

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning JUL 1, 2018, and ending JUN 30, 2019

2018

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

ARIZONA CENTER FOR NATURE CONSERVATION

86-0174843

Name and title of officer

BONNIE MENDOZA
CFO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	<u>34,751,066.</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **HENRY & HORNE, LLP** to enter my PIN **13270**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ *Bonnie Mendoza* Date ▶ 07/14/2020

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

86423512505

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **COLETTE KAMPS, CPA** Date ▶ 07/13/20

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

823051 10-26-18

10150714 758360 1013270

2018.06000 ARIZONA CENTER FOR NATURE 10132702

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

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 602-273-1341 G Gross receipts \$ 36,016,444. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No 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

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 20
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 20
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5 749
6	Total number of volunteers (estimate if necessary)	6 1638
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 995,425.
7b	Net unrelated business taxable income from Form 990-T, line 38	7b 35,065.
8	Contributions and grants (Part VIII, line 1h)	8 5,915,264. 9,387,960.
9	Program service revenue (Part VIII, line 2g)	9 24,713,514. 24,083,031.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10 487,942. 582,124.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11 -26,584. 697,951.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12 31,090,136. 34,751,066.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13 219,911. 241,118.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14 0. 0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15 16,144,207. 17,331,969.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a 69,000. 67,800.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,749,587.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17 12,036,594. 12,448,697.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18 28,469,712. 30,089,584.
19	Revenue less expenses. Subtract line 18 from line 12	19 2,620,424. 4,661,482.
20	Total assets (Part X, line 16)	20 59,065,800. 63,925,748.
21	Total liabilities (Part X, line 26)	21 5,923,655. 6,376,842.
22	Net assets or fund balances. Subtract line 21 from line 20	22 53,142,145. 57,548,906.

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 07/13/20	Check <input type="checkbox"/> if self-employed PTIN P00367616
	Firm's name ▶ HENRY & HORNE, LLP	Firm's EIN ▶ 86-0133881		
	Firm's address ▶ 2055 E WARNER ROAD, SUITE 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 [X]

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 23,499,219. including grants of \$ 241,118.) (Revenue \$ 24,183,864.) THE ARIZONA CENTER FOR NATURE CONSERVATION OPERATES THE PHOENIX ZOO, A 126-ACRE ZOOLOGICAL PARK, WITHIN PAPAGO PARK, WITH OVER 3,000 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. THE ARIZONA CENTER FOR NATURE CONSERVATION ALSO OPERATES THE SOUTH MOUNTAIN ENVIRONMENTAL EDUCATIONAL CENTER (SMEEC), WITHIN SOUTH MOUNTAIN PARK PRESERVE. SMEEC INCLUDES A VISITOR CENTER WITH INTERPRETIVE EXHIBITS, CLASSROOM AND EVENT SPACE ALLOWING FOR NATURE INTERPRETIVE TALKS, COMMUNITY PROGRAMS AND GATHERINGS. (CONTINUED ON SCHEDULE O)

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 23,499,219.

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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>		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>		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>		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>		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>		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>		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>		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>	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>	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>		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>		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>	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>		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>	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>		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>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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>	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>		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>	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>	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>	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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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 Enter the number of voting members... 20; 1b Enter the number of voting members included in line 1a... 20; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders? X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? X; 8b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 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 Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official X; 15b Other officers or key employees of the organization X; If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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.
[] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
BONNIE MENDOZA - 602-273-1341
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 TRUSTEE	1.00	X					0.	0.	0.	
(2) THERESA CHACOPULOS TRUSTEE	1.00	X					0.	0.	0.	
(3) MICHELLE CLARK TRUSTEE	1.00	X					0.	0.	0.	
(4) INGER ERICKSON TRUSTEE	1.00	X					0.	0.	0.	
(5) PETER FAUR TRUSTEE	1.00	X					0.	0.	0.	
(6) DAVID HAWORTH TRUSTEE	1.00	X					0.	0.	0.	
(7) STEPHEN HIGGINS TRUSTEE	1.00	X					0.	0.	0.	
(8) JOHN HOOPES TRUSTEE	1.00	X					0.	0.	0.	
(9) MICHAEL JOHNSON TRUSTEE	1.00	X					0.	0.	0.	
(10) SUE KIDD TRUSTEE	1.00	X					0.	0.	0.	
(11) CRAIG KRUMWIEDE TRUSTEE	1.00	X					0.	0.	0.	
(12) KRIS YAMANO TRUSTEE	1.00	X					0.	0.	0.	
(13) PHILIP PETERSON CHAIR	2.00	X		X			0.	0.	0.	
(14) HARRY PAPP PAST BOARD CHAIR	2.00	X		X			0.	0.	0.	
(15) HEIDI BERGER VICE CHAIR FINANCE AND TREASURER	2.00	X		X			0.	0.	0.	
(16) YVONNE BETTS VICE CHAIR BOARD DEVELOPMENT	2.00	X		X			0.	0.	0.	
(17) JOELLEN DOORBOS VICE CHAIR FINANCIAL DEVELOPMENT	2.00	X		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) STEPHEN FISHER VICE CHAIR OUTCOMES	2.00	X		X				0.	0.	0.
(19) MAJA WESSELS SECRETARY	2.00	X		X				0.	0.	0.
(20) EDWARD FOX TRUSTEE EMERITUS	2.00	X		X				0.	0.	0.
(21) NORBERTO CASTRO PRESIDENT/CEO	40.00			X			442,192.	0.	42,754.	
(22) BONNIE MENDOZA EVP/CFO	40.00			X			245,442.	0.	35,502.	
(23) GARY WEST EVP ANIMAL HEALTH & COLLEC	40.00				X		224,961.	0.	26,551.	
(24) RUTH ALLARD EVP CONSERVATION & EDUCATI	40.00				X		186,548.	0.	26,062.	
(25) LORRAINE FRIAS VP OF DEVELOPMENT	40.00					X	162,586.	0.	27,902.	
(26) RICHARD SARTOR DIRECTOR OF LIVING COLLECTIONS	40.00				X		112,301.	0.	15,734.	
1b Sub-total							1,374,030.	0.	174,505.	
c Total from continuation sheets to Part VII, Section A							399,957.	0.	30,924.	
d Total (add lines 1b and 1c)							1,773,987.	0.	205,429.	

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 **9**

	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.

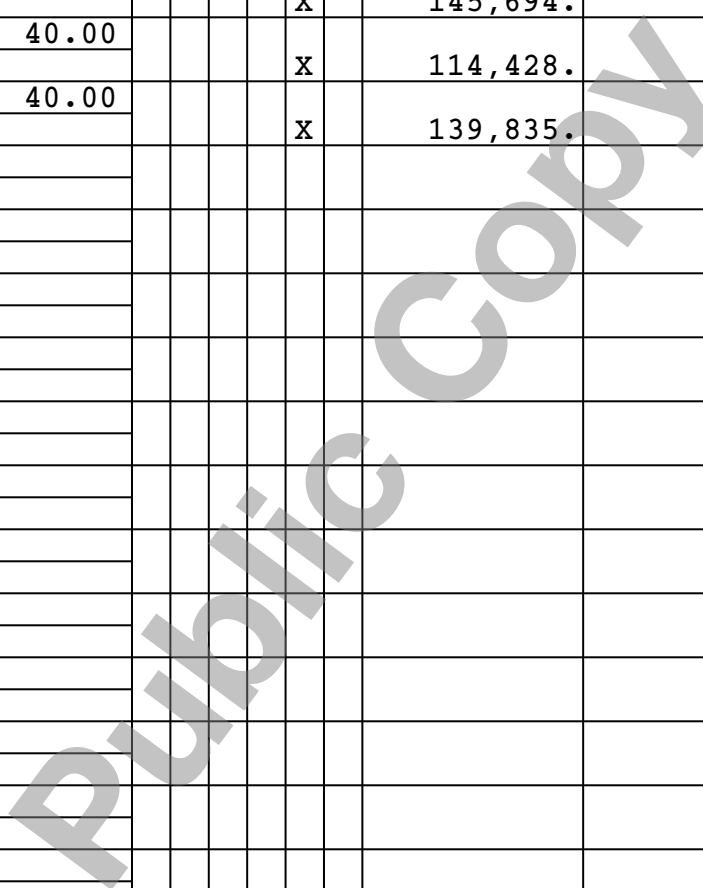
(A) Name and business address	(B) Description of services	(C) Compensation
HOMES & SON CONSTRUCTORS, INC. 77 E. THOMAS ROAD, PHOENIX, AZ 85012	CONSTRUCTION CONTRACTOR	1,679,856.
LANETERRALEVER, LLC, 645 E. MISSOURI AVE, SUITE 400, PHOENIX, AZ 85012	MARKETING AGENT	1,445,521.
TSG CONSTRUCTORS, LLC PO BOX 71640, PHOENIX, AZ 85050	CONSTRUCTION CONTRACTOR	1,000,608.
LUKENS COMPANY, 2800 SHIRLINGTON ROAD, 9TH FLOOR, ARLINGTON, VA 22206	MEMBERSHIP MAILING & LIST SERVICES	746,884.
CAMELS FOR A CAUSE, 1140 W. ALAMEDA DRIVE, SUITE 104, TEMPE, AZ 85282	CAMEL RIDE VENDOR	321,647.

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 **14**

SEE PART VII, SECTION A CONTINUATION SHEETS

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 (check all that apply)						(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			
(27) CHRISTINE LOWERY-NUNEZ VP OF HUMAN RESOURCES	40.00				X			145,694.	0.	16,646.
(28) FAE RUEBENFELD CONTROLLER	40.00				X			114,428.	0.	9,422.
(29) BRIAN SKINNER VP FACILITIES OP & CONSTRUCTION	40.00				X			139,835.	0.	4,856.
Total to Part VII, Section A, line 1c								399,957.		30,924.



Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	304,735.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,083,225.			
	g Noncash contributions included in lines 1a-1f: \$		395,939.			
	h Total. Add lines 1a-1f		9,387,960.			
	Program Service Revenue	2 a <u>ADMISSIONS AND MEMBERSHIPS</u>	Business Code 900099	17,611,059.	17,611,059.	
b <u>RETAIL</u>		900099	3,693,821.	3,693,821.		
c <u>FOOD SERVICES</u>		900099	1,104,354.	1,104,354.		
d <u>GROUP SERVICES</u>		900099	960,856.	960,856.		
e <u>EDUCATIONAL SERVICES</u>		900099	712,941.	712,941.		
f All other program service revenue						
g Total. Add lines 2a-2f			24,083,031.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		598,501.			598,501.
	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	750,778.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	767,155.			
		c Gain or (loss)	-16,377.			
	d Net gain or (loss)		-16,377.			-16,377.
	8 a Gross income from fundraising events (not including \$ 304,735. of contributions reported on line 1c). See Part IV, line 18	a	86,481.			
		b Less: direct expenses	498,223.			
c Net income or (loss) from fundraising events			-411,742.			-411,742.
9 a Gross income from gaming activities. See Part IV, line 19	a	13,435.				
	b Less: direct expenses	0.				
	c Net income or (loss) from gaming activities		13,435.			13,435.
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a <u>LLC FORM K-1 1231 GAIN</u>		531390	1,049,959.		1,049,959.	
	b <u>INSURANCE PROCEEDS AND OTHER REVE</u>	900099	100,833.	100,833.		
	c <u>LLC FORM K-1 ORDINARY LOSS</u>	531390	-54,534.		-54,534.	
	d All other revenue					
e Total. Add lines 11a-11d			1,096,258.			
12 Total revenue. See instructions			34,751,066.	24,183,864.	995,425.	183,817.

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 ...	125,910.	125,910.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	17,697.	17,697.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	97,511.	97,511.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,284,710.	641,152.	411,332.	232,226.
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	12,830,051.	10,868,613.	969,996.	991,442.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	321,306.	289,256.	14,044.	18,006.
9 Other employee benefits	1,943,000.	1,597,792.	181,424.	163,784.
10 Payroll taxes	952,902.	779,608.	91,359.	81,935.
11 Fees for services (non-employees):				
a Management				
b Legal	7,099.		7,099.	
c Accounting	43,047.		43,047.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	67,800.			67,800.
f Investment management fees	22,322.		22,322.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	735,226.	126,923.	571,750.	36,553.
12 Advertising and promotion	1,733,110.	56,299.	932,779.	744,032.
13 Office expenses	2,000,951.	1,702,713.	182,806.	115,432.
14 Information technology				
15 Royalties				
16 Occupancy	1,067,850.	1,067,520.	157.	173.
17 Travel	123,381.	77,562.	44,670.	1,149.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	1,040.		1,040.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,977,936.	2,482,600.	236,272.	259,064.
23 Insurance	267,770.	196,232.	34,123.	37,415.
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	1,137,848.	1,137,848.		
b VENDOR COMMISSION	724,215.	724,215.		
c MISCELLANEOUS EXPENSE	566,436.	478,061.	87,799.	576.
d REPAIRS AND MAINTENANCE	546,984.	538,225.	8,759.	
e All other expenses	493,482.	493,482.		
25 Total functional expenses. Add lines 1 through 24e	30,089,584.	23,499,219.	3,840,778.	2,749,587.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	9,720,414.	1	11,019,930.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	2,929,457.	3	3,106,075.
	4 Accounts receivable, net	132,821.	4	177,085.
	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	95,950.	8	106,138.
	9 Prepaid expenses and deferred charges	303,777.	9	267,451.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 83,618,178.		
	b Less: accumulated depreciation	10b 48,792,765.	32,873,990.	10c 34,825,413.
	11 Investments - publicly traded securities	7,195,908.	11	7,781,378.
	12 Investments - other securities. See Part IV, line 11	228,530.	12	1,234,794.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,584,953.	15	5,407,484.
16 Total assets. Add lines 1 through 15 (must equal line 34)	59,065,800.	16	63,925,748.	
Liabilities	17 Accounts payable and accrued expenses	2,770,439.	17	2,953,299.
	18 Grants payable		18	
	19 Deferred revenue	3,144,656.	19	3,423,543.
	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	8,560.	25	0.
	26 Total liabilities. Add lines 17 through 25	5,923,655.	26	6,376,842.
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	40,330,351.	27	42,014,366.
	28 Temporarily restricted net assets	6,662,721.	28	9,320,632.
	29 Permanently restricted net assets	6,149,073.	29	6,213,908.
	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	53,142,145.	33	57,548,906.	
34 Total liabilities and net assets/fund balances	59,065,800.	34	63,925,748.	

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	34,751,066.
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,089,584.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,661,482.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	53,142,145.
5	Net unrealized gains (losses) on investments	5	-76,310.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-178,411.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	57,548,906.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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.
- 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?
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2018)

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

OMB No. 1545-0047

2018

Open to Public Inspection

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 12, check only one box.)

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

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

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

(Complete only if you checked the box on line 5, 7, 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. 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 - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4617473.	5740264.	8460834.	5908248.	9387960.	34114779.
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	20057832.	21625293.	22138124.	24713514.	24083031.	112617794
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	24675305.	27365557.	30598958.	30621762.	33470991.	146732573
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.)						146732573

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	24675305.	27365557.	30598958.	30621762.	33470991.	146732573
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	428,000.	488,047.	387,072.	490,488.	598,501.	2392108.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	428,000.	488,047.	387,072.	490,488.	598,501.	2392108.
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.)	32,135.	125,434.	54,302.	285,240.	100,833.	597,944.
13 Total support. (Add lines 9, 10c, 11, and 12.)	25135440.	27979038.	31040332.	31397490.	34170325.	149722625

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 2018 (line 8, column (f), divided by line 13, column (f))	15	98.00 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	98.01 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	1.60 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	1.60 %

19a 33 1/3% support tests - 2018. 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 - 2017. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 or 990-EZ).</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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b 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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI

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

Horizontal lines for supplemental information input.

Public Copy

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

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" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for public use, natural habitat, open space, historical area, historic structure). 2. Conservation contribution details (2a-2d table). 3-9. Monitoring and enforcement questions.

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

Form with questions 1a-1b and 2a-2b regarding reporting of art and historical treasures.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 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 on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,174,488.	5,759,676.	4,965,087.	5,079,375.	4,784,759.
b Contributions	1,886,215.	265,186.	576,469.	168,687.	348,751.
c Net investment earnings, gains, and losses	77,422.	149,949.	220,554.	16,031.	6,149.
d Grants or scholarships					
e Other expenditures for facilities and programs	-33,176.	-323.	-2,434.	299,006.	60,284.
f Administrative expenses					
g End of year balance	8,104,949.	6,174,488.	5,759,676.	4,965,087.	5,079,375.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 82.49 %
 - b Permanent endowment 17.51 %
 - c Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		27,113,487.	10,880,095.	16,233,392.
c Leasehold improvements				
d Equipment		41,344,242.	29,665,984.	11,678,258.
e Other		15,160,449.	8,246,686.	6,913,763.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				34,825,413.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) INVESTMENTS IN LAND	430,000.
(2) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	4,948,415.
(3) DEPOSITS	29,069.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	5,407,484.

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	36,834,784.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-76,370.	
b	Donated services and use of facilities	2b	1,887,847.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-53,411.	
e	Add lines 2a through 2d	2e	1,758,066.	
3	Subtract line 2e from line 1	3	35,076,718.	
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	22,262.	
b	Other (Describe in Part XIII.)	4b	-347,914.	
c	Add lines 4a and 4b	4c	-325,652.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	34,751,066.	

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

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

1	Total expenses and losses per audited financial statements		1	32,303,023.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	1,887,847.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	347,914.	
e	Add lines 2a through 2d	2e	2,235,761.	
3	Subtract line 2e from line 1	3	30,067,262.	
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	22,322.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	22,322.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	30,089,584.	

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)

ACNC 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, 2019, ACNC 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 -53,411.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT EXPENSE -347,914.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT EXPENSE 347,914.

PART XI AND XII LINES 4B AND 2D

SPECIAL EVENT DIRECT EXPENSE	\$ 294,393
DONATED AUCTION ITEMS	68,502
TOTAL EVENT EXPENSE PART VIII LINE 8B	\$ 362,895

**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.

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

OMB No. 1545-0047

2018

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.)

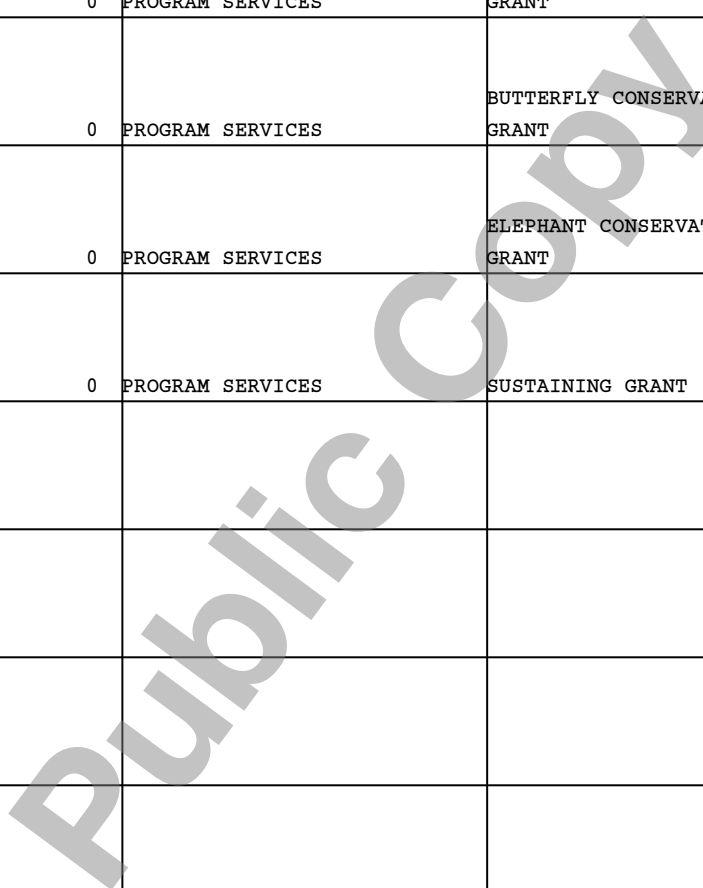
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
BRAZIL	0	0	PROGRAM SERVICES	SUSTAINING GRANT ARMADILLO/ANTEATER CONSERVATION	8,000.
CAMEROON	0	0	PROGRAM SERVICES	ANIMAL WELFARE GRANT FOR PRIMATE WELFARE	565.
CAMEROON	0	0	PROGRAM SERVICES	AFRICAN FOREST CONSERVATION GRANT	3,000.
COLUMBIA	0	0	PROGRAM SERVICES	FROG CONSERVATION GRANT	1,380.
COSTA RICA	0	0	PROGRAM SERVICES	JAGUAR/FROG CONSERVATION GRANT	57,296.
KENYA	0	0	PROGRAM SERVICES	FROG CONSERVATION GRANT	3,000.
MALAYSIA	0	0	PROGRAM SERVICES	SUSTAINING GRANT ORANGUTAN/ELEPHANT CONSERVATION	5,000.
MEXICO	0	0	PROGRAM SERVICES	RABBIT CONSERVATION GRANT	3,000.
3 a Subtotal	0	0			81,241.
b Total from continuation sheets to Part I	0	0			16,270.
c Totals (add lines 3a and 3b)	0	0			97,511.

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

Schedule F (Form 990) 2018

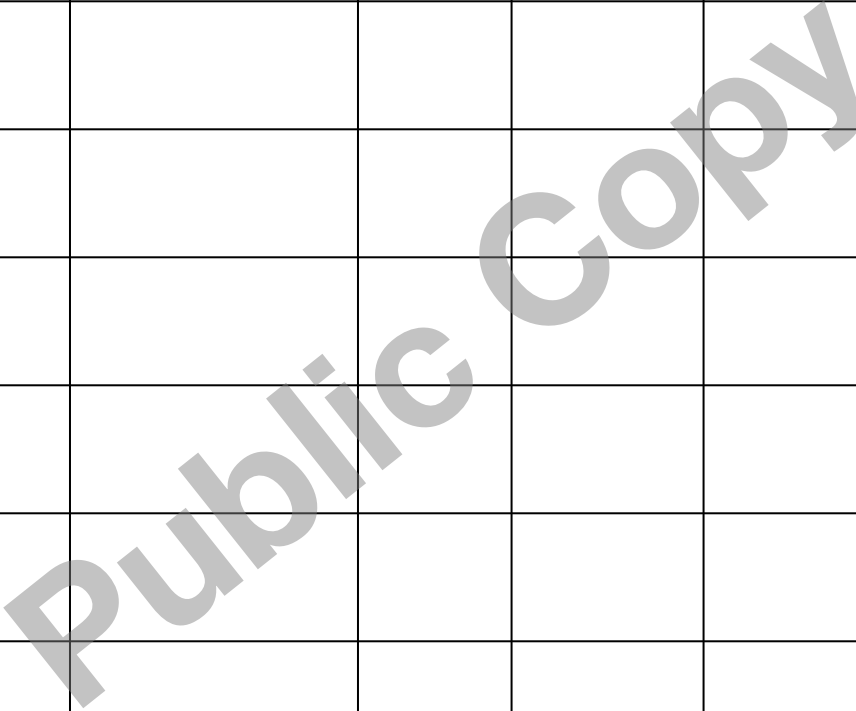
Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
NEPAL	0	0	PROGRAM SERVICES	PANGOLIN CONSERVATION GRANT	2,270.
PHILLIPINES	0	0	PROGRAM SERVICES	TAMARAW CONSERVATION GRANT	3,000.
SOUTH AFRICA	0	0	PROGRAM SERVICES	BUTTERFLY CONSERVATION GRANT	3,000.
TANZANIA	0	0	PROGRAM SERVICES	ELEPHANT CONSERVATION GRANT	3,000.
UNITED KINGDOM	0	0	PROGRAM SERVICES	SUSTAINING GRANT	5,000.
Totals					16,270.



Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)



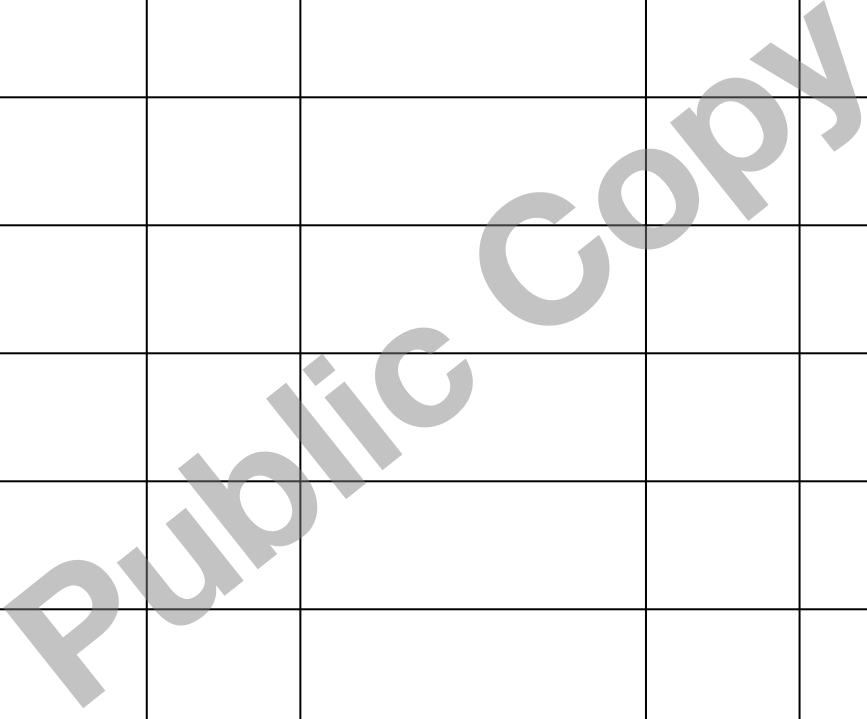
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
JAGUAR / FROG CONSERVATION	DIEGO ALEJANDRO GOMEZ-HOYOS	1	43,000.	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 separately 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; don't file with Form 990)* Yes No

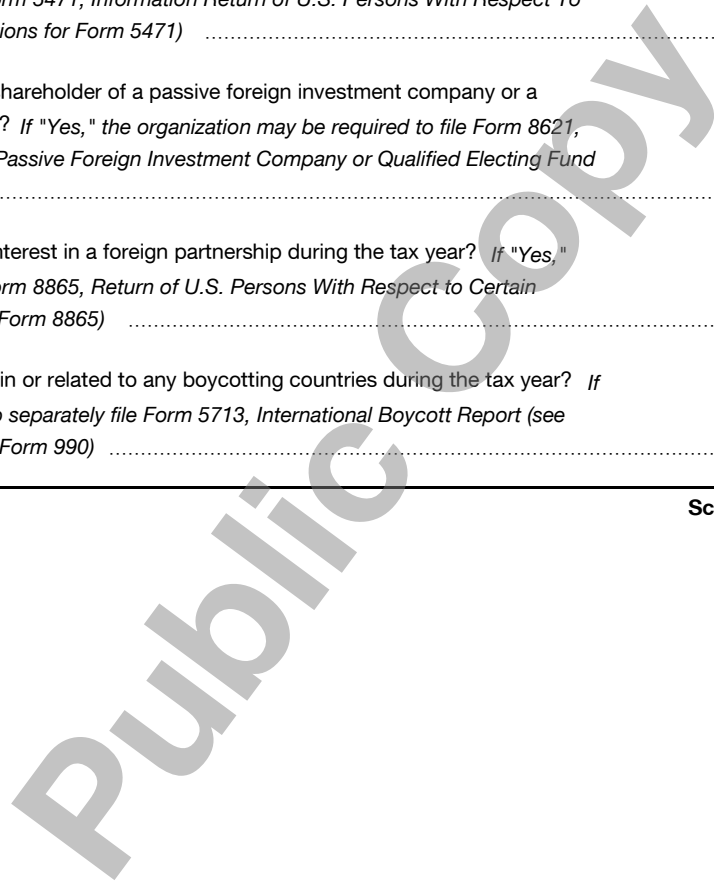
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) 2018



Part V Supplemental Information

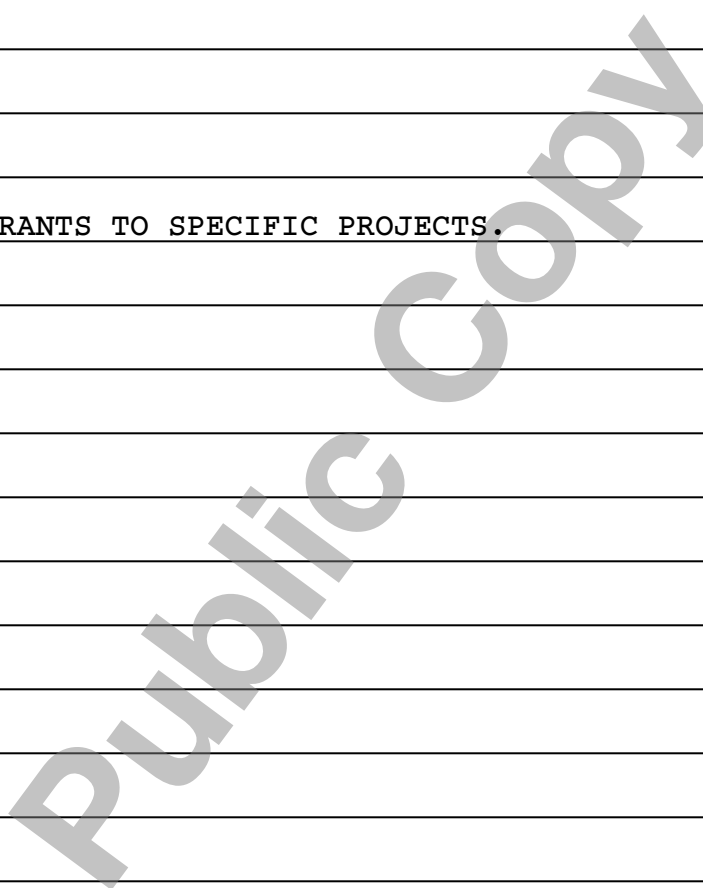
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ZOOFARI	WILD ON THE GREENS	1	
Revenue		(event type)	(event type)	(total number)	
1	Gross receipts	291,585.	50,526.	49,105.	391,216.
2	Less: Contributions	227,719.	43,316.	33,700.	304,735.
3	Gross income (line 1 minus line 2)	63,866.	7,210.	15,405.	86,481.
Direct Expenses					
4	Cash prizes				
5	Noncash prizes	138,290.	12,020.		150,310.
6	Rent/facility costs	143,735.	11,203.		154,938.
7	Food and beverages	46,175.	9,804.	2,500.	58,479.
8	Entertainment	21,261.			21,261.
9	Other direct expenses	77,400.	8,644.	27,191.	113,235.
10	Direct expense summary. Add lines 4 through 9 in column (d)				498,223.
11	Net income summary. Subtract line 10 from line 3, column (d)				-411,742.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

13a		%
13b		%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: POWERS, YOUNG & COMPANY

(I) ADDRESS OF FUNDRAISER: 5025 N. CENTRAL AVE., PHOENIX, AZ 85012

**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" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

**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" on 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 noncash assistance	(h) Purpose of grant or assistance
ASSOCIATION OF ZOOS & AQUAR PO BOX 67071 PHOENIX, AZ 82082	86-1019910	3	25,000.	0.			AZA SAFE CONTRIBUTION
ASSOCIATION OF ZOOS & AQUAR PO BOX 67071 PHOENIX, AZ 85082	86-1019910	3	5,000.	0.			GENERAL SUPPORT DONATION
DIAN FOSSEY GORILLA FUND IN 800 CHEROKEE AVE, SE ATLANTA, GA 30315	52-1118866	3	10,000.	0.			GENERAL SUPPORT DONATION
GLAZA (GREATER LA ZOO ASSOCIATION) 5333 ZOO DRIVE LOS ANGELES, CA 90027	95-2369545	3	6,000.	0.			PROGRAM SUPPORT FOR PENNSULAR PRONGHORN
CONSERVATION CENTERS FOR SPECIES SURVIVAL - 201 W. 5TH STREET, 11TH FLOOR - AUSTIN, TX 78701	47-2453835	3	5,000.	0.			PROGRAM SUPPORT FOR CHEETAH CONSERVATION
HEALTH IN HARMONY, INC. 3804 SOUTHEAST BELMONT STREET PORTLAND, OR 97214	20-3741107	3	5,000.	0.			SUSTAINING GRANT ORANGUTAN/FOREST CONSERVATION

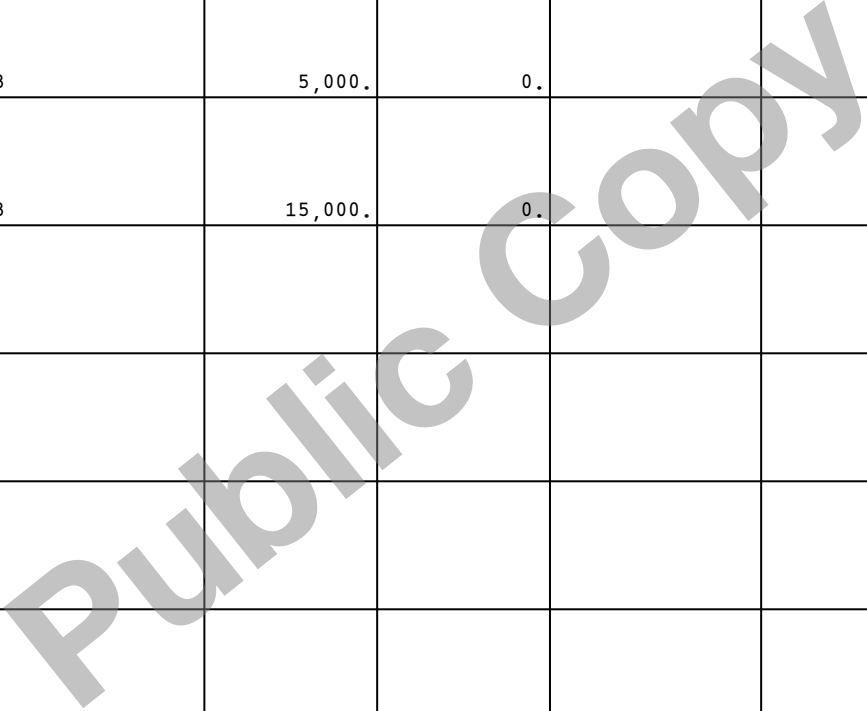
- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **24.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2018)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
UNIVERSITY OF ARIZONA 1064 E. LOWELL STREET TUCSON, AZ 85719	86-6050388	3	17,500.	0.			YEAR 3 NATIVE SPECIES FELLOW
SAINT LOUIS ZOO FOUNDATION ONE GOVERNMENT DRIVE ST. LOUIS, MO 63110	43-1727309	3	5,000.	0.			SUSTAINING GRANT ZEBRA CONSERVATION
MINNESOTA ZOO FOUNDATION 13000 ZOO BOULEVARD APPLE VALLEY, MN 55124	51-0147653	3	15,000.	0.			2019 GRANT - SUMATRAN TIGER



Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance
ANNUAL STAFF CONSERVATION GRANT	4	9,480.	0.		
ANDEAN BEAR CONSERVATION GRANT	1	3,000.	0.		
ANIMAL WELFARE GRANT FOR PRIMATE WELFARE	3	5,217.	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

2018

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> 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 (such as 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 on 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- 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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

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

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

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

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

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

9 If "Yes" on 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) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) NORBERTO CASTRO PRESIDENT/CEO	(i)	342,192.	100,000.	0.	25,230.	17,524.	484,946.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BONNIE MENDOZA EVP/CFO	(i)	205,442.	40,000.	0.	18,094.	17,408.	280,944.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GARY WEST EVP ANIMAL HEALTH & COLLEC	(i)	188,561.	36,400.	0.	7,443.	19,108.	251,512.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) RUTH ALLARD EVP CONSERVATION & EDUCATI	(i)	156,148.	30,400.	0.	6,814.	19,248.	212,610.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LORRAINE FRIAS VP OF DEVELOPMENT	(i)	135,586.	27,000.	0.	10,751.	17,151.	190,488.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CHRISTINE LOWERY-NUNEZ VP OF HUMAN RESOURCES	(i)	121,694.	24,000.	0.	4,546.	12,100.	162,340.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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 FACILITATE ANY ADJUSTMENT TO 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 CONVERSATIONS 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 EXECUTIVE COMMITTEE, THE PROPOSED COMPENSATION PACKAGE IS INCORPORATED WITHIN THE ANNUAL BUDGET FOR REVIEW, FIRST BY THE FINANCE COMMITTEE OF THE BOARD, FOLLOWED BY THE FULL ACNC BOARD OF TRUSTEES FOR DOCUMENTED VOTE AND APPROVAL.

PART I, LINE 4B:

THE CEO, EVPS AND VPS OF ACNC PARTICIPATES IN 457(B) AND 457(F)

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.

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS. ACNC CONTRIBUTED \$31,500 AND \$7,000, RESPECTIVELY, TOWARDS THESE PLANS 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	MEMBER OF ACNC BOAR	1,861,987.	TRUSTEE SER		X

Part V Supplemental Information.

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

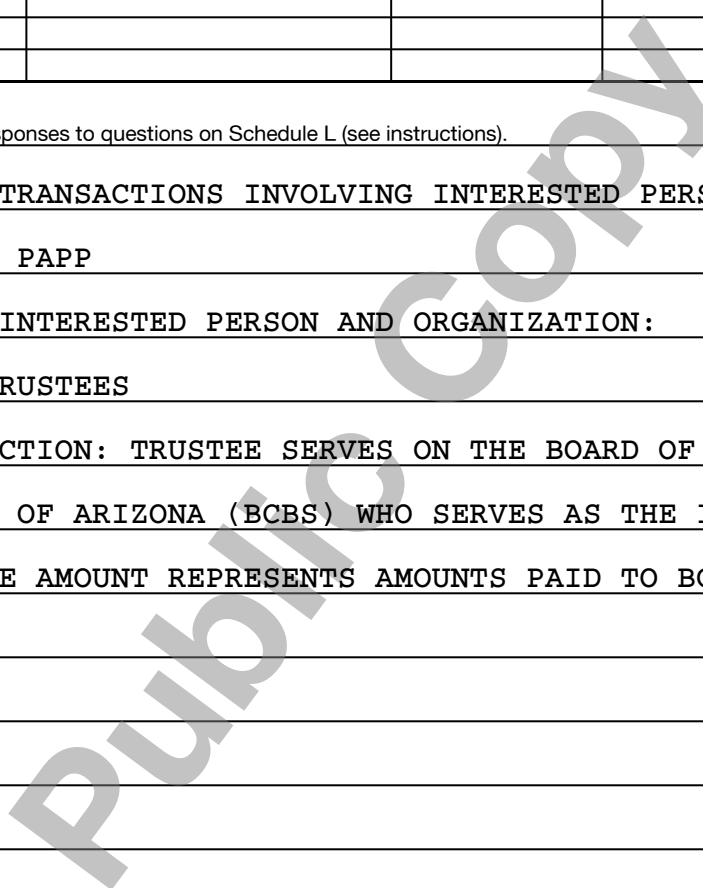
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: HARRY PAPP

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MEMBER OF ACNC BOARD OF TRUSTEES

(D) DESCRIPTION OF TRANSACTION: TRUSTEE SERVES ON THE BOARD OF DIRECTORS OF BLUE CROSS BLUE SHIELD OF ARIZONA (BCBS) WHO SERVES AS THE INSURANCE PROVIDER FOR THE ACNC. THE AMOUNT REPRESENTS AMOUNTS PAID TO BCBS DURING FY '19.



**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

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

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				
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 ▶ (<u>DONATED AUCTION</u>)	X	311	150,310 . FMV	
26 Other ▶ (<u>EQUIPMENT</u>)	X	3	137,800 . FMV	
27 Other ▶ (<u>EVENT SUPPLIES</u>)	X	35	35,464 . FMV	
28 Other ▶ (<u>FOOD AND BEVERAGE</u>)	X	12	31,300 . 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 isn't 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 nonstandard 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 didn't 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) 2018

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:

FOOD AND BEVERAGES FOR PROGRAM

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 30850.

(D) METHOD OF DETERMINING REVENUE: FMV

PROGRAM SUPPLIES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 12

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 10215.

(D) METHOD OF DETERMINING REVENUE: FMV

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS REPRESENTS THE NUMBER OF ITEMS DONATED.

SCHEDULE M, LINE 32B:

ACNC 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.

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

OMB No. 1545-0047

2018

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 III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WITH A FOCUS ON EXPERIENTIAL LEARNING, THE ZOO AND SMEEC ALSO CONDUCT 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.

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 IN THE SUPPORTING MEMBERSHIPS LEVELS, 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 IN THE SUPPORTING MEMBERSHIP LEVELS, AS DEFINED BY THE BOARD, SHALL
HAVE THE RIGHT TO VOTE ON THE DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF

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

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

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

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 11B:

THE FORM 990 WILL BE REVIEWED BY THE FINANCE COMMITTEE 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 CONDUCTS A BRIEF ANNUAL REVIEW OF WAGES OF KEY EMPLOYEES USING DATA FROM FORM 990 FILINGS AND SALARY SURVEYS, AND PERFORMS A THOROUGH MARKET COMPARISON OF ALL BENCHMARKED POSITIONS AT LEAST EVERY THREE 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 ACNC'S FORMS 990, AUDITED FINANCIAL STATEMENTS AND ANNUAL REPORTS ARE

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

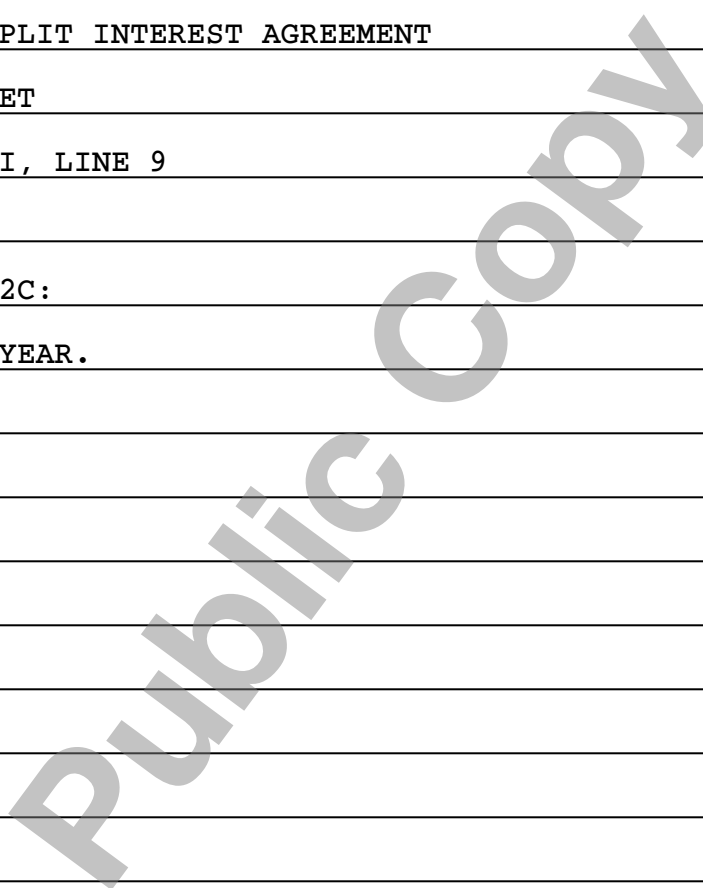
ACCESSIBLE ON THE ORGANIZATION'S WEBSITE AT PHOENIXZOO.ORG. THE ACNC'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE GENERALLY MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

CHANGE IN FAIR VALUE OF SPLIT INTEREST AGREEMENT	-53,411.
LOSS ON IMPAIRMENT OF ASSET	-125,000.
TOTAL TO FORM 990, PART XI, LINE 9	-178,411.

FORM 990, PART XII, LINE 2C:

NO CHANGE 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.

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

OMB No. 1545-0047

2018

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.	430,000.	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 12D, III-O	NONE		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 2018

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.

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?

	Yes	No
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.

Public Copy

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2018

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) ARIZONA CENTER FOR NATURE CONSERVATION Number, street, and room or suite no. If a P.O. box, see instructions. 455 N. GALVIN PARKWAY City or town, state or province, country, and ZIP or foreign postal code PHOENIX, AZ 85008	<p>D Employer identification number (Employees' trust, see instructions.) 86-0174843</p> <p>E Unrelated business activity code (See instructions.) 531390</p>
---	------------------------------	---	---

C Book value of all assets at end of year: **63,925,748.**

F Group exemption number (See instructions.) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ **REAL ESTATE DEVELOPMENT**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **BONNIE MENDOZA** Telephone number ▶ **602-273-1341**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4a Capital gain net income (attach Schedule D)		4a	1,049,659.	1,049,659.
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule) STATEMENT 1		12	-54,534.	-54,534.
13 Total. Combine lines 3 through 12		13	995,125.	995,125.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	995,125.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32 Unrelated business taxable income. Subtract line 31 from line 30	32	995,125.

Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	995,125.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 2	35	959,060.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	36,065.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	35,065.

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	7,364.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	7,364.

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	7,364.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input checked="" type="checkbox"/> Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	7,364.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	Total payments. Add lines 50a through 50g	51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	309.
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	7,673.
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	55	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer _____ Date _____ **CFO** Title _____
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only
 Print/Type preparer's name: COLETTE KAMPS, CPA
 Preparer's signature: COLETTE KAMPS, CPA
 Date: 07/13/20
 Check if self-employed
 PTIN: P00367616
 Firm's name: HENRY & HORNE, LLP
 Firm's EIN: 86-0133881
 Firm's address: 2055 E WARNER ROAD, SUITE 101, TEMPE, AZ 85284
 Phone no.: 480-839-4900

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.**

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) **0.**

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Totals		Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8		0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

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

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

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

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

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

Form **990-T** (2018)

Public Copy

FORM 990-T

OTHER INCOME

STATEMENT 1

DESCRIPTION

AMOUNT

KEMF-DCLL, LLC

-54,534.

TOTAL TO FORM 990-T, PAGE 1, LINE 12

-54,534.

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 2

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/10	46,119.	0.	46,119.	46,119.
06/30/11	134,255.	0.	134,255.	134,255.
06/30/12	185,125.	0.	185,125.	185,125.
06/30/13	69,476.	0.	69,476.	69,476.
06/30/14	106,922.	0.	106,922.	106,922.
06/30/15	69,130.	0.	69,130.	69,130.
06/30/16	99,329.	0.	99,329.	99,329.
06/30/17	148,026.	0.	148,026.	148,026.
06/30/18	100,678.	0.	100,678.	100,678.
NOL CARRYOVER AVAILABLE THIS YEAR			959,060.	959,060.

FORM 990-T
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s) ARIZONA CENTER FOR NATURE CONSERVATION					Identifying Number **-***4843
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
10/15/18	1,841.	1,841.	61	.000136986	15.
12/15/18	1,841.	3,682.	16	.000136986	8.
12/31/18	0.	3,682.	74	.000164384	45.
03/15/19	1,841.	5,523.	92	.000164384	84.
06/15/19	1,841.	7,364.	15	.000164384	18.
06/30/19	0.	7,364.	138	.000136986	139.

Penalty Due (Sum of Column F):

--

* Date of estimated tax payment, withholding credit date or installment due date.

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

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1	Total tax (see instructions)		1	7,364.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1			
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method			
2c	Credit for federal tax paid on fuels (see instructions)			
2d	Total. Add lines 2a through 2c			
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty		3	7,364.
4	Enter the tax shown on the corporation's 2017 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	7,364.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 The corporation is using the adjusted seasonal installment method.
- 7 The corporation is using the annualized income installment method.
- 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	10/15/18	12/15/18	03/15/19	06/15/19
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	1,841.	1,841.	1,841.	1,841.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions				
Complete lines 12 through 18 of one column before going to the next column.				
12 Enter amount, if any, from line 18 of the preceding column				
13 Add lines 11 and 12				
14 Add amounts on lines 16 and 17 of the preceding column		1,841.	3,682.	5,523.
15 Subtract line 14 from line 13. If zero or less, enter -0-	0.	0.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-		1,841.	3,682.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	1,841.	1,841.	1,841.	1,841.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions 19				
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2018 and before 7/1/2018	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 5\% (0.05)}{365}$...	22 \$	\$	\$	\$
23 Number of days on line 20 after 06/30/2018 and before 10/1/2018	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\% (0.05)}{365}$...	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2018 and before 1/1/2019	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 5\% (0.05)}{365}$...	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2018 and before 4/1/2019	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 6\% (0.06)}{365}$...	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2019 and before 7/1/2019	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2019 and before 10/1/2019	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2019 and before 1/1/2020	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2019 and before 3/16/2020	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{366}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38 \$			309.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Sales of Business Property
 (Also Involuntary Conversions and Recapture Amounts
 Under Sections 179 and 280F(b)(2))
 Attach to your tax return.

OMB No. 1545-0184

2018

Attachment
 Sequence No. **27**

Go to www.irs.gov/Form4797 for instructions and the latest information.

ARIZONA CENTER FOR NATURE CONSERVATION

Identifying number
86-0174843

1 Enter the gross proceeds from sales or exchanges reported to you for 2018 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 **1**

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	LAND						1,049,659.

3	Gain, if any, from Form 4684, line 39	3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows	7	1,049,659.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8	Nonrecaptured net section 1231 losses from prior years. See instructions	8	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	9	1,049,659.

Part II Ordinary Gains and Losses (see instructions)

10	Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):						

11	Loss, if any, from line 7	11	()
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.		
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	18a	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), line 14	18b	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2018)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A					
B					
C					
D					
These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis. Subtract line 22 from line 21	23			
24	Total gain. Subtract line 23 from line 20	24			
25 If section 1245 property:					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage	27b			
c	Enter the smaller of line 24 or 27b	27c			
28 If section 1254 property:					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a			
b	Enter the smaller of line 24 or 28a	28b			
29 If section 1255 property:					
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b	Enter the smaller of line 24 or 29a. See instructions	29b			

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

TAX RETURN FILING INSTRUCTIONS

ARIZONA FORM 99T

FOR THE YEAR ENDING

JUNE 30, 2019

PREPARED FOR:

ARIZONA CENTER FOR NATURE CONSERVATION
455 N. GALVIN PARKWAY
PHOENIX, AZ 85008

PREPARED BY:

HENRY & HORNE, LLP
2055 E WARNER ROAD, SUITE 101
TEMPE, AZ 85284

TO BE SIGNED AND DATED BY:

THE AUTHORIZED INDIVIDUAL(S).

AMOUNT OF TAX:

TOTAL TAX	\$	1,718
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT	\$	0
PLUS: INTEREST AND PENALTIES	\$	2
BALANCE DUE	\$	1,720

OVERPAYMENT:

CREDITED TO YOUR ESTIMATED TAX	\$	0
OTHER AMOUNT	\$	0
REFUNDED TO YOU	\$	0

MAKE CHECK PAYABLE TO:

ARIZONA DEPT OF REVENUE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

ARIZONA DEPT OF REVENUE
P.O. BOX 52153
PHOENIX, AZ 85072-2153

RETURN MUST BE MAILED ON OR BEFORE:

SPECIAL INSTRUCTIONS:

2019 ESTIMATED TAX FILING INSTRUCTIONS

ARIZONA ESTIMATED TAX

FOR THE YEAR ENDING

JUNE 30, 2020

PREPARED FOR:

ARIZONA CENTER FOR NATURE CONSERVATION
455 N. GALVIN PARKWAY
PHOENIX, AZ 85008

PREPARED BY:

HENRY & HORNE, LLP
2055 E WARNER ROAD, SUITE 101
TEMPE, AZ 85284

AMOUNT OF TAX:

TOTAL ESTIMATED TAX	\$	1,720
LESS CREDIT FROM PRIOR YEAR	\$	0
LESS AMOUNT ALREADY PAID ON 2019 ESTIMATE	\$	0
BALANCE DUE	\$	1,720

PAYABLE IN FULL OR IN INSTALLMENTS AS FOLLOWS:

VOUCHER	AMOUNT	DUE DATE
NO 1	\$ 430	OCTOBER 15, 2019
NO 2	\$ 430	DECEMBER 16, 2019
NO 3	\$ 430	MARCH 16, 2020
NO 4	\$ 430	JUNE 15, 2020

MAKE CHECK PAYABLE TO:

ARIZONA DEPT OF REVENUE

MAIL VOUCHER AND CHECK TO:

ARIZONA DEPT OF REVENUE
P.O. BOX 29085
PHOENIX, AZ 85038-9085

SPECIAL INSTRUCTIONS:

MAIL EACH INSTALLMENT ON OR BEFORE THE DATE INDICATED ABOVE.
ENCLOSE A CHECK FOR THE SPECIFIED AMOUNT.

1 Arizona tax liability: See instructions before completing this line	1	1,909	00
2 Required annual payment:			
a Enter 90% of line 1	2a	1,718	00
b Forms 99T, 120, and 120A: Enter the tax as shown on the 2018 return. See instr.	2b	1,718	00
c Form 120S: See instructions	2c		00
d Forms 99T, 120, and 120A: Enter the smaller of line 2a or line 2b. Form 120S: Enter the smaller of line 2a or line 2c	2d	1,718	00

Required Installments - Due Dates and Amounts					
	(a)	(b)	(c)	(d)	
3 Installment due dates: See instructions	3	10/15/19	12/16/19	03/16/20	06/15/20
4 Required installments: Enter 25% of line 2d in columns (a) through (d) unless the taxpayer uses the annualized income installment method, the adjusted seasonal installment method or is a "large corporation". See instructions	4	430	430	430	430

Public Copy

To ensure proper application of this payment, this form must be completed in its entirety.

For the calendar year 2019 or fiscal year beginning 07 01 2019 and ending 06 30 2020.

Name of Firm - exactly as it will appear on the return 1 ARIZONA CENTER FOR NATURE CONSERVATION			Employer Identification Number (EIN) 86-0174843	
Address - number and street or PO Box 2 455 N. GALVIN PARKWAY			Business Phone Number (with area code) 602-273-1341	
Address - continued 2			REVENUE USE ONLY. DO NOT MARK IN THIS AREA 88	
City 3 PHOENIX, AZ	State	ZIP Code 85008		
A <input type="checkbox"/> Check if this is the first tax return filed under this name and EIN.				
B <input type="checkbox"/> Check if name and/or address has changed.				
C <input type="checkbox"/> Check if EIN has changed. List prior number: _____				
1 The enclosed amount is payment number: <u>1</u>			81 PM	
2 Payment: Round estimated payment to a whole dollar (no cents). Enter the amount of payment enclosed			80 RCVD	

\$ 430 00

- ✓ Make check payable to Arizona Department of Revenue.
- ✓ Include EIN on payment.
- ✓ Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

Public Copy

To ensure proper application of this payment, this form must be completed in its entirety.

For the calendar year 2019 or fiscal year beginning 07 01 2019 and ending 06 30 2020.

Name of Firm - exactly as it will appear on the return 1 ARIZONA CENTER FOR NATURE CONSERVATION			Employer Identification Number (EIN) 86-0174843	
Address - number and street or PO Box 2 455 N. GALVIN PARKWAY			Business Phone Number (with area code) 602-273-1341	
Address - continued 2			REVENUE USE ONLY. DO NOT MARK IN THIS AREA 88	
City 3 PHOENIX, AZ	State	ZIP Code 85008		
A <input type="checkbox"/> Check if this is the first tax return filed under this name and EIN.				
B <input type="checkbox"/> Check if name and/or address has changed.				
C <input type="checkbox"/> Check if EIN has changed. List prior number: _____				
1 The enclosed amount is payment number: <u>2</u>			81 PM	
2 Payment: Round estimated payment to a whole dollar (no cents). Enter the amount of payment enclosed			80 RCVD	

\$ 430 00

- ✓ Make check payable to Arizona Department of Revenue.
- ✓ Include EIN on payment.
- ✓ Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

To ensure proper application of this payment, this form must be completed in its entirety.

For the calendar year 2019 or fiscal year beginning 07 01 2019 and ending 06 30 2020.

Name of Firm - exactly as it will appear on the return 1 ARIZONA CENTER FOR NATURE CONSERVATION			Employer Identification Number (EIN) 86-0174843	
Address - number and street or PO Box 2 455 N. GALVIN PARKWAY			Business Phone Number (with area code) 602-273-1341	
Address - continued 2			REVENUE USE ONLY. DO NOT MARK IN THIS AREA 88	
City 3 PHOENIX, AZ	State	ZIP Code 85008		
A <input type="checkbox"/> Check if this is the first tax return filed under this name and EIN.				
B <input type="checkbox"/> Check if name and/or address has changed.				
C <input type="checkbox"/> Check if EIN has changed. List prior number: _____				
1 The enclosed amount is payment number: <u>3</u>			81 PM	
2 Payment: Round estimated payment to a whole dollar (no cents). Enter the amount of payment enclosed			80 RCVD	

\$ 430 00

- ✓ Make check payable to Arizona Department of Revenue.
- ✓ Include EIN on payment.
- ✓ Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

Public Copy

To ensure proper application of this payment, this form must be completed in its entirety.

For the calendar year 2019 or fiscal year beginning 07 01 2019 and ending 06 30 2020.

Name of Firm - exactly as it will appear on the return 1 ARIZONA CENTER FOR NATURE CONSERVATION			Employer Identification Number (EIN) 86-0174843	
Address - number and street or PO Box 2 455 N. GALVIN PARKWAY			Business Phone Number (with area code) 602-273-1341	
Address - continued 2			REVENUE USE ONLY. DO NOT MARK IN THIS AREA 88	
City 3 PHOENIX, AZ	State	ZIP Code 85008		
A <input type="checkbox"/> Check if this is the first tax return filed under this name and EIN.				
B <input type="checkbox"/> Check if name and/or address has changed.				
C <input type="checkbox"/> Check if EIN has changed. List prior number: _____				
1 The enclosed amount is payment number: <u>4</u>			81 PM	
2 Payment: Round estimated payment to a whole dollar (no cents). Enter the amount of payment enclosed			80 RCVD	

\$ 430 00

- ✓ Make check payable to Arizona Department of Revenue.
- ✓ Include EIN on payment.
- ✓ Mail to Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.

For the calendar year 2018 or fiscal year beginning 07/01/2018 and ending 06/30/2019

CHECK ONE: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amended	Name ARIZONA CENTER FOR NATURE CONSERVATION	Employer Identification Number (EIN) 86-0174843
Business Telephone Number (with area code) 602-273-1341	Address - number and street or PO Box 455 N GALVIN PARKWAY	
	City, Town or Post Office PHOENIX, AZ 85008	State ZIP Code
68 Check box if: A <input type="checkbox"/> This is a first return B <input type="checkbox"/> Name change C <input type="checkbox"/> Address change		
A Date Arizona operations began 01/01/1961 B Nature of unrelated business activities: STATEMENT 1 C Unrelated business activity codes: 531390 D ARIZONA apportionment for multistate organizations only (check one box): 1 <input type="checkbox"/> AIR CARRIER 2 <input type="checkbox"/> STANDARD 3 <input type="checkbox"/> SALES FACTOR ONLY E <input type="checkbox"/> Check if Multistate Service Provider Election and Computation (Arizona Schedule MSP) is included. Indicate the year of the election cycle <input type="checkbox"/> Yr 1 <input type="checkbox"/> Yr 2 <input type="checkbox"/> Yr 3 <input type="checkbox"/> Yr 4 <input type="checkbox"/> Yr 5 F Check federal form filed: 1 <input checked="" type="checkbox"/> 990-T 2 <input type="checkbox"/> Other (specify) _____		
Check box if return filed under extension: <input checked="" type="checkbox"/> 82 82F <input type="checkbox"/>		
REVENUE USE ONLY. DO NOT MARK IN THIS AREA. <input checked="" type="checkbox"/> 88		
<input checked="" type="checkbox"/> 81 PM		<input type="checkbox"/> 66 RCVD

Arizona Unrelated Business Taxable Income Computation

1 Unrelated business taxable income	1	35,065	00
2 Additions related to Arizona tax credits claimed	2		00
3 Subtotal: Add line 1 and line 2. Enter the total.	3	35,065	00
4 Apportionment ratio for multistate organizations only: See instructions 4			
5 Taxable income attributable to Arizona: Line 3 multiplied by line 4 (or if 100% Arizona, enter amount from line 3)	5	35,065	00

Arizona Tax Liability Computation

6 Enter tax: Tax is 4.9 percent of line 5, or \$50, whichever is greater	6	1,718	00
7 Tax from recapture of tax credits from Arizona Form 300, Part 2, line 27	7		00
8 Subtotal: Add line 6 and line 7. Enter the total.	8	1,718	00
9 Nonrefundable tax credits from Arizona Form 300, Part 2, line 49	9		00
10 Credit type: Enter form number for each nonrefundable credit claimed: 101 3 102 3 103 3 104 3			
11 Tax liability: Subtract line 9 from line 8. Enter the difference.	11	1,718	00

Tax Payments

12 Refundable tax credits: Check box(es) and enter amt: 121 <input type="checkbox"/> 308 122 <input type="checkbox"/> 349	12		00
13 Extension payment made with Arizona Form 120EXT or online	13		00
14 Estimated tax payments:	14		00
15 Amended returns: Payment made with original return plus all payments made after it was filed: See instructions	15		00
16 Subtotal payments: Add lines 12 through 15. Enter the total.	16		00
17 Overpayments of tax from original return or later adjustments: See instructions	17		00
18 Total Payments: Subtract line 17 from line 16. Enter the difference.	18		00

Computation of Total Due or Overpayment

19 Balance of tax due: If line 11 is larger than line 18, subtract line 18 from line 11. Enter balance of tax due. Skip line 20	19	1,718	00
20 Overpayment of tax: If line 18 is larger than line 11, subtract line 11 from line 18. Enter overpayment of tax	20		00
21 Penalty and interest	21		00
22 Estimated tax underpayment penalty: If Form 220 is included, check this box 22A <input checked="" type="checkbox"/>	22	2	00
23 TOTAL AMOUNT DUE: Add lines 19, 21, and 22. Enter the total. See instructions	23	1,720	00
24 OVERPAYMENT: See instructions	24		00
25 Amount of line 24 to be applied to 2019 estimated tax 25			00
26 Amount to be refunded: Subtract line 25 from line 24. Enter the difference.	26		00

Continued on page 2 →

FORM AZ 99T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

REAL ESTATE DEVELOPMENT

TO FORM AZ 99T, PAGE 1

Public Copy

Include with the corporation's return.

For the calendar year 2018 or fiscal year beginning 07/01/2018 and ending 06/30/2019

Name as shown on Form 99T, 120, 120A, 120S

ARIZONA CENTER FOR NATURE CONSERVATION

Employer identification number (EIN)

86-0174843

In most cases, the taxpayer DOES NOT HAVE TO FILE Form 220. (See Part A below for exceptions.) The department will compute any penalty due and bill the taxpayer. (If the taxpayer does not have to file Form 220, the form may still be used to compute the penalty. Enter the amount of the penalty on the estimated tax underpayment penalty line of the taxpayer's return. Do not check the box on that line of the return or include Form 220 with the return.)

Part A Reasons for Filing Form 220

Check the boxes below that apply to the taxpayer. If any box is checked, the taxpayer must file Form 220 with the taxpayer's tax return, even though no penalty is due. See page 2 of the instructions.

- 1 The taxpayer is using the annualized income installment method.
- 2 The taxpayer is using the adjusted seasonal installment method.
- 3 **Forms 120 and 120A only:** The taxpayer is a "large corporation" computing its first required installment based on the prior taxable year's tax liability.
- 4 **Form 120S only:** The taxpayer is computing its required annual payment based on an amount equal to the **sum of:**
 - (a) ninety percent of the portion of the current taxable year's liability attributable to built-in gains income or certain capital gains income; **plus**
 - (b) one hundred percent of the portion of the prior taxable year's tax liability attributable to excess net passive income.

Part B Calculation of Underpayment

5	Enter the 2018 Arizona tax liability from Form 99T, line 11 less line 12; or Form 120, line 21 less line 22; or Form 120A, line 13 less line 14; or Form 120S, line 17 less line 18. Taxpayers with a claim of right tax calculation. See instructions	5	1,718	00		
6	REQUIRED ANNUAL PAYMENT:					
a	Enter 90% of line 5	6a	1,546	00		
b	Forms 99T, 120, and 120A: Enter the tax as shown on the 2017 return. See instructions	6b	50	00		
c	Form 120S. See instructions	6c		00		
d	Forms 99T, 120, and 120A: Enter the smaller of line 6a or line 6b. Form 120S. Enter the smaller of line 6a or line 6c	6d	50	00		
7	Installment due dates: In columns (a) through (d), enter the 15th day of the 4th, 6th, 9th, and 12th months of the taxable year	(a)	(b)	(c)	(d)	
		10/15/18	12/17/18	03/15/19	06/17/19	
8	Required installments: If the box on line 1 and/or line 2 above is checked, enter the amounts from Schedule A, Part 3, line 48. If the box on line 3 above is checked (but not the box on line 1 or line 2), see the instructions for line 8 to determine the amount to enter. If the box on line 4 above is checked, or if none of these boxes are checked, enter 25% of line 6d in each column	8	13	13	13	11
9	Enter the estimated tax paid or credited for each period (see instructions): For column (a) only: Skip lines 10 through 12. Enter the amount from line 9 on line 13	9				
Complete lines 10 through 16 of each column before completing the next column.						
10	For columns (b) through (d) only: Enter the amount, if any, from line 16 of the preceding column	10				
11	For columns (b) through (d) only: Add lines 9 and 10. Enter the total	11				
12	For columns (b) through (d) only: Add the amounts on lines 14 and 15 of the preceding column. Enter the total	12		13	26	39
13	For columns (b) through (d) only: Subtract line 12 from line 11. Enter the difference. If zero or less, enter "0"	13		0	0	0
14	For columns (b) and (c) only: If the amount on line 13 is zero, subtract line 11 from line 12. Enter the difference. Otherwise, enter "0"	14		13	26	
15	Underpayment: If line 13 is less than or equal to line 8, subtract line 13 from line 8. Enter the difference. Then, go to line 10 of the next column (see instructions page 4). Otherwise, go to line 16	15	13	13	13	11
16	Overpayment: If line 8 is less than line 13, subtract line 8 from line 13. Enter the difference. Then, go to line 10 of the next column	16				

Part C Penalty Calculation

		(a)	(b)	(c)	(d)
17 Forms 120 and 120A: Enter the date of payment or the 15th day of the 4th month after the close of the taxable year, whichever is earlier. Form 120S: Use 3rd month instead of 4th month. Form 99T: Use 5th month instead of 4th month	17	SEE ATTACHED WORKSHEET			
18 Number of days from due date of installment on line 7 to the date shown on line 17	18	Days:	Days:	Days:	Days:
19 Number of days on line 18 after 4/15/2018 and before 7/1/2018	19	Days:	Days:	Days:	Days:
20 Underpayment on line 15 x Number of days on line 19 x 5% 365	20				
21 Number of days on line 18 after 6/30/2018 and before 10/1/2018	21	Days:	Days:	Days:	Days:
22 Underpayment on line 15 x Number of days on line 21 x 5% 365	22				
23 Number of days on line 18 after 9/30/2018 and before 1/1/2019	23	Days:	Days:	Days:	Days:
24 Underpayment on line 15 x Number of days on line 23 x 5% 365	24				
25 Number of days on line 18 after 12/31/2018 and before 4/1/2019	25	Days:	Days:	Days:	Days:
26 Underpayment on line 15 + compounding, if applicable x Number of days on line 25 x 6% 365	26				
27 Number of days on line 18 after 3/31/2019 and before 7/1/2019	27	Days:	Days:	Days:	Days:
28 Underpayment on line 15 + compounding, if applicable x Number of days on line 27 x *% 365	28				
29 Number of days on line 18 after 6/30/2019 and before 10/1/2019	29	Days:	Days:	Days:	Days:
30 Underpayment on line 15 + compounding, if applicable x Number of days on line 29 x *% 365	30				
31 Number of days on line 18 after 9/30/2019 and before 1/1/2020	31	Days:	Days:	Days:	Days:
32 Underpayment on line 15 + compounding, if applicable x Number of days on line 31 x *% 365	32				
33 Number of days on line 18 after 12/31/2019 and before 3/15/2020	33	Days:	Days:	Days:	Days:
34 Underpayment on line 15 + compounding, if applicable x Number of days on line 33 x *% 366	34				
35 Add lines 20, 22, 24, 26, 28, 30, 32, and 34. Enter the total	35				
36 Penalty Limitation: In columns (a) through (d), enter the smaller of Part B, line 15 x 10% OR the amount from Part C, line 35	36				
37 Penalty: Add columns (a) through (d) of line 36. Enter the total here and on Form 99T, line 22; or Form 120, line 29; or Form 120A, line 21; or Form 120S, line 25	37			2	00

* Percentage rate to be announced

Continued on page 3 →

