 0. 0 0. (20) MICHAEL KASSER 2.00 TRUSTEE X 0 0 0. (21) STEVE LEAL 2.00 TRUSTEE 0. 0 0. (22) SANDRA MAXFIELD 2.00 TRUSTEE 0. 0. (23) BETSEY J. PARLATO 2.00

0.

0.

0.

0 .

0

0

0

0

0. 0 1b Sub-total 246,887. 0. c Total from continuation sheets to Part VII, Section A 246,887. 0. d Total (add lines 1b and 1c) ... Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable

Х

2.00

2.00

2.00

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

Section B. Independent Contractors

compensation from the organization

TRUSTEE EX-OFFICIO

TRUSTEE EX-OFFICIO

TRUSTEE EMERITUS

(25) STEVEN B. RATOFF

(26) DR. JOHN SCHAEFER

(24) JUDY PEASE

TREASURER

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

(A) Name and business address NONE	(B) Description of services	(C) Compensation

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

Form 990 AND HISTORIC BLOCK INC 86-6006371

Part VIII Section A Officers Directors Tr						Ji a b		Componented Empley	86-60063/	1
Part VII Section A. Officers, Directors, Tru	Istees, Key Er	npic	byee	s, a	na r	nign	est			(E)
(A)	(B)				C) ition			(D)	(E)	(F)
Name and title	Average	/ (5 A	Reportable	Reportable	Estimated
	hours	(CI	necr	all	that	app	iy)	compensation from	compensation from related	amount of other
	per week					au		the	organizations	compensation
		ъ				oloye		organization	(W-2/1099-MISC)	from the
	(list any hours for	lirect				l em l		(W-2/1099-MISC)	(88-2/1099-181130)	organization
	related	e or 0	tee			satec		(88-2/1099-181130)		and related
	organizations	ruste	l frus		ee Ge	npeu				organizations
	below	dualt	tiona	١.	oldu	st col				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ANNE Y. SNODGRASS	2.00					┢				
TRUSTEE		х						0.	0.	0
(28) JEREMY MIKOLAJCZAK	40.00									
EXECUTIVE DIRECTOR AND CHI		1		х				112,500.	0.	4,458
(29) ALAN HERSHOWITZ	40.00									
CHIEF OPERATING OFFICER		L	L	х		L		65,750.	0.	8,964
(30) ALBA ROJAS-SUKKAR	40.00									
CHIEF DEVELOPMENT OFFICER				х				68,637.	0.	3,114
		\vdash	_			_				
		1								
		1								
		<u> </u>	_							
Total to Part VII, Section A, line 1c								246,887.		16,536
Total to Falt VII, Occitor A, IIIIc TC								1 210,007.		10,550

Page 9

Form 990 (2016) AND HISTORI
Part VIII Statement of Revenue

		Check if Schedule O contains a response	onse or	note to any line	e in this Part VIII	/B) †		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns 1a	а					
ou	b	Membership dues1k	b	228,924.				
S, (С	Fundraising events1	С	53,000.				
<u> </u>	d	Related organizations1	d					
ini,	е	Government grants (contributions)	е					
들	f	All other contributions, gifts, grants, and						
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included above	f	2,665,440.				
g	g	Noncash contributions included in lines 1a-1f: \$		134,027.				
ਰੋਂ ਹੋ	h	Total. Add lines 1a-1f	······		2,947,364.			
			-	usiness Code				
<u>8</u>	2 a	MUSEUM ADMISSIONS	⊢	900099	129,330.	129,330.		
Program Service Revenue	b	TUITION & EDUCATION	— ⊢	611600	73,871.	73,871.		
رة ا	С	EXHIBITIONS		900099	320.	320.		
Re	d							
Š	е							
_		All other program service revenue			203,521.			
		Total. Add lines 2a-2f Investment income (including dividends,			203,321.			
	3	,		´	73,290.			73,290
	4	other similar amounts) Income from investment of tax-exempt be			73,230.			73,230
	5	Royalties	•	· · · ·				
	3	(i) Rea		(ii) Personal				
	6 a	Gross rents 157,		(ii) i crocriai				
		Less: rental expenses	0.					
		Rental income or (loss) 157,	439.					
		Net rental income or (loss)			157,439.			157,439.
		Gross amount from sales of (i) Securi		(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)	·····	▶				
Other Revenue	8 a	Gross income from fundraising events (no including \$ 53,000. of	ot					
Be		contributions reported on line 1c). See						
je		Part IV, line 18		629,550.				
ð		Less: direct expenses		218,658.	410 000			410 000
		Net income or (loss) from fundraising eve			410,892.			410,892
	9 a	Gross income from gaming activities. See		137 000				
		Part IV, line 19	a	137,898.				
		Less: direct expenses			3,992.			3,992.
		Net income or (loss) from gaming activities Gross sales of inventory, less returns	-s	······ •	5,552.			3,332.
	io a	and allowances	а	199,688.				
	h	Less: cost of goods sold		111,172.				
		Net income or (loss) from sales of invento			88,516.	88,516.		
		Miscellaneous Revenue		usiness Code	,	,==3.		
Ì	11 a	FACILITY RENTALS		900099	18,810.		18,810.	
	b		— -		,		,	
	c							
	d	All other revenue		900099	4,221.	4,221.		
	е	Total. Add lines 11a-11d			23,031.			
	12	Total revenue. See instructions.			3,908,045.	296,258.	18,810.	645,613.

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Part IX Statement of Functional Expenses

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

	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons		•		
	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) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	314,893.	78,319.	119,618.	116,956.
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	935,879.	778,907.	66,436.	90,536.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	16,663.	12,061.	1,908.	2,694.
9	Other employee benefits	117,225.	71,287.	15,391.	30,547.
10	Payroll taxes	114,241.	81,893.	15,611.	16,737.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
	Accounting	19,539.		19,539.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	115 160	00 000	12 701	01 140
	column (A) amount, list line 11g expenses on Sch O.)	115,168.	80,298.	13,721.	21,149.
12	Advertising and promotion	102,109.	69,152.	2,979.	29,978.
13	Office expenses	202,012.	122,538.	46,169.	33,305.
14	Information technology	39,260. 1,995.	3,739. 1,995.	28,209.	7,312.
15	Royalties	311,004.	236,139.	74,865.	
16	Occupancy	20,869.	9,294.	4,336.	7,239.
17	Travel	20,009.	9,294.	4,550.	7,239.
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials Conferences, conventions, and meetings	7,854.	3,358.	1,994.	2,502.
19 20	· · · · · · · · · · · · · · · · · · ·	3,877.	3,877.	2,2521	2,302.
21	Payments to affiliates	3,077.	3,077.		
22	Depreciation, depletion, and amortization	199,572.	148,329.	51,243.	
23		32,659.	25,614.	7,045.	
24	Other expenses. Itemize expenses not covered			, , , , , ,	
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	EQUIPMENT	83,015.	60,125.	22,798.	92.
b	COLLECTION PURCHASES	39,259.	39,259.	,	
c	LECTURERS & PERFORMERS	16,420.	13,395.	25.	3,000.
d		,			•
e	All other expenses	209,773.	16,851.	12,574.	180,348.
25	Total functional expenses. Add lines 1 through 24e	2,903,286.	1,856,430.	504,461.	542,395.
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)				F 000 (2010)

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

AND HISTORIC BLOCK INC 86-6006371 Form 990 (2016) Page **11** Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,674,295. Cash - non-interest-bearing 1 1,584,218. Savings and temporary cash investments 2 Pledges and grants receivable, net 161,402. 3 963,576. 4 Accounts receivable, net 4 **5** Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 6 Notes and loans receivable, net 7 15,254, 27,527. Inventories for sale or use 8 27,495. 33,817. Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 9,205,400. basis. Complete Part VI of Schedule D ______ 10a b Less: accumulated depreciation 10b 5,845,612. 3,359,788. 3,411,508. 10c 11 Investments - publicly traded securities _____ 1,524,126. 11 1,711,167. Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 23,700. 15,500. 14 Intangible assets 14 9,501. 9,501. 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) ... 6,839,081. 16 7,713,294. 149,292. 116,749. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 233,190. 220,424. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, _iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 200,000. 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 337,173. 582,482. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 2,303,305. 2,566,653. Unrestricted net assets 27 27 Temporarily restricted net assets 475,836. 1,333,633. 28 3,477,458. 3,475,835. 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund

> 7,713,294. Form 990 (2016)

7,376,121.

32

33

34

6,256,599.

6,839,081.

32

33

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,045. ,286.			
2	Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses. Subtract line 2 from line 1	3			,759.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6	,256	,599.			
5	Net unrealized gains (losses) on investments	5		114	,764.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	7	,376,	,122.			
Pa	rt XII Financial Statements and Reporting				_			
	Check if Schedule O contains a response or note to any line in this Part XII				Ш			
				Yes	No			
1	Accounting method used to prepare the Form 990:							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat							
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit						
	Act and OMB Circular A-133?		За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits							

Form **990** (2016)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Total

Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. TUCSON MUSEUM OF ART AND HISTORIC BLOCK

Employer identification number

AND HISTORIC BLOCK INC 86-6006371 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2016 AND HISTORIC BLOCK INC

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,755,787.	1,528,508.	1,228,998.	1,250,456.	3,067,665.	8,831,414.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	400,824.	400,824.	400,824.	400,824.	400,824.	2,004,120.
4	Total. Add lines 1 through 3	2,156,611.	1,929,332.	1,629,822.	1,651,280.	3,468,489.	10,835,534.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						10,835,534.
	tion B. Total Support	•	•			•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	2,156,611.	1,929,332.	1,629,822.	1,651,280.	3,468,489.	10,835,534.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	220,365.	225,974.	258,033.	251,645.	230,729.	1,186,746.
9	Net income from unrelated business		·	·		·	
	activities, whether or not the						
	business is regularly carried on	467,083.	252,041.	329,157.	348,802.	319,977.	1,717,060.
10	Other income. Do not include gain		·	·	,		, ,
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						13,739,340.
	Gross receipts from related activities,	etc. (see instruction	ons)	•		12	
	First five years. If the Form 990 is for	· ·		, fourth, or fifth tax	x year as a section	n 501(c)(3)	
	organization, check this box and stor	-					
Sec	ction C. Computation of Publ	ic Support Per	centage				·
14	Public support percentage for 2016 (line 6, column (f) div	/ided by line 11, co	olumn (f))		14	78.87 %
15	Public support percentage from 2015	Schedule A, Part I	I, line 14			15	77.72 %
	33 1/3% support test - 2016. If the					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2015. If the						is box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		>
b	10% -facts-and-circumstances tes						
	more, and if the organization meets tl	ū				•	
	organization meets the "facts-and-circ				-		>
18	Private foundation. If the organization			•			s
	J		,				•

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

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

Sec	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	(a) 2012	(b) 2013	(6) 2014	(u) 2013	(e) 2010	(i) iotai
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4							
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
r	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1	1	1	1	1
	ndar year (or fiscal year beginning in) 🖊	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi:	zation,
							<u></u> ▶□
Se	ction C. Computation of Publi	c Support Pe	rcentage				
15	Public support percentage for 2016 (li	ne 8, column (f) d	livided by line 13,	column (f))		15	%
	Public support percentage from 2015					16	%
Se	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	16 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	2015 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2016. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	e organization qua	lifies as a publicly	supported organiz	ation	
k	33 1/3% support tests - 2015. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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

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

		Yes	No
	1		
	2		
	3a		
	Ja		
	3b		
	3с		
	4a		
	4b		
	4c		
	F-		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Ja		
	9b		
	9с		
	10a		
	10b		
ո 9	90 or 99	90-EZ	2016

TUCSON MUSEUM OF ART AND HISTORIC BLOCK Schedule A (Form 990 or 990-EZ) 2016 AND HISTORIC BLOCK INC 86-6006371 Page 5 Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 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. 11c Section B. Type I Supporting Organizations No Yes 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 organization. 2 Section C. Type II Supporting Organizations Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 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 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1 The organization satisfied the Activities Test, Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. b The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) С 2 Activities Test. Answer (a) and (b) below. No Yes 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

За

trustees of each of the supported organizations? Provide details in Part VI.

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.

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. TUCSON MUSEUM OF ART AND HISTORIC BLOCK

AND HISTORIC BLOCK INC

Employer identification number 86-6006371

Par	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the		
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.			
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	ised funds		
	are the organization's property, subject to the organization's	exclusive legal control?	Yes		
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only		
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	e conferring		
	impermissible private benefit?				
Par			Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).			
	Preservation of land for public use (e.g., recreation or	education) Preservation of a his	torically important land area		
	Protection of natural habitat Preservation of a certified historic structure				
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form			
	day of the tax year.		Held at the End of the Tax Year		
а	Total number of conservation easements				
b	Total acreage restricted by conservation easements				
С	Number of conservation easements on a certified historic st				
d	Number of conservation easements included in (c) acquired	•			
	listed in the National Register				
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	ne organization during the tax		
	year >				
4	Number of states where property subject to conservation ea				
5	Does the organization have a written policy regarding the pe				
_	violations, and enforcement of the conservation easements				
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cor	nservation easements during the year		
-	Assessment of a supervision in a second to the second to t	allian and alabata and and and and an analysis	and a second and a second and a second		
7	Amount of expenses incurred in monitoring, inspecting, hand	uling of violations, and enforcing conserv	ation easements during the year		
0	Data and appearation assembly variety on line 2(d) sha	us satisfy the requirements of saction 17	O(b)(4)(D)(i)		
8	Does each conservation easement reported on line 2(d) abo				
0	and section 170(h)(4)(B)(ii)?				
9	include, if applicable, the text of the footnote to the organization	•			
		tion's illancial statements that describes	s the organization's accounting for		
Par	conservation easements. rt III Organizations Maintaining Collections o	of Art. Historical Treasures, or C	Other Similar Assets		
- -	Complete if the organization answered "Yes" on Forn	•	7.000.0.		
1a	If the organization elected, as permitted under SFAS 116 (A)		ement and halance sheet works of art		
·u	historical treasures, or other similar assets held for public ex	•			
	the text of the footnote to its financial statements that descri		aries of public service, provide, in real country,		
b	If the organization elected, as permitted under SFAS 116 (Al		nt and balance sheet works of art, historical		
-	treasures, or other similar assets held for public exhibition, e				
	relating to these items:	radiation, or research in farther area of pr	able correct, provide the relieving amounts		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$		
2	If the organization received or held works of art, historical tre				
_	the following amounts required to be reported under SFAS 1		3, p		
а	Revenue included on Form 990, Part VIII, line 1		> \$		
b	Assets included in Form 990, Part X				

	edule D (Form 990) 2016 AND HISTORI	C BLOCK INC			8	36-60063	371	Pa	ge 2
Pai	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Ot	ther Simila	ar Asse	ts (contin	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that are	a significant ι	use of its	collectio	n items	3
	(check all that apply):								
а	Y Public exhibition	d	Loan or excl	hange programs					
b	X Scholarly research	е	Other						
С	X Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further the	he organization's e	exempt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, historical trea	sures, or other sim	ilar assets		_		
	to be sold to raise funds rather than to be ma						Yes		No
Pai	rt IV Escrow and Custodial Arrang		te if the organizatio	n answered "Yes"	on Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermedi	iary for contribution	is or other assets r	not included		_		
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:						
							Amount	:	
С	Beginning balance				1c				
d	Additions during the year								
е	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on Fo				ability?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part	XIII				
Pai	rt V Endowment Funds. Complete if	the organization ans	swered "Yes" on Fo	orm 990, Part IV, lir	ne 10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four	years b	oack
1a	Beginning of year balance	3,785,128.	3,672,280.	2,868,003	3. 2,8	08,309.	2	,795,	916.
b	Contributions		82,225.	820,159	9.	7,411.			
С	Net investment earnings, gains, and losses	187,804.	70,911.	51,502	2. 2	09,080.		158,	023.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	156,296.	40,288.	67,384	1. 1	56,797.		145,	630.
f	Administrative expenses								
g	End of year balance	3,816,636.	3,785,128.	3,672,280	2,8	68,003.	2	,808,	309.
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%						
b	Permanent endowment > 91.07	%							
С	Temporarily restricted endowment	8.93 %							
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held a	nd administered fo	or the organiz	ation			
	by:							Yes	No
	(i) unrelated organizations						3a(i)	Х	
	(ii) related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organizate	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.						
Pai	rt VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part	X, line 10.				
	Description of property	(a) Cost or ot	her (b) Cost	or other (c)	Accumulate	d	(d) Bool	k value)
		basis (investm	nent) basis	1 .	depreciation		=		
1a	Land								
b	Buildings		5	,735,520.	2,956,	790.	2	,778,	730.
	Leasehold improvements			,996,710.	1,589,			406,	
d				,079,387.	971,			107,	
е	Other			393,783.	327,	078.		66,	705.
	I. Add lines 1a through 1e. (Column (d) must ed		X, column (B), line 1	0c.)		▶	3	,359,	788.

Schedule D (Form 990) 2016

86-6006371

Complete if the organization answered "Yes" of			-l -f
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
1) Financial derivatives			
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	•	
Part X Other Liabilities.	,	······································	•
i ait X Other Liabilities.			
	on Form 990. Part IV. line	e 11e or 11f. See Form 990. Part X. line 2	5.
Complete if the organization answered "Yes" of	on Form 990, Part IV, lin		5.
Complete if the organization answered "Yes" of a) Description of liability	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2 (b) Book value	5.
Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line		5.
Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)	on Form 990, Part IV, lin		5.
Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)	on Form 990, Part IV, lin		5.
Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)	on Form 990, Part IV, line		5.
Complete if the organization answered "Yes" of the complete if the complete i	on Form 990, Part IV, line		5.
Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	on Form 990, Part IV, line		5.
Complete if the organization answered "Yes" of the complete if the complet	on Form 990, Part IV, line		5.
Complete if the organization answered "Yes" of the complete if the complete if the organization answered "Yes" of the complete if the complet	on Form 990, Part IV, lin		5.
Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)			5.
Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	25.)	(b) Book value	

Par	TXI Reconciliation of Revenue per Audited Financial		levenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV				
	Total revenue, gains, and other support per audited financial statements	s		1	4,486,545
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
	Net unrealized gains (losses) on investments		114,764.		
	Donated services and use of facilities				
	Recoveries of prior year grants				
	Other (Describe in Part XIII.)	2d		_	444 564
	Add lines 2a through 2d			2e	114,764
	Subtract line 2e from line 1			3	4,371,781
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
	Investment expenses not included on Form 990, Part VIII, line 7b		-463,736.		
	Other (Describe in Part XIII.)				462 726
	Add lines 4a and 4b			4c	-463,736
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line t XII Reconciliation of Expenses per Audited Financial			5 Return	3,908,045
rai	Complete if the organization answered "Yes" on Form 990, Part IV		Lxperises per	netuiii.	
	Total expenses and losses per audited financial statements			1	3,367,023
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			<u> </u>	3,307,023
	Donated services and use of facilities	2a			
	Prior year adjustments Other losses				
	Other losses Other (Describe in Part XIII.)		463,736.		
	Add lines 2a through 2d			2e	463,736
	Subtract line 2e from line 1			3	2,903,287
	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	4a			
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	0
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lir			5	2,903,287
	t XIII Supplemental Information.				, ,
Provid	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b ar	nd 2b; Part V, line	4; Part X, li	ne 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provic				
		·			
PART	III, LINE 1A:				
THE (COLLECTIONS, WHICH WERE ACQUIRED THROUGH PURCHASES AND	CONTRIBUTIONS			
SINC	E THE MUSEUM'S INCEPTION, ARE NOT RECOGNIZED AS				
ASSE'	TS ON THE STATEMENT OF FINANCIAL POSITION. PURCHASES OF	F COLLECTION			
ITEM	S ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS	IN THE YEAR IN			
WHIC	H THE ITEMS ARE ACQUIRED, OR AS DECREASES IN TEMPORARII	LY OR			
PERM	ANENTLY RESTRICTED NET ASSETS IF THE ASSETS USED TO PUR	RCHASE THE ITEMS			
ARE 1	RESTRICTED BY DONORS. GIFTS OF CASH RESTRICTED BY DONOR	RS FOR THE			
PURC	HASE OF ART ARE REPORTED AS TEMPORARILY RESTRICTED NET	ASSETS.			
CONT	RIBUTED COLLECTION ITEMS AND REFERENCE BOOKS ARE NOT RE	EFLECTED IN THE			
FINA	NCIAL STATEMENTS. DURING 2017 AND 2016, THE MUSEUM REC	EIVED \$664,555			
	4270 COO OH GOVERNINE ARE (1993)	N MIID (773 777			
AND :	\$370,600 OF CONTRIBUTED ART (UNAUDITED) NOT RECORDED IN	N THE STATEMENT			

Schedule D (Form 990) 2016 AND HISTORIC BLOCK INC		00-0000371	Page 5
Part XIII Supplemental Information (continued)			
OF FINANCIAL POSITION, AS IN ACCORDANCE WITH THEIR POLICE	CY. PROCEEDS FROM		
DE-ACCESSIONS OR INSURANCE RECOVERIES, IF ANY, ARE REFL	ECTED AS INCREASES		
IN THE APPROPRIATE NET ASSET CLASSES.			
PART III, LINE 4:			
THE TUCSON MUSEUM OF ART AND HISTORIC BLOCK CONNECTS AR	T TO LIFE BY		
INSPIRING DISCOVERY, CREATIVITY, AND CULTURAL UNDERSTAN	DING THROUGH		
MEANINGFUL, ENGAGING EXPERIENCES.			
TO ACHIEVE ITS MISSION, THE TUCSON MUSEUM OF ART AND HI	STORIC BLOCK		
PRESERVES AND INTERPRETS ITS COLLECTIONS OF ART OF THE	AMERICAS, ART OF		
THE AMERICAN WEST, AND MODERN AND CONTEMPORARY AMERICAN	ART; CARES FOR AND		
INTERPRETS FIVE SIGNIFICANT EL PRESIDIO HISTORIC PROPER	TIES; AND PRODUCES		
RELATED EXHIBITIONS, EDUCATIONAL PROGRAMS, AND PUBLICAT	IONS WHICH EXPAND		
UNDERSTANDING AND APPRECIATION OF THESE UNIQUE COMMUNIT	Y RESOURCES.		
PART V, LINE 4:			
THE MUSEUM'S ENDOWMENTS CONSIST OF TWO FUNDS ESTABLISHED	D FOR A VARIETY OF		
PURPOSES TO INCLUDE BOTH INCOME AND COLLECTION PURPOSES	•		
PART XI, LINE 4B - OTHER ADJUSTMENTS:			
DIRECT EXPENSES OF FUNDRAISING EVENTS	-218,658.		
DIRECT EXPENSES OF GAMING ACTIVITIES	-133,906.		
COST OF GOODS SOLD	-111,172.		
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-463,736.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
DIRECT EXPENSES OF FUNDRAISING EVENTS	218,658.		
		Schedule D (Fori	m 990) 2016

TUCSON MUSEUM OF ART AND HISTORIC BLOCK

Schedule D (Form 990) 2016 AND HISTORIC BLOCK INC		86-6006371	Page 5
Schedule D (Form 990) 2016 AND HISTORIC BLOCK INC Part XIII Supplemental Information (continued)			
DIRECT EXPENSES OF GAMING ACTIVITIES	133,906.		
COST OF GOOD SOLD	111,172.		
TOTAL TO SCHEDULE D, PART XII, LINE 2D	463,736.		

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

2016

Open to Public Inspection

Name of the organization Employer identification number TUCSON MUSEUM OF ART AND HISTORIC BLOCK AND HISTORIC BLOCK INC 86-6006371 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants h Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		of fundraising event contributions and gr	oss income on Form 990	-EZ, lines 1 and 6b. List	<u> </u>	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
						(add col. (a) through
				CRUSH	4	col. (c))
e			(event type)	(event type)	(total number)	
Revenue	١.		03 (52	424 042	154 056	602 550
Вè	1	Gross receipts	93,652.	434,842.	154,056.	682,550.
	_	Lana Cantrila dia na		52,000.	1,000.	53,000.
	2	Less: Contributions		32,000.	1,000.	33,000.
	3	Gross income (line 1 minus line 2)	93,652.	382,842.	153,056.	629,550.
	۳	Gross income (line i minus line 2)	50,002.	552,512.	200,000.	015,000.
	4	Cash prizes				
	5	Noncash prizes				
ses						
Direct Expenses	6	Rent/facility costs				
Ä						
ect	7	Food and beverages	227.	23,529.		23,756.
ä						
	8	Entertainment		7,950.		11,250.
	9	Other direct expenses		112,289.	47,140.	183,652.
	10					218,658.
Pa	ırt	Net income summary. Subtract line 10 from lill Gaming. Complete if the organization				410,892.
		\$15,000 on Form 990-EZ, line 6a.	answered les onlon	1990, 1 art 10, iiile 19, 01	reported more than	
		ψ10,500 0111 01111 000 L2, iii10 0α.		(b) Pull tabs/instant		(d) Total gaming (add
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						-
Œ	1	Gross revenue			137,898.	137,898.
S	2	Cash prizes			48,900.	48,900.
Suc						
Direct Expenses	3	Noncash prizes				
ğ						
Dire	4	Rent/facility costs				
	_	Other all the state of the stat			05 006	95 006
	15	Other direct expenses	Yes %	Yes %	85,006. Yes .00 %	85,006.
	ء ا	Volunteer labor	Yes %	No Yes%	X No	
	١	Volunteer labor	L NO	NO	NO	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		•	133,906.
		2.1.000 0A,pos.000 00.1111.00.js, 7.100 111.00.j				,
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		>	3,992.
_	_	ter the state(s) in which the organization cond	ucts gaming activities: Az	7		
9	En			states?		Yes X No
а	ls t	the organization licensed to conduct gaming a				
а	ls t	No," explain: ARIZONA REVISED STATUTE	13-3302 PERMITS OR	GANIZATIONS EXEMPT		
а	Is to	No,"explain: ARIZONA REVISED STATUTE NDER ARS 43-1201, PARAGRAPH 1, 2, 4	13-3302 PERMITS OR 4, 5, 6, 7, 10, OR	GANIZATIONS EXEMPT 11 TO CONDUCT		
a b	Is to If "	No,"explain: ARIZONA REVISED STATUTE NDER ARS 43-1201, PARAGRAPH 1, 2, 4 AFFLES SUBJECT TO CERTAIN RESTRICT:	13-3302 PERMITS OR 4, 5, 6, 7, 10, OR TONS. TUCSON MUSEUM	GANIZATIONS EXEMPT 11 TO CONDUCT OF ART IS EXEMPT		
10a	Is to If " UI RE	No," explain: ARIZONA REVISED STATUTE NDER ARS 43-1201, PARAGRAPH 1, 2, 4 AFFLES SUBJECT TO CERTAIN RESTRICT: ere any of the organization's gaming licenses r	13-3302 PERMITS OR 4, 5, 6, 7, 10, OR TONS. TUCSON MUSEUM	GANIZATIONS EXEMPT 11 TO CONDUCT OF ART IS EXEMPT	year?	
10a	Is to If " UI RE	No," explain: ARIZONA REVISED STATUTE NDER ARS 43-1201, PARAGRAPH 1, 2, 4 AFFLES SUBJECT TO CERTAIN RESTRICT: ere any of the organization's gaming licenses r	13-3302 PERMITS OR 4, 5, 6, 7, 10, OR TONS. TUCSON MUSEUM	GANIZATIONS EXEMPT 11 TO CONDUCT OF ART IS EXEMPT erminated during the tax	year?	

TUCSON MUSEUM OF ART AND HISTORIC BLOCK

Sch	edule G (Form 990 or 990-EZ) 2016 AND HISTORIC BLOCK INC 86-60	06371	Page 3
11	Does the organization conduct gaming activities with nonmembers?	X Y	es No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Y	es 🗓 No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	100.00 %
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name Alan Hershowitz		
	Address > 140 NORTH MAIN AVENUE - TUCSON, AZ 85701		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	 Y	es X No
	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$ and the amount		
,	If "Yes," enter name and address of the third party:		
•	on Tes, entername and address of the tilld party.		
	Name		
	Address		
16	Gaming manager information:		
	Name ALAN HERSHOWITZ		
	Gaming manager compensation ▶ \$5,101.		
	Description of services provided OVERSIGHT AND RECORDKEEPING		
	Director/officer		
47	Mandatan, diatributiona		
	Mandatory distributions:		
ć	s Is the organization required under state law to make charitable distributions from the gaming proceeds to	□ v	es 🗓 No
	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	— •	es 🕰 140
	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	ines 9 9	h 10h 15h
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	1103 0, 0	b, 10b, 10b,
	. 55, 10, and 110, as applicable 1, 100 provide any additional information, occ instructions		
SCH	EDULE G, PART III, LINE 9B, EXPLANATION:		
ARI	ZONA REVISED STATUTE 13-3302 PERMITS ORGANIZATIONS EXEMPT		
UND	ER ARS 43-1201, PARAGRAPH 1, 2, 4, 5, 6, 7, 10, OR 11 TO CONDUCT		
RAF	FLES SUBJECT TO CERTAIN RESTRICTIONS, TUCSON MUSEUM OF ART IS EXEMPT		
FRC	M FEDERAL INCOME TAX UNDER IRC 501(C)(3), AND EXEMPT FROM ARIZONA		
INC	OME TAX UNDER ARS 43-1201 PARAGRAPH 4. THEREFORE, IT IS PERMITTED TO		
	DUCT RAFFLES SUBJECT TO THE RESTRICTIONS. NO LICENSE IS REQUIRED.		

TUCSON MUSEUM OF ART AND HISTORIC BLOCK

Schedule G (Form 990 or 990-EZ) AND HISTORIC BLOCK INC	86-6006371	Page 4
Schedule G (Form 990 or 990-EZ) AND HISTORIC BLOCK INC Part IV Supplemental Information (continued)		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Part I

Name of the organization

Types of Property

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

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

TUCSON MUSEUM OF ART AND HISTORIC BLOCK

Employer identification number 86-6006371

AND HISTORIC BLOCK INC

(b) (a) (c) (d) Check if Number of Noncash contribution Method of determining applicable contributions or amounts reported on noncash contribution amounts items contributed Form 990, Part VIII, line 1a SEE PART II Art - Works of art 1 Art - Historical treasures Art - Fractional interests 3 Books and publications 4 38,250. SALES PRICE Clothing and household goods 5 6 Cars and other vehicles Boats and planes 7 Intellectual property 8 Securities - Publicly traded 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures 14 Qualified conservation contribution - Other Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 95,777. SALES PRICE Collectibles 18 Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 23 Scientific specimens Archeological artifacts 24 25 Other 26 Other 27 Other ▶ 28 Other Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement 3 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes." describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a **b** If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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

Schedule M (Form 990) (2016)

describe in Part II.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2016

Open to Public Inspection

Name of the organization

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

TUCSON MUSEUM OF ART AND HISTORIC BLOCK

AND HISTORIC BLOCK INC

86-

Employer identification number 86-6006371

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE TUCSON MUSEUM OF ART AND HISTORIC BLOCK CONNECTS ART TO LIFE INSPIRING DISCOVERY, CREATIVITY, AND CULTURAL UNDERSTANDING THROUGH MEANINGFUL, ENGAGING EXPERIENCES. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: THE PERMANENT COLLECTION AND SPECIAL EXHIBITIONS. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS PREPARED BY AN INDEPENDENT CPA AND PROVIDED TO THE CHIEF FINANCIAL OFFICER FOR REVIEW. AFTER THE CPA INCORPORATES ANY REVISIONS SUGGESTED BY THE CHIEF FINANCIAL OFFICER, A DRAFT IS PROVIDED TO ALL MEMBERS OF THE FINANCE COMMITTEE FOR REVIEW AND APPROVAL. AFTER THE FINANCE COMMITTEE APPROVES THE FORM 990. A COPY IS PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY REQUIRES DIRECTORS TO DISCLOSE POTENTIAL CONFLICTS. VOLUNTARY COMPLIANCE IS EXPECTED. IN ADDITION, ON AN ANNUAL BASIS, OFFICERS AND DIRECTORS ARE REQUIRED TO SIGN A STATEMENT ACKNOWLEDGING COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. THE POLICY COVERS ANY DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH GOVERNING BOARD-DELEGATED POWERS. THE PROCEDURE FOR IDENTIFYING IF A CONFLICT EXISTS BEGINS WITH AN INTERESTED PERSON DISCLOSING THE EXISTENCE OF ANY FINANCIAL INTEREST AND ALL MATERIAL FACTS TO THE BOARD OR EXECUTIVE COMMITTEE. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL

Name of the organization TUCSON MUSEUM OF ART AND HISTORIC BLOCK	Employer identification number
AND HISTORIC BLOCK INC	86-6006371
FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL	
· · · · · · · · · · · · · · · · · · ·	
LEAVE THE BOARD OR EXECUTIVE COMMITTEE MEETING WHILE THE DETERMINATION OF A	
CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR	
EXECUTIVE COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.	
DISINTERESTED PERSONS OR A COMMITTEE MAY INVESTIGATE ALTERNATIVES TO THE	
PROPOSED TRANSACTION OR ARRANGEMENT. AFTER EXERCISING DUE DILIGENCE, THE	
BOARD OR EXECUTIVE COMMITTEE SHALL DETERMINE WHETHER TMA CAN OBTAIN WITH	
20110 01 211001112 0011111 2212111112 11111111	
REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A	
PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A	
MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE	
UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE BOARD OR	
DVDGUMTUR GOVERNMENT GUALL DEMODERANE DV A MAJODIMY NOME OF MUE DIGINMENTGUMED	
EXECUTIVE COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED	
DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN TMA'S BEST INTEREST,	
FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE.	
·	
FORM 990, PART VI, SECTION B, LINE 15:	
GOVERNOUS OF THE OPENIATION'S EVERYTHE PERFORMANCE AND STATE OPERATION	
COMPENSATION OF THE ORGANIZATION'S EXECUTIVE DIRECTOR AND CHIEF OPERATING	
OFFICER IS DETERMINED AND APPROVED ANNUALLY BY THE BOARD OF DIRECTORS. THE	
INITIAL COMPENSATION PACKAGES OF THE ORGANIZATION'S EXECUTIVE DIRECTOR AND	
CHIEF OPERATING OFFICER WERE DETERMINED USING COMPARABILITY DATA, AND ARE	
REVISED ANNUALLY FOR COST OF LIVING INCREASES.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION PUBLISHES ITS ANNUAL REPORT ON ITS WEBSITE, WHICH INCLUDES	
AUDITED FINANCIAL DATA. GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON	
DECLIFER FORM 990 TC AVAILABLE ONLINE AN CHITDECHAR ORG	
REQUEST. FORM 990 IS AVAILABLE ONLINE AT GUIDESTAR.ORG.	

Form 3	990-1	•	zvenipt Orga	nd proxy tax und			ax neturi	'	OND NO. 1343-0087
		For ca	lendar year 2016 or other tax ye	• •		, and ending JUN	30 2017		2016
		, 0, 04		orm 990-T and its instruc				— ·	ZU IU
	ent of the Treasury Revenue Service		Do not enter SSN number			_		F	Open to Public Inspection for 501(c)(3) Organizations Only
\overline{A}	Check box if			Check box if name c				DEmpl	oyer identification number loyees' trust, see
	address changed		,	ART AND HISTORIC	•	,			uctions.)
B Exe	mpt under section	Print	Print AND HISTORIC BLOCK INC						5-6006371
	501(c)(3)	_ or	_ ושנוווטפו, או ספו, מווע ויטטוו טו אנונס ווט. וו מ ו .ט. מטא, אפס ווואנו עטנוטווא.						ated business activity codes nstructions.)
	408(e) 220(e)	Туре	140 NORTH MAIN A		(000)	nou doublio.			
	408A 530(a)		City or town, state or pro						
	529(a)		TUCSON, AZ 8570	90009	99				
C Book	value of all assets	F Grou	up exemption number (See						
	7,713,294.		ck organization type 🕨			501(c) trust	401(a) trust		Other trust
H Desc	ribe the organization	n's prim	ary unrelated business act	ivity. > RENTAL OF I	FACILI	TIES TO GENERAL	PUBLIC		
			ooration a subsidiary in an		nt-subsi	diary controlled group?	▶ Ĺ	Ye	es X No
			tifying number of the pare						
	-		CHRISTOPHER GORDON				one number > 5		
Part	Unrelated	d Tra	de or Business Inc	come		(A) Income	(B) Expenses	3	(C) Net
	ross receipts or sale								
	ess returns and allov			c Balance ▶	1c				
			e A, line 7)		2				
	ross profit. Subtract				3				
			ch Schedule D)		4a				
			Part II, line 17) (attach Forr		4b				
C U	apital loss deduction	i for trus	sts		4c				
			ips and S corporations (at		5 6				
	ent income (Schedu		ma (Cabadula E)		7				
			me (Schedule E)		8				
			and rents from controlled on 501(c)(7), (9), or (17) o	- , , , , , , , , , , , , , , , , , , ,					
			ome (Schedule I)		10				
			e J)		11				
12 0	ther income (See in	struction	ns; attach schedule) SEE	STATEMENT 1	12	18,810.			18,810.
			igh 12		13	18,810.			18,810.
Part	II Deductio	ns No	ot Taken Elsewhe	re (See instructions for		,			, .
			utions, deductions mus	Y		,	income.)		
14 (Compensation of off	icers, di	rectors, and trustees (Sch	edule K)				14	
	•			,				15	37,334.
								16	
								17	
								18	
19	Taxes and licenses							19	
20 (Charitable contributi	ons (Se	e instructions for limitatior	ı rules)				20	
			562)						
22 l	_ess depreciation cla	aimed o	n Schedule A and elsewhe	re on return		22a		22b	
								23	
			mpensation plans					24	
25 E	Employee benefit pro	ograms						25	
26 E	excess exempt expe	nses (S	chedule I)					26	
			hedule J)					27	2 222
			nedule)					28	2,928.
			14 through 28					29	40,262. -21,452.
			ncome before net operatin					30	-21,452.
			n (limited to the amount or ncome before specific ded					32	-21,452.
			y \$1,000, but see line 33 ii					33	1,000.
			e income. Subtract line 33						1,000.
	ina 22	WIV			g. 54.01 I	52, 511.01 1110 0111		24	_21 452

Form 990	T(2016) AND HISTORIC BLOCK INC		86-600637	1		Page 2
Part	III Tax Computation					
35	Organizations Taxable as Corporations. See instructions for tax computation.					
	Controlled group members (sections 1561 and 1563) check here See instructions and	d:				
	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order					
•	(1) \$ (2) \$ (3) \$, I				
	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)					
	(a) A (111/) A (a) (a) (b) (a) (a					
,	(2) Additional 3% tax (not more than \$100,000) [\$ Income tax on the amount on line 34			35c		0.
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of			000		
36				36		
07	Tax rate schedule or Schedule D (Form 1041)			36		
37	Proxy tax. See instructions			37		1.0
38	Alternative minimum tax			38		
39	Tax on Non-Compliant Facility Income. See instructions			39		
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40		0.
	IV Tax and Payments			Describera		
41	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a		-		
1	, , , , , , , , , , , , , , , , , , , ,	41b		1		
	, and a second s	41c				
	Total credits. Add lines 41a through 41d			41e		
42	Subtract line 41e from line 40	<u></u>		42		0.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	66 Other	(attach schedule)	43		
44	Total tax. Add lines 42 and 43			44		0.
45	a Payments: A 2015 overpayment credited to 2016	45a				
	b 2016 estimated tax payments	45b				
	c Tax deposited with Form 8868	45c	3,595.			
	d Foreign organizations: Tax paid or withheld at source (see instructions)	45d				
	e Backup withholding (see instructions)	45e				
	f Credit for small employer health insurance premiums (Attach Form 8941)	45f	7			
	g Other credits and payments: Form 2439			10		
	g Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other ☐ Total ►	45g				
46	Total payments. Add lines 45a through 45g			46	3	595.
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached			47		
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed			48		
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid			49	3	595.
50	Enter the amount of line 49 you want: Credited to 2017 estimated tax		funded	50		595.
Part				1 00 1		, 555.
25240303250352	At any time during the 2016 calendar year, did the organization have an interest in or a signature				Yes	No
51	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization				163	NO NO
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the f					
	그 마음 그렇게 많이 그리고 하는데 하는데 되는데 얼마를 하는데 하는데 되었다. 그리고 하는데	oreign country			13181311	Х
	here		union turntO		-	X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansteror to, a to	reign trust?		· · · · · · · · · · · · · · · · · · ·	A SHOULES
45 -25	If YES, see instructions for other forms the organization may have to file.					
53	Enter the amount of tax-exempt interest received or accrued during the tax year > \$					
cial	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and s correct, and complete Declaration of prepare (other than taxpayer) is based on all information of which prepare	statements, and to rer has any knowle	the best of my kno dge.	wledge and belief,	it is true,	
Sigh				lay the IRS discuss	this return	with
Here	CHIEF EXEC	UTIVE OFFIC		ne preparer shown		_
	Signature of diffeer Date Title			structions)? X	Yes	No
	Print/Type preparer's name Preparer's signature Date	te		if PTIN		
Paid			self- employed			
Prep	MODELY ADVITER (CDA)	05/18		P017776	49	
	Only Firm's name ▶ HEINFELD, MEECH, & CO, P.C.		Firm's EIN	86-0558	065	
200	10120 N. ORACLE RD					

Phone no. 5207422611

Firm's address > TUCSON, AZ 85704

Schedule A - Cost of Goods So	ld. Enter r	method of invent	tory v	aluation N/A					
1 Inventory at beginning of year	6 Inventory at end of year 6								
2 Purchases	2			Cost of goods sold. Su					
3 Cost of labor	3		1	from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs			1	line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (v	vith respect to		Yes	No No
	4b		property produced or acquired for resale) apply to						
5 Total. Add lines 1 through 4b 5 the organization?									
Schedule C - Rent Income (From	m Real I	Property and	l Pe	rsonal Property	Lease	ed With Real Prop	perty	')	
(see instructions)									
1. Description of property									
(2)									
(3)									
(4)									
2.	Rent receive	d or accrued				2 ()=			
(a) From personal property (if the percentage rent for personal property is more than 10% but not more than 50%)	e of	of rent for p	ersonal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ige	3(a) Deductions directly columns 2(a) and			e in
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns 2(a) ar here and on page 1, Part I, line 6, column (A)					0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Debt-Fi			instru	ctions)					
			,	Gross income from		Deductions directly conn to debt-finance			
1. Description of debt-financed	property		-	or allocable to debt-		Straight line depreciation	1	(b) Other deducti	ons
Description of dest-financed	property			financed property		(attach schedule)		` (attach schedule	e)
(1)									
(2)									
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or al debt-finan	adjusted basis locable to loced property schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(с	8. Allocable dedu olumn 6 x total of 6 3(a) and 3(b)	columns
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A).		nter here and on partart I, line 7, colum	
Totals				▶		0			0.
Total dividends-received deductions included						>	1		0.

Form **990-T** (2016)

Form 990-T (2016) AND HIS									86-60063			Page
Schedule F - Interes	t, Annuitie	es, Roya	Ities, ar					zatio	1S (see ins	structio	ns)	
				Exempt (Controlled O	rganizatio	ons					
1. Name of controlled orga	nization	identif	ployer ication nber		elated income instructions)	4. Tota paym	al of specified nents made	includ	t of column 4 ed in the cont ation's gross	rolling	connected	ions directly with income lumn 5
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Ord	anizations	•										
7. Taxable Income		unrelated incor see instruction		9. Total	of specified pay made	ments	10. Part of column in the controllingross	mn 9 tha ing orgar s income	t is included nization's		Deductions dire	ectly connecter column 10
(1)												
(2)												
(3)												
(4)												
							Add colun Enter here and line 8, o		1, Part I,	1, Part I, Enter here and on page 1, Pa		
Totals						▶			0.			(
Schedule G - Invest	ment Inco	me of a	Section	n 501(c)(7), (9), or	(17) Or	ganizatior	1				
(see i	nstructions)											
1. :	Description of inco	ome			2. Amount of	income	 Deduction directly connected (attach sched) 	ected	4. Set- (attach s	asides schedule)	an	tal deductions d set-asides 3 plus col. 4)
(1)												
(2)												
(3)												
(4)												
					Enter here and Part I, line 9, co							e and on page e 9, column (B)
-												
					<u> </u>	0.						
Schedule I - Exploite		t Activity	/ Incom	e, Othe	r Than Ac	lvertisi	ng Income	•				
(See in	structions)				1 4						1	
1. Description of exploited activity	unrelated incom	Gross I business ne from business	directly of with pro	penses connected oduction related as income	4. Net incon from unrelated business (cominus colum gain, comput through	d trade or olumn 2 n 3). If a e cols. 5	5. Gross incofrom activity to is not unrelated business incomparison.	that ted	6. Exp attribut colui		exper 6 min but n	cess exempt nses (column us column 5, ot more than olumn 4).
(1)												
(2)												
(3)												
(4)												
	page '	re and on 1, Part I, , col. (A).	page 1	ere and on 1, Part I, , col. (B).							OI	er here and n page 1, t II, line 26.
Totals	b la a a la a a	0.		0.								
Schedule J - Advert												
Part I Income From	m Periodic	cals Rep	orted o	n a Con	solidated	Basis						
					1.		1				1 -	
1. Name of periodica	ı	2. Gross advertising income		3. Direct ertising costs	or (loss) (c col. 3). If a g	tising gain ol. 2 minus ain, compute nrough 7.	5. Circulat income		6. Read cost		costs (co column 5	ss readership lumn 6 minus , but not more column 4).
(1)												
(2)												
(3)												
(4)												
Tatala (corru to Dort II line (5)	\ \		٠Ι		n I						1	,

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form **990-T** (2016)

FORM 990-T	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
FACILITIES RENTAL		18,810.
TOTAL TO FORM 990-T, PAGE 1	, LINE 12	18,810.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
UTILITIES DIRECT RENTALS		123. 2,805.
TOTAL TO FORM 990-T, PAGE 1	, LINE 28	2,928.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization 2016, or fiscal year beginning JUL 1 , 2016, and ending JUN 30

, 2016, and ending	JUN	30	, 2017

2016

OMB No. 1545-1878

7	▶ Do not send to	the IRS. Keep for your reco	ords.	ZU 10
Department of the Treasury Internal Revenue Service	► Information about Form 8879-EC			
Name of exempt organization			Emplo	yer identification number
TUCSON MUSEUM OF ART	AND HISTORIC BLOCK			
AND HISTORIC BLOCK	NC		86-6	006371
Name and title of officer				
JEREMY, MIKOLAJCZAK				
CHIEF EXECUTIVE OFF				
Part I Type of	Return and Return Information	(Whole Dollars Only)		
on line 1a, 2a, 3a, 4a, or 5 whichever is applicable, b than 1 line in Part I.	rn for which you are using this Form 8879 a, below, and the amount on that line for ank (do not enter -0-). But, if you entered Total revenue, if any (Formatting Street Street)	the return being filed with this 0- on the return, then enter -0	form was blank, then lea - on the applicable line b	ave line 1b, 2b, 3b, 4b, or 5b, elow. Do not complete more
1a Form 990 check here	b Total revenue, if any (Fo	orm 990, Part VIII, Column (A),	ine 12)	3,908,045.
2a Form 990-EZ check he				2b
3a Form 1120-POL check	nere Diotaitax (Form	1 120-POL, line 22)	Dort \/ Line 5\	Bb
4a Form 990-PF check he				5b
5a Form 8868 check here	b Balance Due (Form 886	o, iirle 30)		,ii
Part II Declarat	ion and Signature Authorizatio	n of Officer		
debit) entry to the financia return, and the financial in 1-888-353-4537 no later th processing of the electron payment. I have selected organization's consent to Officer's PIN: check one		reparation software for paymer. To revoke a payment, I mus (settlement) date. I also autho al information necessary to an	ent of the organization's t contact the U.S. Treasu orize the financial instituti nswer inquiries and resolo	federal taxes owed on this iry Financial Agent at ons involved in the re issues related to the
X I authorize HEI	NFELD, MEECH, & CO, P.C.		to ente	er my PIN 10120
	ERO fir	m name		Enter five numbers, bu do not enter all zeros
is being filed wit enter my PIN or As an officer of indicated within program, I will e	on the organization's tax year 2016 elect h a state agency(ies) regulating charities the return's disclosure consent screen. the organization, I will enter my PIN as my this return that a copy of the return is be inter my PIN on the return's disclosure co	as part of the IRS Fed/State p signature on the organization ng filed with a state agency(is	orogram, I also authorize n's tax year 2016 electro	the aforementioned ERO to
ERO's EFIN/PIN. Enter ye	our six-digit electronic filing identification			7
	your five-digit self-selected PIN.		95385012 not enter all zeros	
I certify that the above nu confirm that I am submitti e-file Providers for Busine	meric entry is my PIN, which is my signat ng this return in accordance with the requ ss Returns.	ure on the 2016 electronically uirements of Pub. 4163, Mode	filed return for the organ ernized e-File (MeF) Inforn	ization indicated above. I nation for Authorized IRS
ERO's signature HEINFE	LLD, MEECH, & CO, P.C.		Date Date 04/29/18	

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So