

Form **990**

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

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ARIZONA CENTER FOR NATURE CONSERVATION Doing business as THE PHOENIX ZOO Number and street (or P.O. box if mail is not delivered to street address) Room/suite 455 N. GALVIN PARKWAY City or town, state or province, country, and ZIP or foreign postal code PHOENIX, AZ 85008 F Name and address of principal officer: NORBERTO J. CASTRO SAME AS C ABOVE	D Employer identification number 86-0174843 E Telephone number 602-286-3800 G Gross receipts \$ 27,198,282. H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions) H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.PHOENIXZOO.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
L Year of formation: 1961		M State of legal domicile: AZ

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ARIZONA CENTER FOR NATURE CONSERVATION ADVANCES THE STEWARDSHIP AND CONSERVATION OF ANIMALS 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 23 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 23 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 569 6 Total number of volunteers (estimate if necessary) 6 703 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.																												
Revenue	8 Contributions and grants (Part VIII, line 1h) 4,930,083. 9 Program service revenue (Part VIII, line 2g) 18,779,568. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 444,321. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 359,788. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 24,513,760.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8</td> <td>4,930,083.</td> <td>4,639,463.</td> </tr> <tr> <td>9</td> <td>18,779,568.</td> <td>20,057,832.</td> </tr> <tr> <td>10</td> <td>444,321.</td> <td>413,864.</td> </tr> <tr> <td>11</td> <td>359,788.</td> <td>-245,580.</td> </tr> <tr> <td>12</td> <td>24,513,760.</td> <td>24,865,579.</td> </tr> </tbody> </table>		Prior Year	Current Year	8	4,930,083.	4,639,463.	9	18,779,568.	20,057,832.	10	444,321.	413,864.	11	359,788.	-245,580.	12	24,513,760.	24,865,579.									
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Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 95,845. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 12,698,929. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 1,837,373. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 10,771,034. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 23,565,808. 19 Revenue less expenses. Subtract line 18 from line 12 947,952.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>13</td> <td>95,845.</td> <td>128,181.</td> </tr> <tr> <td>14</td> <td>0.</td> <td>0.</td> </tr> <tr> <td>15</td> <td>12,698,929.</td> <td>13,572,648.</td> </tr> <tr> <td>16a</td> <td>0.</td> <td>0.</td> </tr> <tr> <td>16b</td> <td>1,837,373.</td> <td></td> </tr> <tr> <td>17</td> <td>10,771,034.</td> <td>9,922,549.</td> </tr> <tr> <td>18</td> <td>23,565,808.</td> <td>23,623,378.</td> </tr> <tr> <td>19</td> <td>947,952.</td> <td>1,242,201.</td> </tr> </tbody> </table>		Prior Year	Current Year	13	95,845.	128,181.	14	0.	0.	15	12,698,929.	13,572,648.	16a	0.	0.	16b	1,837,373.		17	10,771,034.	9,922,549.	18	23,565,808.	23,623,378.	19	947,952.	1,242,201.
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Net Assets or Fund Balances	20 Total assets (Part X, line 16) 47,997,555. 21 Total liabilities (Part X, line 26) 4,529,546. 22 Net assets or fund balances. Subtract line 21 from line 20 43,468,009.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Beginning of Current Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr> <td>20</td> <td>47,997,555.</td> <td>48,482,363.</td> </tr> <tr> <td>21</td> <td>4,529,546.</td> <td>4,387,186.</td> </tr> <tr> <td>22</td> <td>43,468,009.</td> <td>44,095,177.</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	20	47,997,555.	48,482,363.	21	4,529,546.	4,387,186.	22	43,468,009.	44,095,177.															
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Part II Signature Block

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

Sign Here	Signature of officer BONNIE MENDOZA, CFO Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name COLETTE KAMPS, CPA	Preparer's signature COLETTE KAMPS, CPA	Date 05/05/16	Check if self-employed <input type="checkbox"/>	PTIN P00367616
	Firm's name HENRY & HORNE, LLP				Firm's EIN 86-0133881
	Firm's address 2055 E WARNER RD, STE 101 TEMPE, AZ 85284				Phone no. (480) 839-4900

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE ARIZONA CENTER FOR NATURE CONSERVATION ADVANCES THE STEWARDSHIP AND CONSERVATION OF ANIMALS AND THEIR HABITATS WHILE PROVIDING EXPERIENCES THAT INSPIRE PEOPLE AND MOTIVATE THEM TO CARE FOR THE NATURAL WORLD.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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

4a (Code:) (Expenses \$ 18,466,085. including grants of \$ 128,181.) (Revenue \$ 20,089,967.) THE ARIZONA CENTER FOR NATURE CONSERVATION OPERATES THE PHOENIX ZOO, A 126-ACRE ZOOLOGICAL PARK WITH OVER 1,400 ANIMALS IN EXHIBITIONS AND PARTICIPATES IN WORLDWIDE SPECIES SURVIVAL PLANS. THROUGH ECOSYSTEM EXHIBITION, EDUCATION AND CONSERVATION, THE ZOO SERVES VISITORS WITH A MISSION TO PROVIDE EXPERIENCES THAT INSPIRE PEOPLE AND MOTIVATE THEM TO CARE FOR THE NATURAL WORLD. WITH A FOCUS ON EXPERIENTIAL LEARNING, THE ZOO ALSO CONDUCTS A VARIETY OF EDUCATIONAL ACTIVITIES WITH CHILDREN AS THEIR PRIMARY AUDIENCE TO EMPHASIZE CARING RELATIONSHIPS, PERSONAL RESPONSIBILITY, AND ACTION TO CONSERVE ANIMALS AND NATURE IN GENERAL.

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

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

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 18,466,085.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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 former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O check

Main table with columns for question number, description, and Yes/No checkboxes. Includes rows 1a-14b with various tax-related questions and numerical inputs.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (23), 1b (23), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AZ
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: BONNIE MENDOZA - 602-286-3800 455 N. GALVIN PARKWAY, PHOENIX, AZ 85008

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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 Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEAN BINGHAM CHAIR	2.00	X		X			0.	0.	0.	
(2) MICHELLE CLARKE VICE CHAIR BOARD DEVELOPMENT	2.00	X		X			0.	0.	0.	
(3) FREDERICK CUMMINGS SECRETARY	2.00	X		X			0.	0.	0.	
(4) STEPHEN HIGGINS VICE CHAIR OUTCOMES	2.00	X		X			0.	0.	0.	
(5) HARRY PAPP VICE CHAIR FINANCIAL DEVEL	2.00	X		X			0.	0.	0.	
(6) GABRIELLE VITALE VICE CHAIR FINANCE AND TREASURER	2.00	X		X			0.	0.	0.	
(7) AARON DETZER TRUSTEE	1.00	X					0.	0.	0.	
(8) ADRIENNE SCHIFFNER TRUSTEE (UNTIL AUGUST 2014)	1.00	X					0.	0.	0.	
(9) BIL MORRIS TRUSTEE	1.00	X					0.	0.	0.	
(10) BILL HALNON TRUSTEE	1.00	X					0.	0.	0.	
(11) CHARLES SANDS TRUSTEE (AS OF FEB 2015)	1.00	X					0.	0.	0.	
(12) DEREK KERR TRUSTEE	1.00	X					0.	0.	0.	
(13) DON SATIROFF TRUSTEE	1.00	X					0.	0.	0.	
(14) HEIDI BERGER TRUSTEE	1.00	X					0.	0.	0.	
(15) JIM BURKE TRUSTEE	1.00	X					0.	0.	0.	
(16) JOELLEN DOORNBOS TRUSTEE	1.00	X					0.	0.	0.	
(17) JOHN HOOPEES TRUSTEE	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LARRY FINK TRUSTEE	1.00	X						0.	0.	0.
(19) LYNN AGNELLO TRUSTEE (UNTIL DECEMBER 2014)	1.00	X						0.	0.	0.
(20) MAJA WESSELS TRUSTEE	1.00	X						0.	0.	0.
(21) MANNY MOLINA TRUSTEE (UNTIL JANUARY 2015)	1.00	X						0.	0.	0.
(22) MARY ALEXANDER TRUSTEE	1.00	X						0.	0.	0.
(23) PETER FAUR TRUSTEE	2.00	X						0.	0.	0.
(24) PHIL PETERSEN TRUSTEE	1.00	X						0.	0.	0.
(25) STEPHEN FISHER TRUSTEE	1.00	X						0.	0.	0.
(26) SUE KIDD TRUSTEE	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,004,135.	0.	134,821.
d Total (add lines 1b and 1c)								1,004,135.	0.	134,821.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
D.L. WITHERS CONSTRUCTION, LC 3220 E. HARBOUR DR, PHOENIX, AZ 85034	CONSTRUCTION CONTRACTOR	2,446,236.
HOMES & SON CONTRACTORS, INC. 105 N WASHINGTON ST, WICHITA, KS 67202	CONSTRUCTION CONTRACTOR	874,064.
URIAS COMMUNICATIONS P.O. BOX 14935, SCOTTSDALE, AZ 85267	MARKETING	855,931.
TSG CONSTRUCTORS, LLC PO BOX 71640, PHOENIX, AZ 85050	CONSTRUCTION CONTRACTOR	443,288.
CAMELS FOR A CAUSE, 4014 E BRADWAY, SUITE 412, PHOENIX, AZ 85040	3RD PARTY CAMEL VENDOR	335,411.

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 **17**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	16,219.					
	b Membership dues	1b						
	c Fundraising events	1c	468,131.					
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,155,113.					
	g Noncash contributions included in lines 1a-1f: \$		524,927.					
	h Total. Add lines 1a-1f			4,639,463.				
	Program Service Revenue	2 a ADMISSIONS AND MEMBERSHIPS	Business Code	900099	14,169,676.	14,169,676.		
b RETAIL			900099	3,025,244.	3,025,244.			
c GROUP SERVICES			900099	1,253,396.	1,253,396.			
d EDUCATIONAL SERVICES			900099	884,873.	884,873.			
e FOOD SERVICES			900099	724,643.	724,643.			
f All other program service revenue								
g Total. Add lines 2a-2f				20,057,832.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)			428,000.			428,000.
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)			-14,136.			-14,136.
	8 a Gross income from fundraising events (not including \$ 468,131. of contributions reported on line 1c). See Part IV, line 18	a		121,492.				
		b Less: direct expenses	b	399,207.				
		c Net income or (loss) from fundraising events			-277,715.			-277,715.
	9 a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses		b						
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a MISCELLANEOUS INCOME			900099	32,135.	32,135.			
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d				32,135.			
12 Total revenue. See instructions.				24,865,579.	20,089,967.	0.	136,149.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	73,843.	73,843.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	23,460.	23,460.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	30,878.	30,878.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,048,186.	568,494.	267,507.	212,185.
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	9,832,293.	8,249,179.	894,403.	688,711.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	257,812.	228,607.	18,306.	10,899.
9 Other employee benefits	1,689,517.	1,370,417.	183,238.	135,862.
10 Payroll taxes	744,840.	599,186.	83,847.	61,807.
11 Fees for services (non-employees):				
a Management				
b Legal	8,069.		8,069.	
c Accounting	45,650.		45,650.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	360,158.	31,286.	296,372.	32,500.
12 Advertising and promotion	1,256,918.	31,618.	765,210.	460,090.
13 Office expenses	1,087,455.	637,253.	366,361.	83,841.
14 Information technology				
15 Royalties				
16 Occupancy	942,401.	941,300.	1,011.	90.
17 Travel	117,315.	92,892.	19,316.	5,107.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	3,407.		3,407.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,578,240.	2,244,752.	233,461.	100,027.
23 Insurance	238,089.	179,854.	40,768.	17,467.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ANIMAL COLLECTION	905,397.	905,397.		
b REPAIRS AND MAINTENANCE	800,917.	779,384.	21,533.	
c VENDOR COMMISSION	599,608.	599,608.		
d COST OF PRODUCT CATERIN	561,928.	561,928.		
e All other expenses	416,997.	316,749.	71,461.	28,787.
25 Total functional expenses. Add lines 1 through 24e	23,623,378.	18,466,085.	3,319,920.	1,837,373.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	6,275,574.	1	4,411,804.
	2	Savings and temporary cash investments	1,006,604.	2	7,190.
	3	Pledges and grants receivable, net	1,490,079.	3	1,499,913.
	4	Accounts receivable, net	67,329.	4	190,732.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	176,977.	8	142,658.
	9	Prepaid expenses and deferred charges	129,866.	9	135,572.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 67,571,364.		
	b	Less: accumulated depreciation	10b 37,882,433.	10c	29,688,931.
	11	Investments - publicly traded securities	6,911,465.	11	6,912,176.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	6,031,606.	15	5,493,387.
16	Total assets. Add lines 1 through 15 (must equal line 34)	47,997,555.	16	48,482,363.	
Liabilities	17	Accounts payable and accrued expenses	1,645,008.	17	1,519,183.
	18	Grants payable		18	
	19	Deferred revenue	2,850,421.	19	2,862,570.
	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	34,117.	25	5,433.
	26	Total liabilities. Add lines 17 through 25	4,529,546.	26	4,387,186.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	31,402,023.	27	35,617,497.
	28	Temporarily restricted net assets	5,855,528.	28	2,802,865.
	29	Permanently restricted net assets	6,210,458.	29	5,674,815.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	43,468,009.	33	44,095,177.	
34	Total liabilities and net assets/fund balances	47,997,555.	34	48,482,363.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,865,579.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,623,378.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,242,201.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	43,468,009.
5	Net unrealized gains (losses) on investments	5	-167,390.
6	Donated services and use of facilities	6	88,000.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-535,643.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	44,095,177.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2014)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2014

Open to Public Inspection

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

Name of the organization **ARIZONA CENTER FOR NATURE CONSERVATION** Employer identification number **86-0174843**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,036,859.	6,524,433.	5,746,751.	5,244,015.	4,617,473.	28,169,531.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	15,103,607.	17,774,606.	18,275,861.	18,779,568.	20,057,832.	89,991,474.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	21,140,466.	24,299,039.	24,022,612.	24,023,583.	24,675,305.	118,161,005.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						118,161,005.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	21,140,466.	24,299,039.	24,022,612.	24,023,583.	24,675,305.	118,161,005.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	569,359.	440,123.	414,135.	444,321.	428,000.	2,295,938.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	569,359.	440,123.	414,135.	444,321.	428,000.	2,295,938.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	-694.	-8,318.	42,896.	45,856.	32,135.	111,875.
13 Total support. (Add lines 9, 10c, 11, and 12.)	21,709,131.	24,730,844.	24,479,643.	24,513,760.	25,135,440.	120,568,818.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	98.00 %
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	97.92 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	1.90 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	1.92 %

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

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

Section D. 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
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.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2014

Open to Public Inspection

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

Name of the organization **ARIZONA CENTER FOR NATURE CONSERVATION** Employer identification number **86-0174843**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included in Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included in Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,784,759.	4,399,846.	3,985,701.	3,567,465.	2,599,150.
b Contributions	348,751.	233,099.	310,273.	504,085.	807,014.
c Net investment earnings, gains, and losses	6,149.	203,095.	136,329.	13,691.	161,301.
d Grants or scholarships					
e Other expenditures for facilities and programs	60,284.	51,281.	32,460.	99,540.	
f Administrative expenses					
g End of year balance	5,079,375.	4,784,759.	4,399,846.	3,985,701.	3,567,465.

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

- a Board designated or quasi-endowment 83.00 %
- b Permanent endowment 17.00 %
- c Temporarily restricted endowment .00 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		21,898,041.	6,815,660.	15,082,381.
c Leasehold improvements				
d Equipment		33,630,615.	24,990,750.	8,639,865.
e Other		12,042,708.	6,076,023.	5,966,685.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				29,688,931.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEPOSITS	22,818.
(2) BENEFICIAL INTEREST IN PERPETUAL TR	4,915,569.
(3) REAL ESTATE RESTRICTED FOR INVESTME	555,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	5,493,387.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE	5,433.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,433.

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	25,655,816.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-167,390.	
b	Donated services and use of facilities	2b	1,168,125.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-535,643.	
e	Add lines 2a through 2d		2e	465,092.
3	Subtract line 2e from line 1		3	25,190,724.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-325,145.	
c	Add lines 4a and 4b		4c	-325,145.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	24,865,579.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	25,028,648.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	1,080,125.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	325,145.	
e	Add lines 2a through 2d		2e	1,405,270.
3	Subtract line 2e from line 1		3	23,623,378.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	23,623,378.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE ORGANIZATION HAS ALLOWED FOR APPROPRIATING FOR DISTRIBUTION EACH YEAR UP TO 5% OF ITS ENDOWMENT FUND'S AVERAGE FAIR VALUE OVER THE PRIOR 12 QUARTERS THROUGH THE CALENDAR YEAR-END PRECEDING THE FISCAL YEAR IN WHICH THE DISTRIBUTION IS PLANNED. IN ESTABLISHING THIS POLICY, THE ORGANIZATION CONSIDERED THE LONGTERM EXPECTED RETURN ON ITS ENDOWMENT. THIS IS CONSISTENT WITH THE ORGANIZATION'S OBJECTIVE TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS HELD IN PERPETUITY OR FOR A SPECIFIED TERM, AS WELL AS TO PROVIDE ADDITIONAL REAL GROWTH THROUGH NEW GIFTS AND INVESTMENT RETURN.

PART X, LINE 2:

Part XIII Supplemental Information (continued)

THE ZOO RECOGNIZES UNCERTAIN TAX POSITIONS IN THE FINANCIAL STATEMENTS WHEN IT IS MORE LIKELY-THAN-NOT THAT THE POSITIONS WILL NOT BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES. AS OF JUNE 30, 2015, THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -535,643.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT EXPENSE -325,145.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT EXPENSE 325,145.

PART XI AND XII LINES 4B AND 2D

SPECIAL EVENT DIRECT EXPENSE \$ 325,145

DONATED AUCTION ITEMS 74,062

TOTAL EVENT EXPENSE PART VIII LINE 8B \$ 399,207

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization **ARIZONA CENTER FOR NATURE CONSERVATION** Employer identification number **86-0174843**

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
AUSTRALIA	0	0	PROGRAM SERVICES	BEEHIVE FENCES	2,000.
BRAZIL	0	0	PROGRAM SERVICES	GIANT ARMADILLOS	3,000.
BRAZIL	0	0	PROGRAM SERVICES	BRAZIL BIRDLIFE	2,900.
ECUADOR	0	0	PROGRAM SERVICES	SA SLOTHS	2,500.
FRANCE	0	0	PROGRAM SERVICES	LAOS OTTER	3,000.
INDONESIA	0	0	PROGRAM SERVICES	PAINTED TERRAPINS	2,965.
MALAYSIA	0	0	PROGRAM SERVICES	PALM OIL FOR ORANGUTANS	2,950.
NEPAL	0	0	PROGRAM SERVICES	CHINESE PANGOLIN	2,963.
3 a Sub-total	0	0			22,278.
b Total from continuation sheets to Part I	0	0			8,600.
c Totals (add lines 3a and 3b)	0	0			30,878.

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

Schedule F (Form 990) 2014

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
TO SUPPORT MISSION TO MAINTAIN BEEHIVE FENCES	AUSTRALIA	1	2,000.	GRANT	0.		
TO SUPPORT MISSION TO WORK WITH GIANT ARMADILLOS	BRAZIL	1	3,000.	GRANT	0.		
TO SUPPORT MISSION TO WORK WITH LAOS OTTER	FRANCE	1	3,000.	GRANT	0.		
TO SUPPORT MISSION TO WORK WITH PAINTED TERRAPINS	INDONESIA	1	2,965.	GRANT	0.		
TO SUPPORT MISSION TO WORK WITH PALM OILS FOR ORANGUTANS	MALAYSIA	1	2,950.	GRANT	0.		
TO SUPPORT MISSION TO WORK WITH CHEETAHS	SOUTH AFRICA	1	3,000.	GRANT	0.		
TO SUPPORT MISSION TO WORK WITH JAVAN SLOW LORIS	UNITED KINGDOM	1	2,600.	GRANT	0.		

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

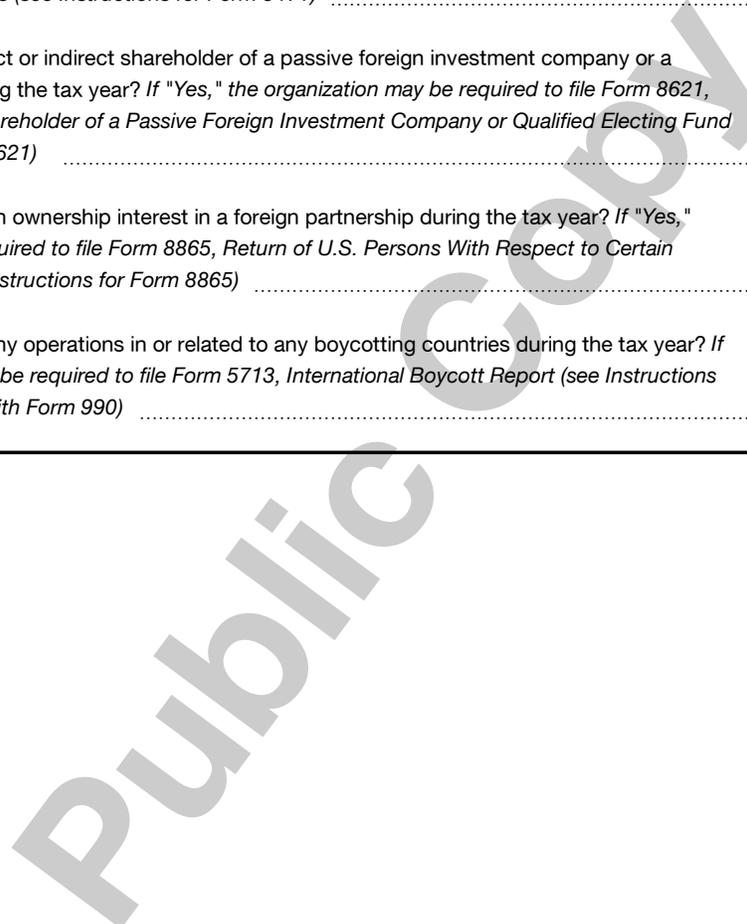
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Schedule F (Form 990) 2014



Part V Supplemental Information

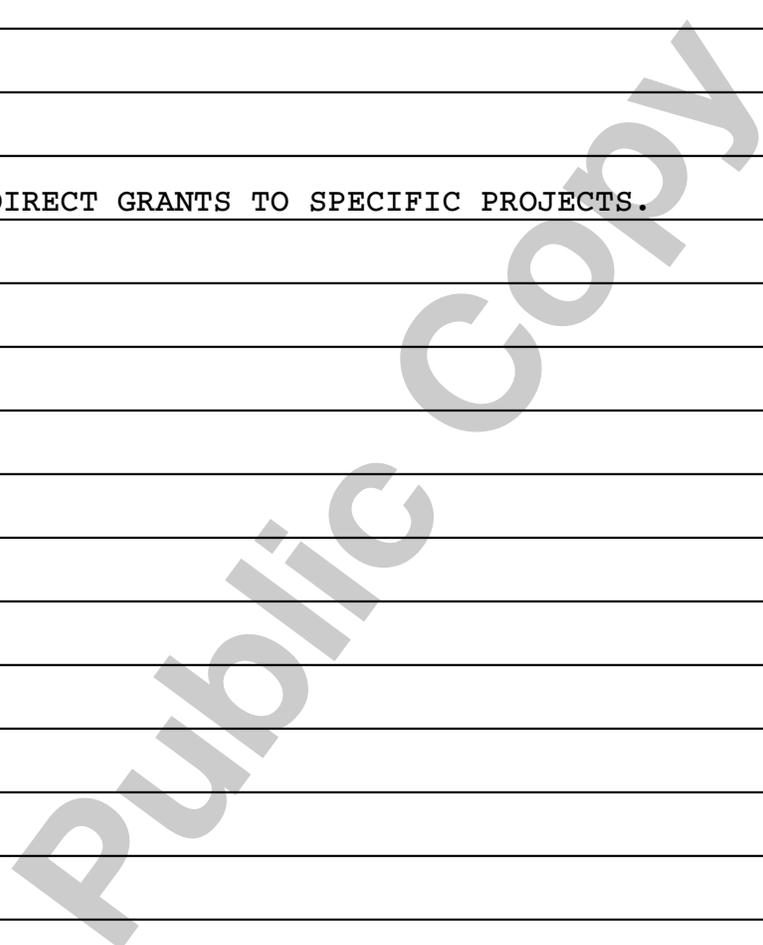
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PART I, LINE 2:

AS PART OF THE GRANTING PROCESS, IF ACNC IS NOT DIRECTLY INVOLVED IN THE PROJECT, ACNC REQUIRES THE GRANTEE TO PROVIDE ANNUAL REPORTING PACKAGES THAT INCLUDE DESCRIPTIONS OF OUTCOMES AS SPECIFIED IN THE GRANT AGREEMENT.

PART I, LINE 3:

EXPENDITURES ARE DIRECT GRANTS TO SPECIFIC PROJECTS.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		RENDEZ ZOO (event type)	PARTY SAFARI (event type)	NONE (total number)	
Revenue	1 Gross receipts	532,413.	57,210.		589,623.
	2 Less: Contributions	414,951.	53,180.		468,131.
	3 Gross income (line 1 minus line 2)	117,462.	4,030.		121,492.
Direct Expenses	4 Cash prizes	3,000.			3,000.
	5 Noncash prizes	86,343.			86,343.
	6 Rent/facility costs	64,054.	12,060.		76,114.
	7 Food and beverages	100,511.	22,803.		123,314.
	8 Entertainment	9,450.	4,574.		14,024.
	9 Other direct expenses	95,304.	1,108.		96,412.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				399,207.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-277,715.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization **ARIZONA CENTER FOR NATURE CONSERVATION** Employer identification number **86-0174843**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TURTLE SURVIVAL ALLIANCE 1989 COLONIAL PARKWAY FORT WORTH, TX 76110	20-0785702	3	5,995.	0.			TURTLE CONSERVATION
DIAN FOSSEY GORILLA FUND INTERNATIONAL, INC. - 800 CHEROKEE AVENUE - S.E. ATLANTA, GA 30315	52-1118866	3	11,000.	0.			CONTRIBUTION TO SUPPORT OPERATIONS
COLUMBUS ZOOLOGICAL PARK ASSOCIATION, INC. - 4850 WEST POWELL RD - POWELL, OH 43065	31-4390844	3	5,000.	0.			CHEETAH SUPPORT
HOUSTON ZOO, INC. 6200 HERMANN PARK DRIVE HOUSTON, TX 77030	74-1590271	3	5,000.	0.			CONTRIBUTION TO SUPPORT OPERATIONS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **4.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2014)

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
PROJECT SCHOLARSHIPS	9	23,460.	0.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

AS PART OF THE RECIPIENTS ACCEPTANCE OF THE FUNDING FROM ACNC THEY AGREE TO
 PROVIDE DETAILED REPORTS AT SET POINTS THROUGHOUT THE PROJECT BEING FUNDED
 AS DEEMED NECESSARY, AND AT A MINIMUM AT THE CONCLUSION OF THE PROJECT.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

ARIZONA CENTER FOR NATURE CONSERVATION

Employer identification number

86-0174843

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2014

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) NORBERTO CASTRO PRESIDENT/CEO	(i)	284,888.	67,600.	0.	29,900.	17,159.	399,547.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BONNIE MENDOZA EVP/CFO	(i)	158,287.	32,136.	0.	10,383.	17,324.	218,130.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GARY WEST EVP ANIMAL HEALTH & COLLEC	(i)	142,910.	28,922.	0.	3,537.	16,715.	192,084.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) RUTH ALLARD EVP CONSERVATION & EDUCATI	(i)	124,780.	25,709.	0.	3,144.	17,225.	170,858.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) WILLIAM COOPER VP FACILITIES OP & CONSTRU	(i)	115,337.	23,566.	0.	2,588.	16,846.	158,337.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 3:

EACH YEAR, THE ACNC EXECUTIVE COMMITTEE OF THE BOARD WILL OBTAIN RESEARCH AND INFORMATION TO MAKE A RECOMMENDATION TO THE ENTIRE ACNC BOARD OF TRUSTEES FOR THE COMPENSATION OF THE PRESIDENT/CEO. THE COMMITTEE WILL SECURE DATA FROM AT LEAST FOUR SOURCES FROM AT LEAST TWO OF THE FOLLOWING: SALARY AND BENEFIT COMPENSATION STUDIES BY INDEPENDENT SOURCES; WRITTEN JOB OFFERS FOR POSITIONS AT SIMILAR ORGANIZATIONS; DOCUMENTED TELEPHONE CALLS ABOUT SIMILAR POSITIONS, AND INFORMATION OBTAINED FROM THE IRS FORM 990 FILINGS OF SIMILAR ORGANIZATIONS. TO APPROVE THE COMPENSATION PACKAGE, THE COMMITTEE MUST DOCUMENT HOW IT REACHED ITS DECISIONS, INCLUDING THE DATA ON WHICH IT RELIED, IN MINUTES OF THE MEETING DURING WHICH THE COMPENSATION WAS APPROVED. ONCE APPROVED BY THE COMMITTEE, THE PACKAGE WILL BE PRESENTED TO THE FULL ACNC BOARD OF TRUSTEES FOR DOCUMENTED VOTE AND APPROVAL.

PART I, LINE 4B:

THE CEO OF ACNC PARTICIPATES IN A 457(B) AND 457(F) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS. ACNC CONTRIBUTED \$18,000 AND \$7,650,

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.

RESPECTIVELY, IN THE FISCAL YEAR.

Public Copy

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
HARRY PAPP	BOARD TRUSTEE AND V	1,665,615.	TRUSTEE SER		X
HARRY PAPP	BOARD TRUSTEE AND V	101.	DONATED STO		X

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: HARRY PAPP

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD TRUSTEE AND VICE CHAIR OF FINANCIAL DEVELOPMENT

(D) DESCRIPTION OF TRANSACTION: TRUSTEE SERVES AS THE CHAIRMAN OF THE BOARD OF BLUE CROSS BLUE SHIELD OF ARIZONA WHO SERVES AS THE INSURANCE PROVIDER FOR THE ZOO. THE AMOUNT REPRESENTS AMOUNTS PAID TO BCBS DURING FY '15.

(A) NAME OF PERSON: HARRY PAPP

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD TRUSTEE AND VICE CHAIR OF FINANCIAL DEVELOPMENT

(D) DESCRIPTION OF TRANSACTION: DONATED STOCK RECEIVED BY THE ORGANIZATION IS SOLD BY THE TRUSTEE'S INVESTMENT MANAGEMENT COMPANY. THE AMOUNT REPRESENTS THE COMMISSION FEE.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

Open To Public Inspection

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

Name of the organization **ARIZONA CENTER FOR NATURE CONSERVATION** Employer identification number **86-0174843**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	1	110,000.	FMV
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SOLAR PANELS)	X	1	196,568.	FMV
26 Other ▶ (DONATED AUCTION)	X	182	74,062.	FMV
27 Other ▶ (FOOD AND BEVERAGE)	X	32	51,251.	FMV
28 Other ▶ (FOOD AND BEVERAGE)	X	7	35,000.	FMV

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2014)

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.

PART I, OTHER TYPES OF PROPERTY:

EVENT SUPPLIES

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 10
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 22194.
- (D) METHOD OF DETERMINING REVENUE: FMV

SHADE STRUCTURE

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 1
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 18000.
- (D) METHOD OF DETERMINING REVENUE: FMV

MISCELLANEOUS SUPPLIES

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 15
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 12852.
- (D) METHOD OF DETERMINING REVENUE: FMV

OTHER ASSETS

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 2
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 5000.
- (D) METHOD OF DETERMINING REVENUE: FMV

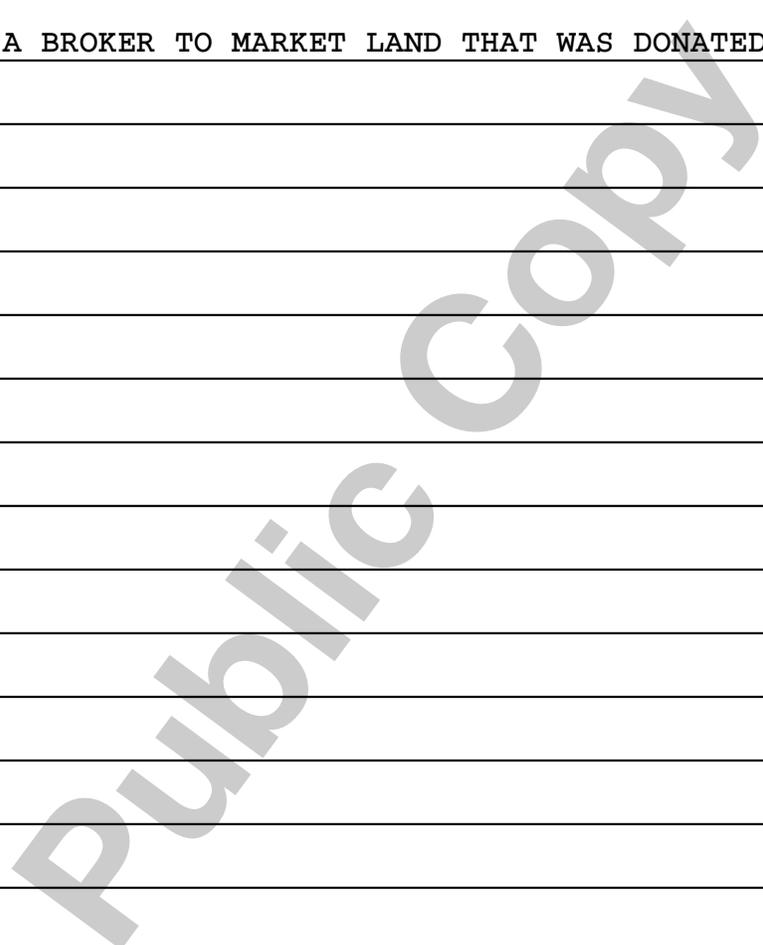
SCHEDULE M, PART I, COLUMN (B):

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.

THE NUMBER OF CONTRIBUTIONS REPRESENTS THE NUMBER OF DONORS. THOSE WHO GAVE MULTIPLE ITEMS, OR ON MULTIPLE DATES WERE ONLY COUNTED ONCE PER TYPE OF IN-KIND CONTRIBUTION.

SCHEDULE M, LINE 32B:

THE ZOO HAS HIRED A BROKER TO MARKET LAND THAT WAS DONATED.



SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

ARIZONA CENTER FOR NATURE CONSERVATION

Employer identification number

86-0174843

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND THEIR HABITATS WHILE PROVIDING EXPERIENCES THAT INSPIRE PEOPLE AND
MOTIVATE THEM TO CARE FOR THE NATURAL WORLD.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION SHALL HAVE VARIOUS CLASSES OF MEMBERSHIP COMPRISED OF
INDIVIDUALS AND ORGANIZATIONS ("MEMBERS") WHO SUBSCRIBE TO THE PURPOSES AND
BASIC POLICIES OF ACNC AND WHOSE ADMISSION WILL CONTRIBUTE TO THE
CORPORATION'S ABILITY TO CARRY OUT ITS CHARITABLE AND EDUCATIONAL PURPOSES.
PERSONS SHALL BE ELIGIBLE FOR MEMBERSHIP UPON APPROVAL OF THEIR MEMBERSHIP
APPLICATIONS BY THE BOARD OF TRUSTEES AND UPON TIMELY PAYMENT OF SUCH DUES
AND FEES AS THE BOARD OF TRUSTEES MAY FIX FROM TIME TO TIME.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS AT THE KEEPER LEVEL AND ABOVE, AS DEFINED BY THE BOARD, SHALL HAVE
THE RIGHT TO VOTE ON THE ELECTION OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 7B:

MEMBERS AT THE KEEPER LEVEL AND ABOVE, AS DEFINED BY THE BOARD, SHALL HAVE
THE RIGHT TO VOTE ON THE DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE
ASSETS OF ACNC, ANY MERGER WITH ANOTHER ORGANIZATION AND THE PRINCIPAL
TERMS OF SUCH, DISSOLVING THE CORPORATION, AMENDING OF THE ACNC ARTICLES OF
INCORPORATION OR BYLAWS, AND SUCH OTHER MATTERS AS ARE SET FORTH IN THE
BYLAWS.

FORM 990, PART VI, SECTION B, LINE 11:

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

Schedule O (Form 990 or 990-EZ) (2014)

432211
08-27-14

Name of the organization ARIZONA CENTER FOR NATURE CONSERVATION	Employer identification number 86-0174843
--	--

THE FORM 990 WILL BE REVIEWED BY THE FINANCE COMMITTEE AT A SPECIAL MEETING, PRIOR TO FILING. ALSO, THE FORM 990 WILL BE PROVIDED TO THE ENTIRE BOARD OF TRUSTEES PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY WHICH REQUIRES BOARD MEMBERS AND EMPLOYEES TO INFORM THE BOARD OF TRUSTEES OF ANY POTENTIAL CONFLICT OF INTEREST BEFORE TRANSACTIONS ARE PERFORMED. BOARD MEMBERS ARE ALSO REQUIRED TO SIGN A CONFLICT OF INTEREST FORM ANNUALLY TO DISCLOSE ANY POTENTIAL OF CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

LINE 15A: SEE SCHEDULE J PART III SUPPLEMENTAL INFORMATION

LINE 15B: THE HUMAN RESOURCE DEPARTMENT PERFORMS A THOROUGH MARKET COMPARISON OF ALL POSITIONS AT LEAST EVERY TWO YEARS, COMPARING A MINIMUM OF THREE COMPARABLE WAGES, CONSIDERING JOB RESPONSIBILITIES, AS WELL AS REGIONAL COST OF LIVING ANALYSIS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ZOO'S ANNUAL REPORT AND AUDITED FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE GENERALLY MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN FAIR VALUE OF SPLIT INTEREST AGREEMENT	-535,643.
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FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization **ARIZONA CENTER FOR NATURE CONSERVATION** Employer identification number **86-0174843**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
PHOENIX ZOO HOLDINGS, LLC 455 N. GALVIN PKWY. PHOENIX, AZ 85008	TO FACILITATE THE ACCEPTANCE AND EVENTUAL SALE OF DONATED REAL	ARIZONA	0.	555,000.	ARIZONA CENTER FOR NATURE CONSERVATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE PHOENIX ZOO AUXILIARY - 20-1917394 455 N. GALVIN PKWY PHOENIX, AZ 85008	SUPPORT ACNC	ARIZONA	501(C)(3)	LINE 11C, III-FI	NONE		X

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

Schedule R (Form 990) 2014

SEE PART VII FOR CONTINUATIONS

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

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

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

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

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

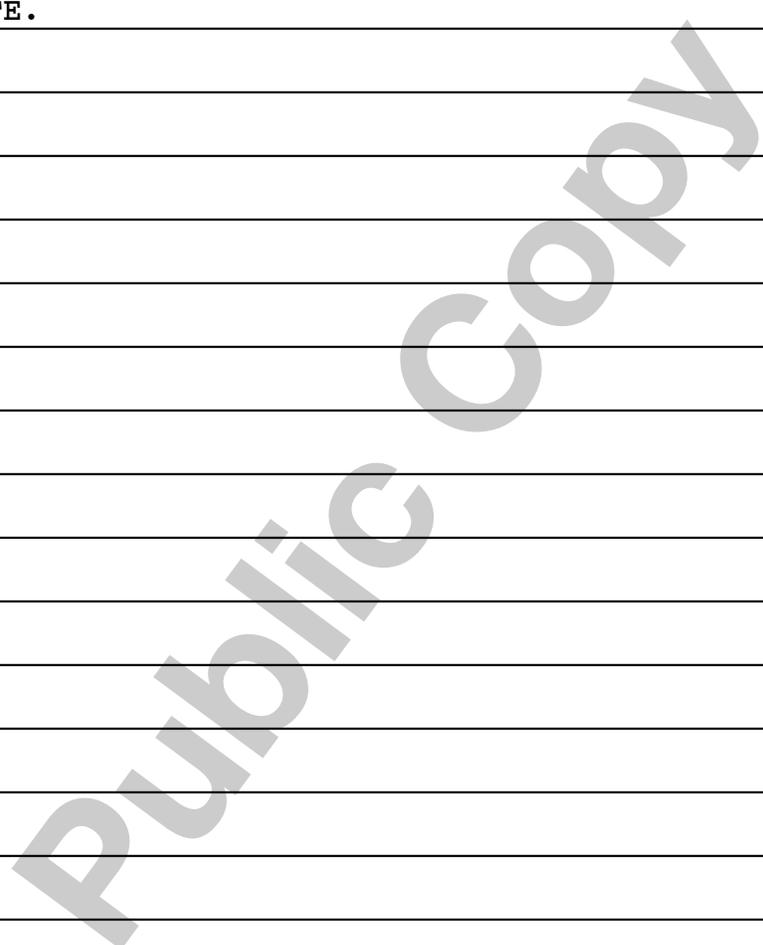
Provide additional information for responses to questions on Schedule R (see instructions).

PART I, IDENTIFICATION OF DISREGARDED ENTITIES:

NAME OF DISREGARDED ENTITY:

PHOENIX ZOO HOLDINGS, LLC

**PRIMARY ACTIVITY: TO FACILITATE THE ACCEPTANCE AND EVENTUAL SALE OF
DONATED REAL ESTATE.**



• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. ARIZONA CENTER FOR NATURE CONSERVATION	Employer identification number (EIN) or 86-0174843
	Number, street, and room or suite no. If a P.O. box, see instructions. 455 N. GALVIN PARKWAY	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PHOENIX, AZ 85008	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

BONNIE MENDOZA

• The books are in the care of **▶ 455 N. GALVIN PARKWAY - PHOENIX, AZ 85008**
 Telephone No. **▶ 602-286-3800** Fax No. **▶**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2016**.

5 For calendar year _____, or other tax year beginning **JUL 1, 2014**, and ending **JUN 30, 2015**.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
THE INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE. WE REQUEST THE ADDITIONAL TIME TO FILE.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶** Title **▶ CPA** Date **▶**

For the calendar year 2014 or fiscal year beginning 07/01/14 and ending 06/30/15

CHECK ONE: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amended	Name ARIZONA CENTER FOR NATURE CONSERVATION	Employer Identification Number (EIN) 86-0174843
	Address - number and street or PO Box 455 N. GALVIN PARKWAY	
Business Telephone Number (with area code) 602-286-3800	City, Town or Post Office PHOENIX, AZ 85008	State ZIP Code

68 Check box if: This is a first return Name change Address change

A Date Arizona operations began: 01/01/1961

B Nature of Arizona activities: ZOO AND ANIMAL CONSERVA

C Federal form filed: 990 990-EZ Other (specify) _____

Include a copy of the organization's federal return.

CHECK BOX IF return filed under extension:
 82 C 3-month federal
 82 F 6-month Arizona/federal

NONPROFIT MEDICAL MARIJUANA DISPENSARY (NMMD) ONLY -

D NMMD Registry Identification Number: _____

E What type of entity is the dispensary?
 Corporation Limited Liability Company (LLC) Partnership S corporation
 Sole Proprietorship

F If the dispensary is an LLC, what is the federal tax classification?
 Corporation Disregarded Entity Partnership S corporation

If the dispensary is an LLC, a partnership or an S corporation, **include a schedule** that lists the following ownership information: name, address, TIN, and ownership percentage at the end of the tax year.

G Federal form filed: 1040 1041 1065 1120 1120-S Other (specify) _____

H Check this box if you included a copy of the dispensary's federal return with its Arizona Form 120S or Form 165 when it was filed; do not include a copy of the same return with this form. **Otherwise, include a copy of the dispensary's federal return.**

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

88

81 PM **66 RCVD**

Sources of Income

1	Gross sales from business activities	1	121,492	00	
2	Less cost of goods sold or of operations: Include itemized statement	2		00	
3	Gross profit from business activities: Subtract line 2 from line 1	3	121,492	00	
4	Interest	4	428,000	00	
5	Dividends	5		00	
6	Rents and royalties	6		00	
7	Gain or (loss) from sales of assets, excluding inventory items	7	-14,136	00	
8	Dues, assessments, etc., from members	8		00	
9	Dues, assessments, etc., from affiliates	9		00	
10	Contributions, gifts, grants, etc., received	10	4,639,463	00	
11	Other income: Include itemized statement	11	19,474,934	00	STATEMENT 2
12	Total income: Add lines 3 through 11	12	24,649,753	00	

Administrative Expenses

13	Compensation of officers, directors, trustees, etc.	13	479,692	00	
14	Salaries and wages other than amounts included on line 2	14	1,583,114	00	
15	Interest	15	3,407	00	
16	Taxes	16	145,654	00	
17	Rent expense	17	1,101	00	
18	Depreciation: Include schedule	18	333,488	00	STATEMENT 1
19	Miscellaneous expenses: Include itemized statement	19	3,010,044	00	STATEMENT 3
20	Total expenses: Add lines 13 through 19	20	5,556,500	00	

Disbursements

21	Disbursements from current income for exempt purposes from page 2, line A6	21	18,466,085	00	
22	Disbursements from principal for exempt purposes from page 2, line B6	22		00	
23	Other disbursements not itemized on Schedule A or Schedule B: Include schedule	23		00	

Accumulation of Income

24	Accumulation of income in current year: Line 12 less the sum of lines 20, 21, 22, and 23	24	627,168	00	
25	Accumulation of income at beginning of year	25	43,468,009	00	
26	Accumulation of income at end of year: Add lines 24 and 25	26	44,095,177	00	

Penalty

27	Penalty for late filing or incomplete filing. See instructions	27		00	
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THE BUSINESS IS SUBJECT TO A PENALTY IF THIS RETURN IS FILED LATE OR IS INCOMPLETE. A.R.S. § 42-1125(K).

SCHEDULE A Disbursements From Current Income for Exempt Purposes

A1 Dues, assessments, etc., to affiliates	A1		00		
A2 Contributions, gifts, grants, etc., paid	A2	128,181	00		
A3 Benefit payments to or for members or their dependents:					
A3a Death, sickness, hospitalization, disability, or pension benefits	A3a		00		
A3b Other benefits	A3b		00		
A4 Dividends and other distributions to members, shareholders, or depositors ..	A4		00		
A5 Other	A5	18,337,904	00		STATEMENT 6
A6 Total: Add lines A1 through A5. Enter total here and on page 1, line 21	A6			18,466,085	00

SCHEDULE B Disbursements From Principal for Exempt Purposes

B1 Dues, assessments, etc., to affiliates	B1		00		
B2 Contributions, gifts, grants, etc., paid	B2		00		
B3 Benefit payments to or for members or their dependents:					
B3a Death, sickness, hospitalization, disability, or pension benefits	B3a		00		
B3b Other benefits	B3b		00		
B4 Dividends and other distributions to members, shareholders, or depositors ..	B4		00		
B5 Other	B5		00		
B6 Total: Add lines B1 through B5. Enter total here and on page 1, line 22	B6				00

SCHEDULE C Balance Sheet

NOTE: Amounts used in included schedules and in this column should be end of year amounts.

		(a)		(b)	
Assets		Beginning of Year		End of Year	
C1	Cash	7,282,178	00	C1	4,418,994
C2a	Accounts receivable		00		
C2b	Less - allowance for doubtful accounts		00		
C2c	Line C2a less line C2b. Enter difference in column (b)	67,329	00	C2c	190,732
C3a	Other notes and loans receivable: Include schedule		00		
C3b	Less - allowance for doubtful accounts		00		
C3c	Line C3a less line C3b. Enter difference in column (b)		00	C3c	00
C4	Inventories	176,977	00	C4	142,658
C5	Investments (securities): Include schedule	6,911,465	00	C5	6,912,176
C6	Investments (other): Include schedule		00	C6	00
C7a	Land, buildings, and equipment; basis:	67,571,364	00		
C7b	Less - accumulated depreciation: Include schedule	37,882,433	00		
C7c	Line C7a less line C7b. Enter difference in column (b)	25,908,055	00	C7c	29,688,931
C8	Other assets (describe): SEE STATEMENT 4	7,651,551	00	C8	7,128,872
C9	Total assets: Add lines C1 through C8	47,997,555	00	C9	48,482,363
Liabilities					
C10	Accounts payable and accrued expenses	1,645,008	00	C10	1,519,183
C11	Mortgages and other notes payable: Include schedule		00	C11	00
C12	Other liabilities (describe): SEE STATEMENT 5	2,884,538	00	C12	2,868,003
C13	Total liabilities: Add lines C10 through C12	4,529,546	00	C13	4,387,186
Net Assets					
C14	Capital stock or trust principal		00	C14	00
C15	Paid-in or capital surplus		00	C15	00
C16	Retained earnings or accumulated income	43,468,009	00	C16	44,095,177
C17	Total net assets: Add lines C14 through C16	43,468,009	00	C17	44,095,177
C18	Total liabilities and net assets: Add lines C13 and C17	47,997,555	00	C18	48,482,363

PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.

Name (as shown on page 1) ARIZONA CENTER FOR NATURE CONSERVATION	EIN 86-0174843
---	-----------------------

Declaration	Under penalties of perjury, I declare that I have examined this return, including the accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.		
Please Sign Here	OFFICER'S SIGNATURE	DATE	CFO TITLE
Paid Preparer's Use Only	COLETTE KAMPS, CPA	05/05/16	P00367616
	PAID PREPARER'S SIGNATURE	DATE	PAID PREPARER'S PTIN
	HENRY & HORNE, LLP	86-0133881	
	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED)	FIRM'S <input checked="" type="checkbox"/> EIN OR <input type="checkbox"/> SSN	
	2055 E WARNER RD, STE 101	(480) 839-4900	
FIRM'S STREET ADDRESS	FIRM'S TELEPHONE NUMBER		
TEMPE, AZ		85284	
CITY	STATE	ZIP CODE	

Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix, AZ 85072-2153

Public Copy

AZ 99	DEPRECIATION/AMORTIZATION EXPENSE	STATEMENT	1
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DESCRIPTION	AMOUNT
DEPRECIATION/AMORTIZATION	333,488.
TOTAL TO FORM 99, PAGE 1, LINE 18	333,488.

AZ 99	OTHER INCOME	STATEMENT	2
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DESCRIPTION	AMOUNT
UNREALIZED GAINS ON INVESTMENTS	-167,390.
CHANGE IN SPLIT INTEREST AGREEMENT	-535,643.
DONATED CAPITALIZED SERVICES	88,000.
MISCELLANEOUS INCOME	32,135.
ADMISSIONS AND MEMBERS	14,169,676.
RETAIL	3,025,244.
GROUP SERVICES	1,253,396.
EDUCATIONAL SERVICES	884,873.
FOOD SERVICES	724,643.
TOTAL TO FORM 99, PAGE 1, LINE 11	19,474,934.

AZ 99	MISC EXPENSES	STATEMENT	3
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DESCRIPTION	AMOUNT
DIRECT EXPENSES OF FUNDRAISING EVENTS	399,207.
PENSION PLAN CONTRIBUTIONS	29,205.
OTHER EMPLOYEE BENEFITS	319,100.
LEGAL FEES	8,069.
ACCOUNTING FEES	45,650.
OTHER PROFESSIONAL FEES	328,872.
ADVERTISING AND PROMOTION	1,225,300.
OFFICE EXPENSES	450,202.
TRAVEL	24,423.
INSURANCE	58,235.
REPAIRS AND MAINTENANCE	21,533.
ALL OTHER EXPENSES	100,248.
TOTAL TO FORM 99, PAGE 1, LINE 19	3,010,044.

AZ 99	OTHER ASSETS	STATEMENT	4
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DESCRIPTION	BEG OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	1,490,079.	1,499,913.
PREPAID EXPENSES AND DEFERRED CHARGES	129,866.	135,572.
DEPOSITS	25,394.	22,818.
BENEFICIAL INTEREST IN PERPETUAL TRUSTS	5,451,212.	0.
REAL ESTATE RESTRICTED FOR INVESTMENT IN L	555,000.	0.
BENEFICIAL INTEREST IN PERPETUAL TR	0.	4,915,569.
REAL ESTATE RESTRICTED FOR INVESTME	0.	555,000.
TOTAL TO FORM 99, PAGE 2, LINE C8	7,651,551.	7,128,872.

AZ 99	OTHER LIABILITIES	STATEMENT	5
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DESCRIPTION	BEG OF YEAR	END OF YEAR
OBLIGATIONS UNDER CAPITAL LEASE	34,117.	0.
CAPITAL LEASE	0.	5,433.
DEFERRED REVENUE	2,850,421.	2,862,570.
TOTAL TO FORM 99, PAGE 2, LINE C12	2,884,538.	2,868,003.

AZ 99	OTHER EXPENSES	STATEMENT	6
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DESCRIPTION	AMOUNT
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES, ETC.	568,494.
OTHER SALARIES AND WAGES	8,249,179.
PENSION PLAN CONTRIBUTIONS	228,607.
OTHER EMPLOYEE BENEFITS	1,370,417.
PAYROLL TAXES	599,186.
OTHER PROFESSIONAL FEES	31,286.
ADVERTISING AND PROMOTION	31,618.
OFFICE EXPENSES	637,253.
OCCUPANCY	941,300.
TRAVEL	92,892.
DEPRECIATION/AMORTIZATION	2,244,752.
INSURANCE	179,854.
ANIMAL COLLECTION	905,397.
REPAIRS AND MAINTENANCE	779,384.
VENDOR COMMISSION	599,608.
COST OF PRODUCT CATERIN	561,928.
ALL OTHER EXPENSES	316,749.
TOTAL TO FORM 99, PAGE 2, SCHEDULE A, LINE A5	18,337,904.