Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning JUL~1~, 2022, and ending JUN~30~, 20 23~

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer EIN or SSN PHOENIX ART MUSEUM 86-0072608 JEREMY MIKOLAJCZAK Name and title of officer or person subject to tax CEO Type of Return and Return Information Part I

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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. **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) _______ **1bl** _0 , 338 , 592 . Form 990 check here

2a	Form 990-EZ check here		Total revenue, if any (Form 990-EZ, line 9)							
3a	Form 1120-POL check here		Total tax (Form 1120-POL, line 22)	3b						
4a	Form 990-PF check here		Tax based on investment income (Form 990-PF, Part V, line 5)							
5a	Form 8868 check here		Balance due (Form 8868, line 3c)	5b						
6a	Form 990-T check here		Total tax (Form 990-T, Part III, line 4)							
7a	Form 4720 check here		Total tax (Form 4720, Part III, line 1)	. 7b						
8a	Form 5227 check here		FMV of assets at end of tax year (Form 5227, Item D)	8b						
9a	Form 5330 check here		Tax due (Form 5330, Part II, line 19)	9b						
10a	Form 8038-CP check here		Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b						
Part	II Declaration and Si	ignatur	e Authorization of Officer or Person Subject to Tax							
Jnder _I	Inder penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name									
of entity	y)		, (EIN) and that I hav	re examined a copy of the						

2022 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 processary to answer inquiries and resolve issues related to the payment. I have selected a 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only X | authorize BAKER TILLY US

ERO firm name

15249 to enter my PIN

> Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 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.

5/9/2024

Certification and Authentication Part III

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

86415515249

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return 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.

COLETTE KAMPS, CPA ERO's signature

05/07/24 Date

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

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

Form **8879-TE** (2022)

202521 12-16-22

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 20 23

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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EIN or SSN Name of filer PHOENIX ART MUSEUM 86-0072608 JEREMY MIKOLAJCZAK Name and title of officer or person subject to tax CEO Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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. Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here Form 1120-POL check here **b Total tax** (Form 1120-POL, line 22) 3a Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a **b Total tax** (Form 990-T, Part III, line 4) Form 990-T check here 6a 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b 8a Form 5227 check here **b** FMV of assets at end of tax year (Form 5227, Item D) Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) 9a 9b

, (EIN) and that I have examined a copy of the 2022 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name

b Amount of credit payment requested (Form 8038-CP, Part III, line 22)

PIN: check one box only

10a Form 8038-CP check here

X Lauthorize BAKER TILLY US 15249 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros

as my signature on the tax year 2022 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 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.

5/9/2024

Certification and Authentication Part III

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

86415515249

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return 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

05/07/24 Date

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

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Form **8879-TE** (2022)

202521 12-16-22

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Open to Public

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Inspection

A F	or the	\pm 2022 calendar year, or tax year beginning $$ JUL $1,$ 2022 and 6	ending J	<u>UN 30, 2023</u>			
	heck if pplicable	C Name of organization		D Employer identific	cation number		
	Addres	PHOENIX ART MUSEUM					
	Name change	Doing business as		86-00726	08		
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 1625 N. CENTRAL AVE.	E Telephone number 6022571880				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	10,955,410.		
	Ameno return	PHOENIX, AZ 85004	H(a) Is this a group return				
	Application	F Name and address of principal officer: UEREMI MIROLAUCZAR		for subordinates	? Yes X No		
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
<u> </u>	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	r 527	If "No," attach a	list. See instructions		
	Vebsit			H(c) Group exemptio			
		organization: X Corporation Trust Association Other Summary	L Year	of formation: 1949 N	1 State of legal domicile: AZ		
	1	Briefly describe the organization's mission or most significant activities: WORLD	CLAS	S MUSEUM- SI	EE SCHEDULE		
Governance		O FOR FULL MISSION.					
rna	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	sets.		
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	44		
<u>م</u>		Number of independent voting members of the governing body (Part VI, line 1b)			44		
Activities &		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			197		
ĭ₹		Total number of volunteers (estimate if necessary)			200		
Acı		Total unrelated business revenue from Part VIII, column (C), line 12			<u> </u>		
_	D	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		11,786,223.	6,553,072.		
Jue		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		2,464,898.	2,815,872.		
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		14,536.	74,064.		
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		621,185.	895,584.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,886,842.	10,338,592.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,625,900.	6,931,283.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
жbе	b	Total fundraising expenses (Part IX, column (D), line 25) 1,802,12		4 206 000	4 020 505		
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,306,278.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,932,178.	11,870,068.		
s		Revenue less expenses. Subtract line 18 from line 12	Ro	4,954,664.	-1,531,476. End of Year		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		12,566,179.	11,117,537.		
Asse Bala	20 21	Total liabilities (Part X, line 16)		2,446,247.	2,358,584.		
Net/	22	Net assets or fund balances. Subtract line 21 from line 20		10,119,932.	8,758,953.		
Pa	rt II	Signature Block					
Unde	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is		
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.			
Sigr		Signature of officer		Date			
Her	е	JEREMY MIKOLAJCZAK, CEO					
		Type or print name and title	Ιr	Date Check	PTIN		
ר: ים		Print/Type preparer's name COLETTE KAMPS, CPA Preparer's signature COLETTE KAMPS, C		Sate Check Cif if self-employ			
Paid Pren	arer	Firm's name BAKER TILLY US, LLP	· <u>r</u> v 0		9-0859910		
Prep Use		Firm's address 2055 E WARNER RD, STE 101		FIIIII S EIN 3	J 00000110		
556	Jiny	TEMPE, AZ 85284		Phone no 48	0.839.4900		
—— Mav	the IF	S discuss this return with the preparer shown above? See instructions		[1 Holle Ho. 2 0	X Yes No		
,		, 1					

Form 990 (2022) PHOENIX ART MUSEUM Part III | Statement of Program Service Accomplishments

гаі	otatement of Frogram 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:	
	PHOENIX ART MUSEUM IS A VIBRANT DESTINATION CONNECTING PEOPLE TO GR	EAT
	ART FROM AROUND THE WORLD TO ENRICH THEIR LIVES AND COMMUNITIES. TH	IS
	VISION IS SUPPORTED BY FOUR STRATEGIC PILLARS WHICH ARE: (CONTINUED	ON
	SCHEDULE O)	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_		s X No
		5 <u>21</u> NU
_	If "Yes," describe these new services on Schedule O.	▼
3	· / / · · · · · · · · · · · · · · · · ·	s X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,	and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 6,681,855. including grants of \$) (Revenue \$ 2,501	,841.)
	COLLECTIONS AND EXHIBITIONS: PHOENIX ART MUSEUM IS A NONPROFIT MUSE	UM
	FOUNDED IN 1959. THE MAIN PURPOSE OF THE MUSEUM IS TO ENGAGE THE	
	BROADEST SEGMENT OF THE POPULATION WITH THE HISTORICAL AND AESTHETIC	C
	ATTRIBUTES OF THE VISUAL AND ASSOCIATED PERFORMING ARTS. OUR FINE A	
	COLLECTION CONSISTS OF MORE THAN 21,000 PURCHASED AND DONATED WORKS	
	ASIAN, LATIN AMERICAN, EUROPEAN, AMERICAN, MODERN, AND CONTEMPORARY	
		ALI
	AND FASHION. ON AVERAGE, THE MUSEUM HAS WELCOMED MORE THAN 223,000	
	VISITORS PER YEAR FOR THE PAST DECADE.	
	IN FY23, THE MUSEUM WELCOMED MORE THAN 210,000 VISITORS, MARKING A	
	CONTINUAL INCREASE TO PRE-PANDEMIC ATTENDANCE FIGURES. EXHIBITION	
	HIGHLIGHTS INCLUDED MR.: YOU CAN HEAR THE SONG OF THIS TOWN, EXPLOR	ING
4b	(Code:) (Expenses \$ 798,061. including grants of \$) (Revenue \$ 708	, 079.
	EDUCATION AND COMMUNITY ENGAGEMENT: THE MUSEUM'S EDUCATION AND	
	COMMUNITY ENGAGEMENT TEAM DEVELOPS, IMPLEMENTS, AND OVERSEES EDUCAT	ION
	PROGRAMS AND ARTS-ENGAGEMENT EVENTS AND EXPERIENCES FOR A WIDE RANGE	E OF
	AUDIENCES. THE MUSEUM'S LIBRARY PRESERVES AND DEVELOPS AN EXTENSIVE	
	COLLECTION OF ART-RELATED SCHOLARLY AND RARE PUBLICATIONS. THE LIBR.	ARY
	IS OPEN TO STAFF AND THE PUBLIC FOR RESEARCH AND ENJOYMENT.	
	TO OTHER TO DIMIT IND THE TODDIC TOR REDERMON IND ENCOTEMNT.	
	IN FY23, THE MUSEUM ENGAGED MORE THAN 54,000 COMMUNITY MEMBERS THRO	IICH
	ON-SITE ARTS ENGAGEMENT PROGRAMS, INCLUDING DOCENT-LED TOURS FOR AD	
	·	оптр
	AND SCHOOL GROUPS, SENIOR COFFEE SOCIALS FOR MEMBERS 65 AND OLDER,	
	STORYTIME IN THE GALLERY SESSIONS FOR VISITORS 0-5 YEARS OLD AND TH	
	CAREGIVERS, AND OTHER INTERGENERATIONAL PROGRAMMING. THE MUSEUM ALS	
4c		<u>,277.</u>)
	MUSEUM STORE: THE MUSEUM STORE ENHANCES THE VISITOR EXPERIENCE BY	
	OFFERING PRODUCTS RELATED TO EXHIBITIONS AND ARTWORKS ON VIEW IN TH	
	MUSEUM, ENSURING ENGAGEMENT WITH PHXART AND THE VISUAL ARTS LONG AF	TER
	GUESTS HAVE LEFT THE MUSEUM CAMPUS AND RETURNED HOME.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 7,868,008.	
	Form	990 (2022)

21010507 144198 288001.HH

Form 990 (2022) PHOENIX ART MUSEUM Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			٠,,
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		37	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	37
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			_V
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-7		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		├^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Y	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		├^
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	l	X

232003 12-13-22

Form **990** (2022)

Form 990 (2022) PHOENIX ART MUSEUM
Part IV Checklist of Required Schedules (continued)

	(continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
214	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	270		
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			1
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			1
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		x
00	"Yes," complete Schedule L, Part IV	28c 29	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		Х	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Λ	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		Х	1
05.	Part V, line 1	34	^	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		\vdash^{Δ}
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u> </u>		1
200	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
~~	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	00	v	1
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
. u				
	Check if Schedule O contains a response or note to any line in this Part V			▞
	Establishment		Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 76 Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable 0	-		
b	Enter the number of Fernie W Za moladed of line 14. Enter 6 in not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_		
	(gambling) winnings to prize winners?	1c	990	(2022)
7.2.2UU.		- carm	UUU	

Form 990 (2022) PHOENIX ART MUSEUM

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

	- I permitted									
0-	Establis and a construction of a state of the form WO Target Wall of Warrand Target Obstances to		Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 197									
	, , , , , , , , , , , , , , , , , , , ,	OI:	X							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b 3a	X							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X							
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Λ							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		х						
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Λ						
D	If "Yes," enter the name of the foreign country See instructions for filling requirements for FinCFN Form 114. Beneat of Foreign Bank and Financial Associate (FRAR)									
E	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	En		Х						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u> 5b		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		21						
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50								
Va		6a		х						
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ua								
b		6b								
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	OD.								
, a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.5								
·	to file Form 8282?	7с		х						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h										
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_X_						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			7.7						
	excess parachute payment(s) during the year?	15		X						
	If "Yes," see the instructions and file Form 4720, Schedule N.			77						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

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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 on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 44 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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 X Own website Another's website X Upon request Other (explain on Schedule O) Describe on 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. State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 602-257-1880

Form **990** (2022)

85004

1625 N. CENTRAL AVE., PHOENIX, AZ

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box	not c , unle	Pos heck ss per	more rson i	than of s both	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	week (list any hours for related organizations below line)	Individual trustee or director	In stitutio nal tru ste e	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(1) MARK KOENIG CFO (RETIRED 6/9/2022)	37.50						X	272,466.	0.	25,410.	
(2) NICOLE RIVET	37.50					7		V = / = 0 0 1	•		
CDO (THRU 6/2/23)		1				X		224,922.	0.	19,889.	
(3) HARMONY DELEON	37.50							7			
DEPUTY DIRECTOR & CHIEF ADVANCEMENT	27 50	<u> </u>				X		225,396.	0.	12,952.	
(4) JEREMY MIKOLAJCZAK	37.50	-		7,7				220 001	,	4 1 4 0	
DIRECTOR/CEO	1.00			X				229,881.	0.	4,148.	
(5) CHAMISA COLVIN DIRECTOR OF INSTITUTIONAL GIVING	37.50	K				X		127 526	0.	22 540	
(6) TING ZENG	37.50					┢		127,526.	0.	23,549.	
CONTROLLER	37.30	1				X		106,933.	0.	3,208.	
(7) CHRISTINA BROWN	37.50			_		125		100,555.	•	3,200.	
DIRECTOR OF DEVELOPMENT	37.55	1				x		105,847.	0.	3,181.	
(8) ALLAN ALVARADO	37.50									<u> </u>	
CFO	1.00	1		х				92,308.	0.	0.	
(9) RUBEN E. ALVAREZ	0.50										
TRUSTEE		Х						0.	0.	0.	
(10) ALICE BAZLEN	0.50										
TRUSTEE		Х						0.	0.	0.	
(11) DREW BROWN	0.50										
TRUSTEE		Х						0.	0.	0.	
(12) JOEL COEN	0.50										
TRUSTEE		Х						0.	0.	0.	
(13) ANDREW COOPER	0.50	1								_	
TRUSTEE		Х						0.	0.	0.	
(14) GLORIA COWEN	0.50	ļ									
TRUSTEE	0.50	Х	_					0.	0.	0.	
(15) JACQUIE DORRANCE	0.50	. ,						_	_	0	
TRUSTEE (16) CARTER EMERSON	0.50	Х	_			-		0.	0.	0.	
TRUSTEE	0.50	х						0.	0.	0.	
(17) ROBERT FAVER	0.50	^						0.	0.	U •	
TRUSTEE	0.50	Х						0.	0.	0.	
	1	-22							J •	Form 990 (2022)	

232007 12-13-22

Form 990 (2022)

	AKI MUSE								00-0072	000 Page 0
Part VII Section A. Officers, Directors,	Trustees, Key Emp	oloye	ees,	and	l Hi	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)			_ (0				(D)	(E)	(F)
Name and title	Average	Average hours per week Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable	Reportable	Estimated
	1 .							compensation	compensation	amount of
	(list any					1 1		from the	from related organizations	other compensation
	hours for	Individual trustee or director				Ļ		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	Institutional trustee		yee	om pe		1099-NEC)	,	and related
	below	/idual	tutior	er	Key employee	loyee	ner			organizations
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former			
(18) MICHELE FEENEY	0.50									
TRUSTEE		Х						0.	0.	0.
(19) MARTIN GALBUT	0.50									
TRUSTEE		Х				_		0.	0.	0.
(20) JUDY GOLDBERG	0.50								_	_
TRUSTEE		Х				_		0.	0.	0.
(21) SARA GORDON	0.50								_	_
TRUSTEE		Х				_		0.	0.	0.
(22) JOHN W. GRAHAM	0.50								_	_
TRUSTEE		Х				_		0.	0.	0.
(23) MICHAEL GREENBAUM	0.50									
TRUSTEE		Х				_		0.	0.	0.
(24) NANCY HANLEY ERIKSSON	0.50	ا ا					١.			
TRUSTEE		Х				_		0.	0.	0.
(25) LILA HARNETT	0.50	ا ا				L				
TRUSTEE		Х						0.	0.	0.
(26) OLIVER HARPER	0.50	ا ا				K				
TRUSTEE		X		Ц,			K,	0.	0.	0.
1b Subtotal								1,385,279.	0.	92,337.
c Total from continuation sheets to Pa								0.	0.	0.
d Total (add lines 1b and 1c)				_				1,385,279.	0.	92,337.
2 Total number of individuals (including I	but not limited to th	ose	liste	d ab	ove	e) wh	o re	ceived more than \$100,	000 of reportable	

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

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

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

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

5 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)	(B)	(C)
Name and business address	Description of services	Compensation
BRIGHTVIEW LANDSCAPING SERVICES INC		
980 JOLLY RD STE 300, BLUE BELL, PA 19422	LANDSCAPING	226,502.
ARIZONA STATE UNIVERSITY		
1151 S FOREST AVE, TEMPE, AZ 85281	STUDENT WORKERS	118,837.
YAMATO TRANSPORT CO, 470 METROPLEX DR STE	SHIPPING AND	
215, NASHVILLE, TN 37211	TRANSPORT	113,950.
COLLING MEDIA LLC, 5415 E HIGH ST STE 220		
BLDG A10, PHOENIX, AZ 85054	ADVERTISING	104,900.

SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2022)

\$100,000 of compensation from the organization

Form 990 PHOENIX	ART MUSE	SUM	1						86-007	<u> </u>
Part VII Section A. Officers, Directors, T	rustees, Key Er	nplo	yee	s, aı	nd F	lighe	est (Compensated Employe	es (continued)	
(A)				C)			(D)	(E)	(F)	
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	or or				loyee		the	organizations	compensation from the
	(list any hours for	direct				d em p		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	related	e or c	stee			satec		(***2/1099*****130)		and related
	organizations	truste	al trus		yee	n ber				organizations
	below	Individual trustee or director	Institutional trustee	-e	Key employee	Highest compensated employee	ıer			J
	line)	Indi	Insti	Officer	Key	High	Former			
(27) JOHN HORSEMAN	0.50									
TRUSTEE		Х						0.	0.	0.
(28) BARBARA NOBLE HOWARD	0.50									
TRUSTEE		Х						0.	0.	0 .
(29) JON HULBURD	0.50									
TRUSTEE		Х	L	L_	L	L		0.	0.	0.
(30) JANE JOZOFF	0.50									
TRUSTEE		Х						0.	0.	0.
(31) ELLEN KATZ	0.50									
TRUSTEE		Х						0.	0.	0 .
(32) PARVINDER KHANUJA	0.50									
TRUSTEE		Х						0.	0.	0 .
(33) DON KILE	0.50									
TRUSTEE		Х						0.	0.	0 .
(34) SALLY LEHMANN	0.50	1							_	_
TRUSTEE		Х					4	0.	0.	0.
(35) MITCH MANCHACA	0.50						K			_
TRUSTEE		Х						0.	0.	0 .
(36) BETTINA NAVA	0.50	l								
TRUSTEE		Х						0.	0.	0 .
(37) ANN M OCANA	0.50								•	•
TRUSTEE	0.50	X						0.	0.	0 .
(38) SALLY A ODEGARD	0.50								•	
TRUSTEE		Х						0.	0.	0 .
(39) DORIS ONG	0.50	ļ							•	•
TRUSTEE		Х						0.	0.	0 .
(40) ROSE PAPP	0.50	.,							0	0
TRUSTEE	1.00	Х						0.	0.	0 .
(41) TERRY ROMAN	0.50	٠,							0	0
TRUSTEE	0.50	Х						0.	0.	0 .
(42) JORDAN ROSE TRUSTEE	0.50	₩.							0	^
	0 50	Х	-					0.	0.	0 .
(43) VANESSA RUIZ	0.50	₩.							0	^
TRUSTEE (44) ANN SINER	0 50	Х	-					0.	0.	0 .
	0.50	х							0	^
TRUSTEE	0.50	Δ.	\vdash					0.	0.	0 .
(45) ROB TAYLOR	0.50	₩.							0	0
TRUSTEE	0 50	Х						0.	0.	0
(46) ALAN KOSLOFF	0.50	x						0.	0.	0 .
TRUSTEE (THRU 3/23)								. 11	() -	. ()

Form 990 PHOENIX A	ART MUSE	:UM	[86-007	2608
Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, a	nd F	ligh	est	Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	Average Po						Reportable	Reportable	Estimated
	I —		heck	that	app	ly)	compensation	compensation	amount of	
	per .							from	from related	other
	week (list any	or				oloyee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em		(W-2/1099-MISC)	(44-2/1099-141130)	organization
	related	tee or	stee			en sa te		(** = , ********************************		and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	ividua	titutio	Officer	emp	hest	Former			
	line)	pul	ısı	9	Ke	ij	For			
(47) DONALD OPARTNEY	0.50								_	_
CHAIR	0.50	Х		Х				0.	0.	0.
(48) DAVID LENHARDT	0.50	l								
VICE CHAIR		Х		Х				0.	0.	0.
(49) MEREDITH VON ARENTSCHILDT	0.50								•	•
VICE CHAIR	0.50	Х	_	Х				0.	0.	0.
(50) CARL THOMA	0.50	,,		,,					_	•
SECRETARY (51) PLATE POPETCAL	0.50	Х	\vdash	Х		-		0.	0.	0.
(51) BLAIR PORTIGAL	0.50	37		3,7					0	0
TREASURER	1.00	Х		Х				0.	0.	0.
							<			
				4			5			
						_				
Total to Part VII, Section A, line 1c										

86-0072608

Form 990 (2022) PHOENIX
Part VIII Statement of Revenue

. u	L V	Check if Schedule O		or note to any lin	o in this Part VIII			
		Crieck ii Scriedule O (contains a response	or note to any iin	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
રા સ	1 8	a Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	ı		1b	438,350.				
2 8	(c Fundraising events		576,988.				
ifts ar A	(d Related organizations		1,166,157.				
nig.	•	e Government grants (contr		91,000.				
Š	1	f All other contributions, gifts,						
bet		similar amounts not included		4,280,577.				
ĕ	9	g Noncash contributions included in	lines 1a-1f 1g \$	370,410.				
a S	i	h Total. Add lines 1a-1f			6,553,072.			
				Business Code				
ø.	2 8	a ADMISSIONS		900099	1,403,350.	1,403,350.		
Š	ŀ	b FACILITY RENTALS		900099	708,079.	708,079.		
Sel	(c MEMBERSHIP DUES		900099	704,443.	704,443.		
am	(d						
Program Service Revenue	•	e						
Ą.	1	f All other program service	revenue					
		g Total. Add lines 2a-2f			2,815,872.			
	3	Investment income (include	ding dividends, intere	est, and				
		other similar amounts)			74,064.			74,064.
	4	Income from investment of	of tax-exempt bond p	roceeds				
	5	Royalties			3,898.			3,898.
			(i) Real	(ii) Personal		Ť		
	6 a	a Gross rents	6a					
	ŀ	b Less: rental expenses	6b					
	(c Rental income or (loss)	6c					
	(d Net rental income or (loss)	· —					
	7 a	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	7a					
	ŀ	b Less: cost or other basis						
Jue		and sales expenses	7b					
Revenue		c Gain or (loss)						
		d Net gain or (loss)						
ther	8 8	a Gross income from fundraising						
₽			576,988. of					
		contributions reported on	·	70 600				
		Part IV, line 18	اما					
			8b	145,239.	-65,639.			-65,639.
		c Net income or (loss) from			-03,039.			-03,033.
	9 8	a Gross income from gamin						
		Part IV, line 19 b Less: direct expenses	<u>9a</u> 9b					
		c Net income or (loss) from		'I				
	10 6		Gross sales of inventory, less returns and allowances 10a 1,					
	,	b Less: cost of goods sold						
		c Net income or (loss) from		471,579.	563,277.	563,277.		
				Business Code	,	,		
sno	11 :	a SHARED COSTS REIMBUR	RSEMENTS	900099	326,811.	326,811.		
Miscellaneous Revenue		b MISCELLANEOUS INCOM		900099	67,237.	67,237.		
ella		С			,	, , , , , , , , , , , , , , , , , , ,		
ŠČ		d All other revenue						
Σ		e Total. Add lines 11a-11d			394,048.			
	12	Total revenue. See instruction			10,338,592.	3,773,197.	0.	12,323.

Form **990** (2022)

Form 990 (2022) PHOENIX ART MUSEUM Part IX Statement of Functional Expenses

Sect	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						
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21						
2	Grants and other assistance to domestic						
_	individuals. See Part IV, line 22						
3	Grants and other assistance to foreign						
•	organizations, foreign governments, and foreign						
	individuals. See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors,						
	trustees, and key employees	601,998.	134,172.	333,654.	134,172.		
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	5,129,623.	3,361,303.	861,486.	906,834.		
8	Pension plan accruals and contributions (include	-,===,,==,	-,,,	112,200			
-	section 401(k) and 403(b) employer contributions)	48,062.	29,387.	9,956.	8,719.		
9	Other employee benefits	735,570.	486,007.	148,301.	101,262.		
10	Payroll taxes	416,030.	254,380.	86,181.	75,469.		
11	Fees for services (nonemployees):	,		55,2521	,		
	Management						
b	Legal	26,833.		26,833.			
c		69,242.		69,242.			
d		72 / = == :		,			
e	Professional fundraising services. See Part IV, line 17						
f	Investment management fees	52.		52.			
g	Other. (If line 11g amount exceeds 10% of line 25,			-			
3	column (A), amount, list line 11g expenses on Sch O.)	1,008,770.	621,046.	225,058.	162,666.		
12	Advertising and promotion	300,413.	292,368.	3,769.	4,276.		
13	Office expenses	430,179.	168,174.	65,706.	196,299.		
14	Information technology	274,753.	201,757.	56,820.	16,176.		
15	Royalties		-				
16	Occupancy	433,186.	341,075.	76,041.	16,070.		
17	Travel	76,758.	68,292.	1,931.	6,535.		
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials						
19	Conferences, conventions, and meetings						
20	Interest	31,736.	1,999.	29,388.	349.		
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	387,644.	313,911.	55,749.	17,984.		
23	Insurance	451,248.	361,067.	90,181.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),						
	amount, list line 24e expenses on Schedule 0.) EXHIBITION EXPENSES	606,132.	606,132.				
a	ART ACQUISITIONS	283,600.	283,600.				
b	FOOD AND SUPPLIES	236,998.	110,428.	52.	126,518.		
c d	CURATORIAL EXPENSES	125,830.	125,584.	54.	246.		
		195,411.	107,326.	59,537.	28,548.		
	All other expenses	11,870,068.	7,868,008.	2,199,937.	1,802,123.		
<u>25</u> 26	Joint costs. Complete this line only if the organization	,0,0,000	.,555,555	2,20,0010	<u> </u>		
20	reported in column (B) joint costs from a combined						
	educational campaign and fundraising solicitation.						
	Check here if following SOP 98-2 (ASC 958-720)						
-	ionowing co. 100-2 (1000 000-120)				Form 990 (2022)		

	1	Check if Schedule O contains a response or not	e to an	y line in this Part X	(A)		
	1				(\(\)	ı T	
	1				Beginning of year		(B) End of year
		Cash - non-interest-bearing			1,866,520.	1	1,572,947.
	2	Savings and temporary cash investments			5,156,231.	2	1,909,818.
	3	Pledges and grants receivable, net			454,745.	3	1,155,060.
	4	Accounts receivable, net			61,366.	4	189,462.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	se perso	ons		5	
	6	Loans and other receivables from other disquality	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			212,281.	8	247,626.
Ž	9	Prepaid expenses and deferred charges			170,143.	9	192,879.
1	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	10,677,872.			
	b	Less: accumulated depreciation	10b	8,122,356.	2,886,777.	10c	2,555,516.
1	11	Investments - publicly traded securities				11	1,355,168.
1	12	Investments - other securities. See Part IV, line 11				12	
1	13	Investments - program-related. See Part IV, line				13	
1	14	Intangible assets			1 550 116	14	1 000 061
- 1	15	Other assets. See Part IV, line 11			1,758,116.	15	1,939,061.
	16	Total assets. Add lines 1 through 15 (must equa			12,566,179.	16	11,117,537.
	17	Accounts payable and accrued expenses			647,388.	17	647,880.
	18	Grants payable			595,846.	18	703,326.
	19	Deferred revenue			333,040.	19	703,320.
	20	Tax-exempt bond liabilities		of Cohodulo D		20 21	
۱,	21 22	Escrow or custodial account liability. Complete I Loans and other payables to any current or form				21	
ies	22	trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes				22	
Ei]	23	Secured mortgages and notes payable to unrela			762,030.	23	663,142.
	24	Unsecured notes and loans payable to unrelated			7027000	24	000,1110
	25	Other liabilities (including federal income tax, pa					
-		parties, and other liabilities not included on lines					
		of Schedule D	,	·	440,983.	25	344,236.
2	26	Total liabilities. Add lines 17 through 25			2,446,247.	26	2,358,584.
		Organizations that follow FASB ASC 958, che	ck her	e X			
Se l		and complete lines 27, 28, 32, and 33.					
g 2	27	Net assets without donor restrictions			7,049,592.	27	5,211,123.
Ba 2	28	Net assets with donor restrictions			3,070,340.	28	3,547,830.
밀		Organizations that do not follow FASB ASC 9	58, che	eck here			
호		and complete lines 29 through 33.					
δ 2	29	Capital stock or trust principal, or current funds				29	
Şet 3	30	Paid-in or capital surplus, or land, building, or ed	quipmer	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in	come, o	or other funds		31	
<u>₽</u> 3	32	Total net assets or fund balances			10,119,932.	32	8,758,953.
3	33	Total liabilities and net assets/fund balances			12,566,179.	33	11,117,537.

Form 990 (2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

PHOENIX ART MUSEUM 86-0072608 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. 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. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6542769.	6277234.	7816104.	11786223.	6553072.	38975402.
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge	8419760.	4543795.	4437607.	4883501.	4607931.	26892594
1	Total. Add lines 1 through 3	14962529.					
	The portion of total contributions	113023231	10021023	122337114	100037210	11101000	030073301
3	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)						
_	· · · · · · · · · · · · · · · · · · ·						C F O C 7 O O C
	Public support. Subtract line 5 from line 4.						65867996.
							T
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	***************************************	14962529.	10821029.	12253/11.	10009/24.	11101003.	0380/990.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	110 070	66 484	01 100	01 101	EE 060	000 005
	and income from similar sources	112,278.	66,474.	21,190.	21,181.	77,962.	299,085.
9	Net income from unrelated business						
	activities, whether or not the					_	
	business is regularly carried on			3,175.	0.	0.	3,175.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	333,490.	692,621.	414,661.	435,479.		
11	Total support. Add lines 7 through 10						68440555.
	Gross receipts from related activities,	•	,				,669,945.
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, t	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stor	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), di	vided by line 11, o	olumn (f))		14	96.24 %
15	Public support percentage from 2021	Schedule A, Part I	I, line 14			15	93.42 %
16a	33 1/3% support test - 2022. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	-		* **	-		
	more, and if the organization meets the	_					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization				•		
			,				(Form 990) 2022

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				ı	T	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)				 		
	Total support. (Add lines 9, 10c, 11, and 12.)	o organization to fi	rot occurs the	founds and figure to		01(a)(0)	<u></u>
14	First 5 years. If the Form 990 is for the	•		•		.,.,	
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			·····
	Public support percentage for 2022 (I			column (f))		15	%
	Public support percentage from 2021	, (,,	,			16	%
	ction D. Computation of Inves					1 1	,,
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2022. If the					33 1/3%, and line 1	
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2021. If the						and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation If the organization	n did not chock a	boy on line 14 10	or 10h chock th	ic hav and can inc	structions	

Vas No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

	1		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
	40		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
ule	A (Forn	n 990)	2022

Га	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44-		
Sec	detail in Part VI. tion B. Type I Supporting Organizations	11c		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			110
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990) 2022 PHOENIX ART MUSEUM			86-0072608 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga		
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust or	n Nov. 20, 1970 (<i>explain ir</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must co	omplet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	7	
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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		

Schedule A (Form 990) 2022

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

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations _{(continu}	ıed)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022	_			
<u>a</u>	From 2017				
<u>b</u>	From 2018				
с	From 2019				
d	From 2020				
<u>e</u>	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
<u>_i</u>	Carryover from 2017 not applied (see instructions)				
_ <u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years	V/			
<u>b</u>	Applied to 2022 distributable amount				
<u>C</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
<u>b</u>	Excess from 2019				
с	Excess from 2020				
<u>d</u>	Excess from 2021				
е	Excess from 2022				

232028 12-09-22 Schedule A (Form 990) 2022

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 Inspection

Name of the organization

PHOENIX ART MUSEUM

Employer identification number 86-0072608

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		(b) Funds and other accounts
	T	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	-	
•	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	• • • •	
Pai		rganization answered "Ves" on Form 990	
1	Purpose(s) of conservation easements held by the organizati		Tarriv, mie 7.
•	Preservation of land for public use (for example, recrea		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space		Ta dortined Historie Stradiare
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired a		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-		
	year		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	
9	In Part XIII, describe how the organization reports conservati	•	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
Dai	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	f Art Historical Treasures or O	ther Similar Assets
ı aı	Complete if the organization answered "Yes" on Form		inei Olilliai Assets.
			and belongs about works
ıa	If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pul	, ,	
	service, provide in Part XIII the text of the footnote to its final	, ,	•
h	· ·		
ь	If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public	•	
	,	exhibition, education, or research in furti	lerance of public service,
	provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1		¢
2	If the organization received or held works of art, historical tre	easures or other similar assets for financia	
_	the following amounts required to be reported under FASB A		a gan, provide
a	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022

	00 0111 01111 000, 1 4111	v, iii o i i a. ccc i ciiii ccc	To the digarization and voice 100 on the one of the one of the order o							
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value						
1a Land		699,253.		699,253.						
b Buildings										
c Leasehold improvements		8,750,181.	7,928,076.	822,105.						
d Equipment		872,696.	194,280.	678,416.						
e Other		355,742.		355,742.						
Total. Add lines 1a through 1e. (Column (d) must equa	2,555,516.									

Part VII Investments - Other Securities.		rago
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"	<u> </u>	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)		

Part IX Other Assets.

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

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) CHARITABLE GIFT ANNUITIES	48,976.
(2) BENEFICIAL INTEREST IN PERPETUAL TRUST	470,959.
(3) DUE FROM AFFILIATE	1,372,101.
(4) OPERATING LEASE RIGHT OF USE ASSET	47,025.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,939,061.

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) CHARITABLE GIFT ANNUITIES	60,869.
(3) ACCRUED PENSION	235,081.
(4) LEASE LIABILITY	48,286.
(5)	
(6)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)	344,236.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Sche	dule D (Form 990) 2022 PHOENIX ART MUSEUM		86-00/2608	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	nts 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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)		5	
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	•		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	7	5	
Pa	rt XIII Supplemental Information.			
_				

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

PART III, LINE 1A:

THE ORGANIZATION'S FINE ART COLLECTION CONSISTS OF PURCHASED AND DONATED WORKS OF ART. THE COLLECTION ITEMS ARE ON DISPLAY FOR THE GENERAL PUBLIC. THE ORGANIZATION EMPLOYS PROFESSIONAL STAFF TO ENSURE THAT THE COLLECTION ITEMS ARE PRESERVED AND PROTECTED. EACH OF THE ITEMS IS CATALOGED, PRESERVED, AND CARED FOR, AND KEPT UNENCUMBERED, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. COLLECTION ITEMS ACQUIRED EITHER THROUGH PURCHASE OR DONATION ARE NOT CAPITALIZED. THE PROCEEDS FROM DEACCESSION OF COLLECTION ITEMS MAY BE USED FOR ACQUISITIONS OF NEW COLLECTION ITEMS OR THE DIRECT CARE OF EXISTING COLLECTIONS.

Part XIII Supplemental Information (continued)

THE ORGANIZATION ADHERES TO THE ETHICAL PRINCIPLES AND DEFINITION OF

DIRECT CARE ESTABLISHED BY THE AMERICAN ALLIANCE OF MUSEUMS AND CONSIDERS

DIRECT CARE TO ENTAIL ACTIONS THAT ENHANCE THE LIFE, USEFULNESS, OR

QUALITY OF THE COLLECTION ITEMS TO ENSURE THEY WILL CONTINUE TO BENEFIT

THE PUBLIC. THE ORGANIZATION'S COLLECTION MANAGEMENT POLICY INCLUDES

CONSERVATION SERVICES, ARCHIVAL SERVICES, COLLECTIONS CARE INVESTMENTS

IDENTIFIED THROUGH A CONSERVATION ASSESSMENT AND/OR PLAN, AND COLLECTION

CARE TRAINING FOR STAFF AND VOLUNTEERS, AS ACTIVITIES THAT ARE CONSIDERED

DIRECT CARE OF COLLECTION ITEMS.

PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN NET ASSETS
WITHOUT DONOR RESTRICTIONS IF PURCHASED WITH ASSETS WITHOUT DONOR
RESTRICTIONS AND AS DECREASES IN NET ASSETS WITH DONOR RESTRICTIONS IF
PURCHASED WITH DONOR-RESTRICTED ASSETS. ACQUISITIONS OF FINE ART FOR THE
YEAR ENDED JUNE 30, 2023 TOTALED \$283,600. CONTRIBUTIONS OF COLLECTION
ITEMS ARE NOT RECOGNIZED IN THE STATEMENT OF ACTIVITIES. PROCEEDS FROM
DEACCESSIONS OR INSURANCE RECOVERIES ARE REFLECTED ON THE STATEMENT OF
ACTIVITIES BASED ON THE ABSENCE OR EXISTENCE AND NATURE OF DONOR-IMPOSED
RESTRICTIONS.

PART III, LINE 4:

SEE DESCRIPTION AT PART III, LINE 1A

PART V, LINE 4:

THE DONOR-RESTRICTED ENDOWMENTS ARE HELD BY THE RELATED ORGANIZATION,

PHOENIX ART MUSEUM ENDOWMENT FUND, INC., TO SUPPORT PHOENIX ART MUSEUM.

PART X, LINE 2:

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

lame of the organization							ntification number			
PHOENIX ART MUSEUM							608			
Part I Fundraising Activities. required to complete this part	Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a										
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser red in col. (i)	(vi) Amount paid to (or retained by) organization			
		Yes	No							
			5							
- Total										
3 List all states in which the organizatio or licensing.			utions	or has been notified	it is e	exempt from req	gistration			

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

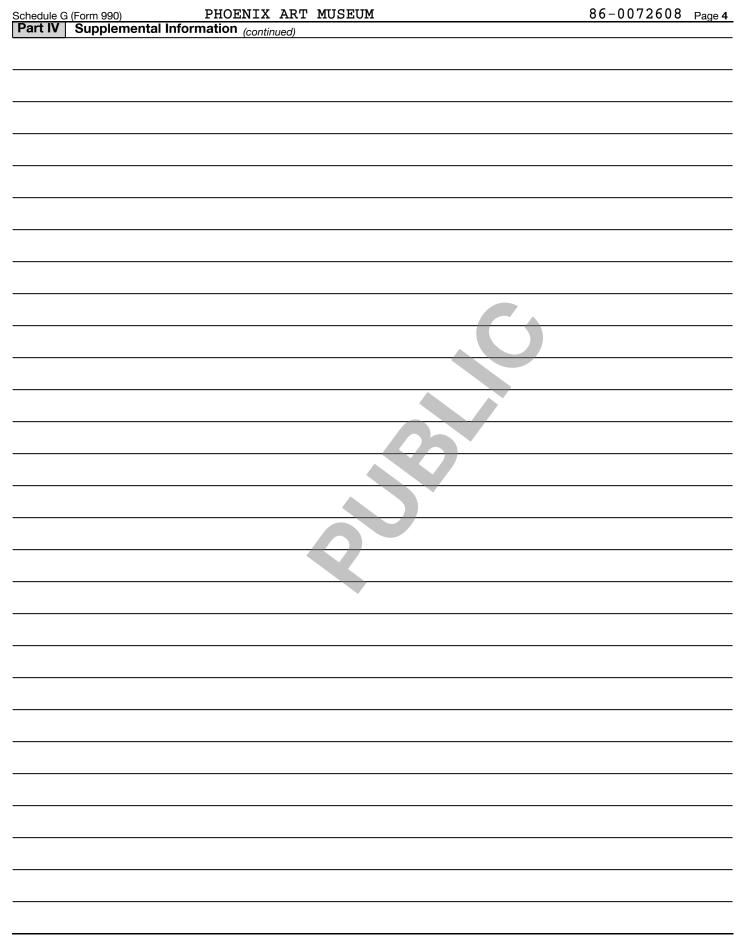
Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro				ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					NONE	(add col. (a) through
			GALA			col. (c))
Φ			(event type)	(event type)	(total number)	(-"
enn						
Revenue	1	Gross receipts	656,588.			656,588.
_			FEC 000			556 000
	2	Less: Contributions	576,988.			576,988.
	_	0	70 600			70 600
	3	Gross income (line 1 minus line 2)	79,600.			79,600.
	₄	Cash prizes				
	•	Odsii piizes				
	5	Noncash prizes				
S						
Sue	6	Rent/facility costs				
Direct Expenses						
St.	7	Food and beverages	60,059.			60,059.
	8	Entertainment	800.			800.
	9	Other direct expenses	84,380.	_		84,380.
	10	,				145,239.
Da	11 art l					-65,639.
1 6	41 L I	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Part IV, line 19, or	reported more than	
	Π	ψ10,000 0111 01111 000 E2, iii1e σα.	<u> </u>	(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
ď	1	Gross revenue				
S	2	Cash prizes				
Sus						
Expenses	3	Noncash prizes				
St E	١.	Double of the contract				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	Ť	Carlor direct experience	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
_		to the set of the feet of the second set of the second second set of the second second second second set of the second sec				
		ter the state(s) in which the organization condu				Yes No
		the organization licensed to conduct gaming ac No," explain:				res No
	, ,,	No, explain.				
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax	year?	Yes No
		Yes," explain:		· · · · · · · · · · · · · · · · ·		
	_					
	_					

Schedule G (Form 990) 2022

232082 10-27-22

Sch	edule G (Form 990) 2022 PHOENIX ART MUSEUM 8	6-00	J726	08	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Y	'es	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?		□ γ	'es	No
13	Indicate the percentage of gaming activity conducted in:				
	The organization's facility		13a		%
	An outside facility		13b		/ %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		100		
14	The the fiame and address of the person who prepares the organization's gaining/special events books and records.				
	News				
	Name				
	Address				
			<u> </u>	_	—
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Y	'es	No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amou	nt			
	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:				
10	daming manager information.				
	Nome				
	Name				
	Gaming manager compensation \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		Y	'es	O No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	he			
	organization's own exempt activities during the tax year \$				
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); are	nd Part	III, line:	s 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		,	,	, ,
	,,,				
					-



SCHEDULE J (Form 990)

Compensation Information

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.

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

PHOENIX ART MUSEUM

Employer identification number 86-0072608

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
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?	2		
3	Indicate which, if any, of the following the 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.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
	Decide the constitution of the description of the decide of the constitution of the co			
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:	4a		Х
a h	Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan?	4a 4b		X
D		4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		
	The second of the persons and provide the applicable amounts for each term in a cin.			
	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:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	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:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	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	7		X
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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

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	I-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred (D) Nontaxable benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) MARK KOENIG	(i)	237,466.	35,000.	0.	7,473.	17,937.	297,876.	0.	
CFO (RETIRED 6/9/2022)	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) NICOLE RIVET	(i)	224,922.	0.	0.	7,057.	12,832.	244,811.	0.	
CDO (THRU 6/2/23)	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) HARMONY DELEON	(i)	225,396.	0.	0.	6,837.	6,115.	238,348.	0.	
DEPUTY DIRECTOR & CHIEF ADVANCEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) JEREMY MIKOLAJCZAK	(i)	229,881.	0.	0.	0.	4,148.	234,029.	0.	
DIRECTOR/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) CHAMISA COLVIN	(i)	127,526.	0.	0.	3,920.	19,629.	151,075.	0.	
DIRECTOR OF INSTITUTIONAL GIVING	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Page 2

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
SCHEDULE J, PART I, LINE 3
THE ORGANIZATION DETERMINES EXECUTIVE COMPENSATION BY COMPARISON TO THE
FORMS 990 OF OTHER SIMILAR ORGANIZATIONS, REVIEW OF COMPENSATION
SURVEYS, AND APPROVAL OF THE BOARD OF DIRECTORS OR COMPENSATION
COMMITTEE.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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.

PHOENIX ART MUSEUM

Inspection Employer identification number

86-0072608

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of do noncash contrib	etermin	_	s
	Aut Moules of out	X	176	Form 990, Fait viii, line 19				
1	Art - Works of art Art - Historical treasures		170					
2 3								
	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7 8	Boats and planes							
9	Intellectual property	X	8	163 413	FAIR MARKET	۱ ۲/Δ ۱	T.TTE	
	Securities - Publicly traded			103,413.	PAIR MARKET	. VA.	101	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
40	trust interests Securities - Miscellaneous							
12	Securities - Miscellaneous Qualified conservation contribution -							
13	TRACT TO A							
14	Qualified conservation contribution - Other							
14 15								

16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies			7				
21 22	Taxidermy							
	Historical artifacts							
23	Scientific specimens							
24 25	Archeological artifacts Other (FOOD)	Х	11	91 603	FAIR MAKET	772 T.I	TE	
25 26	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	X	49		FAIR MAKET			
	GIIDDI TOG	X	12		FAIR MAKET			
27 28	Other (SUPPLIES) Other ()		12	±1,515.	FAIR MAREI	νдц	- 10	
29	Number of Forms 8283 received by the organiz	zation during	the tax year for e	ontributions				
29	for which the organization completed Form 826	-	•					
	for which the organization completed form oze	55, i ait v, L	onee Acknowledg	ement <u>23 </u>			Yes	No
302	During the year, did the organization receive by	, contributio	n any property rep	orted in Part I lines 1 throu	ah 28 that it		163	140
Jua	must hold for at least 3 years from the date of		• • • • •		-			
	exempt purposes for the entire holding period?					30a		х
h	If "Yes," describe the arrangement in Part II.					50a		
31	Does the organization have a gift acceptance p	oolicy that re	equires the review o	of any nonstandard contribu	tions?	31	Х	
	Does the organization hire or use third parties					31		
uza			•	• •		32a		x
h	contributions? If "Yes," describe in Part II.					JZa		
33	If the organization didn't report an amount in c	olumn (c) for	r a type of property	y for which column (a) is che	cked			
00	describe in Part II.	O.G. 101	a type of property	, ioi willon column (a) is one	onou,			
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).	Schedule I	M (Forn	n 990)	2022

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.
SCHEDULE M, PART I, COLUMN (B):
THE NUMBER IN PART I, COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS
RECEIVED.
SCHEDULE M, LINE 33:
THE MUSEUM HAS A LARGE COLLECTION OF FINE ART BUT DOES NOT CAPITALIZE
OR VALUE ITS COLLECTION, SO GIFTS OF ART ARE NOT INCLUDED IN REVENUE.

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Internal Revenue Service

Name of the organization

PHOENIX ART MUSEUM

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

Employer identification number 86-0072608

PHOENIX ART MUSEUM IS A VIBRANT DESTINATION CONNECTING PEOPLE TO GREAT
ART FROM AROUND THE WORLD TO ENRICH THEIR LIVES AND COMMUNITIES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
1. EXCEPTIONAL ART - TO CELEBRATE THE HIGHEST QUALITY VISUAL ART
THROUGH OUTSTANDING EXHIBITIONS, ACQUISITIONS AND COLLECTION
STEWARDSHIP.
2. ENRICHMENT AND LEARNING - TO CREATE A NATIONALLY RECOGNIZED MODEL
FOR ENHANCING EXPERIENCE OF THE VISUAL ARTS THROUGH INTERPRETATION,
ENGAGED LEARNING, AND ENRICHMENT.
3. BROAD AUDIENCE - TO ATTRACT THE BROADEST POSSIBLE AUDIENCE TO THE
MUSEUM AS CONSISTENT AND ENTHUSIASTIC PARTICIPANTS.
4. FISCAL STABILITY AND ORGANIZATIONAL EXCELLENCE - TO ACHIEVE AND
MAINTAIN A STRONG FINANCIAL FOUNDATION.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
THE VIVID, CHAOTIC, AND MANGA-INSPIRED WORLD OF ONE OF TODAY'S MOST
POPULAR JAPANESE ARTISTS; AND LET IT REMAIN SO: WOMEN OF THE AFRICAN
DIASPORA, FEATURING THE WORK OF FIVE PHOTOGRAPHERS WHO EXPLORE THEIR
EXPERIENCES OF THE AFRICAN DIASPORA; JUAN FRANCISCO ELSO: POR AMERICA,
WHICH INVESTIGATED THE BRIEF YET SIGNIFICANT CAREER OF A MEMBER OF THE
FIRST GENERATION OF ARTISTS BORN AND RAISED IN POST-REVOLUTIONARY CUBA;
AND MOVE: THE MODERN CUT OF GEOFFREY BEENE, SHOWCASING THE COLORFUL,
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Name of the organization PHOENIX ART MUSEUM

Employer identification number 86-0072608

IMAGINATIVE FASHIONS OF THE LATE DESIGNER, WHOSE DYNAMIC GARMENTS

PRIORITIZED COMFORT, MOVEMENT, AND A MODERN SENSIBILITY.

ALSO LAST YEAR, PHOENIX ART MUSEUM ADDED 183 ARTWORKS TO ITS

COLLECTION. HIGHLIGHTS INCLUDE WORKS BY GENY DIGNAC, SCOTT PAPER

COMPANY, ELISA DAGGS, GEOFFREY BEENE, RAGNAR KJARTANSSON, MR., KELLY

AKASHI, NARSISO MARTINEZ, CANNUPA HANKSA-LUGER, LILY STOCKMAN, OTIS

KWAME KYE QUAICOE, EDUARDO CARILLO, AND OLAF WIEGHORST. THE MUSEUM ALSO

ACQUIRED A MAJOR GIFT OF INDONESIAN TEXTILES, THE FIRST WORKS FROM

INDONESIA REPRESENTED IN THE PHXART COLLECTION, IN ADDITION TO

CONSERVING ARTWORKS BY JULIAN OPIE, SUI JIANGUO, YAYOI KUSAMA, AND

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

ENGAGED MORE THAN 77,000 FREE-ACCESS VISITORS THROUGH AFTER HOURS,

FIRST FRIDAYS, FAMILY FUNDAYS, PAY-WHAT-YOU-WISH WEDNESDAYS, AND OTHER

VOLUNTARY-DONATION PERIODS.

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

THE MUSEUM HAS A MEMBERSHIP PROGRAM THAT CURRENTLY HAS 6,152 MEMBERS.

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

PRIOR TO FILING, THE RETURN WILL BE PROVIDED TO EACH BOARD MEMBER TO REVIEW

AND EACH WILL BE

GIVEN THE OPPORTUNITY TO ASK QUESTIONS.

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

THE MUSEUM'S GUIDELINES FOR PROFESSIONAL PRACTICES QUESTIONNAIRE AND

MORE.

Page 2

Schedule O (Form 990) 2022 Name of the organization **Employer identification number** 86-0072608 PHOENIX ART MUSEUM COMPLIANCE AGREEMENT IS REQUIRED TO BE COMPLETED AND SIGNED BY TRUSTEES, PRESIDENTS OF SUPPORT ORGANIZATIONS, MUSEUM DIRECTOR, DIVISION HEADS, DEPARTMENT HEADS, AND ALL ACCOUNTING STAFF ANNUALLY. THIS PROCESS IS DONE EVERY YEAR IN SEPTEMBER. THE COMPLETED AND SIGNED AGREEMENTS ARE REVIEWED BY HUMAN RESOURCES MANAGER FOR COMPLETENESS. ANY QUESTION THAT ARISES IS DISCUSSED WITH THE INDIVIDUAL SIGNING THE AGREEMENT. FORM 990, PART VI, SECTION B, LINE 15: DATA FROM OTHER MUSEUMS IS USED TO EVALUATE COMPENSATION FOR THE CEO, INCLUDING FROM THE AMERICAN ASSOCIATION OF MUSEUM DIRECTORS. THE EXECUTIVE COMMITTEE MAKES THE DECISION. DECISIONS MADE DURING BUDGET PROCESS. CEO SALARY WAS EVALUATED AS PART OF THE SEARCH UNDERTAKEN IN 2021/2022. LOOKED AT AAMD SALARY COMPARABLES, AS WELL AS THE SEARCH FIRM PROVIDING THEIR GUIDANCE ON SALARIES THEY HAVE SEEN IN THE MARKET PLACE. FOR DETERMINING THE COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES, COMPARISONS ARE MADE WITH OTHER MUSEUMS. DECISIONS MADE DURING BUDGET PROCESS BY THE CEO. LAST PERFORMED FALL 2021. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION FINANCIAL STATEMENTS ARE AVAILABLE ON THE WEBSITE AND THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST.

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 86-0072608 PHOENIX ART MUSEUM 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
ARIZONA COSTUME INSTITUTE - 86-0072608	SUPPORT THE ACTIVITIES AND				
1625 N. CENTRAL AVE. PHOENIX, AZ 85004	MISSION OF THE PHOENIX ART MUSEUM	ARIZONA	485,409.	0.	PHOENIX ART MUSEUM
	_				

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 Part II 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	(f) Direct controlling entity	1	512(b)(13) rolled ity?
				501(c)(3))		Yes	No
PHOENIX ART MUSEUM ENDOWMENT FUND, INC -	_						
86-0765761, 1625 N. CENTRAL AVENUE, PHOENIX,	FINANCIAL SUPPORT OF				PHOENIX ART		
AZ 85004	PHOENIX ART MUSEUM	ARIZONA	501(C)(3)	LINE 12A, I	MUSEUM	X	
PHOENIX MEN'S ART COUNCIL - 23-7101528	TO BENEFIT AND RAISE						
1625 N. CENTRAL AVENUE	AWARENESS OF PHOENIX ART				PHOENIX ART		
PHOENIX, AZ 85004	MUSEUM	ARIZONA	501(C)(3)	LINE 10	MUSEUM		Х

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(۱)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gener	l or Percer	ntage
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	allocations?		amount in box	manag	el or Percen ging owner owner	rship
		foreign country)		Predominant income (related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Vac	NO.	
		country)		deduction of the of the			163	INU	11 1 (1 01111 1000)	163	10	
										1 1		
	1											
-												
-												
-												

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	Legal domicile (state or foreign	(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		tion b)(13) rolled tity?
		country)		,				Yes	No
								ļ	<u> </u>

Page 3

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

Not	ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No				
1	During the tax year, did the organization engage in any of the following transactions with one or mo	nore rela	ated organizations listed i	n Parts II-IV?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X				
					1b		X				
С	Gift, grant, or capital contribution from related organization(s)				1c	Х					
	d Loans or loan guarantees to or for related organization(s)				1d		X				
	Loans or loan guarantees by related organization(s)				1e	Х					
f	f Dividends from related organization(s)				1f		Х				
q	Sale of assets to related organization(s)				1g		Х				
h	g Sale of assets to related organization(s) h Purchase of assets from related organization(s)										
	i Exchange of assets with related organization(s)										
	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)				1k		Х				
					11	Х					
					1m		Х				
 m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 											
	o Sharing of paid employees with related organization(s)										
Ī	Chairing of paid striptoyeds many stated organization (b)										
р	Reimbursement paid to related organization(s) for expenses				1p		Х				
	Reimbursement paid by related organization(s) for expenses				1a	Х					
٦	, Tourist of games (c) for opposite	77									
r	Other transfer of cash or property to related organization(s)				1r		Х				
٠	S Other transfer of cash or property from related organization(s)				1s		X				
	If the answer to any of the above is "Yes," see the instructions for information on who must complete				1 .0						
	(a) Name of related organization (b) Transaction type (a-s)		(c) Amount involved	(d) Method of determining amount inv	olved						
/ 4 \											
(1)		-+									
(O)											
(2)		\rightarrow									
(3)											
<u>(J)</u>		\dashv									
(4)											
. ,											
(5)											

Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3) orgs.? Yes No		(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-1	General o managing partner?	(k) Percentage ownership
					C					

Name: PHOENIX ART MUSEUM FEIN: 86-0072608

		and Entity: CAT 382 Annual Limitation	ERING POST-201	7 NOL FED Section 382 Carryover		DETAIL C	ARRYOVER SCH	EDULE				
\ C	Year Origi- lated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/23	Amount Used for							
A B C	2019	3,401.	3,401.	3,401.								
С												
D E												
E F G												
Н												
J												
K L												
М												
N O												
P Q												
R												
S T												
U V												
w											_	
	Detail	E Amount S Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
1	Гуре	S Used for B C										
A												
B C												
D E F												
F												
G H												
l J												
K												
L M												
N O												
Р												
Q R												
S T												
U												
V W												

Name: PHOENIX ART MUSEUM FEIN: 86-0072608

		and Entity: PRE 382 Annual Limitation	-2018 NOL FED	Section 382 Carryover		DETAIL C	ARRYOVER SCH	EDULE				
,	Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/19	Amount Used for							
	2015	5.802.	5.802.	5,802.								
В	2016	13,577.	13,577.	13,577. 831.								
DEFGHIJKLMNOPQRSTUVW	Detail Type	E Amount Used for B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
S T J V												

Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning	JUL	1	, 2022, and ending	JUN	30	, 20 2 3

Do not send to the IRS. Keep for your records.

OMB No. 1545-0047

Department of the Treasury

Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN Name of filer PHOENIX ART MUSEUM 86-0072608 JEREMY MIKOLAJCZAK Name and title of officer or person subject to tax CEO Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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. Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) _____ 1b 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here Form 1120-POL check here **b Total tax** (Form 1120-POL, line 22) 3a **b** Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here b Balance due (Form 8868, line 3c) Form 8868 check here 5a Form 990-T check here **b Total tax** (Form 990-T, Part III, line 4) 6a 7a Form 4720 check here **b Total tax** (Form 4720, Part III, line 1) 7b 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) 9b 9a **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the 2022 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize BAKER TILLY US, LLP 15249 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 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. **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 86415515249 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return 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. COLETTE KAMPS, CPA 05/07/24 ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form **8879-TE** (2022) LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

202521 12-16-22

EXTENDED TO MAY 15, 2024

990-T Exempt Organization Business Income Tax Return						
			(and proxy tax under section 6033(e))		2022	
		For cal	endar year 2022 or other tax year beginning JUL 1, 2022 , and ending JUN 30, 20	<u>23</u>	2022	
Depart	ment of the Treasury I Revenue Service	r	Go to www.irs.gov/Form990T for instructions and the latest information. to not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)	,	Open to Public Inspection for 501(c)(3) Organizations Only	
	_				oyer identification number	
A	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)			
B Ex	empt under section	Print	PHOENIX ART MUSEUM		6-0072608	
X	501(c)(3) 408(e) 220(e)	or Type		p exemption number nstructions)		
	408A 530(a) 529(a) 529A	F	Check box if			
	. ,	C Boo	ok value of all assets at end of year		an amended return.	
G	Check organization t		X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university	
	Check if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 2439			
			ation filing a consolidated return with a 501(c)(2) titleholding corporation			
			ed Schedules A (Form 990-T)		1	
K	Ouring the tax year,	was the	corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No	
If	"Yes," enter the na	ame and	d identifying number of the parent corporation.			
	he books are in car		THE ORGANIZATION Telephone number	602-	257-1880	
Par	rt I Total Unr	elated	d Business Taxable Income			
1	Total of unrelated	busines	ss taxable income computed from all unrelated trades or businesses (see			
	instructions)			1	10,887.	
2	Reserved			2		
3	Add lines 1 and 2			3	10,887.	
4	Charitable contribu	utions (see instructions for limitation rules)	. 4	0.	
5	Total unrelated bu	siness t	axable income before net operating losses. Subtract line 4 from line 3	. 5	10,887.	
6	Deduction for net	operatir	ng loss. See instructions	. 6		
7	Total of unrelated	busines	s taxable income before specific deduction and section 199A deduction.			
	Subtract line 6 from	m line 5		7	10,887.	
8	Specific deduction	ı (gener	ally \$1,000, but see instructions for exceptions)		1,000.	
9	Trusts. Section 19	99A dec	luction. See instructions	. 9		
10	Total deductions.	. Add lir	nes 8 and 9	10	1,000.	
11	Unrelated busines	ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,			
_	enter zero			11	9,887.	
Par	t II Tax Com	putati	on			
1	Organizations tax	cable as	s corporations. Multiply Part I, line 11 by 21% (0.21)	. 1	2,076.	
2	Trusts taxable at	trust ra	tes. See instructions for tax computation. Income tax on the amount on			
	Part I, line 11 from	ı: L	Tax rate schedule or Schedule D (Form 1041)	. 2		
3	Proxy tax. See ins	struction	ns	3		
4	Other tax amounts	s. See ir	nstructions	. 4		
5	Alternative minimu	ım tax (trusts only)	. 5		
6	Tax on noncompl	iant fac	cility income. See instructions	. 6		
7	Total. Add lines 3	through	n 6 to line 1 or 2, whichever applies	. 7	2,076.	
LHA	For Paperwork F	Reducti	on Act Notice, see instructions.		Form 990-T (2022)	

	90-1 (2	,						age 2
Part		Tax and Payments	Τ.					
1a		n tax credit (corporations attach Form 1118; trusts attach Form 1116)			-			
b		credits (see instructions)			-			
С		ral business credit. Attach Form 3800 (see instructions)			-			
d		for prior year minimum tax (attach Form 8801 or 8827)			-			
е		credits. Add lines 1a through 1d			1e		2 0	7.
2		act line 1e from Part II, line 7			2		<u> </u>	76 <u>.</u>
3	Other	amounts due. Check if from: Form 4255 Form 8611 Form	1 8697	Form 8866				
					3			
4	Total	tax. Add lines 2 and 3 (see instructions).	•					-
		n 1294. Enter tax amount here			4		2,0	76.
5		nt net 965 tax liability paid from Form 965-A, Part II, column (k)	I	 T	5			0.
6a		ents: A 2021 overpayment credited to 2022	$\overline{}$		_			
b	2022	estimated tax payments. Check if section 643(g) election applies	<u>6b</u>		_			
С		eposited with Form 8868			_			
d		n organizations: Tax paid or withheld at source (see instructions)						
е		ıp withholding (see instructions)			_			
f		for small employer health insurance premiums (attach Form 8941)						
g	Other	credits, adjustments, and payments: Form 2439						
			al <u>6g</u>					
7	Total	payments. Add lines 6a through 6g	.,		7			
8	Estima	ated tax penalty (see instructions). Check if Form 2220 is attached		L	8			<u>14.</u>
9					9		2,1	<u>90.</u>
10	Overp	payment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over	paid		10			
11		the amount of line 10 you want: Credited to 2023 estimated tax		Refunded	11			
Part	IV	Statements Regarding Certain Activities and Other Informat	tion (se	ee instructions)				
1	•	γ time during the 2022 calendar year, did the organization have an interest in ϕ	_	•			Yes	No
	over a	ifinancial account (bank, securities, or other) in a foreign country? If "Yes," the	organiza	ation may have to file				
	FinCE	N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter th	e name o	of the foreign country				
	here							_X_
2	During	g the tax year, did the organization receive a distribution from, or was it the gra	intor of, o	or transferor to, a				
	foreig	n trust?					X	
		s," see instructions for other forms the organization may have to file.						
3	Enter	the amount of tax-exempt interest received or accrued during the tax year		\$				
4	Enter	available pre-2018 NOL carryovers here \$ Do not	include	any post-2017 NOL ca	ırryover			
	showr	n on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by	any dedi	uction reported on Par	t I, line	6.		
5	Post-2	2017 NOL carryovers. Enter the Business Activity Code and available post-2017	7 NOL ca	arryovers. Don't reduc	е			
	the an	nounts shown below by any NOL claimed on any Schedule A, Part II, line 17 fo	r the tax	year. See instructions	S			
		Business Activity Code	Ava	ilable post-2017 NOL				
		445200	\$		3,	401.		
			\$					
6a	Did th	e organization change its method of accounting? (see instructions)						_X_
b	If 6a is	s "Yes," has the organization described the change on Form 990, 990-EZ, 990-	PF, or Fo	orm 1128? If "No,"				
		n in Part V						
Part	V 5	Supplemental Information						
Provide	e the ex	xplanation required by Part IV, line 6b. Also, provide any other additional inform	nation. Se	ee instructions.				
٥.		der penalties of perjury, I declare that I have examined this return, including accompanying schedules and rrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prep			edge and b	elief, it is true	,	
Sign			arci nas an		Nav the IRS	S discuss this	return v	/ith
Here	_	CEO				r shown belov		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Si	gnature of officer Date Title		i	nstructions	s)? X Ye	s	No
		Print/Type preparer's name Preparer's signature	Date	Check	if PTI	N		
Paid				self- employed				
Prepa	arer	COLETTE KAMPS, CPA COLETTE KAMPS, CPA	05/07			00367	616	
Use (Firm's name BAKER TILLY US, LLP		Firm's EIN		9-085		0
	y	2055 E WARNER RD, STE 101						
		Firm's address TEMPE, AZ 85284		Phone no.	<u> 180.</u>	839 <u>.</u> 49	900	

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

	epartment of the Treasury ternal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)							Open to Public Inspection for 501(c)(3) Organizations Only	
A	lame of the organization PHOENIX ART MUSEUM				B Employe	identifica		er	
<u>c</u> ι	Inrelated business activity code (see instructions) 4452	200			D Sequence	e: 1	. of	1	
F	Describe the unrelated trade or business								
	t Unrelated Trade or Business Income		(A) Incom	_	(D) Evnene		(0)	Net	
Pa	TI Officiated Trade of Busiliess income		(A) Incom	ie	(B) Expens	es	(C)	Net	
1 a	Gross receipts or sales 75,493.								
b	Less returns and allowances c Balance	1c	75,	493.					
2	Cost of goods sold (Part III, line 8)			100				- 100	
3	Gross profit. Subtract line 2 from line 1c	. 3	75,	493.			7	5,493.	
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form								
	1120)). See instructions			-					
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	' 							
С	Capital loss deduction for trusts	. 4c							
5	Income (loss) from a partnership or an S corporation (attach								
_	statement)								
6	Rent income (Part IV)		_						
7	Unrelated debt-financed income (Part V)	. 7							
8	Interest, annuities, royalties, and rents from a controlled								
•	organization (Part VI)	. 8							
9	Investment income of section 501(c)(7), (9), or (17)	9							
40	organizations (Part VII)								
10	Exploited exempt activity income (Part VIII)								
11	Advertising income (Part IX)								
12	Other income (see instructions; attach statement) Total. Combine lines 3 through 12	13	75	493.			7	5,493.	
13		1 1 1		•				•	
Pa	Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business.		r limitations	on dedu	ctions. Ded	uctions	must be	9	
1	Compensation of officers, directors, and trustees (Part X)					1			
2	Salaries and wages					2	2	4,356.	
3	Repairs and maintenance					3			
4	Bad debts					4			
5	Interest (attach statement). See instructions					5			
6	Taxes and licenses					6			
7	Depreciation (attach Form 4562). See instructions								
8	Less depreciation claimed in Part III and elsewhere on return			1		8b			
9	Depletion					9			
10	Contributions to deferred compensation plans					10			
11	Employee benefit programs					11			
12	Excess exempt expenses (Part VIII)					12			
13	Excess readership costs (Part IX)					13			
14	Other deductions (attach statement)		SEE	STATE	MENT 1	14		6,849.	
15	Total deductions. Add lines 1 through 14					15	6	1,205.	
16	Unrelated business income before net operating loss deduction.	Subtract	line 15 from Pa	rt I, line 13	,				
	column (C)					16	1	4,288.	

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Schedule A (Form 990-T) 2022

18

17

Deduction for net operating loss. See instructions STMT 2 STMT 4

3,401.

10,887.

Pac	ıe	2

	ule A (Form 990-T) 2022				Page 2
Part		hod of inventory valuat			
1	Inventory at beginning of year				
2	Purchases				
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter I			· · · · · · · · · · · · · · · · · · ·	
9	Do the rules of section 263A (with respect to property				Yes No
Part					
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use. See instr	uctions.	
	A				
	В				
	c				
	D	T			
		Α	В	С	D
2	Rent received or accrued				
а	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)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
					•
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part I, line 6, c	olumn (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
					•
_ 5	Total deductions. Add line 4 columns A through D. En		line 6, column (B)		0.
Part	, i	ee instructions)			
1	Description of debt-financed property (street address,	city, state, ZIP code). C	check if a dual-use. See	instructions.	
	A				
	В				
	c				
	D	Г			
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5		%	%	%
7	Gross income reportable. Multiply line 2 by line 6		,,	,,,	,,
8	Total gross income (add line 7, columns A through D)		rt I. line 7. column (A)		0.
-	(add into 7, dolarino 7, through b)		, , , ,	·····	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thr	rough D. Enter here an	d on Part I, line 7, colur	nn (B)	0.
11	Total dividends-received deductions included in line				0.

Part	VI Interest, Annu	ities, R	ovalties, and Re	ents fron	n Control	led Or	ganizations	s (see instruc	tions)	Page 3
							<u> </u>	lled Organizatio		
	Name of controlle organization	d	2. Employer identification number	3. Net unrelated 4. Total		al of specified nents made	5. Part of colu- that is included controlling org tion's gross in	ımn 4 I in the janiza-	6. Deductions directly connected with income in column 5	
(1)										
(2)										
(3)										
<u>(4)</u>			N) t II I O					
	7. Taxable Income		Net unrelated	T	Controlled Or otal of specif	•	1	of column 9	44	Deductions directly
•	. Taxable income	ir	ncome (loss) e instructions)		yments mad		that is inc	sluded in the organization's income		connected with come in column 10
(1)										
(2)										
(3)										
(4)										
							Enter here	nns 5 and 10. and on Part I, column (A)	Ente	columns 6 and 11. r here and on Part I, ne 8, column (B)
Totals								0.		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee instructions)		
	1. Desc	cription of	income		2. Amou incon		3. Deduction directly connected (attach states	ected (attach	t-asides statemen	5. Total deductions and set-asides (add cols 3 and 4)
(1)										
(2)										
(3)										
(4)										
Totals					Add amou column 2 here and or line 9, colu	Enter n Part I,				Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Part	VIII Exploited E	xempt A	Activity Income,	Other T	han Adve		Income (see instructions	:)	
1	Description of exploite						\			
2	Gross unrelated busin			ness. Enter	here and or	n Part I,	line 10, columi	n (A)	2	
3	Expenses directly con	nected wit	h production of unre	elated busi	ness income	e. Enter l	nere and on Pa	art I,		
	line 10, column (B)								3	
4	Net income (loss) from									
	lines 5 through 7								4	
5	Gross income from ac	tivity that i	s not unrelated busi	iness incon	ne				5	
6	Expenses attributable								6	
7	Excess exempt expen			•						
	4. Enter here and on F	Part II, line	12						7	

Schedule A (Form 990-T) 2022

Part	IX Advertising Income				<u> </u>	
1	Name(s) of periodical(s). Check box if reporting	two or more periodicals on a	consolidated basis.			
	A					
	В 🔲					
	c					
	D					
Enter a	amounts for each periodical listed above in the co	orresponding column.	<u> </u>			
		Α	В	С	D	
2	Gross advertising income	•			0.	
	Add columns A through D. Enter here and on P	'art I, line 11, column (A)			<u> </u>	
a	Direct advertising agets by pariadical					
3 a	Direct advertising costs by periodical Add columns A through D. Enter here and on P		<u> </u>		0.	
а	Add coldining A through D. Enter here and on t	arti, iiile 11, coluilii (b)				
4	Advertising gain (loss). Subtract line 3 from line					
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column in					
	line 4 showing a loss or zero, do not complete					
	lines 5 through 7, and enter zero on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is less	I		>		
	than line 6, enter zero		^			
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain on					
а	line 4, enter the lesser of line 4 or line 7		val or zoro horo and			
а	Part II, line 13				0.	
Part	X Compensation of Officers, Dire	ctors, and Trustees (s	ee instructions)			
				3. Percentage	4. Compensation	
	1. Name	2. Title				
				to business	unrelated business	
(1)				%		
(2)				%		
(3)				%		
(4)				%		
Total	I. Enter here and on Part II, line 1				0.	
Part	W	instructions)	•••••			
	(See	ilistructions)				

ANITORIAL 1, 2,531 1,257 100TRACT LABOR 1,257 100TRACT LABOR 6,924 111171ES 13,796 10MINISTRATIVE COSTS 12,241 OTAL TO SCHEDULE A, PART II, LINE 14 36,849 ORM 990-T (A) POST 2017 NOL SCHEDULE STATEMENT 2 PRIOR YEAR POST 2017 NOL DEDUCTION POST 2017 NOL 3,401. 0. PRIOR YEAR POST 2017 NOL DEDUCTION STATEMENT 3 AVAILABLE 10SS SUSTAINED PREVIOUSLY APPLIED REMAINING THIS YEAR 16,730/20 3,401. 0. 3,401. 3,401. OL CARRYOVER AVAILABLE THIS YEAR 3,401. 3,401. OL CARRYOVER AVAILABLE THIS YEAR 3,401. 3,401. TAXABLE INCOME FROM ALL ENTITIES 14,288 THIS ENTITIES PORTION OF TAXABLE INCOME 14,288 THIS ENTITIES PERCENTAGE OF PRE-2018 NET OPERATING LOSS 14,288 TAXABLE INCOME AFTER PRE-2018 NET OPERATING LOSS 14,488 TAXABLE INCOME AFTER PRE-2018 NET OPERATIN						
ANITORIAL 1, 2,531 1,257 100TRACT LABOR 1,257 100TRACT LABOR 6,924 111171ES 13,796 10MINISTRATIVE COSTS 12,241 OTAL TO SCHEDULE A, PART II, LINE 14 36,849 ORM 990-T (A) POST 2017 NOL SCHEDULE STATEMENT 2 PRIOR YEAR POST 2017 NOL DEDUCTION POST 2017 NOL 3,401. 0. PRIOR YEAR POST 2017 NOL DEDUCTION STATEMENT 3 AVAILABLE 10SS SUSTAINED PREVIOUSLY APPLIED REMAINING THIS YEAR 16,730/20 3,401. 0. 3,401. 3,401. OL CARRYOVER AVAILABLE THIS YEAR 3,401. 3,401. OL CARRYOVER AVAILABLE THIS YEAR 3,401. 3,401. TAXABLE INCOME FROM ALL ENTITIES 14,288 THIS ENTITIES PORTION OF TAXABLE INCOME 14,288 THIS ENTITIES PERCENTAGE OF PRE-2018 NET OPERATING LOSS 14,288 TAXABLE INCOME AFTER PRE-2018 NET OPERATING LOSS 14,488 TAXABLE INCOME AFTER PRE-2018 NET OPERATIN	FORM 990-T ((A)	OTHER DEDUC	CTIONS		STATEMENT 1
ANITATION CONTRACT LABOR CONTRACT LABOR CONTRACT LABOR COTAL TO SCHEDULE A, PART II, LINE 14 COTAL TO SCHEDULE A NOL DETAIL COTAL TO SCHEDULE A	ESCRIPTION					AMOUNT
ANITATION CONTRACT LABOR CONTRACT LABOR CONTRACT LABOR COTAL TO SCHEDULE A, PART II, LINE 14 COTAL TO SCHEDULE A NOL DETAIL COTAL TO SCHEDULE A	ANTTORTAL					2.631.
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Arizona Form **99T**

Arizona Exempt Organization Business Income Tax Return

2022

Continued on page 2

	For the calendar year 2022 or X	fiscal year beginning 07/01/202	22 and ending $06/3$	0/2023	} .	
СНІ	ECK ONE: Name			Employer Id	lentification Number (EIN)	
X	Original PHOENIX	K ART MUSEUM		86-0	072608	
		and street or PO Box				
1	-	CENTRAL AVE				
,	th area code) City, Town or Pos 22571880 PHOENIX		State	ZIF	^o Code	
68 (Check box if: A This is a first return	B Name change C Addr	ess change Check box i	<u>f ret</u> urn filed	under extension;	
A	Date Arizona operations began	05/01/	/1949 82 82F	X		
В١	Nature of unrelated business activities: $\underline{\mathbf{C}}$	ATERING		SE ONLY. DO	NOT MARK IN THIS AR	EA.
C	Unrelated business activity codes:	445200	88			
D A	ARIZONA apportionment for multistate or					
1	1 AIR CARRIER 2 STANDAR					
E		on and Computation (Arizona Schedule MSP) i				
		Yr 1 Yr 2 Yr 3 Yr 4				
F	Check federal form filed: $1 \ X$ 990-T	2 Other (specify)	81 PM		66 RCVD	
Ari	izona Unrelated Business Taxabl	e Income Computation				
	Unrelated business taxable income	•		1	9,887	7 I nn
	Additions related to Arizona tax credits cl					00
3	Subtotal: Add line 1 and line 2. Enter the			3		_
4	Apportionment ratio for multistate organ					
5				5	9,887	7 00
Ari	izona Tax Liability Computation		<u> </u>			
6	Enter tax: Tax is 4.9 percent of line 5, or				+	1 00
7	Tax from recapture of tax credits from Ari	zona Form 300, Part 2, line 24				00
8	Subtotal: Add line 6 and line 7. Enter the					
9	Nonrefundable tax credits from Arizona F	orm 300, Part 2, line 44		9		00
10	Credit type:	d: 101 3 102 3 1	03 3 104 3	11		
44	Enter form number for each nonrefundable credit claime				484	1 00
• • •	Tax liability: Subtract line 9 from line 8. Er	iter the difference			1	= 00
Tax	x Payments					
12	Refundable tax credits: Check box(es) an	d enter amt: 121 308 122 3	349	12		00
13				40		00
14	Estimated tax payments:			14		00
15	Amended returns. Payment made with or	iginal return plus all payments made				
	after it was filed: See instructions			15		00
16	Subtotal payments: Add lines 12 through	15. Enter the total.				00
17	. ,					00
18	Total Payments: Subtract line 17 from line	e 16. Enter the difference		18		00
Co	omputation of Total Due or Overp	avment				
		-	anno of tay due. Ckin line 20	10	484	1 00
19	- 1011					00
20 21						00
22	•	Form 220/PTF is included, check this b				00
23					4.0	_
24						00
25				00		1
26						00
				-		

Name (as shown on page 1)	EIN
PHOENIX ART MUSEUM	86-0072608

SCHEDULE A Apportionment Formula (Multistate Organizations Only)

IMPORTANT: Qualifying air carriers must use Arizona Schedule ACA.	LIMITED TO UNRELATED BUSINESS AMOUNTS		
Qualifying multistate service providers must include Arizona Schedule MSF If the "SALES FACTOR ONLY" box on page 1, line D, is checked, complete only Section A3, Sales Factor, lines a through f. See instructions.	COLUMN A Total Within Arizona Round to nearest dollar.	COLUMN B Total Everywhere Round to nearest dollar.	COLUMN C Ratio Within Arizona A ÷ B
.,,,			
A1 Property Factor - STANDARD APPORTIONMENT ONLY Value of real and tangible personal property (by averaging the value of owned property at the beginning and end of the tax period; rented property at capitalized value).			
A2 Payroll Factor - STANDARD APPORTIONMENT ONLY Total wages, salaries, commissions and other compensation to employees (per federal Form 990T, or payroll reports).			
A3 Sales Factor			
a Sales delivered or shipped to Arizona purchasers			
 Sales from services or from designated intangibles for qualifying multistate service providers only (see instructions; include Schedule MSP) 			
c Other gross receipts			
d Total sales and other gross receipts (the sum of lines a through c)			
e Weight AZ sales: (STANDARD x 2; SALES FACTOR ONLY x 1)	x2 OR x1		
f Sales Factor: (for Column A, multiply line d by line e; for Column B, enter the amount from line d; for Column C, divide Column A by Column B.) STANDARD Apportionment, continue to A4. SALES FACTOR ONLY Apportionment, enter the amount from Column C on page 1, line 4			
A4 STANDARD Apportionment Total Ratio: Add Column C of lines A1, A	A2, and A3f. Enter the total.		
A5 Average Apportionment Ratio for STANDARD Apportionment: Divide on page 1, line 4. (If one of the factors is "0", in both Column A and Co		r (4). Enter the result	

Declaration	Under penalties of perjury, I declare that I have examined this return, include the best of my knowledge and belief, it is a true, correct and complete return to the income tax laws of the State of Arizona.	. , .	
Please Sign Here	OFFICER'S SIGNATURE	DATE	CEO TITLE
Paid Preparer's Use Only	COLETTE KAMPS, CPA PAID PREPARER'S SIGNATURE BAKER TILLY US, LLP FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED) 2055 E WARNER RD, STE 101 FIRM'S STREET ADDRESS TEMPE, AZ		P00367616 PAID PREPARER'S TIN 39-0859910 FIRM'S EIN 480.839.4900 FIRM'S TELEPHONE NUMBER 85284
	CITY	STATE	ZIP CODE

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