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, 2018

## **Contents**

Return of Organization Exempt from Income Tax – Form 990 Exempt Organization Business Income Tax Return – Form 990-T IRS e-file Signature Authorization for an Exempt Organization – Form 8879-EO Applications for Extension of Time to File an Exempt Organization Return – Form 8868 Electronic Extensions Accepted by the IRS – Email acknowledgement Electronic Return Accepted by the IRS – Electronic Status Acceptance

For	<b>9</b>	90	Return of Under section 501(c), 5	-		· · · · · · · · · · · · · · · · · · ·				15)	OMB No. 1545-0047		
						pers on this form					Open to Public		
		of the Treasury enue Service				r instructions an					Inspection		
AF	For th	e 2017 calend	lar year, or tax year begi	nning J	UL 1, 2017	and	lending J	UN 30, 2018	3				
	Check if applicab	TUCSON	forganization I MUSEUM OF ART AND	HISTORI	C BLOCK			D Employer	r identifi	cation	number		
	Addro Chang	ge AND HI	STORIC BLOCK INC										
	chang	Be Doing b	usiness as						86-60	06371	L		
	return	Number	and street (or P.O. box if n	nail is not de	elivered to stree	t address)	Room/suite	E Telephone			2		
L	_lreturr termi	n-	ORTH MAIN AVENUE		710 (				520-62	4-233			
	ated Amer	ded mrrago	own, state or province, co 1. AZ 85701	ountry, and	ZIP or foreigr	i postal code		G Gross receipt		turn	5,518,438.		
	returr _Appli _tion		nd address of principal of	ficer JERE	MY MIKOLAJ	CZAK		H(a) Is this a	ordinates		Yes X No		
L	pendi	ind	C ABOVE	1001				H(b) Are all sub					
11	ax-ex	empt status:	x 501(c)(3) 501(c	c) (	)    (insert no.	.) 4947(a)(1)	or 527				e instructions)		
			CSONMUSEUMOFART.ORG		/	,		H(c) Group e					
KF	orm o	f organization:	x Corporation Tru	ist 🗌 A	ssociation	Other 🕨	L Year	of formation: 1	975 N	A State	of legal domicile: AZ		
Pa	art I	Summary											
0	1	Briefly describ	e the organization's missi	ion or most	t significant ac	tivities: SEE SC	HEDULE O			1.3.2			
Governance		- Apple Logi								<u>[]</u>			
erna	2		x 🕨 🛄 if the organization				sed of more	than 25% of it		sets.			
JOV	3		ting members of the gover			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					29		
	4		lependent voting member								<u> </u>		
ties	5		of individuals employed in of volunteers (estimate if r								600		
Activities &			d business revenue from F								43,708.		
Ac			business taxable income								-5,847.		
	~							Prior Yea		(	Current Year		
(1)	8	Contributions	and grants (Part VIII, line	1h)					7,364.		4,001,619.		
Revenue	9	Program servi	ce revenue (Part VIII, line 2	~ `				20	3,521.	ie	234,707.		
eve	10	Investment ind	come (Part VIII, column (A)	), lines 3, 4	, and 7d)			7	3,290.		117,397.		
æ	11	Other revenue	(Part VIII, column (A), line	es 5, 6d, 8d	, 9c, 10c, and	11e)			3,870.		641,054.		
	12		- add lines 8 through 11 (r					3,90	8,045.		4,994,777.		
	13		nilar amounts paid (Part I)						0.		0.		
	14		to or for members (Part IX			·····		1 40	0.		0.		
ses			compensation, employee					1,49	8,901. 0.		1,729,093.		
cpenses			undraising fees (Part IX, co ng expenses (Part IX, colu				494.				U.		
Exp	1		es (Part IX, column (A), line					1 40	4,385.		1,749,480.		
			s. Add lines 13-17 (must e			line 25)			3,286.		3,478,573.		
	1.		expenses. Subtract line 18						4,759.		1,516,204.		
or							Be	ginning of Curre	nt Year		End of Year		
Net Assets or Fund Balances	20	Total assets (F	art X, line 16)					7,71	3,294.		9,367,783.		
t As	21	Total liabilities	(Part X, line 26)						7,173.		475,000.		
			fund balances. Subtract li	ne 21 from	line 20			7,37	6,121.		8,892,783.		
ADMENDADADA	rt II	Signature											
			I declare that I have examined							knowle	dge and belief, it is		
true,	correc	and complete.	Deplaration of preparen (othe	er than offic	er) is based on a	all information of w	nich preparer	nas any knowled	ige.	-115	alia		
Cian		Signature	of officer					Date		10	5/17		
Sigr Here		JEREMY		EXECUT	VE OFFICE	2		Duit					
Hen	6		rint name and title										
	1	Print/Type pre	arer's name		Preparer's sig	nature		ate	Check		PTIN		
Paid		COREY ARVIS				-	05	5/02/19	if self-employe	ed PO:	1777649		
Prep	arer	Firm's name	HEINFELD, MEECH,	& CO, I	P.C.		~	Firm's	s EIN ▶		-0558065		
Use	Only	Firm's address											
			TUCSON, AZ 85704	l				Phone	e no.520'				
May	the I	RS discuss this	return with the preparer	shown abo	ve? (see instr	uctions)				X			

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	TUCSON MUSEUM OF ART AND HISTORIC BLOCK         990 (2017)         AND HISTORIC BLOCK INC	86-6006371	Page <b>2</b>
	t III Statement of Program Service Accomplishments		Fage –
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: CONNECTING ART TO LIFE.	<u></u>	······
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		Yes 🔀 No
~	If "Yes," describe these new services on Schedule O.		Yes 🗴 No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	ers, the total expense	es, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$935,945. including grants of \$) (Reve		152 190 )
чa	CURATORIAL & EXHIBITIONS:	nue \$	
	TO ACHIEVE ITS MISSION OF "CONNECTING ART TO LIFE," THE TUCSON MUSEUM		
	OF ART AND HISTORIC BLOCK PRESERVES AND INTERPRETS ITS COLLECTIONS OF THE ART OF LATIN AMERICA, ART OF THE AMERICAN WEST, AND MODERN AND		
	CONTEMPORARY ART; CARES FOR AND INTERPRETS FIVE SIGNIFICANT EL PRESIDIO		
	HISTORIC PROPERTIES; AND PRODUCES RELATED EXHIBITIONS_EDUCATION		
	PROGRAMS, AND PUBLICATIONS WHICH EXPAND UNDERSTANDING AND APPRECIATION		
	OF THESE UNIQUE COMMUNITY RESOURCES.		
	THE MUSEUM PRESENTED 8 EXHIBITIONS DURING ITS 2017-18 FISCAL YEAR ALONG		
	WITH DISPLAY OF ITS COLLECTION.		
4b	(Code:) (Expenses \$519,970. including grants of \$) (Reve	nue\$	85,960.)
	THE TUCSON MUSEUM OF ART FOSTERS A DEEPER UNDERSTANDING AND		
	APPRECIATION FOR ITS HISTORIC COLLECTIONS THROUGH ITS NUMEROUS		
	EDUCATIONAL PROGRAMS. THE MUSEUM OFFERS A WIDE ARRAY OF PROGRAMS TO THE		
	PUBLIC, INCLUDING THE YOUTH/PRE-K-12 SCHOOL PROGRAMS, COMMUNITY		
	OUTREACH PROGRAMS, FAMILY PROGRAMS, ACCESSIBLE PROGRAMS, AND THE		
	RESEARCH LIBRARY.		
	THE MUSEUM'S EDUCATION PROGRAMS SERVED APPROXIMATELY 100 K-12 SCHOOLS		
	WITH APPROXIMATELY 400 FREE IN-SCHOOL CLASSROOM PRESENTATION, IN		
	ADDITION TO NUMEROUS PUBLIC PROGRAMS DESIGNED TO ENGAGE ALL COMMUNITY		
	MEMBERS IN CONVERSATIONS, LECTURES, GALLERY TOURS AND OTHER EXPERIENCES		
	THAT PROVIDE AN INTERDISCIPLINARY AND MULTI-DIMENSIONAL PERSPECTIVE OF		
4c	(Code:) (Expenses \$623,963. including grants of \$) (Rever           MUSEUM STORE:	nue\$	102,835.)
	THE MUSEUM STORE FEATURES AN IMPRESSIVE SELECTION OF WORKS BY ARIZONA'S		
	MOST TALENTED ARTISTS AND CRAFTSPEOPLE. MANY OF THE WORKS ARE ON		
	CONSIGNMENT FROM LOCAL ARTISANS WHILE OTHERS ARE PURCHASED FOR RESALE.		
	THE STORE EXISTS TO PROVIDE AN AVENUE OF EXPOSURE FOR THE LOCAL ART		
	COMMUNITY AND SUPPLY TUCSON WITH A VENUE FOR LOCAL TALENT.		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 2,079,878.		vrm <b>990</b> (2017)

Form	990 (2017) AND HISTORIC BLOCK INC 86-60063	71	Р	age <b>3</b>
Pa	t 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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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		X
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		x
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		X
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	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		X
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		x
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		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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		<u>x</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		<u>x</u>
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		X
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		X
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		X
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	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		v	
	complete Schedule G. Part III	19	X 000	

Form **990** (2017)

Form	990 (2017) AND HISTORIC BLOCK INC 86-60063	71	Р	age <b>4</b>
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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		x
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		x
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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			
2	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes, " complete Schedule L, Part IV	28b		x
		200		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		x
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29	x	
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	21	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		x	
04	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations?	30	21	<u> </u>
31		0.1		x
20	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
~~	Schedule N, Part II	32		-
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
<b>0</b> -	Part V, line 1	34		X
35a		<u>35a</u>		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	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		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		_	1
	Note. All Form 990 filers are required to complete Schedule O	38	X 000	L

Form **990** (2017)

Form	1990 (2017) AND HISTORIC BLOCK INC	86-6006373	1	P	<sub>age</sub> 5					
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance				U					
	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	32								
		0								
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming									
	(gambling) winnings to prize winners?		1c	х						
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 2a	68								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	х						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	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		3b	Х						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		x					
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 (FBA	R).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X					
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	ı solicit								
	any contributions that were not tax deductible as charitable contributions?		6a		x					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).									
а	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?	7a	Х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х						
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?		7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		x					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as re	quired?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Forr	n 1098-C?	7h							
8	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?		8							
9	Sponsoring organizations maintaining donor advised funds.									
а	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?		9b							
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12 10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
а	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?		12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?		13a							
	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									
с	Enter the amount of reserves on hand 13c									
14a			14a		x					
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O		14b							

Form	990	(2017)
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TUCSON MUSEUM OF ART AND HISTORIC BLOG
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Form	990 (2017) AND HISTORIC BLOCK INC 86-60063		Р	age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" re	espons	se
	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	<u></u>		X
Sect	ion 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 29	2		
	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 29	2		
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?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
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 appoint one or			
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
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 reached at the			
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		x
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	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 approval 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 arrangement with a			
	taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			•
	List the states with which a copy of this Form 990 is required to be filed ▶AZ			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailable	9	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X       Own website       X       Upon request       Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	ial	
	statements available to the public during the tax year.			
	· · · · · · · · · · · · · · · · · · ·			

20	State the name, address, and telephone number of the person who possesses the organization's books and records:
	CHRISTOPHER GORDON, CHIEF FINANCIAL OFFICER - 520-624-2333
	140 NORTH MAIN AVENUE, TUCSON, AZ 85701

Form 990 (2		86-6006371	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending	with or within the organization	ı's tax year.

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

TUCSON MUSEUM OF ART AND HISTORIC BLOCK

• 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 organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one					ane	Reportable	Estimated	
	hours per	box	, unles	ss pe	rson i	s both	n an	compensation	amount of	
	week		cer an		Tecic	n/trus	lee)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	stee			sated		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	organizations	truste	al trus		yee	mper				and related
	below	Individual trustee or director	Institutional trustee	ы	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key (	Highest compensated employee	Former			
(1) AMY J. ADAMS	2.00									
TRUSTEE		Х						0.	0.	0.
(2) LARRY ADAMSON	2.00									
TRUSTEE		Х						0.	0.	0.
(3) ANDY ANDERSON	2.00									
TRUSTEE EMERITUS		х						0.	0.	0.
(4) DAVID ANDRES	2.00									
TRUSTEE EX-OFFICIO		х						0.	0.	0.
(5) ALICE BAKER	2.00									
TRUSTEE EMERITUS		Х						0.	Ο.	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) MERLIN COHEN	2.00									
TRUSTEE		Х						0.	0.	0.
(10) JEAN COOPER	2.00									
TRUSTEE		Х						0.	0.	0.
(11) DEBORAH CURRAN	2.00									
TRUSTEE EX-OFFICIO		Х						0.	0.	0.
(12) CAROL DETERS	2.00									
TRUSTEE EX-OFFICIO		Х						0.	0.	0.
(13) JOHN ENDER	2.00									
TRUSTEE		Х						0.	Ο.	0.
(14) JEFFREY GARTNER	2.00									
TRUSTEE EX-OFFICIO		Х						0.	Ο.	0.
(15) JAMES GLASSER	2.00									
TRUSTEE EMERITUS		х						0.	0.	0.
(16) FRANK HAMILTON	2.00									
VICE PRESIDENT		х		х				0.	0.	0.
(17) SHARON HESSOUN	2.00									
TRUSTEE EX-OFFICIO		Х						٥.	0.	0.

Form 990 (2017) AND HISTORIC	BLOCK INC								86-600637	1	P	age <b>8</b>
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)			
(A) (B) Name and title Average hours per			Average Position Reportable (do not check more than one box, unless person is both an compensation						<b>(E)</b> Reportable compensation	(F) Estimate amount		
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer Dfficer		Highest compensated	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	fi org an	other npensa rom th ganizat d relat anizati	ie tion ted
(18) MICHAEL HANSON	2.00											
IMMEDIATE PAST PRESIDENT		Х						0.	0.			0.
(19) JOAN JACOBSON	2.00								_			_
TRUSTEE		х						0.	0.			٥.
(20) KIT KIMBALL	2.00											
TRUSTEE		Х						0.	0.			0.
(21) MARILYN JOYCE	2.00	77							0			•
TRUSTEE (22) MICHAEL KASSER	2.00	X						0.	0.			0.
TRUSTEE	2.00	х						0.	0.			0.
(23) STEVE LEAL	2.00	Δ						0.	0.			<u> </u>
TRUSTEE	2.00	x						0.	0.			0.
(24) SANDRA MAXFIELD	2.00							·	- •			
TRUSTEE		х						0.	0.			0.
(25) BETSEY J. PARLATO	2.00											
TRUSTEE EX-OFFICIO		х						0.	0.			Ο.
(26) STEVEN B. RATOFF	2.00											
TREASURER		х		х				0.	0.			Ο.
1b Sub-total								0.	0.			٥.
c Total from continuation sheets to Part VI	, Section A							317,139.	0.		14,	517.
d Total (add lines 1b and 1c)								317,139.	0.		14,	517.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			1
compensation from the organization											Yes	1 No
• Did the experimetion list on former officer							k				165	NO
<b>3</b> Did the organization list any <b>former</b> officer,	-				•			•				x
<ul><li>line 1a? If "Yes," complete Schedule J for st</li><li>For any individual listed on line 1a, is the su</li></ul>										3		
and related organizations greater than \$150										4	х	
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." com										5		x
Section B. Independent Contractors		<u>,                                    </u>	<u> </u>		/0/0							
1 Complete this table for your five highest cor	npensated ind	ере	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of compensa	tion fro	om	
the organization. Report compensation for t	he calendar ye	ear e	ndin	ıg wi	ith c	or wi	thin	the organization's tax y	ear.			
(A) Name and business	address	NO	NE					<b>(B)</b> Description of s	ervices (	<b>))</b> Compe	<b>C)</b> Insatio	'n
							-					

2	Total number of independent contractors (including but not	limited to those listed above) who received more than
	\$100,000 of compensation from the organization	0

Location of process in a constraint (a)         (b)         (c)	Form 990 AND HISTORIC	BLOCK INC								86-60063	371
Name and title         Average bor yer         Position (wick related organizations below)         Position (wick related organizations below)         Reportable segment below         Reportable compensation from the organization (Wi2/109-MISC)         Estimated amount of the organizations (Wi2/109-MISC)           (27) DR. JOIN SCRAFPER         2.00         X         I	Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	yee	s, a	nd H	ligh	est (	Compensated Employe	es (continued)	
Indurs         Ceneck all that appy) week used         Comparation from from used         comparation from used         comparatis from used         comparatis from used         <	(A)	(B)		(C)					(D)	(E)	(F)
per (Ist any) buows for related organizations below bel	Name and title										
week undated organization mine)         week undated organization mine)         week undated mine)         week undated mine			(Cl	heck T	all	that	app I	ly)			
Idia any related organization below below related organization below below ine)         isome below isome							ee				
(27) DR. JOHN SCHAEPER     2.00     X     0.     0.     0.       RNOVERS EXERTION     X     0.     0.     0.     0.       REVERSE     X     0.     0.     0.     0.       (29) AND RODGRASS     40.00     X     160,000.     0.     6.588       (31) ALAN MERSHONTZ     40.00     X     24,664.     0.     265       (32) CHRISTOPHER GORDON     40.00     X     73,154.     0.     3,226       (31) ALAN AGAS-SUKAR     40.00     X     73,154.     0.     3,226       (32) CHRISTOPHER GORDON     40.00     X     73,154.     0.     3,226       (33) ALAR AGAS-SUKAR     40.00     X     10.     10.     10.       (34) DERCONSAL-SUKAR <td></td> <td></td> <td>ector</td> <td></td> <td></td> <td></td> <td>nploy</td> <td></td> <td></td> <td></td> <td></td>			ector				nploy				
(27) DR. JOHN SCHAEPER     2.00     X     0.     0.     0.       RNOVERS EXERTION     X     0.     0.     0.     0.       REVERSE     X     0.     0.     0.     0.       (29) AND RODGRASS     40.00     X     160,000.     0.     6.588       (31) ALAN MERSHONTZ     40.00     X     24,664.     0.     265       (32) CHRISTOPHER GORDON     40.00     X     73,154.     0.     3,226       (31) ALAN AGAS-SUKAR     40.00     X     73,154.     0.     3,226       (32) CHRISTOPHER GORDON     40.00     X     73,154.     0.     3,226       (33) ALAR AGAS-SUKAR     40.00     X     10.     10.     10.       (34) DERCONSAL-SUKAR <td></td> <td>hours for</td> <td>or dire</td> <td></td> <td></td> <td></td> <td>ted er</td> <td></td> <td>(W-2/1099-MISC)</td> <td></td> <td></td>		hours for	or dire				ted er		(W-2/1099-MISC)		
(27) DR. JOHN SCHAEPER     2.00     X     0.     0.     0.       RNOVERS EXERTION     X     0.     0.     0.     0.       REVERSE     X     0.     0.     0.     0.       (29) AND RODGRASS     40.00     X     160,000.     0.     6.588       (31) ALAN MERSHONTZ     40.00     X     24,664.     0.     265       (32) CHRISTOPHER GORDON     40.00     X     73,154.     0.     3,226       (31) ALAN AGAS-SUKAR     40.00     X     73,154.     0.     3,226       (32) CHRISTOPHER GORDON     40.00     X     73,154.     0.     3,226       (33) ALAR AGAS-SUKAR     40.00     X     10.     10.     10.       (34) DERCONSAL-SUKAR <td></td> <td></td> <td>istee o</td> <td>truste</td> <td></td> <td>Ð</td> <td>pensa</td> <td></td> <td></td> <td></td> <td></td>			istee o	truste		Ð	pensa				
(27) DR. JOHN SCHAEPER     2.00     X     0.     0.     0.       RNOVERS EXERTION     X     0.     0.     0.     0.       REVERSE     X     0.     0.     0.     0.       (29) AND RODGRASS     40.00     X     160,000.     0.     6.588       (31) ALAN MERSHONTZ     40.00     X     24,664.     0.     265       (32) CHRISTOPHER GORDON     40.00     X     73,154.     0.     3,226       (31) ALAN AGAS-SUKAR     40.00     X     73,154.     0.     3,226       (32) CHRISTOPHER GORDON     40.00     X     73,154.     0.     3,226       (33) ALAR AGAS-SUKAR     40.00     X     10.     10.     10.       (34) DERCONSAL-SUKAR <td></td> <td>-</td> <td>ual tru</td> <td>ional</td> <td></td> <td>ploye</td> <td>tcom</td> <td></td> <td></td> <td></td> <td>organizations</td>		-	ual tru	ional		ploye	tcom				organizations
(27) DR. JOHN SCHAEPER     2.00     X     0.     0.     0.       RNOVERS EXERTION     X     0.     0.     0.     0.       REVERSE     X     0.     0.     0.     0.       (29) AND RODGRASS     40.00     X     160,000.     0.     6.588       (31) ALAN MERSHONTZ     40.00     X     24,664.     0.     265       (32) CHRISTOPHER GORDON     40.00     X     73,154.     0.     3,226       (31) ALAN AGAS-SUKAR     40.00     X     73,154.     0.     3,226       (32) CHRISTOPHER GORDON     40.00     X     73,154.     0.     3,226       (33) ALAR AGAS-SUKAR     40.00     X     10.     10.     10.       (34) DERCONSAL-SUKAR <td></td> <td></td> <td>ndivid</td> <td>nstitut</td> <td>Officer</td> <td>ey em</td> <td>lighes</td> <td>ormer</td> <td></td> <td></td> <td></td>			ndivid	nstitut	Officer	ey em	lighes	ormer			
(28) RICHARD A. SCHAEFER       2.00       x       0.	(27) DR. JOHN SCHAEFER	, ,	=	=	0	×	<u> </u>	ш			
TRUSTEE       x       0       0.	TRUSTEE EMERITUS		х						0.	0.	0.
(29) ANNE Y. SNODGRASS       2.00       x       0.	(28) RICHARD A. SCHAEFER	2.00									
(29) ANNE Y. SNODGRASS     2.00     x     0.     0.     0.       RUSTEE     x     0.     0.     0.     0.       (30) JEREY MIKOLAJCZAK     40.00     x     160,000.     0.     6,598       (31) ALAN HERSHONITZ     40.00     x     59,321.     0.     4,433       (32) CHRISTOPHER GORDON     40.00     x     24,664.     0.     265       (33) ALAN HERSHONITZ     40.00     x     24,664.     0.     265       (33) ALAN REJASSKAR     40.00     x     73,154.     0.     3,226       (11EF) DEVELOPMENT OFFICER     x     1     1     1       (11EF) DEVELOPMENT OFFICER     1     1     1       (11EF) DEVELOPMENT OFFICER	TRUSTEE		х						0.	0.	0.
(30) JEREMY MIKOLAJCZAK     40.00     x     160,000     0.     6,588       EXECUTIVE DIRECTOR AND CHI     40.00     x     59,321.     0.     4,433       (31) ALAN RESHOWTZ     40.00     x     24,664.     0.     265       (33) ALBA RGJAS SUKAR     40.00     x     73,154.     0.     3,226       (HIEF FINANCIAL OFFICER     x     73,154.     0.     3,226       (HIEF DEVELOPMENT OFFICER     x     73,154.     0.     3,226       (HIEF DEVELOPMENT OFFICER     x     73,154.     0.     3,226	(29) ANNE Y. SNODGRASS	2.00									
EXECUTIVE DIRECTOR AND CHI       x       160,000.       0.       6,586         (31) ALAN HERSHORITZ       40.00       x       59,321.       0.       4,432         (32) CHRISTOPHER GORDON       40.00       x       24,664.       0.       265         (33) ALBA NOFFICER       x       73,154.       0.       3,226         CHIEF DEVELOPMENT OFFICER       x       x       73,154.       0.       3,226         CHIEF DEVELOPMENT OFFICER       x       x       1 <t< td=""><td>TRUSTEE</td><td></td><td>х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	TRUSTEE		х						0.	0.	0.
(31) ALAN HERSHOWITZ     40.00     x     59,321.     0.     4,433       CHIEF OPERATINO OPFICER     x     24,664.     0.     265       (33) ALBA ROJAS-SUKKAR     40.00     x     73,154.     0.     3,226       CHIEF DEVELOPMENT OFFICER     X     X     73,154.     0.       CHIEF DEVELOPMENT OFFICER     X     X     X     X       CHIEF DEVELOPMENT OFFICER     X     X     X	(30) JEREMY MIKOLAJCZAK	40.00									
CHIEF OPERATING OFFICER     X     59,321.     0.     4,433       (32) CHRISTOPHER GORDON     40.00     X     24,664.     0.     265       CHIEF FINANCIAL OFFICER     X     73,154.     0.     3,226       CHIEF DEVELOPMENT OFFICER     X     X     X     X     X     X       CHIEF DEVELOPMENT OFFICER     X     X     X     X     X     X       CHIEF DEVELOPMENT OFFICER     X     X     X     X     X     X       CHIEF DEVELOPMENT OFFICER     X     X     X     X     X     X       CHIEF DEVELOPMENT OFFI	EXECUTIVE DIRECTOR AND CHI				х				160,000.	0.	6,588.
(32) CHRISTOPHER GORDON     40.00     x     24,664.     0.     265       (33) ALBA ROTAS-SUKKAR     40.00     x     73,154.     0.     3,226       HIEP DEVELOPMENT OFFICER     X     73,154.     0.     3,226	(31) ALAN HERSHOWITZ	40.00									
CHIEF PINANCIAL OFFICER     X     24,664.     0.     263       (33) ALBA ROJAS-SUKAR     40.00     X     73,154.     0.     3,228       CHIEF DEVELOPMENT OFFICER     X     73,154.     0.     3,228       Image: Contract of the second sec	CHIEF OPERATING OFFICER				х				59,321.	0.	4,432.
(33) ALBA ROJAS-SUKKAR     40.00     x     73,154.     0.     3,226		40.00									
CHIEF DEVELOPMENT OFFICER     x     73,154.     0.     3,228					х				24,664.	0.	269.
		40.00									
Image: Section A, line 10	CHIEF DEVELOPMENT OFFICER				х				73,154.	0.	3,228.
Image: Contract of the sector A line 1c       Image: Contract of the sector A line 1c       Image: Contract of the sector A line 1c											
Image: Section A, line 1c     317,139.     14,517											
Image: Section A line 1c     317,139.     14,517											
Image: Section A, line 1c     317, 139.     14, 517											
Image: Section A, line 1;     317,139.     14,517											
Image: Control of the section A, line 1c     317, 139.     14, 517											
Image: Contract of the section A line 1c     317, 139.     14, 517											
Image: Section A, line 1c     317,139.     14,517											
Image: Contract of the section A, line 1c											
Total to Part VII. Section A, line 1c											
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Total to Part VII. Section A. line 1c 14,517											
Total to Part VII. Section A. line 1c 317,139. 14,517											
Total to Part VII. Section A, line 1c 14, 517											
Total to Part VII. Section A. line 1c 14.517											
Total to Part VII. Section A. line 1c 14.517											
Total to Part VII. Section A. line 1c 317,139. 14.517						L					
Total to Part VII. Section A. line 1c 317,139. 14.517											
	Total to Part VII, Section A, line 1c								317,139.		14,517.

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	• • • •	Check if Schedule O cont		or note to any line	a in this Part VIII			Г
				or note to any int	(A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - 514
2 1	1 a	Federated campaigns	1a					
	b	Membership dues	1b	251,726.				
	с	Fundraising events	1c	68,360.				
5	d	Related organizations	1d					
	е	Government grants (contributi	ions) <b>1e</b>					
ō	f	All other contributions, gifts, gran	ts, and					
		similar amounts not included abo	ve 1f	3,681,533.				
	g	Noncash contributions included in lines	1a-1f: \$	129,614.				
5	h	Total. Add lines 1a-1f		►	4,001,619.			
				Business Code				
2	2 a	MUSEUM ADMISSIONS		900099	122,207.	122,207.		
b	~	TUITION & EDUCATION		611600	85,960.	85,960.		
	с	EXHIBITIONS		900099	26,540.	26,540.		L
	d							
	е							
	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			234,707.			
3	3	Investment income (including	dividends, intere	st, and				
		other similar amounts)			117,397.			117,3
4	1	Income from investment of tax						
5	5	Royalties		🕨				
			(i) Real	(ii) Personal				
6	Зa	Gross rents	159,453.					
		Less: rental expenses	0.					
	с	Rental income or (loss)	159,453.					
	d	Net rental income or (loss)	·····	🕨	159,453.			159,4
7	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		····· ►				
8	3 a	Gross income from fundraising						
		including \$ 68						
		contributions reported on line	,	400.010				
		Part IV, line 18		420,910.				
		Less: direct expenses			242 004			242.0
_		Net income or (loss) from func	•	▶	243,904.			243,9
9	ја	Gross income from gaming ac		212 205				
		Part IV, line 19		313,325.				
		Less: direct expenses			07 711			07 7
		Net income or (loss) from gam	•	▶	87,711.			87,7
10	Ja	Gross sales of inventory, less		222.076				
		and allowances		223,876.				
		Less: cost of goods sold			100 005	100 005		
-	с	Net income or (loss) from sale			102,835.	102,835.		
-		Miscellaneous Revenu	e	Business Code 900099	12 700		12 700	
11		FACILITY RENTALS		300033	43,708.		43,708.	
	b							
	С			900099	2 1 1 2	2 1 1 2		
1		All other revenue			3,443. 47,151.	3,443.		
		Intal, Add lines 11a-11d			4/ 101			

Section	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons		•		Г
	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	342,822.	104,507.	112,499.	125,81
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	1,117,157.	814,325.	189,321.	113,51
8	Pension plan accruals and contributions (include		· ·		·
	section 401(k) and 403(b) employer contributions)	22,289.	13,575.	5,383.	3,33
9	Other employee benefits	121,030.	76,697.	26,829.	17,50
10	Payroll taxes	125,795.	82,766.	25,590.	17,43
11	Fees for services (non-employees):	,	,	,	,
		17,763.	7,105.	9,947.	71
	Accounting	_ , , , , , , , , ,	.,	- , •	
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	258,553.	149,908.	15,183.	93,46
	column (A) amount, list line 11g expenses on Sch 0.)	259,515.	115,623.	7,817.	136,07
12	Advertising and promotion	259,313.	138,486.	58,280.	62,41
13	Office expenses	62,449.	,	,	13,26
14	Information technology	62,449. 575.	21,430. 575.	27,759.	13,20
15	Royalties	-		70 591	E^
6	Occupancy	253,953.	173,850.	79,581.	52
7	Travel	56,173.	34,416.	12,278.	9,47
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,398.	6,238.	1,307.	1,85
20	Interest	45.	17.	23.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	237,618.	165,643.	71,883.	9
23	Insurance	75,936.	58,433.	17,268.	23
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 Sedadula 0.)				
~	amount, list line 24e expenses on Schedule 0.)	77,195.	54,479.	20,773.	1,94
a b	LECTURERS & PERFORMERS	56,025.	40,559.	280.	15,18
		50,025.	±0,000.	200.	10,10
c d					
d		125,102.	21,246.	11,200.	92,65
	· · · ·	3,478,573.	2,079,878.	693,201.	705,49
<u>.5</u>	Total functional expenses. Add lines 1 through 24e	5, ±10, 513.	2,019,010.	095,201.	705,45
26	<b>Joint costs.</b> Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form 990 (2017)

AND HISTORIC BLOCK INC

AND HISTORIC BLOCK INC

Form 990 (2017)

rt X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X	<b>(A)</b> Beginning of year		(B) End of year
1	Cash - non-interest-bearing	1,584,218.	1	307,741
2	Cash - non-interest-bearing Savings and temporary cash investments	-,,	2	,
3		963,576.	3	3,183,802
	Pledges and grants receivable, net	505,570.		5,105,002
4	Accounts receivable, net Loans and other receivables from current and former officers, directors,		4	
5				
	trustees, key employees, and highest compensated employees. Complete		-	
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
_	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net	07 507	7	40.45
8	Inventories for sale or use	27,527.	8	49,45
9	Prepaid expenses and deferred charges	33,817.	9	18,57
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 10,029,406.	2 250 500		2 040 45
b		3,359,788.	10c	3,948,47
11	Investments - publicly traded securities	1,711,167.	11	1,828,83
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets	23,700.	14	21,40
15	Other assets. See Part IV, line 11	9,501.	15	9,50
16	Total assets. Add lines 1 through 15 (must equal line 34)	7,713,294.	16	9,367,78
17	Accounts payable and accrued expenses	116,749.	17	238,32
18	Grants payable		18	
19	Deferred revenue	220,424.	19	236,67
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	337,173.	26	475,00
	Organizations that follow SFAS 117 (ASC 958), check here <b></b>			
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	2,566,653.	27	2,491,46
28	Temporarily restricted net assets	1,333,633.	28	2,925,48
29	Permanently restricted net assets	3,475,835.	29	3,475,83
	Organizations that do not follow SFAS 117 (ASC 958), check here			
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
1	Table at a same to the design of	7,376,121.	33	8,892,78
33	Total net assets or fund balances Total liabilities and net assets/fund balances	7,713,294.		9,367,783

	TUCSON MUSEUM OF ART AND HISTORIC BLOCK				
	990 (2017) AND HISTORIC BLOCK INC	86-600637	1	Pag	<sub>ge</sub> 12
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		,994,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	,478,	573.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,516,	204.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7	,376,	121.
5	Net unrealized gains (losses) on investments	5			458.
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))				
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
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	х	
	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 Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
54	Act and OMB Circular A-133?	igio / idan	3a		х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
5	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Зb		
	or addits, explain with the conclude of and describe any steps taken to undergo such addits		00	000	L

Form **990** (2017)

SCHEDULE A	Dublic Cha		OMB No. 1545-0047									
(Form 990 or 990-EZ)		nrity Status an nization is a section 501					2017					
		947(a)(1) nonexempt cha			or a section		2017					
Department of the Treasury	▶	Attach to Form 990 or F	orm 990-	EZ.			Open to Public					
Internal Revenue Service		ov/Form990 for instruction		ne latest in	nformation.		Inspection					
Name of the organization			[			Employer	identification number					
Part I Reason f	AND HISTORIC BLOCK IN or Public Charity Status		malata th	ia nort ) Cr	o instructions		86-6006371					
					e instructions	j.						
	private foundation because it is: vention of churches, or associati				()( A )(;)							
	ribed in section 170(b)(1)(A)(ii).				I)(A)(I).							
	a cooperative hospital service org				ii)							
	earch organization operated in co					(iii). Enter	the hospital's name.					
city, and state	•	,				( <i>)</i> -	,					
	on operated for the benefit of a co	ollege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in					
section 170(I	<b>b)(1)(A)(iv).</b> (Complete Part II.)											
6 🗌 A federal, stat	e, or local government or govern	mental unit described in	section 17	70(b)(1)(A)	(v).							
7 X An organizatio	on that normally receives a substa	antial part of its support fi	om a gove	ernmental	unit or from th	ne general j	oublic described in					
section 170(b	)(1)(A)(vi). (Complete Part II.)											
	trust described in section 170(b											
	I research organization described		· ·			•	•					
· · · · · · · · · · · · · · · · · · ·	r a non-land-grant college of agric	culture (see instructions).	Enter the i	name, city	, and state of	the college	e or					
university:	Al	- H 00 <b>1</b> /00/ - f H					d ann an airte farai					
	on that normally receives: (1) more											
	ed to its exempt functions - subje nrelated business taxable income											
	i09(a)(2). (Complete Part III.)			ses acqui	red by the org	anization a						
-	supported organizations describe	•	-			-						
lines 12a throu	ugh 12d that describes the type of	of supporting organizatior	n and com	plete lines	12e, 12f, and	12g.						
a 📃 Type I. A su	pporting organization operated,	supervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving					
the supporte	ed organization(s) the power to re	egularly appoint or elect a	majority c	of the direc	tors or trustee	es of the su	upporting					
organization	. You must complete Part IV, S	ections A and B.										
	upporting organization supervised				-		•					
	anagement of the supporting org		ame perso	ns that co	ntrol or manaç	ge the supp	ported					
_ ~	(s). You must complete Part IV						-1 24-					
	ctionally integrated. A supportind organization(s) (see instruction)					ly integrate	ed with,					
	-functionally integrated. A sup				-	ted organia	zation(s)					
	unctionally integrated. The organi					•						
	(see instructions). You must co	• •			•							
	box if the organization received a	•				II, Type III						
functionally	integrated, or Type III non-function	onally integrated supporti	ng organiz	ation.								
f Enter the number of	f supported organizations											
	ng information about the support		(iv) is the ora:	anization listed								
(i) Name of suppo organization	rted (ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount of support (see ir		(vi) Amount of other support (see instructions)					
		above (see instructions))	Yes	No								
Total												

	rucson	MUSEUM	OF	ART	AND	HISTORIC	BLOCK
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# Schedule A (Form 990 or 990-EZ) 2017 AND HISTORIC BLOCK INC

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,528,508.	1,228,998.	1,250,456.	3,067,665.	4,001,618.	11,077,245.
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 $\dots$	400,824.	400,824.	400,824.	400,824.	400,824.	2,004,120.
4	Total. Add lines 1 through 3	1,929,332.	1,629,822.	1,651,280.	3,468,489.	4,402,442.	13,081,365.
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)						
	Public support. Subtract line 5 from line 4.						13,081,365.
Sec	tion B. Total Support		<u>_</u>	r			
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	<b>(f)</b> Total
7	Amounts from line 4	1,929,332.	1,629,822.	1,651,280.	3,468,489.	4,402,442.	13,081,365.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	225,974.	258,033.	251,645.	230,729.	276,850.	1,243,231.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	252,041.	329,157.	348,802.	319,977.	375,323.	1,625,300.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	v v						15,949,896.
12	Gross receipts from related activities,	,	,			12	
13	First five years. If the Form 990 is for	-	first, second, third	, fourth, or fifth tax	year as a section	501(c)(3)	. —
800	organization, check this box and stor ction C. Computation of Publi		ontago				·····
	· ·			. (2)			82.02.07
14	Public support percentage for 2017 (I					14	82.02 %
15	Public support percentage from 2016					15	78.87 %
16a	<b>33 1/3% support test - 2017.</b> If the c						
	stop here. The organization qualifies						
b	<b>33 1/3% support test - 2016.</b> If the c	-					
47	and <b>stop here.</b> The organization qual						
1/a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac		•		•	•	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets th						, ►
	organization meets the "facts-and-circ		-	-			
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b,	, check this box ar	nd see instructions	

Schedule A (Form 990 or 990-EZ) 2017

86-6006371

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

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

Section A. Fublic Support						
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 20	17 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
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						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		1		1		
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 20	17 (f) Total
<ul> <li>9 Amounts from line 6</li> <li>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</li> </ul>						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<ul> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</li> </ul>						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)	the organization?	l	l fourth or fifth to		1 501(a)(2) -	
14 First five years. If the Form 990 is for	U U			2		
check this box and stop here Section C. Computation of Publi						
<b>15</b> Public support percentage for 2017 (li			olump (f))		15	%
					16	%
16 Public support percentage from 2016 Section D. Computation of Inves						70
17 Investment income percentage for 20			e 13 column (fl)		17	%
					18	%
18 Investment income percentage from 2 19a 33 1/3% support tests - 2017. If the			on line 14 and line			
more than 33 1/3%, check this box ar						
<b>b 33 1/3% support tests - 2016.</b> If the	-	•				1/3%. and
line 18 is not more than 33 1/3%, che	-					
20 Private foundation. If the organizatio			-		-	
and a second sec			,,			F

# Schedule A (Form 990 or 990-EZ) 2017 AND HISTORIC BLOCK INC

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.)

732024 10-06-17

Yes

No

	TUCSON MUSEUM OF ART AND HISTORIC BLOCK			
Sche	dule A (Form 990 or 990-EZ) 2017 AND HISTORIC BLOCK INC	86-6006371	Pa	age <b>5</b>
	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	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		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	<b></b>		
			Yes	No
4	Ware a majority of the argenization's directors or trustees during the tay year also a majority of the directors		res	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			
<b>6</b> 00	the supported organization(s).	1		
Sec	tion 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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see instructions		
2	Activities Test. Answer (a) and (b) below.	(000	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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			
		2a		
b	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
U				
	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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 AND HISTORIC BLOCK INC

86-6006371 Page **6** 

	t V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on I	Nov. 20, 1970 (explain in I	Part VI.) See instruction
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.	
Sect	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

		I AND HISTORIC BLOCK		
Sche Pai	dule A (Form 990 or 990-EZ) 2017 AND HISTORIC BLOCK	INC		86-6006371 Page <b>7</b>
	ion D - Distributions	al(s) Supporting Orga	nizations (continued)	Current Year
<u>3eci</u> 1	Amounts paid to supported organizations to accomplish exer	mot nurnoses		
2	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp			
2	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	3		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.	<b>o</b>		
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
C	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			
			• · · · ·	(Fame 000 an 000 F3) 0047

Schedule A (Form 990 or 990-EZ) 2017

	TUCSON MUSEUM OF ART AND HISTORIC BLOCK		
Schedule A	(Form 990 or 990-EZ) 2017 AND HISTORIC BLOCK INC	86-6006371	Page <b>8</b>
	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; F Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ad (See instructions.)	nes 1 and 2; Part IV, Section Part V. Section B. line 1e: Pa	n C, art V,

\*\* PUBLIC DISCLOSURE COPY \*\*

# Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Employer identification number

	organization

Schedule B

(Form 990, 990-EZ,

Department of the Treasury Internal Revenue Service

or 990-PF)

	AND HISTORIC BLOCK INC	86-6006371		
Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
	527 political organization			

orm 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

TUCSON MUSEUM OF ART AND HISTORIC BLOCK

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

F

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year exclusively religious is charitable, etc., be successful to the parts unless to the parts unless the total contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., be successful to the parts unless to the parts unless the total contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., be successful to the parts unless to the parts unless to the parts unless the total contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., be successful to the parts unless to the parts unless to the parts unless the total total total to the parts unless to the par

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of org			Employer identification number	
	USEUM OF ART AND HISTORIC BLOCK ORIC BLOCK INC		86-6006371	
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ons Type of contributio	on
1		\$2,505,	,000. Person X Payroll Noncash (Complete Part II for noncash contributions	s.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ons Type of contributio	on
2		\$169,	,650. Person X Payroll Noncash (Complete Part II for noncash contributions	s.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contributio	on
		\$	Person Payroll Noncash (Complete Part II for noncash contributions	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ons Type of contributio	on
		\$	Person Payroll Noncash (Complete Part II for noncash contributions	s.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ons Type of contributio	on
		\$	Person Payroll Payroll (Complete Part II for noncash contributions	s.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution	on
		\$	Person       Payroll         Payroll       Noncash         (Complete Part II for noncash contributions)	s.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
		(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (c) Description of noncash property given	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.         (b)       FWV (or estimate) (See instructions.)         (c)       FWV (or estimate) (See instructions.)         (b)       FWV (or estimate) (See instructions.)         (c)       FWV (or estimate) (See instructions.)         (b)       Description of noncesh property given         (c)       FWV (or estimate) (See instructions.)         (c)       FWV (or estimate) (See instructions.)         (b)       Description of noncesh property given         (c)       FWV (or estimate) (See instructions.)         (c)       FWV (or estimate) (See instructions.)         (c)       FWV (or estimate) (See instructions.)         (c)       FWV (or estimate) (See instructions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

Schedule B	(Form 990, 990-EZ, or 990-PF) (2017)			Page 4			
Name of orga				Employer identification number			
TUCSON MU	JSEUM OF ART AND HISTORIC BLOCK						
AND HISTO	DRIC BLOCK INC			86-6006371			
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religious	columns (a) through (e) and the follows, charitable, etc., contributions of \$1,000 or I	ving line entry. For organization	ns			
	Use duplicate copies of Part III if addition	al space is needed.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held			
-		e) Transfer of gift	1				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee			
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held			
	(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held			
Γ		(e) Transfer of gift	1				
-	Transferee's name, address, a			insferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held			
-		(e) Transfer of gift	<u> </u>				
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	Insferor to transferee			

SC	HEDULE D	Supplement	al Financia	al Statements		OMB No. 1545-0047
	n 990)	Complete if the org	anization answere	ed "Yes" on Form 990,		2017
Depart	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10	), 11a, 11b, 11c, 1 Attach to Form 9			Open to Public
Interna	al Revenue Service	Go to www.irs.gov/Form9		s and the latest information.		Inspection
Nam	e of the organization	TUCSON MUSEUM OF ART AND HI AND HISTORIC BLOCK INC	ISTORIC BLOCK		Employ	er identification number 86-6006371
Pa	rt I Organizatio	ons Maintaining Donor Advise	d Funds or Otl	her Similar Funds or A	ccounts.	
		nswered "Yes" on Form 990, Part IV, lir				
		i	(a) Donor	advised funds	(b) Funds a	nd other accounts
1	Total number at end o	of year				
2		ontributions to (during year)				
3	Aggregate value of gr					
4		nd of year				
5	-	nform all donors and donor advisors in	-			
		property, subject to the organization's				Yes No
6		nform all grantees, donors, and donor a				
	impermissible private	es and not for the benefit of the donor of benefit?	-		· ·	Yes No
Pa		on Easements. Complete if the or		ed "Yes" on Form 990. Part IV		
1		vation easements held by the organizati			, 1110 7 .	
•		land for public use (e.g., recreation or e	, L	Preservation of a historical	v important	land area
	Protection of na	1 ( 6 )	, _	Preservation of a certified h		
	Preservation of	open space				
2	Complete lines 2a thr	ough 2d if the organization held a quali	fied conservation c	ontribution in the form of a co	nservation	easement on the last
	day of the tax year.				Hel	d at the End of the Tax Year
а	Total number of cons	ervation easements			2a	
b	b Total acreage restricted by conservation easements					
С	c Number of conservation easements on a certified historic structure included in (a)					
d		ion easements included in (c) acquired a				
•		Register			2d	
3	vear	ion easements modified, transferred, re	leased, extinguisne	ed, or terminated by the organ	lization duri	ng the tax
4		 ere property subject to conservation eas	sement is located			
5		have a written policy regarding the pe				
	-	ement of the conservation easements in	t la a lala O	······································		Yes No
6	Staff and volunteer ho	ours devoted to monitoring, inspecting,				its during the year
	▶	_				
7	Amount of expenses	incurred in monitoring, inspecting, hand	dling of violations, a	and enforcing conservation ea	asements du	iring the year
	▶\$					
8	Does each conservati	ion easement reported on line 2(d) abov	e satisfy the requir	rements of section 170(h)(4)(E	)(i)	
	and section 170(h)(4)(					-
9		now the organization reports conservati				
		the text of the footnote to the organiza	tion's financial stat	ements that describes the org	ganization's	accounting for
Pa	conservation easeme	ons Maintaining Collections of	f Art. Historica	I Treasures, or Other S	Similar As	ssets.
		e organization answered "Yes" on Form				
1a	•	ected, as permitted under SFAS 116 (AS			nd balance :	sheet works of art.
		r other similar assets held for public exl				
		te to its financial statements that descri				
b	If the organization ele	ected, as permitted under SFAS 116 (AS	SC 958), to report ir	n its revenue statement and b	alance shee	et works of art, historical
	treasures, or other sir	nilar assets held for public exhibition, e	ducation, or resear	ch in furtherance of public se	rvice, provic	le the following amounts
	relating to these items					
		d on Form 990, Part VIII, line 1				
_	(ii) Assets included in				-	
2		ceived or held works of art, historical tre			provide	
_	-	s required to be reported under SFAS 1		-		
a b		Form 990, Part VIII, line 1				
u	maadia indiuudu in FO	orm 990, Part X			. 💌 🎔	

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
732051	10-09-17

		SUM OF ART AND H	IISTORIC BLOCK					•		
		IC BLOCK INC			0		06371	Page <b>2</b>		
	t III Organizations Maintaining C									
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that are a	a signifi	cant use of its	collection it	ems		
	(check all that apply):	_	<b>T</b>							
a	X Public exhibition	d								
b	X Scholarly research	e	Other							
С										
4										
5										
Des	to be sold to raise funds rather than to be ma						X Yes	No		
Par	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes"	on For	m 990, Part IV	, line 9, or			
	reported an amount on Form 990, Par					a dia ad				
па	Is the organization an agent, trustee, custodi							<b>.</b> .		
	on Form 990, Part X?					L	Yes	No No		
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:		1					
							Amount			
	Beginning balance					1c				
	Additions during the year					1d				
-	Distributions during the year					1e				
f	Ending balance					1f				
	Did the organization include an amount on Fe				-	L	Yes	No		
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete i					<u></u>				
1 41				(c) Two years bac		Three years had		wara baak		
4.0	Designing of year belonce	(a) Current year 3,816,636.	(b) Prior year 3,785,128.			<u>Three years back</u> 2,868,003		vears back 08,309.		
	Beginning of year balance	200.	5,705,120.	82,22		820,159		7,411.		
	Contributions	117,855.	187,804.	70,91		51,502		09,080.		
	Net investment earnings, gains, and losses	117,055.	107,004.	70,91	±.	51,502	• •	09,000.		
	Grants or scholarships						_			
е	Other expenditures for facilities	100,121.	156 206	40,288	。	67 201	1	56 707		
	and programs	100,121.	156,296.	40,200	••	67,384	· ·	56,797.		
	Administrative expenses	2 924 570	2 916 626	2 795 1 20	。	2 672 200	20	69 003		
g	End of year balance	3,834,570.	, ,		••	3,672,280	• 2,0	68,003.		
2	Provide the estimated percentage of the curr	ent year end balance		)) held as:						
	Board designated or quasi-endowment		_%							
	Permanent endowment 90.64	%								
С	Temporarily restricted endowment									
-	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held an	nd administered to	r the o	ganization	5			
	by:							<u>ves No</u>		
	(i) unrelated organizations						. 00(1)	X		
								X		
-	If "Yes" on line 3a(ii), are the related organiza						<b>3</b> b			
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment funds.							
1 41	Complete if the organization answere		Dart IV line 11a S	oo Form 000 Dart	V line	10				
	Description of property									
	Description of property	(a) Cost or o basis (investr	• •	or other <b>(c</b> (other)	depred	mulated	<b>(d)</b> Book	value		
19	land			(	200100					
	Land Buildings		5	,981,832.	3	,088,430.	2 8	93,402.		
	Leasehold improvements			,447,356.		,653,308.		94,048.		
	Equipment			,199,617.		,006,648.		92,969.		
	Other			400,601.		332,543.		68,058.		
	Add lines 1a through 1e. (Column (d) must e		X column (R) line 1					, 48,477.		

Schedule D (Form 990) 2017

Schedule D	(Form 990) 2017	AND HISTORIC BLO	CK INC				86-6006371	Page 3
		Other Securities.						
	Complete if the orga	anization answered "Yes"	on Form 990, Part IV, I	ine 11b	. See Form 990,	Part X, line 12.		
(a) Descrip	tion of security or categ	OTY (including name of security)	(b) Book value		(c) Method of v	aluation: Cost	or end-of-year market	t value
(1) Financi	al derivatives							
(2) Closely								
(3) Other								
(A)								
(B)								
(C)								
(D)								
(E)								
(F)								
(G)								
(H)								
	b) must equal Form 990	, Part X, col. (B) line 12.) 🕨						
		Program Related.	4					
		anization answered "Yes"	on Form 990, Part IV, I	ine 11c	See Form 990.	Part X, line 13.		
	(a) Description of	investment	(b) Book value		(c) Method of v	aluation: Cost	or end-of-year market	t value
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
	h) must aqual Form 000	, Part X, col. (B) line 13.) 🕨						
Part IX	Other Assets.							
		anization answered "Yes"	on Form 990 Part IV I	ine 11c	See Form 990	Part X line 15		
			Description		1. Occ 1 onn 330,		(b) Book	value
(1)		()					(1) 2001	
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
<u>(9)</u>								
Part X	<u>omn (b) must equal Fo</u> Other Liabilitie	<u>rm 990, Part X, col. (B) lin</u> S	<u>e 15.)</u>				🕨	
Turtx			on Form 000 Port IV/	ina 11a	or 11f Soo Form	000 Dort V li	25	
		anization answered "Yes" escription of liability	on Form 990, Part IV, I		Book value	1990, Part X, III T	ne 25.	
<u>1.</u>		escription of hability		(0)	BOOK VAIUE	-		
	leral income taxes					-		
(2)						-		
(3)						-		
(4)						-		
(5)						-		
(6)						-		
(7)						-		
(8)						-		
(9)						-		
Total. (Colu	ımn (b) must equal Fo	<u>rm 990, Part X, col. (B) lin</u>	e 25.) 🕨					
<ul> <li>I := l= ::::</li> </ul>		بامان بمريم اللالا المرجع ما						

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

	TUCSON MUSEUM OF ART AND HISTORIC BLOCK			
Sche	edule D (Form 990) 2017 AND HISTORIC BLOCK INC		86-6006371	Page <b>4</b>
Par	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenu	e per Ret	urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	5,518,896.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments 2a	458.		
b				
с				
d				
е	Add lines <b>2a</b> through <b>2d</b>		2e	458.
3	Subtract line 2e from line 1		3	5,518,438.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.) 4b	523,661.		
с	Add lines <b>4a</b> and <b>4b</b>		4c	-523,661.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)		5	4,994,777.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense	ses per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	4,002,234.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a			
b	Prior year adjustments 2b			
с	Other losses 2c			
d	Other (Describe in Part XIII.) 2d	523,661.		
е	Add lines <b>2a</b> through <b>2d</b>		2e	523,661.
3	Subtract line 2e from line 1		3	3,478,573.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.) 4b			
с	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	3,478,573.
Pa	rt XIII Supplemental Information.			

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

PART III, LINE 1A:

THE COLLECTIONS, WHICH WERE ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS

SINCE THE MUSEUM'S INCEPTION, ARE NOT RECOGNIZED AS ASSETS ON THE

STATEMENT OF FINANCIAL POSITION. PURCHASES OF COLLECTION ITEMS ARE

RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE

ITEMS ARE ACQUIRED, OR AS DECREASES IN TEMPORARILY OR PERMANENTLY

RESTRICTED NET ASSETS IF THE ASSETS USED TO PURCHASE THE ITEMS ARE

RESTRICTED BY DONORS. GIFTS OF CASH RESTRICTED BY DONORS FOR THE PURCHASE

OF ART ARE REPORTED AS TEMPORARILY RESTRICTED NET ASSETS. CONTRIBUTED

COLLECTION ITEMS AND REFERENCE BOOKS ARE NOT REFLECTED IN THE

FINANCIAL STATEMENTS. DURING 2018 AND 2017, THE MUSEUM RECEIVED \$385,685

AND \$664,555 OF CONTRIBUTED ART (UNAUDITED) NOT RECORDED IN THE STATEMENT

### Schedule D (Form 990) 2017 AND HISTORIC BI Part XIII Supplemental Information (continued)

## OF FINANCIAL POSITION, AS IN ACCORDANCE WITH THEIR POLICY. PROCEEDS FROM

#### DE-ACCESSIONS OR INSURANCE RECOVERIES, IF ANY, ARE REFLECTED AS INCREASES

#### IN THE APPROPRIATE NET ASSET CLASSES.

PART III, LINE 4:

THE TUCSON MUSEUM OF ART AND HISTORIC BLOCK CONNECTS ART TO LIFE BY

INSPIRING DISCOVERY, CREATIVITY, AND CULTURAL UNDERSTANDING THROUGH

#### MEANINGFUL, ENGAGING EXPERIENCES.

TO ACHIEVE ITS MISSION, THE TUCSON MUSEUM OF ART AND HISTORIC 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 PROPERTIES; AND PRODUCES

RELATED EXHIBITIONS, EDUCATIONAL PROGRAMS, AND PUBLICATIONS WHICH EXPAND

UNDERSTANDING AND APPRECIATION OF THESE UNIQUE COMMUNITY RESOURCES.

PART V, LINE 4:

THE MUSEUM'S ENDOWMENTS CONSIST OF TWO FUNDS ESTABLISHED FOR A VARIETY OF

PURPOSES TO INCLUDE BOTH INCOME AND COLLECTION PURPOSES.

 PART XI, LINE 4B - OTHER ADJUSTMENTS:

 DIRECT EXPENSES OF FUNDRAISING EVENTS

 DIRECT EXPENSES OF GAMING ACTIVITIES

 -225,614.

 COST OF GOODS SOLD

 TOTAL TO SCHEDULE D, PART XI, LINE 4B

 -523,661.

DIRECT EXPENSES OF FUNDRAISING EVENTS

177,006.

	TUCSON MUSEUM OF ART	AND HISTORIC B	LOCK			
Schedule D (Form 990) 2017	AND HISTORIC BLOCK I	NC		86	-6006371	Page 5
Schedule D (Form 990) 2017 Part XIII Supplemental Inform	ation (continued)					<u> </u>
	(continued)					
DIRECT EXPENSES OF GAMING ACTI	VITIES		225,614.			
COST OF GOOD SOLD			121,041.			
TOTAL TO SCHEDULE D, PART XII,	LINE 2D		523,661.			
,						

SCHEDULE G	Supplama	ntal Information Regarding	Euro	Iraiai	na or Gomina A	otiv	ition	OMB No. 1545-0047		
(Form 990 or 990-EZ)	Complete if the	e organization answered "Yes" on organization entered more than \$15	Form 5,000 (	990, P on For	Part IV, line 17, 18, o rm 990-EZ, line 6a.			2017		
Department of the Treasury Internal Revenue Service		Attach to Form 990					_	Open to Public Inspection		
Name of the organization	TUCSON MUSE	► Go to <u>www.irs.gov/Form990</u> EUM OF ART AND HISTORIC BLO					Employer id	identification number		
	AND HISTOR	IC BLOCK INC					86-60063	71		
Part I Fundraisi required to c	ng Activities. complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not		
<ul> <li>a Mail solicitation</li> <li>b Internet and e</li> <li>c Phone solicitation</li> <li>d In-person soli</li> <li>2 a Did the organization key employees lister</li> </ul>	email solicitations ations citations n have a written o d in Form 990, Pa	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p	tion of tion of fundra (incluc	non-g gover iising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Y€			
compensated at lea	•	viduals or entities (fundraisers) pursua organization.		agreer	nents under which ti	ie iur		Je		
(i) Name and address or entity (fundr		(ii) Activity	(iii) fundi have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization		
			Yes	No						
Total										
3 List all states in which or licensing.	n the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	IT IS (	exempt from r	egistration		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2017

# Schedule G (Form 990 or 990 EZ) 2017 AND HISTORIC BLOCK INC

86-6006371 Page **2** 

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		ARTISANS MARKET	CRUSH	4	(add col. <b>(a)</b> through col. <b>(c)</b> )
		(event type)	(event type)	(total number)	COI. <b>(C)</b> )
2011 2011 2011 2011 2011 2011 2011 2011	Gross receipts	82,591.	262,296.	144,383.	489,270
2	Less: Contributions		54,500.	13,860.	68,360
3	Gross income (line 1 minus line 2)	82,591.	207,796.	130,523.	420,910
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
	Food and beverages	479.	29,007.	621.	30,107
5 8	Entertainment	3,298.	8,318.	250.	11,866
9	Other direct expenses	26,444.	64,702.	43,887.	135,033
10		n 9 in column (d)		►	177,006
11	Net income summary. Subtract line 10 from I	ine 3, column (d)		▶	243,904

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a.

anue			(a) Bingo (b) Pull tabs/instant bingo/progressive bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
Revenue	1	Gross revenue			313,325.	313,325.				
ŝ	2	Cash prizes			163,253.	163,253.				
Direct Expenses	3	Noncash prizes								
irect E	4	Rent/facility costs								
	5	Other direct expenses		Yes %	62,361.	62,361.				
	6									
	7	225,614.								
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			87,711.				
9	9 Enter the state(s) in which the organization conducts gaming activities: AZ									
	a Is the organization licensed to conduct gaming activities in each of these states?									
b	b If "No," explain: ARIZONA REVISED STATUTE 13-3302 PERMITS ORGANIZATIONS EXEMPT									
	UNDER ARS 43-1201, PARAGRAPH 1, 2, 4, 5, 6, 7, 10, OR 11 TO CONDUCT RAFFLES SUBJECT TO CERTAIN RESTRICTIONS, TUCSON MUSEUM OF ART IS EXEMPT									
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	/ear?	Yes X No				
b	lf "	Yes," explain:								

732082 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

TUCSON	MUSEUM	OF	ART	AND	HISTORIC	BLOCK

Sch	nedule G (Form 990 or 990-EZ) 2017 AND HISTORIC BLOCK INC 8	6-60063	71	Pa	ge <b>3</b>
	Does the organization conduct gaming activities with nonmembers?	X	Yes		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?	🗆	Yes	X	No
	Indicate the percentage of gaming activity conducted in:	1			
	a The organization's facility			0.00	
	o An outside facility	<b>13</b> b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name  CHRISTOPHER GORDON				
	Address 🕨 140 NORTH MAIN AVENUE - TUCSON, AZ 85701				
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	X	No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount				
-	of gaming revenue retained by the third party ▶\$				
c	If "Yes," enter name and address of the third party:				
	Name				
	Address 🕨				
16	Gaming manager information:				
	Name  CHRISTOPHER GORDON				
	Gaming manager compensation <b>&gt;</b> \$4,466.				
	Description of services provided VURRSIGHT AND RECORDREEPING				
	X   Director/officer   Employee   Independent contractor				
	Mandatory distributions:				
ĉ	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes	X	No
ŀ	a Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	····· └──	163		NO
	organization's own exempt activities during the tax year <b>&gt;</b> \$				
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	I, lines 9,	9b, 10	b, 15l	o,
<u></u>	HEDULE G, PART III, LINE 9B, EXPLANATION:				
ARI	ZONA REVISED STATUTE 13-3302 PERMITS ORGANIZATIONS EXEMPT				
UND	DER ARS 43-1201, PARAGRAPH 1, 2, 4, 5, 6, 7, 10, OR 11 TO CONDUCT				
RAF	FFLES SUBJECT TO CERTAIN RESTRICTIONS. TUCSON MUSEUM OF ART IS EXEMPT				
FRO	OM FEDERAL INCOME TAX UNDER IRC 501(C)(3), AND EXEMPT FROM ARIZONA				
TNC	COME TAX UNDER ARS 43-1201 PARAGRAPH 4. THEREFORE, IT IS PERMITTED TO				
CON	NUCT RAFFLES SUBJECT TO THE RESTRICTIONS. NO LICENSE IS REQUIRED.				

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)		

SC	HEDULE J	Compensation Information	1	1	OMB No. 1	1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, a			2017		
		Compensated Employees	-		ZU	17	
Dena	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Pattach to Form 990.	art IV, line 23.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest	t information.		Inspe		
Nam	ne of the organization			Employer id		on nui	mber
		AND HISTORIC BLOCK INC		86-6	006371		
Ра	rt I Question	s Regarding Compensation					——
						Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person		990,			
		line 1a. Complete Part III to provide any relevant information regarding these					
	First-class or c						
	Travel for com		•				
	_	ation and gross-up payments					
	X Discretionary	spending account Personal services (such as	s, maid, chauffei	ur, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding				v	
-		rovision of all of the expenses described above? If "No," complete Part III to			1b	Х	
2		n require substantiation prior to reimbursing or allowing expenses incurred by					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line	∋1a?		2	Х	
_							
3		y, of the following the filing organization used to establish the compensation	•				
		ctor. Check all that apply. Do not check any boxes for methods used by a re	lated organizatio	on to			
	·	ation of the CEO/Executive Director, but explain in Part III.					
	Compensation	committee Written employment contr	ract				
	Independent of	ompensation consultant	study				
	Form 990 of o	ther organizations	compensation c	ommittee			
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the	ne filing				
	organization or a re	0					
а		e payment or change-of-control payment?					X
b		ceive payment from, a supplemental nonqualified retirement plan?					X
С		ceive payment from, an equity-based compensation arrangement?			<b>4c</b>		X
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable amounts for each item in	Part III.				
_		)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a	ny compensatio	n			
	contingent on the r				_		v
							X
b		ation?			5b		X
		r 5b, describe in Part III.					
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a	ny compensatio	n			
	contingent on the r						v
							X
b		ation?			6b		X
_		r 6b, describe in Part III.					
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any non					
		es 5 and 6? If "Yes," describe in Part III			7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that w		ie			
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in F			8		X
9		d the organization also follow the rebuttable presumption procedure describe					
		53.4958-6(c)?	<u></u>		9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.		Sched	ule J (Forn	n 990)	2017

TUCSON MUSEUM OF ART AND HISTORIC BLOCK

AND HISTORIC BLOCK INC

Schedule J (Form 990) 2017

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

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

86-6006371

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

	(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) JEREMY MIKOLAJCZAK	(i)	160,000.	0.	0.	0.	6,588.	166,588.	0.	
EXECUTIVE DIRECTOR AND CHI	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(i) (ii)								
	(i)								
	(i) (ii)								
	(i)								
	(ii)								

Page 2

AND HISTORIC BLOCK INC

Schedule J (Form 990) 2017

Page 3

Part III Supplemental Information

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

Schedule J (Form 990) 2017

SCHEDULE	Μ
(Form 990)	

# **Noncash Contributions**

OMB No. 1545-0047

Employer identification number

86-6006371

Department of the Treasury Internal Revenue Service

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

2017 Open To Public Inspection

Name	of the	organization

**Go to www.irs.gov/Form990 for the latest information.** TUCSON MUSEUM OF ART AND HISTORIC BLOCK

e of the organization	TUCSON	MUSEUM	OF	

AND HISTORIC BLOCK INC

Par	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of det		•	_
		applicable		Form 990, Part VIII, line 1g	noncash contribu	lion an	nounts	3
1	Art - Works of art	Х	196		SEE PART II			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		35,754.	SALES PRICE			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles	Х	46	93,860.	SALES PRICE			
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other  ()							
28	Other 🕨 ( )							
29	Number of Forms 8283 received by the organiz	-	•					
	for which the organization completed Form 828	3, Part IV, I	Donee Acknowledg	jement			8	
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date		l contribution, and	which isn't required to be us	sed for			77
_	exempt purposes for the entire holding period?					30a		X
	If "Yes," describe the arrangement in Part II.	- I'	an dia a dia a manda	f and a standard stand of the second stand	inneQ		v	
31	Does the organization have a gift acceptance p	-	-	•	ions?	31	x	
32a	Does the organization hire or use third parties of		-			00-		х
L.	contributions?					32a		A
	If "Yes," describe in Part II.	dump (a) fai	a tuno of property	for which column (a) is share	kod			
33	If the organization didn't report an amount in co	501 (C)	a type of property	nor which column (a) is chec	ikeu,			
	describe in Part II.							

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

Schedule M (Form 990) 2017 AND HISTORIC BLOCK INC

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

NO AMOUNT WAS REPORTED ON FORM 990, PART VIII, FOR DONATIONS OF ART

BECAUSE THE MUSEUM DOES NOT CAPITALIZE ITS COLLECTIONS.

SCHEDULE O	Supplemental Information to Form 990 or 9		OMB No. 1545-0047
(Form 990 or 990-EZ) Department of the Treasury	Complete to provide information for responses to specific questions Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.	son	<b>ZUI</b> Open to Public
Internal Revenue Service	► Go to www.irs.gov/Form990 for the latest information.		Inspection
Name of the organization	TUCSON MUSEUM OF ART AND HISTORIC BLOCK AND HISTORIC BLOCK INC		r <b>identification number</b> 006371
FORM 990, PART I, I	INE 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, ENGAGIN	IG EXPERIENCES.		
FORM 990, PART III,	LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:		
THE PERMANENT COLLE	CTION AND SPECIAL EXHIBITIONS.		
FORM 990, PART VI,	SECTION B, LINE 11B:		
FORM 990 IS PREPARE	D BY AN INDEPENDENT CPA AND PROVIDED TO THE CHIEF		
FINANCIAL OFFICER H	OR REVIEW. AFTER THE CPA INCORPORATES ANY REVISIONS		
SUGGESTED BY THE CH	HEF FINANCIAL OFFICER, A DRAFT IS PROVIDED TO ALL		
MEMBERS OF THE FINA	NCE 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 INT	EREST POLICY REQUIRES DIRECTORS TO DISCLOSE POTENTIAL		
CONFLICTS. VOLUNTAR	Y COMPLIANCE IS EXPECTED. IN ADDITION, ON AN ANNUAL		
BASIS, OFFICERS ANI	DIRECTORS ARE REQUIRED TO SIGN A STATEMENT		
ACKNOWLEDGING COMPI	JANCE WITH THE CONFLICT OF INTEREST POLICY. THE POLICY		
COVERS ANY DIRECTOR	R, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH		
GOVERNING BOARD-DEI	EGATED POWERS. THE PROCEDURE FOR IDENTIFYING IF A		
CONFLICT EXISTS BEC	INS WITH AN INTERESTED PERSON DISCLOSING THE EXISTENCE		
OF ANY FINANCIAL IN	TEREST AND ALL MATERIAL FACTS TO THE BOARD OR EXECUTIVE		
	SCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL	Cabadula O /E	n 990 or 990-E <b>7</b> ) (2017)

Schedule O (Form 990 or 9		Page <b>2</b>
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 E	XECUTIVE 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 PERSON	S OR A COMMITTEE MAY INVESTIGATE ALTERNATIVES TO THE	
PROPOSED TRANSACTION	OR ARRANGEMENT. AFTER EXERCISING DUE DILIGENCE, THE	
BOARD OR EXECUTIVE C	OMMITTEE SHALL DETERMINE WHETHER TMA CAN OBTAIN WITH	
REASONABLE EFFORTS A	MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A	
PERSON OR ENTITY THA	T WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A	
MORE ADVANTAGEOUS TR	ANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE	
UNDER CIRCUMSTANCES	NOT PRODUCING A CONFLICT OF INTEREST, THE BOARD OR	
EXECUTIVE COMMITTEE	SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED	
DIRECTORS WHETHER TH	E 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:

COMPENSATION OF THE ORGANIZATION'S EXECUTIVE DIRECTOR AND CHIEF FINANCIAL

OFFICER IS DETERMINED AND APPROVED ANNUALLY BY THE BOARD OF DIRECTORS. THE

INITIAL COMPENSATION PACKAGES OF THE ORGANIZATION'S EXECUTIVE DIRECTOR AND

CHIEF FINANCIAL 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

REQUEST. FORM 990 IS AVAILABLE ONLINE AT GUIDESTAR.ORG.

Form	990-T Exempt Organization Business Income Tax Return						Ļ	OMB No. 154	5-0687
			(and proxy tax und					004	17
		For cal	endar year 2017 or other tax year beginning JUL 1, 20		, and ending JUN		·	<b>20</b> 1	
	tment of the Treasury al Revenue Service		► Go to www.irs.gov/Form990T for in Do not enter SSN numbers on this form as it may	4	Open to Public In 501(c)(3) Organiza	ations Only			
A [	Check box if address changed		Name of organization ( Check box if name of TUCSON MUSEUM OF ART AND HISTORIC	Empl	oyer identification oyees' trust, see ctions.)	number			
<b>B</b> E	xempt under section	Print	AND HISTORIC BLOCK INC		86-6006373				
X	]501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. bo	x, see in	structions.			ated business act nstructions.)	ivity codes
	408(e) 220(e)	Type	140 NORTH MAIN AVENUE						
	408A 530(a) 529(a)		City or town, state or province, country, and ZIP o TUCSON, AZ 85701	or foreigi	n postal code		90009	9	
C Bo	ok value of all assets end of year		F Group exemption number (See instructions.)						
	9,367,		G Check organization type ▶ X 501(c) cor			401(a)	trust	Oth	ner trust
			ary unrelated business activity. <b>FRENTAL OF</b>						
			oration a subsidiary in an affiliated group or a pare	nt-subsi	diary controlled group?	► L	Ye	s X No	
			ifying number of the parent corporation.		- · ·				
			HRISTOPHER GORDON, CHIEF FINANCIA le or Business Income	<u> </u>	· · ·	ne number 🕨 52			
					(A) Income	(B) Expenses		(C) N	el
18	Gross receipts or sale								
0 0	Less returns and allow		c Balance	1c 2					
2 3			A, line 7) om line 1c	3					
			h Schedule D)	4a					
b			art II, line 17) (attach Form 4797)	4b					
c			ts	4c					
5			ps and S corporations (attach statement)	5					
6	Rent income (Schedu		· · · · · · · · · · · · · · · · · · ·	6					
7	· ·		ne (Schedule E)	7					
8			nd rents from controlled organizations (Sch. F)	8					
9	Investment income of	f a sectio	n 501(c)(7), (9), or (17) organization (Schedule G)	9					
10	Exploited exempt activ	vity inco	me (Schedule I)	10					
11	Advertising income (S	Schedule	J)	11					
12			s; attach schedule) STATEMENT 1	12	43,708.				43,708.
13	Total. Combine lines	s 3 throug	gh 12	13	43,708.				43,708.
Pa			t Taken Elsewhere (See instructions for the directly connected itions, deductions must be directly connected iting the directly conn			income.)			
14	Compensation of off	ficers, dir	ectors, and trustees (Schedule K)				14		
15							15		38,182.
16							16		
17							17		
18							18		
19	Laxes and licenses		instructions for limitation rules)				19		
20			e instructions for limitation rules)				20		
21 22			62) I Schedule A and elsewhere on return				22b		
22							220		
24			npensation plans				24		
25							25		
26			hedule I)				26		
27	Excess readership co	osts (Sch	nedule J)				27		
28	Other deductions (at	ttach sch	edule)		SEE STATEMEN	т 2	28	:	11,373.
29			14 through 28				29		49,555.
30	Unrelated business t	taxable ir	ncome before net operating loss deduction. Subtrac	ct line 29	from line 13	· · · · · · · · · · · · · · · · · · ·	30		-5,847.
31	Net operating loss de	eduction	(limited to the amount on line 30)				31		
32	Unrelated business t	taxable ir	ncome before specific deduction. Subtract line 31 fr	rom line	30		32		-5,847.
33			1,000, but see line 33 instructions for exceptions				33		1,000.
34		taxable	income. Subtract line 33 from line 32. If line 33 is	greater	than line 32, enter the sm	aller of zero or			
	line 32						34		-5,847.

TUCSON	MUSEUM	OF	ART	AND	HISTORIC	BLOCK

Form 990-T	(2017) AND HISTORIC BLOCK INC		86-6006	5371		Page 2
Part I	I Tax Computation	la contra con				
35	Organizations Taxable as Corporations. See instructions for tax computation.					
	Controlled group members (sections 1561 and 1563) check here 🕨 🛄 See instructions an	d:				
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)					
	(1) \$ (2) \$ (3) \$					
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)					
	(2) Additional 3% tax (not more than \$100,000)					
C	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					
	Tax rate schedule or Schedule D (Form 1041)			36		
37	Proxy tax. See instructions			37		
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.
Part I				1		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a				
	Other credits (see instructions)	41b				
	General business credit. Attach Form 3800			-		
	Credit for prior year minimum tax (attach Form 8801 or 8827)					
	Total credits. Add lines 41a through 41d			41e		
	Subtract line 41e from line 40			42		0.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 889	66	Other (attach schedule)	43		
44	Total tax. Add lines 42 and 43			44		0.
	Payments: A 2016 overpayment credited to 2017					
	2017 estimated tax payments	45b		-		
	Tax deposited with Form 8868	45c				
	Foreign organizations: Tax paid or withheld at source (see instructions)	45d				
	Backup withholding (see instructions)	45e		-		
	Credit for small employer health insurance premiums (Attach Form 8941)	45e		-		
	Other credits and payments:	401		-		
g	□ Form 4136 Total ►	45.0				
46	Total payments. Add lines 45a through 45g	409		46		
	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🛄			47		
	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed $\dots$			48		0.
	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid			49		0.
	Enter the amount of line 49 you want: Credited to 2018 estimated tax		Refunded	50		
Part V		n (se		00		
-0.061230/050053003012	At any time during the 2017 calendar year, did the organization have an interest in or a signature of				Yes	No
51	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization				165	NO
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the fo					
	here <b>&gt;</b>	oreign u	Journaly			x
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	noforo	r to a foreign truct?			x
	If YES, see instructions for other forms the organization may have to file.	11516101	10, a loreight hust?	•••••		
	Enter the amount of tax-exempt interest received or accrued during the tax year <b>&gt;</b> \$					1
00		tements.	and to the best of my knowle	adde and belie	f. it is true.	altitettet
Sign	Under <u>penalti</u> es of perjury, I declare that I have examined this return, including accompanying schedules and stat correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	has any	knowledge.		, in io 2 and	
Here	5/10/19 CHIEF EXECU	TTTT	OTTOTO	-	scuss this return v	vith
	Signature of officer Date Title	OIIVE			own below (see	No
			<b></b>	Statement in the statement of	A IGS	NU
	Print/Type preparer's name Preparer's signature Dat	le		if PTIN		
Paid	COREY ARVIEU, CPA	02/19	self- employed		77649	
Prepa		54/15			-0558065	
Use O	nly HIM'S name ALINFELD, MEECH, & CO, F.C. 10120 N. ORACLE RD		Firm's EIN	00	000000	
			Phone no. 5	2074226	11	
an and a division of the local division of t	Firm's address 🕨 TUCSON, AZ 85704			2014220.		

#### TUCSON MUSEUM OF ART AND HISTORIC BLOCK

Form 990-T (2017) AND HISTORIC BLOCK INC

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory v	aluation 🕨 N/A					
1 Inventory at beginning of year			6	Inventory at end of yea	r		6		
2 Purchases				Cost of goods sold. Su					
3 Cost of labor				from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section				Yes	No
<b>b</b> Other costs (attach schedule)	4b			property produced or a	`	•			
5 Total. Add lines 1 through 4b				the organization?					
Schedule C - Rent Income (		Property and	Per		ease	d With Real Prop	erty)		
(see instructions)									
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	<b>3(a)</b> Deductions directly columns 2(a) an	connec d 2(b) (a	ted with the income ir attach schedule)	1
(1)									
(2)									
(3)									
(4)									
Total	٥.	Total			Ο.				
(c) Total income. Add totals of columns 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 Deb	t-Financed	Income (see	instru	ctions)					
				. Gross income from		3. Deductions directly conr to debt-finance			
1. Description of debt-fin	anced property		-	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	
(1)							-		
(2)							+		
(3)							-		
(4)							+		
<b>4</b> . Amount of average acquisition	5 Average	adjusted basis	6	Column 4 divided		7. Gross income	-	8. Allocable deduct	ione
debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	allocable to nced property n schedule)		by column 5		reportable (column 2 x column 6)		column 6 x total of co 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
			1	//	E	nter here and on page 1,		Enter here and on pag	ie 1,
						Part I, line 7, column (A).		Part I, line 7, column	
Totals				►		0	.		Ο.
Total dividends-received deductions in									0.

Form **990-T** (2017)

Page 3

86-6006371

Form 990-T (2017) AND HISTO								86-600	6371	Page 4
Schedule F - Interest,	Annuities, Royal	ies, and	Rents	From Co	ntrolle	d Organiza	tions	(see ins	structio	ns)
		E	Exempt (	Controlled O	rganizat	ions				
1. Name of controlled organization 2. Employer identification number		cation	3. Net unrelated income (loss) (see instructions) 4. Tota paym		tal of specified ments made <b>5.</b> Part of colum included in the o organization's gro		ed in the contr	rolling	6. Deductions directly connected with income in column 5	
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organ	izations	•			l					
7. Taxable Income	8. Net unrelated incom (see instructions		9. Total	of specified payr made	nents	10. Part of colur in the controlli gross	mn 9 that ng organ s income	is included ization's	11. D wi	Deductions directly connected th income in column 10
(1)										
<u>(1)</u> (2)										
(3)										
(4)										
						Add colun Enter here and line 8, c		1, Part I,		Add columns 6 and 11. here and on page 1, Part I, line 8, column (B).
Totals					►			0.		0.
Schedule G - Investme	ent Income of a S	Section 5	01(c)(7	'), (9), or (	17) Org	ganization				
(see inst	tructions)									
<b>1.</b> Des	cription of income			2. Amount of	income	<ol> <li>Deduction directly connective (attach sched)</li> </ol>	cted	<b>4.</b> Set- (attach s	asides schedule)	<ol> <li>Total deductions and set-asides (col. 3 plus col. 4)</li> </ol>
(1)										
(2)										
(3)										
(4)										
				Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B).
Totals			►		Ο.					0.
Schedule I - Exploited (see instru	• •	Income,	Other	Than Adv	vertisir	ng Income				
<u>.</u>		<b>3.</b> Exper		4. Net incom	ne (loss)	_				7 Exercise exernet
1. Description of exploited activity	2. Gross unrelated business income from trade or business	directly con with produ of unrela business ir	nected uction ated	from unrelated business (co minus colum gain, compute through	l trade or lumn 2 n 3). If a e cols. 5	<ol> <li>Gross inco from activity t is not unrelat business inco</li> </ol>	hat ed	<b>6.</b> Exp attribut colur	able to	<ol> <li>Excess exempt expenses (column 6 minus column 5, but not more than column 4).</li> </ol>
(1)										
(1) (2) (3)										
(3)										
(4)										
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here a page 1, P line 10, co	'art I,							Enter here and on page 1, Part II, line 26.
Totals	• 0.		0.							0.
Schedule J - Advertisi	ing Income (see i	nstructions)								

### Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	<b>2.</b> Gross advertising income	<b>3.</b> Direct advertising costs	<b>4.</b> Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	<b>6.</b> Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ►	0.	0.				0.

Form 990-T (2017) AND HISTORIC BLOCK INC

Total. Enter here and on page 1, Part II, line 14

#### 86-6006371 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	<b>2.</b> Gross advertising income		Direct ing costs	<b>4.</b> Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		culation ome	6. Readership costs	7. Excess readers costs (column 6 mi column 5, but not n than column 4).	nus nore
(1)									
(2)									
(3)									
(4)									
Totals from Part I	0.		٥.						0.
	Enter here and on page 1, Part I, line 11, col. (A).	page	re and on 1, Part I, , col. (B).					Enter here and on page 1, Part II, line 27.	
Totals, Part II (lines 1-5)	0.		0.						Ο.
Schedule K - Compensation	n of Officers, I	Directo	ors, and	Trustees (see in	nstructior	າຣ)			
1. Name				2. Title		3. Percent of time devoted to business		ompensation attributable ounrelated business	
(1)							%		
(2)							%		
(3)							%		
(4)							%		

Ο.

Form 990-T (2017)

### STATEMENT(S) 1, 2

FORM 990-T	OTHER	INCOME	STATEMENT 1
DESCRIPTION			AMOUNT
FACILITIES RENTAL			43,708.
TOTAL TO FORM 990-T, I	PAGE 1, LINE 12		43,708.
FORM 990-T	OTHER	DEDUCTIONS	STATEMENT 2
DESCRIPTION			AMOUNT

TOTAL TO FORM 990-T, PAGE 1, LINE 28

### 86-6006371

11,373.

	IRS e-file Signature Authorization	L	OMB No. 1545-1878
Form 8879-EO	for an Exempt Organization	10	
	For calendar year 2017, or fiscal year beginning <u>JUL 1</u> , 2017, and ending <u>JUN 30</u> Do not send to the IRS. Keep for your records.	, <sub>20</sub> <u>18</u>	2017
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form8879EO for the latest information.		
Name of exempt organization		Employer i	dentification number
TUCSON MUSEUM OF AR	F AND HISTORIC BLOCK		
AND HISTORIC BLOCK	INC	86-60	06371
Name and title of officer JEREMY MIKOLAJCZAK			
CHIEF EXECUTIVE OFF	Return and Return Information (Whole Dollars Only)		
Check the box for the retu on line <b>1a</b> , <b>2a</b> , <b>3a</b> , <b>4a</b> , or <b>5</b>	rn for which you are using this Form 8879-EO and enter the applicable amount, if any, ia, below, and the amount on that line for the return being filed with this form was blan ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applica	nk, then leave li	ne 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	4,994,777.
2a Form 990-EZ check he			
3a Form 1120-POL check			
4a Form 990-PF check he			
5a Form 8868 check here	b Balance Due (Form 8868, line 3c)	5b _	
Part II Declarat	ion and Signature Authorization 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 a	pplicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate a I institution account indicated in the tax preparation software for payment of the organ stitution to debit the entry to this account. To revoke a payment, I must contact the U, an 2 business days prior to the payment (settlement) date. I also authorize the financia ic payment of taxes to receive confidential information necessary to answer inquiries a a personal identification number (PIN) as my signature for the organization's electronic electronic funds withdrawal.	nization's federa .S. Treasury Fir al institutions in and resolve issu	al taxes owed on this nancial Agent at volved in the nes related to the
Officer's PIN: check one	box only		
X I authorize HEI	NFELD, MEECH, & CO, P.C.	to enter my	PIN 10120
	ERO firm name		Enter five numbers, bu do not enter all zeros
is being filed wit	on the organization's tax year 2017 electronically filed return. If I have indicated withir h a state agency(ies) regulating charities as part of the IRS Fed/State program, I also a the return's disclosure consent screen.	n this return tha authorize the af	t a copy of the return orementioned ERO to
indicated within program, I will e	the organization, I will enter my PIN as my signature on the organization's tax year 201 this return that a copy of the return is being filed with a state agency(ies) regulating ch nter my PIN on the return of disclosure concent screen.	harities as part	of the IRS Fed/State
Officer's signature 🕨	Date	2/10/1	/
Part III Certifica	tion and Authentication		
APATASADADADASASASASASAS	pur six-digit electronic filing identification		
	your five-digit self-selected PIN. 86195385012 Do not enter all zer	ros	
I certify that the above nur confirm that I am submittin <i>e-file</i> Providers for Busine	neric entry is my PIN, which is my signature on the 2017 electronically filed return for t ng this return in accordance with the requirements of <b>Pub. 4163,</b> Modernized e-File (N ss Returns.	the organization MeF) Informatio	n indicated above. I n for Authorized IRS
ERO's signature <b>HEINFE</b>	LD, MEECH, & CO, P.C. Date ▶ 04	4/30/19	일부장 같은 것이다.
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To D	Do So	
			Form 8879-EO (2017)
LHA For Paperwork Red 723051 10-11-17	duction Act Notice, see instructions.		

4

A

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

## Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identif	ying number
Type or print	Name of exempt organization or other filer, see instruction MUSEUM OF ART AND HISTORIC BLOCK AND HISTORIC BLOCK INC			Employe	r identificat 86-600	tion number (EIN) or
File by the		! +	1	0		
due date for filing your	Number, street, and room or suite no. If a P.O. box, 140 NORTH MAIN AVENUE	see instruc	tions.	Social se	curity num	iber (SSN)
return. See instructions.	City, town or post office, state, and ZIP code. For a TUCSON, AZ 85701	foreign add	lress, see instructions.			
Enter the	Return Code for the return that this application is for (f	ile a separa	te application for each return)			0 1
Applicat		Return				Return
Is For		Code	Is For			Code
-	) or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990		02	Form 1041-A			08
	20 (individual)	03	Form 4720 (other than individual)			09
Form 990		04	Form 5227			10
Form 990	orm 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069					11
Form 990-T (trust other than above) 06 Form 8870				12		
	CHRISTOPHER GORDON, C	HIEF FIN	ANCIAL OFFICER			
• The b	ooks are in the care of 🕨 140 NORTH MAIN AVENUE	- TUCSO	N, AZ 85701			
Telepł	none No. ► 520-624-2333		Fax No. 🕨			
• If the	organization does not have an office or place of busines	ss in the Ur	nited States, check this box			
• If this	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) I	f this is fo	r the whole	e group, check this
box 🕨	If it is for part of the group, check this box $igstarrow$	and atta	ch a list with the names and EINs o	all memb	ers the ext	tension is for.
<b>1</b> Ire	quest an automatic 6-month extension of time until	MAY 1	5, 2019 , to file	the exen	npt organiz	ation return
for	the organization named above. The extension is for the	e organizati	on's return for:			
	calendar year or					
	X tax year beginning JUL 1, 2017				·	
2 If the	ne tax year entered in line 1 is for less than 12 months,	check reas	on: Initial return	Final retur	'n	
	Change in accounting period					
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	), or 6069,	enter the tentative tax, less any			_
	nrefundable credits. See instructions.			3a	\$	0.
	nis application is for Forms 990-PF, 990-T, 4720, or 606					
	imated tax payments made. Include any prior year over			3b	\$	0.
	lance due. Subtract line 3b from line 3a. Include your p	•	· • ·			•
	using EFTPS (Electronic Federal Tax Payment System).			<u>3c</u>	\$	0.
Caution: instruction	If you are going to make an electronic funds withdrawa	al (direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 88	3/9-EO for payment
	110.					

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

## Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's iden	tifying nur	nber	
Type or print	Name of exempt organization or other filer, see instru TUCSON MUSEUM OF ART AND HISTORIC BLOCK	ictions.		Employe	r identific	cation numl	ber (EIN) or	
File by the	AND HISTORIC BLOCK INC				86-60	06371		
due date for filing your return. See	<ul> <li>Number, street, and room or suite no. If a P.O. box, s</li> <li>140 NORTH MAIN AVENUE</li> </ul>	ee instruc	tions.	Social se	curity nu	umber (SSN	1)	
instructions	City, town or post office, state, and ZIP code. For a for TUCSON, AZ 85701	oreign adc	lress, see instructions.					
Enter the	Return Code for the return that this application is for (fil	e a separa	te application for each return)				0 7	
Applicat	ion	Return	Application				Return	
Is For		Code	Is For				Code	
Form 990	0 or Form 990-EZ	01	Form 990-T (corporation)				07	
Form 990	0-BL	02	Form 1041-A				08	
Form 472	20 (individual)	03	Form 4720 (other than individual)				09	
Form 990	0-PF	04	Form 5227				10	
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11	
Form 990	0-T (trust other than above)	06 Form 8870				12		
<ul><li>Telep</li><li>If the</li><li>If this box </li></ul>	CHRISTOPHER GORDON, CH ooks are in the care of ▶ <u>140 NORTH MAIN AVENUE</u> hone No. ▶ <u>520-624-2333</u> organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ▶ equest an automatic 6-month extension of time until	- TUCSO s in the Ur Group Exe ] and atta	N, AZ 85701 Fax No. ► nited States, check this box emption Number (GEN) I ich a list with the names and EINs o	f this is fo f all memb	r the who ers the e	ole group, d	s for.	
	the organization named above. The extension is for the calendar year or tax year beginningJUL 1, 2017 he tax year entered in line 1 is for less than 12 months, c Change in accounting period	, an	d endingJUN_30, 2018	Final retur	 'n			
	his application is for Forms 990-BL, 990-PF, 990-T, 4720, nrefundable credits. See instructions.	, or 6069,	enter the tentative tax, less any	3a	\$		0.	
b lft	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and					
est	timated tax payments made. Include any prior year overp	payment a	llowed as a credit.	3b	\$		٥.	
	lance due. Subtract line 3b from line 3a. Include your pa							
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$		٥.	
Caution: instruction	: If you are going to make an electronic funds withdrawal ons.	(direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form	8879-EO fo	or payment	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

OMB No. 1545-1709

## **Corey Arvizu**

From:	CCH-ReturnNotification@wolterskluwer.com
Sent:	Wednesday, October 31, 2018 10:05 AM
То:	Corey Arvizu
Subject:	2017 Electronic Extension Accepted by the IRS

Tucson Museum of Art and Historic Block and Historic Block Inc,

You are receiving this e-mail on behalf of HEINFELD, MEECH, & CO, P.C..

Your electronically filed Exempt federal income tax extension for tax year 2017 has been acknowledged as accepted for processing by the IRS on 10/31/2018.

Your return was sent to the Ogden Service Center.

Your SubmissionID is **86195320183040330e53**. Your Client ID is **TUCART**.

Do not mail the paper copy of your tax return to the IRS. It is for your use only.

## PLEASE DO NOT REPLY TO THIS E-MAIL.

We generate this e-mail automatically from your request to be notified when your return or extension is accepted by the taxing authority. We do not monitor this e-mail address for incoming e-mail traffic. If you need assistance or have a question, please contact the firm preparing this return for you. Thank you.

## **Corey Arvizu**

From:	CCH-ReturnNotification@wolterskluwer.com
Sent:	Wednesday, October 31, 2018 10:05 AM
To:	Corey Arvizu
Subject:	2017 Electronic Extension Accepted by the IRS
Follow Up Flag:	FollowUp
Flag Status:	Flagged

Tucson Museum of Art and Historic Block and Historic Block Inc,

You are receiving this e-mail on behalf of HEINFELD, MEECH, & CO, P.C..

Your electronically filed Exempt federal income tax extension for tax year 2017 has been acknowledged as accepted for processing by the IRS on 10/31/2018.

Your return was sent to the Ogden Service Center.

Your SubmissionID is **86195320183040330e49**. Your Client ID is **TUCART**.

Do not mail the paper copy of your tax return to the IRS. It is for your use only.

## PLEASE DO NOT REPLY TO THIS E-MAIL.

We generate this e-mail automatically from your request to be notified when your return or extension is accepted by the taxing authority. We do not monitor this e-mail address for incoming e-mail traffic. If you need assistance or have a question, please contact the firm preparing this return for you. Thank you.

## **Corey Arvizu**

From:	CCH-ReturnNotification@wolterskluwer.com
Sent:	Monday, May 13, 2019 6:29 PM
То:	Corey Arvizu
Subject:	2017 Electronic Return Accepted by the IRS

Tucson Museum of Art and Historic Block and Historic Block Inc,

You are receiving this e-mail on behalf of HEINFELD MEECH & CO PC.

Your electronically filed Exempt federal income tax return for tax year 2017 has been acknowledged as accepted for processing by the IRS on 05/13/2019.

Your return was sent to the Ogden Service Center.

Your SubmissionID is **86195320191330431e09**. Your Client ID is **TUCART**.

Do not mail the paper copy of your tax return to the IRS. It is for your use only.

### PLEASE DO NOT REPLY TO THIS E-MAIL.

We generate this e-mail automatically from your request to be notified when your return or extension is accepted by the taxing authority. We do not monitor this e-mail address for incoming e-mail traffic. If you need assistance or have a question, please contact the firm preparing this return for you. Thank you.