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Open to Public

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service 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

Return of Organization Exempt From Income Tax

▶ Information about Form 990 and its instructions is at <u>www IRS qov/form990</u>

Inspection

A Fo	or the 2	2015 calendar year, or tax year beginning 09-01-2015 , and ending 08-31-2016								
B Che	ck if ap	plicable C Name of organization CALIFORNIA ASSOCIATION OF MUSEUMS		D Employe	r identifica	ation number				
☐ Ac	dress ch			94-270	5764					
∏ Na	me cha	nge Doing business as		, , , ,						
In	tıal retu	rn	L							
FI		Number and street (or P O box if mail is not delivered to street address) Room/suite	<u> </u>	E Telephone number						
	terminal ended n	PO BOX 1455		(831)4	71-9970					
		pending City or town, state or province, country, and ZIP or foreign postal code								
1		SANTA CRUZ, CA 95061		G Gross rec	eıpts \$ 680,	280				
		F Name and address of principal officer	H(a) Is this	aroup r	aturn for					
		CELESTE DE WALD		dinates?	cuili ioi	┌ Yes 🗸				
		PO BOX 1455 SANTA CRUZ,CA 95061	Νo			1 .55 [4				
Ta:	c-exemp		H(b) Are al includ		ites	⊤Yes 🗸 No				
		of status			list (see	instructions)				
J W	ebsite:	► WWW CALMUSEUMS ORG	H(c) Group		•	•				
V Farm	o of ora	anization	L Year of form			of legal domicile CA				
r FOII	i or orga	anization Corporation Trust Association Other	+			j				
Pa	rt I	Summary			_					
		efly describe the organization's mission or most significant activities								
		unify and strengthen California museums to expand their collective impact, thro	- ·			ograms,				
q.	into	ormation and resource-sharing, communications relating to California museums	<u>, and special</u>	initiatives						
£	_									
Ě										
Governance	2 C	heck this box $ ightharpoonup$ if the organization discontinued its operations or disposed of	more than 2	5% of its n	et assets	i				
				1	1					
Activities &	3 N	umber of voting members of the governing body (Part VI, line 1a)		3	23					
≇	4 N	umber of independent voting members of the governing body (Part VI, line 1b)	per of independent voting members of the governing body (Part VI, line 1b)							
⋛	5 To	otal number of individuals employed in calendar year 2015 (Part V, line 2a) .			5	6				
ĕ	6 To	otal number of volunteers (estimate if necessary)		6	113					
	7a To	otal unrelated business revenue from Part VIII, column (C), line 12		:	7a	0				
	b Ne	t unrelated business taxable income from Form 990-T, line 34			7b					
			Prior	Year	C	urrent Year				
	8	Contributions and grants (Part VIII, line 1h)		221,68	14	544,433				
흝	9	Program service revenue (Part VIII, line 2g)		152,83	1	135,840				
Ravenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2	1	7					
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0				
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		374,53	16	680,280				
		12)								
	13	Grants and similar amounts paid (Part IX, column (A), lines $1-3$)		21,22	16	19,978				
	14	Benefits paid to or for members (Part IX, column (A), line 4)				0				
\$?	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines $5-10$)		147,76	4	158,497				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)				0				
e d	b	Total fundraising expenses (Part IX, column (D), line 25) ▶18,435								
ă		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		261,97	'6	488,843				
	17			430,96	_	· · · · · · · · · · · · · · · · · · ·				
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)			_	667,318				
	19	Revenue less expenses Subtract line 18 from line 12		-56,43	-	12,962				
Net Assets or Fund Balances			Beginning of	Current Ye	ar	End of Year				
ala	20	Total assets (Part X, line 16)		161,50	12	145,254				
Z AS	21	Total liabilities (Part X, line 26)		55,18	_	27,915				
ξĘ	22	Net assets or fund balances Subtract line 21 from line 20		106,31	_	117,339				
	t 111	Signature Block				/2 3 3				
		ties of perjury, I declare that I have examined this return, in								
•		ge and belief, it is true, correct, and complete Declaration o								
эгера	rer nas	s any knowledge								

Sign Here CELESTE DE WALD Executive Dir Type or print name and title										
Paid		Print/Type preparer's name Max A Walters	Preparer's signature Max A Walters							
Prepare	r	Firm's name > Walters & Kondrasheff C	PAs							
Use Only		Firm's address ▶ 4 Carbonero Way Suite A	1							

 $\underline{\text{May}}$ the IRS discuss this return with the preparer shown above? (see in

Scotts Valley, CA 95066

For Paperwork Reduction Act Notice, see the separate instructions.

orm	990 (2015)			Page 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 💆	1	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 🕏	2	Yes	
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 \square	3		No
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	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🐿	10		No
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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c		No
	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 2	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

•	,			
t IV	Checklist	of Required	Schedules	(continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Par	t IV Checklist of Required Schedules (continued)			
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part	1 1	Yes	

IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Pait I .

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Pait I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

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,"

Nο

Nο

Nο

Νo

Nο

Νo

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Nο

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25b

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28a

28b

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35a

35b

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Yes

Form 990 (2015)

Pa	rt V	Statements Regarding Other IRS Filings and Tax Compliance			_
		Check if Schedule O contains a response or note to any line in this Part V	• •	 Yes	· No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 26		163	140
		the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
		ne organization comply with backup withholding rules for reportable payments to vendors and reportable			
·		ng (gambling) winnings to prize winners?	1c	Yes	
2a	Tax S	the number of employees reported on Form W-3, Transmittal of Wage and statements, filed for the calendar year ending with or within the year covered			
		s return	26	Yes	
	Note.	east one is reported on line 2a, did the organization file all required federal employment tax returns? If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	165	
		ne organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
		s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		No
4a	over,	y time during the calendar year, did the organization have an interest in, or a signature or other authority a financial account in a foreign country (such as a bank account, securities account, or other financial int)?	4a		No
b		es," enter the name of the foreign country			
5a	Was t	he organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did ar	ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?			
			5c		
	organ	the organization have annual gross receipts that are normally greater than \$100,000, and did the ization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	were r	es," did the organization include with every solicitation an express statement that such contributions or gifts not tax deductible?	6b		
7	_	nizations that may receive deductible contributions under section 170(c). The organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No.
	servic	ces provided to the payor?	7a 7b		NO
		ne organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	76		
	file Fo	orm 8282?	7 c		No
е	Did th	ne organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
		ne organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
_	requir		7g		No
h		organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 1098-C?	7h		No
8	Did a	donor advised fund maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess business holdings at any time the year?	8		No
9a	Did th	ne sponsoring organization make any taxable distributions under section 4966?	9a		No
		ne sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10		on 501(c)(7) organizations. Enter			
а	Initiat	tion fees and capital contributions included on Part VIII, line 12 10a			
b	Gross facılıt	receipts, included on Form 990, Part VIII, line 12, for public use of club lies			
11	Section	on 501(c)(12) organizations. Enter			
а	Gross	income from members or shareholders			
b		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)			
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If"Ye year	s," enter the amount of tax-exempt interest received or accrued during the			
13	•	on 501(c)(29) qualified nonprofit health insurance issuers.			
а		organization licensed to issue qualified health plans in more than one state? Note. See the instructions for onal information the organization must report on Schedule O	13a		No
b		the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans			
С	Enter	the amount of reserves on hand			
14a	Did th	ne organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2015) Page 6 Governance, Management, and Disclosure Part VI For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI . . . Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax 1a 23 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are 1b ındependent 23 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Νo Did the organization have members or stockholders? . . . 6 Yes 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Yes Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Yes Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? . 8a Yes 8b **b** Each committee with authority to act on behalf of the governing body? . . . Yes

9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		No
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	<u>ie Cod</u>	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10 a		No
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?	10 b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12 a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12 c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15 a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		No
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?			
	organization's exempt status man respect to such arrangements.	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ► CA

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

(3)s only) available for public inspection. Indicate now you made these available. Check all that apply

☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records

CELESTE DE WALD PO BOX 1455 SANTA CRUZ, CA 95061 (831) 471-9970

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee											
(A) Name and Title	(B) A verage hours per week (list any hours for related	erage Position (do not check rs per more than one box, unless person is both an hours officer and a director/trustee) (W- 2/1099- (W- 2/1099-									
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations	
(1) BILL BAILOR	1 00	l x						0	0	0	
Director	0 00	^							0	0	
(2) ANTHONY BROWN Treasurer	1 00	х		x				0	0	0	
(3) LUANNE KANZAWA	1 00	x						0	0	0	
Director	0 00							0	3		
(4) JENNIFER CABALLERO	1 00										
Director	0 00	X						0	0	0	
(5) KEASHA DUMAS HEATH	1 00										
Director	0 00	Х						0	0	0	
(6) MARK KATRIKH	1 00	×						0	0	0	
Director	0 00							J	J		
(7) PHIL KOHLMETZ	1 00								0	0	
Director	0 00	X						0	0	0	
(8) MICHAELEEN GALLAGHER President	0 00	х		х				0	0	0	
(9) NICOLE LIM	1 00										
Director	0 00	X						0	0	0	
(10) ILEANA MAESTAS	1 00										
Secretary	0 00	X		×				0	0	0	
(11) KAREN KIENZLE	1 00	×		×				0	0	0	
Vice President	0 00	^		^				0	U	U	
(12) ED PROHASKA	1 00										
Past Treasurer	0 00	×						0	0	0	
(13) JOAQUIN ORTIZ Director	1 00	Х						0	0	0	
(14) SHAWN LUM	0 00 1 00										
Past President	0 00	X						0	0	0	
										Form 990 (2015)	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations	m unle:	ore t ss pe	han erso cer tor/t	not one n is and rus	tee)	an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	Miscy	Miscy	and related organizations
(15) KIMBERLY ROBERSON	1 00	l _x						0	0	0
Director	0 00	_ ^							O	0
(16) FRED GOLDSTEIN Director	1 00	x						o	0	0
(17) Michelle Powers	1 00	,,								
Director	0 00	×						0	0	0
(18) CELESTE DE WALD	40 00	х		V				75 172	0	0
Executive Dir	0 00	_ ^		X				75,173	U	U
(19) KAREN GRAHAM WADE	1 00	х						0	0	0
Director	0 00	_ ^						0	U	U
(20) MICHAEL WALL	1 00	×		x				0	0	0
Vice President	0 00	_ ^							U	U
(21) Joy Tahan Ruddell	1 00	х						0	0	0
Director	0 00	^								
(22) Michael Shanklin	1 00	V								0
Director	0 00	×						0	0	
(23) Christine Stokes	1 00	V								0
Director	0 00	×						0	0	
(24) Marcus Wojtkowiak	1 00	х						0	0	0
Director	0 00	_ ^						0	U	U
1b Sub-Total				▶			l	<u> </u>		
c Total from continuation sheets to Part VII	, Section A .			•						
d Total (add lines 1b and 1c)				•				75,173		
2 Total number of individuals (including but n	ot limited to tho	se list	ed al	2016	-) w	ho red	eiv	ed more than	•	
\$100,000 of reportable compensation from					,					

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	7		No
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			110
	ındıvıdual	4		No
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 I for such person	5		No

Section B. Independent Contractors

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.

Name and business address	Description of services	Compensation

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

orm 99		<u> </u>	_					Page 9
Part V		Statement of Revenue Check if Schedule O contain		nse or note to any lu	ne in this Part VIII			Г
		eneek ii senedale o contain	13 4 TESPS	, se or note to uny	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
's 8	1a	Federated campaigns	1a					012 011
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues	. 1b	102,295				
. E	С	Fundraising events	1c					
ifts. ar A	d	Related organizations	1d					
<u></u>	e	Government grants (contributions) 1e	395,513				
ons Sir	f	All other contributions, gifts, grant	s, and 1f	46,625				
buti the		Similar amounts not included abov	ve .					
n tri	g	Noncash contributions included in 1a-1f \$	illes					
Cont	h	Total. Add lines 1a-1f .			544,433			
He				Business Code				
Ven	2a	ANNUAL APPEAL			2,885	2,885		
Program Service Revenue	b c	JOB LISTING SERVICES			125,245	125,245		
Š	d	SALARY SURVEY SERVICE			6,750 960	6,750 960		
፠	e				500	300		
gran	f	All other program service re	evenue					
<u>Ā</u>	g	Total. Add lines 2a-2f .		•	135,840			
	3	Investment income (includi	ng dividen	ds, interest,	7			
	4	and other similar amounts) Income from investment of tax-e			0			
	5	Royalties		▶	0			
		(ı) Rea	al	(II) Personal				
	6а	Gross rents						
	ь	Less rental expenses						
	с	Rental income or (loss)						
	d	Net rental income or (loss)			0			
	7a	Gross amount from sales of assets other than inventory	ıtıes	(II) O ther				
	b c	Less cost or other basis and sales expenses Gain or (loss)						
	d	Net gain or (loss)			0			
Other Revenue	8a	Gross income from fundrais events (not including \$ of contributions reported or See Part IV, line 18	ı lıne 1c)					
E E	ь	Less direct expenses .	b					
0	с	Net income or (loss) from fu		events >	0			
	9a	Gross income from gaming See Part IV, line 19						
	b c	Less direct expenses . Net income or (loss) from g		vities	0			
	10a	Gross sales of inventory, le returns and allowances .	ss a					
	b c	Less cost of goods sold . Net income or (loss) from s		1	0			
	11a	Miscellaneous Revenue		Business Code				
	ь							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d		•	0			
	12	Total revenue. See Instruct	ions .	🖊	680,280	135,840		

Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete column (ection	501(c)(3) and $501(c)(4)$) organizations must	complete all columns	All other organizations	must complete column (Α'
---	--------	----------	-------------------	----------------------	----------------------	-------------------------	------------------------	----

ection 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organization	ns must complete column (A)	
Check if Schedule O contains a response or note to any line in this Part IX		

	<u> </u>				
	ot include amounts reported on lines 6b, o, 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	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	19,978	19,978		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	75,173	57,883	11,276	6,014
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	67,053	51,258	7,056	8,739
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes				_
		16,271	12,611	2,028	1,632
11	Fees for services (non-employees)				
a	Management	0			
Ь	Legal	0			
C	Accounting	0			
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses	2,932	2,279	369	284
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	51,561	51,561		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	50,796	50,796		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	2,920	2,248	380	292
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	MUSEUMS UNITED PROJECT	189,766	189,766		
b	COLLABORATIVE LEARNING	99,235	99,235		
c	LICENSE PLATE INITIATIVE	41,483	41,483		
d	PROFESSIONAL SERVICES	10,898		10,898	
е	All other expenses	39,252	34,214	3,564	1,474
25	Total functional expenses. Add lines 1 through 24e	667,318	613,312	35,571	18,435
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

orm s	990 (2	2015)			Page 11
Par	t X	Balance Sheet			_
		Check if Schedule O contains a response or note to any line in this Part X		• •	· · · · <u>· · · · · · · · · · · · · · · </u>
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	50,937	1	80,308
	2	Savings and temporary cash investments	51,040	2	21,048
	3	Pledges and grants receivable, net		3	0
	4	Accounts receivable, net	57,065	4	40,131
	5	Loans and other receivables from current and former officers, directors,	·		<u> </u>
		trustees, key employees, and highest compensated employees Complete Part II of			
		Schedule L		5	0
455els	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			
5				6	0
1	7	Notes and loans receivable, net		7	0
	8	Inventories for sale or use		8	0
	9	Prepaid expenses and deferred charges	2,460	9	3,767
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a			
	ь	Less accumulated depreciation 10b		10 c	0
	11	Investments—publicly traded securities		11	0
	12	Investments—other securities See Part IV, line 11		12	0
	13	Investments—program-related See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets See Part IV, line 11		15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	161,502	16	145,254
	17	Accounts payable and accrued expenses	55,186	17	27,915
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		21	
fles	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Liabilit		persons Complete Part II of Schedule L		22	
<u> </u>	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	Total liabilities.Add lines 17 through 25	55,186	26	27,915
min Dalaines		Organizations that follow SFAS 117 (ASC 958), check here ▶	,100		
<u> </u>	27	Unrestricted net assets	106,316	27	110,339
5	28		100,310	28	7,000
2	28	Temporarily restricted net assets		28	7,000
5	29	Permanently restricted net assets		29	
_	1	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and	1		

30

31 32

33

34

complete lines 30 through 34.

Total net assets or fund balances . .

Total liabilities and net assets/fund balances

Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

30

31

32

33

106,316

161,502

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 3a Nο Single Audit Act and OMB Circular A-133? **b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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DLN: 93493017017007 OMB No 1545-0047

Employer identification number

Schedule A (Form 990 or 990-EZ) 2015

94-2705764

SCHEDULE A (Form 990 or 990EZ)

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.

Department of the Treasury Internal Revenue Service

2

Name of the organization

CALIFORNIA ASSOCIATION OF MUSEUMS

hospital's name, city, and state

► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

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

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

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 or 990-EZ))

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

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

Open to Public Inspection

5		An organization opera 170(b)(1)(A)(iv). (Co			iversity owned	or operated by	a governmental unit d	escribed in section
6	Г	A federal, state, or loc	al governmen	t or governmental unit	described in s e	ection 170(b)(1)(A)(v).	
7		An organization that n described in section 1	70(b)(¹)(A)(\	∕i). (Complete Part II)	3	ental unit or from the g	eneral public
8		A community trust des				•		
9	▽	receipts from activitie	es related to it it income and	s exempt functions—s unrelated business tax	ubject to certa xable income (l	iin exceptions, ess section 51	ributions, membership and (2) no more than I 1 tax) from businesse	331/3% of its support
10		An organization organ	ized and opera	ited exclusively to tes	t for public safe	ety See sectio	n 509(a)(4).	
11		An organization organ one or more publicly s the box in lines 11a th	upported orga nrough 11d tha	nizations described in at describes the type o	section 509(a of supporting or)(1) or section ganization and	509(a)(2) See sectio complete lines 11e, 1	n 509(a)(3). Check 1f, and 11g
а	Γ	Type I. A supporting o supported organization You mus	n(s) the power t complete Pa	to regularly appoint o	r elect a majori B.	ty of the direct	ors or trustees of the	supporting
b	Γ	Type II. A supporting management of the su must complete Part IV	pporting orgar /, Sections A a	nization vested in the s	same persons t	hat control or	manage the supported	organization(s) You
c		Type III functionally i						grated with, its
d	_	supported organization Type III non-function	` ' `	•	•			anization(s) that is
u		not functionally integr	ated The orga	ınızatıon generally mu:	st satisfy a dis	trıbutıon requir		
e	_	(see instructions) You Check this box if the o					is a Type I Type II T	vne III functionally
-	ı	integrated, or Type III					is a rype i, rype ii, r	ype III functionally
f	Ente	r the number of support		, , , , , , , , , , , , , , , , , , , ,	5 5		<u></u>	
g		Provide the following i	nformation abo	out the supported orga	inization(s)			
Nan	ne of s	(i) upported organization	(ii)EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the orga Isted in your docume	nızatıon governıng	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)
					Yes	No		
Tot >								
Tota	<u> </u>							
For P	aperw	ork Reduction Act Noti	ice, see the In	structions for Form 99	00 or 990EZ.	Cat No 112	85F	

	edule A (Form 990 or 990-EZ) 2015						Page 2
Pa	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
S	ection A. Public Support	acion tans to qu	dilly dilder the	tests listed bei	ow, picase con	iipiete i ai t III.	,
	Calendar year						T
(or	fiscal year beginning in)	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
-	Gifts, grants, contributions, and						
	membership fees received (Do						
	not include any unusual grants)						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit						
4	to the organization without charge						
	Total. Add lines 1 through 3 The portion of total contributions						
5	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5						
-	from line 4						
51	ection B. Total Support				1	1	
(or	Calendar year fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d)2014	(e) 2015	(f) ⊤otal
•	Amounts from line 4						
8	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly						
	carried on						
.0	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
4	VI) Total support. Add lines 7						
-	through 10						
.2	Gross receipts from related activiti	es, etc (see inst	ructions)			12	•
.3	First five years.If the Form 990 is f	for the organizati	on's first, second	. third, fourth, or	fifth tax vear as a	section 501(c)(3) organization.
-	check this box and stop here		•		,	` ',	- , - · g - · · · · ,
S	ection C. Computation of Pul	olic Support F	Percentage				
4	Public support percentage for 2015			11. column (f))		14	
.5	Public support percentage for 2014			,, , , , , , , , , , , , , , , , ,			
						15	
. o a	33 1/3% support test—2015. If the	2		·	iine 14 is 33 1/3%	or more, check	- —
h	and stop here. The organization qua 33 1/3% support test—2014. If the				and line 15 is 31	3 1/3% or more o	heck this
	box and stop here. The organization	9			, and fine 15 is 5.	5 1/5 % Of IIIO1C, C	▶ □
72	10%-facts-and-circumstances test				ne 13 16a or 16	h and line 14	
. , a	is 10% or more, and if the organiza	_				•	
	in Part VI how the organization mee						orted
	organization						▶ □
h	10%-facts-and-circumstances test	—2014. If the ora	anization did not o	heck a box on lir	ne 13, 16a, 16b	or 17a, and line	F 1
-	15 is 10% or more, and if the organ						
	Explain in Part VI how the organiza					-	cly
	supported organization					•	´ ▶ □
.8	Private foundation. If the organization	ion did not check	a box on line 13	, 16a, 16b, 17a.	or 17b, check this	s box and see	- 1
	instructions			. , ,	,		▶┌
							- 1

Gifts, grants, contributions, and

membership fees received (Do

Calendar year

(or fiscal year beginning in) ▶

(f)Total

1,216,819

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

280,147

(a)2011

(c)2013

160,097

(d)2014

196,684

(e)2015

224,515

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

355,376

(b)2012

	not include any "unusual grants")	200,147	333,370	100,037	130,004		224,313	1,210,019
2	Gross receipts from admissions,							
-	merchandise sold or services							
	performed, or facilities furnished	121 002	120 021	156 755	152.021		2 000	F72 400
	in any activity that is related to	131,892	129,021	156,755	152,831		2,000	572,499
	the organization's tax-exempt							
	purpose							
3	Gross receipts from activities							
	that are not an unrelated trade or							0
	business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either							0
	paid to or expended on its behalf							
5	The value of services or facilities							0
	furnished by a governmental unit							U
	to the organization without charge	412,039	484,397	316,852	349,515		226,515	1,789,318
	Total. Add lines 1 through 5	412,039	404,397	310,632	349,313		220,313	1,769,310
7a	Amounts included on lines 1, 2,							0
	and 3 received from disqualified persons							0
h	Amounts included on lines 2 and							
U	3 received from other than							
	disqualified persons that exceed							0
	the greater of \$5,000 or 1% of							
	the amount on line 13 for the year							
	Add lines 7a and 7b							
	Public support. (Subtract line 7c							. 700 010
•	from line 6)							1,789,318
Se	ction B. Total Support			•			•	
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)20	115	(f) Total
(or f	iscal year beginning in) 🕨 📗	` '			` '	(6)20		
9	A mounts from line 6	412,039	484,397	316,852	349,515		226,515	1,789,318
10a	Gross income from interest,							
	dividends, payments received on	54	53	47	21		6	181
	securities loans, rents, royalties							
_	and income from similar sources							
b	Unrelated business taxable							
	income (less section 511 taxes)							C
	from businesses acquired after June 30, 1975							
_	Add lines 10a and 10b	54	53	47	21		6	181
C	Net income from unrelated	34	33		21			101
11	business activities not included							
	in line 10b, whether or not the							(
	business is regularly carried on							
12	Other income Do not include							
	gain or loss from the sale of							(
	capital assets (Explain in Part							
	VI)							
13	Total support. (Add lines 9, 10c,	412,093	484,450	316,899	349,536		226,521	1,789,499
	11, and 12)	<u>'</u>	<u>'</u>		· I			
14	First five years. If the Form 990 is f	or the organization	n's first, second,	third, fourth, or f	ifth tax year as a	section 5	501(c)(3	· ·
	check this box and stop here	U - Comment D						<u> </u>
		lic Support Pe		10 1 (0)			I	
	ction C. Computation of Pub	<i>(</i> 1 0 1 <i>(</i>		1 < column (fi)		15		99 990 %
15	Public support percentage for 2015	• •	•	15, column (1))		13		
15 16	Public support percentage for 2015 Public support percentage from 201	.4 Schedule A, P	art III, line 15			16		
15 16	Public support percentage for 2015	.4 Schedule A, P	art III, line 15					
15 16 Se	Public support percentage for 2015 Public support percentage from 201	4 Schedule A, P	art III, line 15 me Percenta	ge	ın (f))			99 990 %
15 16 Sec	Public support percentage for 2015 Public support percentage from 201 ction D. Computation of Inve	4 Schedule A, Peestment Inco 2015 (line 10c, co	art III, line 15 me Percenta plumn (f) divided	ge by line 13, colum	nn (f))	16		99 990 % 0 010 % 0 010 %

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
1	A re 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,		Yes	No
2	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	1		
	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)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
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)?	3b		
c	If "Yes," describe in Part VI when and how the organization made the determination Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3c		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	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	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes		<u> </u>	l
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
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?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
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 .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10 a		
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)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?		_	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		

Part IV Supporting Organizations (continued)

	,			9	9		(
Section	n R	Tyna	T	Suni	nortina	Orga	nization	_

	г		Yes	NI -
				No
If or ap	ppoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? f "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the rganization's activities. If the organization had more than one supported organization, describe how the powers to ppoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or estrictions, if any, applied to such powers during the tax year	1		
th <i>If</i>	old the organization operate for the benefit of any supported organization other than the supported organization(s) hat operated, supervised, or controlled the supporting organization? f "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that perated, supervised or controlled the supporting organization	2		

Saction	^	Typo	TT	Supporting	Organizations
Section	٠.	ivbe		Suppoi una	Organizacions

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

Section	n	All Ty	na TTT	Sunna	rtina	Organ	nizations
Section	υ.	~II I V	n = r + r	JUDDU	u ciiia	Oluai	IIZALIVIIS

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to	satisfy the Integral Part	t Test during the year	(see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below
- The organization supported a governmental entity Describe in Part VI how you supported a government entity (see

instructions)

2	Activities rest	_Answer (a) and (b) below.	
2	Did substantially	all of the organization's activities during the tay year directly further the exempt numbers of the	Ī

supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the			
organization determined that these activities constituted substantially all of its activities	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have			
engaged in these activities but for the organization's involvement	2b		

- 3 Parent of Supported Organizations Answer (a) and (b) below.
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3а each of the supported organizations? Provide details in Part VI
 - **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each 3b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S		·	ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	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		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	A verage monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1 d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting (organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinued)
Section D - Distributions			Current Year
A mounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly further		orted organizations in	
excess of income from activity	ers exempt purposes or supp	orted organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ictions		
7 Total annual distributions. Add lines 1 through 6			
7 Total allitual distributions. Add filles 1 tillough 6			
Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is re	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		723	, <u>,</u>
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
<u>c</u>			
d From 2013			
e From 2014			
f Total of lines 3a through e g Applied to underdistributions of prior years			
h Applied to 2015 distributions of prior years			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2			
(ıf amount greater than zero, see ınstructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7		l	
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
		Schodulo A	/Form 990 or 990-F7) (2015

DLN: 93493017017007

Employer identification number

94-2705764

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

2

CALIFORNIA ASSOCIATION OF MUSEUMS

Political expenditures

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

3	Volunteer hours					_		
Par	t I-B Complete if the or	ganization is exempt under	section 501(c)(3).				
1	Enter the amount of any excise	e tax incurred by the organization un	der section 495!	5	>	\$_		
2	Enter the amount of any excise	e tax incurred by organization manag	jers under sectio	n 4955	>	\$_		
3	If the organization incurred a s	ection 4955 tax, did it file Form 472	20 for this year?				Yes	✓ No
4a	Was a correction made?						Yes	✓ No
b	If "Yes," describe in Part IV							
Par	t I-C Complete if the or	ganization is exempt under	section 501(c), except section	50	1(c)(3).	
1	Enter the amount directly expe	ended by the filing organization for se	ection 527 exem	pt function activities	>	\$_		
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to ot	ther organization	s for section 527 ▶		\$_		
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	20-POL, line 17b ▮	>	\$		
4	Did the filing organization file F	orm 1120-POL for this year?				. –	☐ Yes	□ No
	amount of political contribution	For each organization listed, enter the second of the second that were promptly and deposition action committee (PAC). If	lirectly delivered	to a separate political	orga	anıza	tion, such	
	(a) Name	(b) A ddress	(c) EIN	(d) A mount paid fro filing organization' funds If none, enter	's	dı	e) A mount of the contributions and promp in the contribution of t	s received otly and vered to a political n If none,
2						+		
						+		
3								
4								
5								-
6								
For F	Paperwork Reduction Act Notice, se	l ee the instructions for Form 990 or 990	D-EZ.	 Cat No 50084S Schedul o	e C (Form	1 990 or 99	0-EZ) 2015

Subtract line 1g from line 1a If zero or less, enter -0-

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check > if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,

	Limits on Lobb	box A and "limited control" provisions apply bying Expenditures means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals	
1a	Total lobbying expenditures to influence public lobbying)	4,915			
b	Total lobbying expenditures to influence a legi-	4,544			
С	Total lobbying expenditures (add lines 1a and	9,459			
d	Other exempt purpose expenditures		657,859		
e	Total exempt purpose expenditures (add lines	667,318			
f	Lobbying nontaxable amount Enter the amoun	125,098			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000				

i	Subtract line 1f from line 1c If zero or less, enter -0-								
j	If there is an amount other than zero on either line 1h reporting section 4911 tax for this year?	or line 11, did the	organization file	Form 4720	'				
			Γ,	Yes <mark>√</mark> No					
	4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)								
	Lobbying Expendi	tures During 4	-Year Avera	ging Period					
	Calendar year (or fiscal year beginning in)	(a)2012	(b) 2013	(c) 2014	(d) 2015	(e) Total			
2a	Lobbying nontaxable amount	78,148	69,999	85,833	125,098	359,078			
b	Lobbying ceiling amount					538.617			

			Г	Yes <mark>√</mark> No		
	4-Year Avera (Some organizations that made a sect columns below. See the s	ion 501(h) ele	ection do not	have to com		ne five
	Lobbying Expendi	tures During 4	-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount	78,148	69,999	85,833	125,098	359,07
b	Lobbying ceiling amount (150% of line 2a, column(e))					538,61

	Calendar year (or fiscal year beginning in)	(a)2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount	78,148	69,999	85,833	125,098	359,078
b	Lobbying ceiling amount (150% of line 2a, column(e))					538,617
С	Total lobbying expenditures	15,776	11,404	1,592	9,459	38,231
d	Grassroots nontaxable amount	19,537	17,500	21,458	31,275	89,770
e	Grassroots ceiling amount					134,655

Return Reference

	edule C (Form 990 or 990-EZ) 2015				Ρā	age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	ТОИ				
or o	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)	,	(b)	
ctiv		Yes	No		moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	res				
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501 (c)(5),	or se	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
P	art IV Supplemental Information					
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	ın liet\	Dart I	Τ_Λ Ι	inac 1	and
	see instructions), and Part II-B, line 1. Also, complete this part for any additional information	יף ווסנ),	, , uit 1.	. A, II	1	anu

Explanation

DLN: 93493017017007

SCHEDULE D

(Form 990)

Department of the

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.

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

OMB No 1545-0047

Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization CALIFORNIA ASSOCIATION OF MUSEUMS 94-2705764 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶_ Number of states where property subject to conservation easement is located ▶_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(I) and section 170(h)(4)(B)(II)? No. In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

	edule D (Form 990) 2015					Page 2
Par	Organizations Maintaining (continued)	Collections of A	Art, Historical	Treasures, or (Other Similar A	ssets
3	Using the organization's acquisition, according to the collection items (check all that apply)	ession, and other re	cords, check any o	of the following that	are a significant us	e of its
а	Public exhibition		d Γ Lo	an or exchange pro	grams	
b	Scholarly research		e	her		
c	Preservation for future generations					
4	Provide a description of the organization' Part XIII	's collections and ex	plain how they furt	ther the organizatioi	n's exempt purpose	ın
5	During the year, did the organization soli assets to be sold to raise funds rather th					s No
Pa	rt IV Escrow and Custodial Arra Complete if the organization a Part X, line 21.		n Form 990, Par	t IV, line 9, or re	ported an amoun	t on Form 990,
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?	stodian or other inte	rmediary for contri	butions or other as:	sets not	s
ь	If "Yes," explain the arrangement in P	art XIII and comple	te the following tab	ole	Am	ount
c	Beginning balance	•	,	10	:	
d	Additions during the year			1d	ı	
е	Distributions during the year			1e		
f	Ending balance			1f		
2 a	Did the organization include an amount o	n Form 990, Part X,	line 21, for escrov	w or custodial accou	int liability? Yes	s
b	If "Yes," explain the arrangement in Part	XIII Check here if	the explanation ha	as been provided in	Part XIII	
Pa	rt V Endowment Funds. Comple			1		
	D	(a)Current year	(b)Pnor year	b (c) Two years back	(d)Three years back	(e)Four years back
1a b	Beginning of year balance Contributions					
b	· · · · · · · ·					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
е	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the	current year end bal	ance (line 1g, coli	ımn (a)) held as		
а	Board designated or quasi-endowment >					
b	Permanent endowment ▶					
c						
За	Are there endowment funds not in the pos organization by	•		eld and administere	ed for the	Yes No
	(i) unrelated organizations				За	(i)
b	(ii) related organizations If "Yes" on 3a(ii), are the related organiz					(ii) b
4	Describe in Part XIII the intended uses of		endowment funds			
Pa	rt VI Land, Buildings, and Equip Complete if the organization a		Form 990 Part	IV line 11a See	Form 990 Part Y	line 10
	Description of property	answered res to	Cost or otl	her basis (b) ment) Cost or other l	Accumulated	d (d)Book value
1 -	Land		+	(other)	+	
	Buildings		`. ' <u>.</u>			
	Leasehold improvements					
	Equipment					
e	Other					
	Add lines to through to (Column (d) mus	- t 000 D-		- 10(-)		

See Form 990, Part X, line 12. (a) Description of security or category		(b) Book value	(c)Method of valuation
(including name of security)			Cost or end-of-year market va
)Financial derivatives)Closely-held equity interests			
O ther			
:al. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
rt VIII Investments—Program Related.			
Complete if the organization answered	l 'Yes' on Form 990		
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market va
			ossesi ena er year markee re
		Form 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value
other Assets. Complete if the organization		Form 990, Part IV, line	
ort IX Other Assets. Complete if the organization		Form 990, Part IV, line	
ort IX Other Assets. Complete if the organization		Form 990, Part IV, line	
ort IX Other Assets. Complete if the organization		Form 990, Part IV, line	
ort IX Other Assets. Complete if the organization		Form 990, Part IV, line	
ort IX Other Assets. Complete if the organization		Form 990, Part IV, line	
Irt IX Other Assets. Complete if the organization		Form 990, Part IV, line	
Other Assets. Complete if the organizatio (a) Descri	ription	Form 990, Part IV, line	
al. (Column (b) must equal Form 990, Part X, col (B) line 1	ription		(b) Book value
al. (Column (b) must equal Form 990, Part X, col (B) line 1 art X Other Liabilities. Complete if the organization (a) Description (a) Description (b) Ine 1 (c) Other Liabilities. Complete if the organization (b) Part X, line 25.	(5) anization answere		(b) Book value
al. (Column (b) must equal Form 990, Part X, col (B) line 1	ription		(b) Book value
al. (Column (b) must equal Form 990, Part X, col (B) line 1 art X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability	(5) anization answere		(b) Book value
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tal. (Column (b) must equal Form 990, Part X, col (B) line 1 Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability	(5) anization answere		(b) Book value
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tal. (Column (b) must equal Form 990, Part X, col (B) line 1 Part X Other Liabilities. Complete if the orga	(5) anization answere		(b) Book value
tal. (Column (b) must equal Form 990, Part X, col (B) line 1 art X Other Liabilities. Complete if the orga See Form 990, Part X, line 25. (a) Description of liability deral income taxes	(5) anization answere		(b) Book value

	Complete if the organ	lization answered Yes on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and othe	r support per audited financial statements	1	
2	Amounts included on line 1 bu	it not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses)	on investments 2a		
b	Donated services and use of fa	acılıtıes 2b		
c	Recoveries of prior year grants	s		
d	Other (Describe in Part XIII)			
e	Add lines 2a through 2d		2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.		3	
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1		
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5		d 4c. (This must equal Form 990, Part I, line 12)	5	
Part		xpenses per Audited Financial Statements With Expennization answered 'Yes' on Form 990, Part IV, line 12a.	ses pe	r Return.
1		r audited financial statements	1	
2	A mounts included on line 1 bu	it not on Form 990, Part IX, line 25		
а	Donated services and use of fa	acılıtıes		
b	Prior year adjustments	2b		
c	Otherlosses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.		3	
4	A mounts included on Form 99	0, Part IX, line 25, but not on line 1:		
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 ai	nd 4c. (This must equal Form 990, Part I, line 18)	. 5	
Part	XIII Supplemental Inf	ormation		
Part '		Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b an lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this pa		ide any additional
	Return Reference	Explanation		
Part X	FIN48 Footnote	The Organization has implemented new accounting standards associtaxes. Accordingly, the Organization shall initially recognize the final position when it is more-likely-than-not, based on the technical merisustained upon examination. The Organization believes that it has appositions taken, and as such, does not have any uncertain tax positions.	ncıal stat ts, that tl opropriate	ement effects of a tax ne position will be e support for any tax

remain open and subject to examination

financial statements For the federal tax jurisdiction, tax years for 2012 through 2015 remain open and could be subject to examination. For the state tax jurisdiction, the tax years 2011 through 2015

Schedule D (Form 990) 2015	Page 5	
Part XIII Supplemental Information		
Return Reference	Explanation	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493017017007 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number CALIFORNIA ASSOCIATION OF MUSEUMS 94-2705764 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (d) A mount of cash (a) Name and address of **(b)** EIN (c) IRC section (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other)

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

Cat No 50055P

Schedule I (Form 990) 2015

Schedule I (Form 990) 2015

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIPS- (1) CONFERENCE/MEMBERSHIP	21	15,228	7,560	FAIR MARKET VALUE	REGISTRATION AND MEMBERSHIP FEES
(2) FELLO WSHIPS	10	4,750	4,100	FAIR MARKET VALUE	CONFERENCE REGISTRATION FEES
Part TV Sunniemental Inform	ation Provide the infor	mation required in Pa	art I line 2 Part III	column (h) and any othe	r additional information

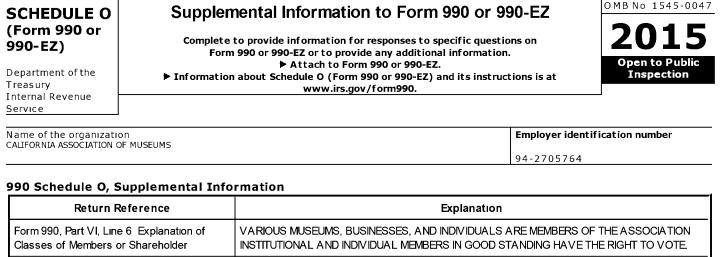
Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference Explanation

Grantmaker's Description of How SCHOLARSHIPS ARE PRIMARILY FOR ANNUAL CONFERENCE REGISTRATION FEES ATTENDANCE AT THIS CONFERENCE IS MONITORED,

Grants are Used AND THE RECIPIENT IS PROVIDED WITH A CONFERENCE EVALUATION FORM FELLOWSHIPS REQUIRE THE RECIPIENT TO PROVIDE CERTAIN DELIVERABLES WHICH ARE TRACKED BY THE ASSOCIATION

Page 2



TO THE GOVERNING BODY

MEMBERS. AS DESCRIBED ABOVE. IN GOOD STANDING HAVE THE RIGHT TO ELECT MEMBERS.

DLN: 93493017017007

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Form 990. Part VI. Line 7a How Members or

Shareholders Elect Governing Body

Return Reference Explanation

Form 990, Part VI, Line 7b Describe Decisions AS OUTLINED IN THE ASSOCIATION'S BY-LAWS, ON THE ELECTION OF DIRECTORS, THE

990 Schedule O, Supplemental Information

Process

of Governing Body Approval by Members or Shareholders	ELECTION TO DISSOLVE THE CORPORATION
Form 990, Part VI, Line 11b Form 990 Review	THE FINANCE COMMITTEE AND THE BOARD REVIEW THE FORM 990 PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference

Neturii Neterence	Дріанаціон
Form 990, Part VI, Line 12c Explanation of	THE DIRECTORS AND KEY EMPLOYEES ANNUALLY ACKNOWLEDGE AND CERTIFY TO THE
Monitoring and Enforcement of Conflicts	COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY AND FILE A COPY OF SUCH

Evolunation

Form 990, Part VI, Line 15a Compensation
Review & Approval Process - CEO, Top
Management

CERTIFICATION WITH THE EXECUTIVE COMMITTEE OF THE BOARD

ANNUAL COMPENSATION REVIEW FOR THE EXECUTIVE DIRECTOR IS CONDUCTED BY THE
EXECUTIVE COMMIT
TEE AND INCLUDES COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION OF THE
DELIBERATION

AND DECISION

990 Schedule O, Supplemental Information

Return Reference Explanation

Form 990 Part VI. Line 15b. Compensation Review, and Approval. NOT A POLICABLE AS THE ORGANIZATION HAS NO OTHER OFFICERS OR

Process for Officers and Key Employees	KEY EMPLOYEES THAT ARE COMPENSATED
Form 990, Part VI, Line 19 Other Organization Documents Publicly	AVAILABLE UPON REQUEST
Available	