Form **990**

Return of Organization Exempt From Income Tax

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

Open to Public Inspection

Α.	roi t	ile 2010 Caleili	uar year, or lax year begin	11111 9 9/01	, 2010,	and ending	0/.	2 T	,	, 2019				
В	Check	if applicable:	С					D Employ	er identi	fication number				
	Α	ddress change	CALIFORNIA ASSOC	IATION OF MUSEUM	S			94-	2705 [°]	764				
	N	ame change	P.O. BOX 1455					E Telepho	ne numb	oer				
	Ir	itial return	SANTA CRUZ, CA 9	5061				831	-471-	-9970				
	Fi	nal return/terminated												
	\Box_{A}	mended return						G Gross r	eceipts \$	\$ 478	3,467.			
	\square_{A}	pplication pending	F Name and address of principa	officer: CELESTE DE	MAT D	H((a) Is this	a group retur			37			
	ш	,,, ,,	SAME AS C ABOVE	CELESIE DE	MALD	H(b) Are all	subordinates	included	d? Ye:				
$\overline{}$	Tax	exempt status:	X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1) or	527	If "No,"	attach a list	. (see ins	structions) —				
<u>.</u>			W.CALMUSEUMS.ORG	, (moore no.)	10 17 (4)(1) 01		(c) Group	exemption nu	ımher 🕨					
K		n of organization:	X Corporation Trust	Association Other ►	1 ٧	ear of formation	'-, '			egal domicile: C	Δ			
Pa		Summar		Association	-	car or formation	. 171.) III (rate of it	ogar domicire. C	П			
1 0	1	Briefly descri	y be the organization's missi	ion or most significant act	ivities:TO	IINTEV AN	ידים תו	RENCTH	FN C	AT.TFORNT	Δ			
ဥ		MUSEUMS TO EXPAND THEIR COLLECTIVE IMPACT, THROUGH PROFESSIONAL DEVELOPMENT PROGRAMS, INFORMATION AND RESOURCE-SHARING, COMMUNICATIONS RELATING TO CALIFORNIA												
'n			AND SPECIAL INIT		<u>/</u>	101111111111111111111111111111111111111	<u> </u>		.0 10	2 _011211 011				
Ş	2	Check this bo		than 2	5% of its	net ass	- – – – – – - sets.							
ၓ	3	Number of vo	oting members of the gover	rning body (Part VI, line 1	a)				3		23			
⊸ర ഗ	4		dependent voting members						4		23			
ij	5		of individuals employed in						5		8			
Activities & Governance	6		of volunteers (estimate if						6		35			
Ă			ed business revenue from I						7a		0.			
	D	Net unrelated	I business taxable income	irom Form 990-1, line 38.					7b	0	0.			
		Contributions	and grants (Part VIII, line	16)			P	rior Year	.0.0	Current `				
ē	8 9		rice revenue (Part VIII, line					167,6			0,866.			
Revenue	10	-	ncome (Part VIII, column (A					226,0	4.	28	7,597. 4.			
æ	11		e (Part VIII, column (A), lir						4.		4.			
	12		e – add lines 8 through 11			ne 12)		393,6	86	478	8,467.			
	13		imilar amounts paid (Part I					14,7			7,602.			
	14		to or for members (Part I)						10.		7002.			
	15		er compensation, employee	,				221,3	139	179	9,412.			
es	162		fundraising fees (Part IX, o					221,0	,55.	Ι/,	<u>// 412.</u>			
Expenses	104		•											
ᄶ			sing expenses (Part IX, col			5,138.								
_	17	•	ses (Part IX, column (A), li	·		Į.		142,9			0 , 773.			
	18		es. Add lines 13-17 (must			l.		379,0			7,787.			
	19	Revenue less	expenses. Subtract line 1	8 from line 12				14,6			0,680.			
s or			(D. 1.) (I'. 10)				Beginnin	g of Curren		End of Y				
Net Assets Fund Baland	20		(Part X, line 16)					153,1			0,293.			
id E	21		s (Part X, line 26)					20,5			7,041.			
ž₫	22		fund balances. Subtract li	ne 21 from line 20				132,5	72.	183	3 , 252.			
Pa	rt II	Signatur	e Block											
Unde	er pena	Ities of perjury, I de	eclare that I have examined this returner (other than officer) is based on	irn, including accompanying sched	ules and statem	nents, and to the	best of m	y knowledge	and belie	ef, it is true, corre	ct, and			
-	oloto. D	L.	irer (other than officer) is based on	— The first of the	as any knowica									
٥.		Signatu	re of officer				Da	te						
Siç He	jn ro	3) T D					
пе	16		ESTE DE WALD print name and title				EXEC	JTIVE I	JIK.					
		• •	preparer's name	Preparer's signature		Date		Ola sala	7 :.	PTIN				
_			•				^	-	_1"		1			
Pa			WALTERS	MAX A. WALTERS		5/18/2	U	self-employ	ea .	P0025207	T			
rre	epar e Or	.1		NDRASHEFF, CPA'S						000000				
US	e Oi	Firm's addre	1 0111120112110 .							-0096938				
N 4 -	, 41	IDS diamira "	SCOTTS VALLEY		iotions\			Phone no.	(831					
ivia	, me	iro discuss th	is return with the preparer	SHOWER ADOVE! (See INSTIT	uctio(15)					. X Yes	No			

Par	: III	Statement of Program Service Accomplishments			7.7
	D : 4	Check if Schedule O contains a response or note to any line in this Part III			X
		ly describe the organization's mission:			
	SEE_	SCHEDULE O			
2		ne organization undertake any significant program services during the year which were not listed on the prior			
		990 or 990-EZ?	Yes	X	No
		es," describe these new services on Schedule O.		_	
3		he organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X	No
		es," describe these changes on Schedule O.			
4	Descr	ribe the organization's program service accomplishments for each of its three largest program services, as measure	ed by e	xpen	ses.
	and re	on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the revenue, if any, for each program service reported.	total ex	cpens	es,
Дa	(Code	e:) (Expenses \$189, 407. including grants of \$) (Revenue \$)
	•	CCHEDITE			
	<u> 255</u>	SCHEDULE O			
4 b	(Code)
		FOSTERS A COLLABORATIVE, INTERCONNECTED NETWORK OF MUSEUM PROFESSIONALS			
		I IDEAS INTO THE CONVERSATION TO CHALLENGE ASSUMPTIONS AND THINKING; AND,		0 <u>1</u> 10	ES
		OURCES, INFORMATION, AND PROGRAMS THAT HELP PROFESSIONALS MAKE MUSEUMS A			
		SUST, MORE RELEVANT, AND MORE SUSTAINABLE IN SERVICE TO CALIFORNIA COMMUN			<u>TO</u>
		FILL THIS ROLE, CAM HOSTS AN ANNUAL CONFERENCE TO BRING MUSEUM PROFESSION			
		ETHER FOR AN EXCHANGE OF IDEAS, PERSPECTIVES, AND RESOURCES. THE 2019 CA			
		IFERENCE, CHANGING THE NARRATIVE, IN SAN FRANCISCO HAD A RECORD ATTENDANG	<u> </u>	65	8
	<u>ATT</u>	'ENDEES.			
4 c		e:) (Expenses \$) (Revenue \$) (Revenue \$)
		I HAS AN ACTIVE ADVOCACY PROGRAM THAT MONITORS LEGISLATION, KEEPS MEMBERS			
		<u>ISTITUENTS INFORMED AND INVOLVED, AND FOSTERS STRATEGIC INITIATIVES TO SU</u>			
		IDING SOURCES FOR MUSEUMS. CAM COMMUNICATES WITH LEGISLATORS REGARDING TH			T
		MUSEUMS ON CALIFORNIA COMMUNITIES AND THEIR INTERESTS. CAM TAKES POSITION			
		CIFIC BILLS OF INTEREST TO THE MUSEUM COMMUNITY, SUCH AS FUNDING FOR ART			
	CUL'	TURE, AND WAS A SUPPORTER OF THE AMERICAN ASSOCIATION OF MUSEUMS' 2019 N	<u>IUSEU</u>	MS_	
	<u>ADV</u>	OCACY DAY. FURTHERMORE, ELECTRONIC LEGISLATIVE UPDATES HIGHLIGHT IMPORTA	NT M	ATT	ERS_
	<u>AFF</u>	ECTING STATE GOVERNMENT AS WELL AS KEY ISSUES OF CONCERN FOR MUSEUMS.			
4 d		r program services (Describe in Schedule O.)			
		enses \$ including grants of \$) (Revenue \$)	
4 e	Total	program service expenses ► 362,641.			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	110
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i>	4	Х	
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		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, 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	11 a		Х
	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.	11 b		Χ
	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		Х
	I 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.	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	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	11 f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
t	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
k	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		Х
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
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		Х
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		Х
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		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Χ
	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Χ

Form 990 (2018) CALIFORNIA ASSOCIATION OF MUSEUMS Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		X
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a.	24a		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
•	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24-		
(any tax-exempt bonds?d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24c 24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ı	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
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? If 'Yes,' complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
i	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ı	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b		Х
(c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30	contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV,			
	and Part V, line 1	34		X
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
I	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
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			· [
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c	Х	
BAA		Form	990	(2018)

S) CALIFORNIA ASSOCIATION OF MUSEUMS

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

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
b	If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule O</i>	3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
	If 'Yes,' enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
C	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5с		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
	services provided to the payor?	7 a		Х
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Χ
d	If 'Yes,' indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	711		
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	12a		
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	ıza		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue gualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14 a		Х
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
10		16		Х
10	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.	10		/\

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 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. **b** Enter the number of voting members included in line 1a, above, who are independent ... 23 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?.... SEE .SCHEDULE .Q..... Χ 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, SEE SCH 0 stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates? Χ 10 a 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? . . 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?.... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ a The organization's CEO, Executive Director, or top management official.. SEE . SCHEDULE..Q...... 15a **b** Other officers or key employees of the organization...SEE .SCHEDULE .Q..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... Χ 16 a **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?. 16 b Section C. Disclosure 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 Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records CELESTE DE WALD P.O. 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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one box, unless person is both an officer and a (B) (E) (F) Name and Title Reportable Reportable Estimated Average hours director/trustee) compensation from compensation from amount of other compensation from the organization the organization (W-2/1099-MISC) Officer employee (W-2/1099-MISC) ndividual nstitutional lighest compensated ormer (list any employee hours for and related related organizations organiza tions l trustee helow dotted (1) LISA MCDERMOTT 0 DIRECTOR 0 Χ 0 0 0. (2) BILL BAILOR 1 0 DIRECTOR 0 Χ 0 0. (3) ANTHONY BROWN 1 0 TREASURER 0 0 0. (4) KIM KIRKHART 0 DIRECTOR 0 Χ 0 0 0. (5) JENNIFER CABALLERO 1 VICE PRESIDENT 0 Χ 0 0 0. (6) KEASHA DUMAS HEATH 1 VICE PRESIDENT 0 Χ 0. 0 0 (7) MARK KATRIKH 1 VICE PRESIDENT 0 Χ 0. 0. 0. (8) PHIL KOHLMETZ 1 0 DIRECTOR Χ 0 0 0. (9) TOMOKO KUTA 0 DIRECTOR 0 Χ 0 0 0. (10) NICOLE LIM 1 0 VICE PRESIDENT Χ 0 0. 0 (11) CAROLINE MADDOX 1 DIRECTOR 0 Χ 0 0 0. (12) ILEANA MAESTAS 1 SECRETARY 0 Χ Χ 0 0 0. (13) KAREN KIENZLE 1 0 PRESIDENT Χ Χ 0 0 0. JEMIMA HARR 1 DIRECTOR 0 Χ 0 0 0.

BAA TEEA0107L 08/03/18 Form **990** (2018)

Part VII	Section A. Officers, Directors, Tr	ustees,	Key	Em	ıplo	oye	es,	and	d Highest Com	pensated Emp	loyees	5 (contin	nued)
		(B)			(0	•							
	(A) Name and title	Average hours per week	box	, unle	ss pe	erson direct	than is botl or/trus	h an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	amo	(F) stimated unt of oth	
		(list any hours for related organiza - tions below	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	f org an	npensatio from the ganization nd related anization:	n I
		dotted line)	ee	stee			nsated						
	AQUIN_ORTIZRECTOR	10	Х						0.	0.			0.
	NDA TELLO RAWSON RECTOR	-1-0	Х						0.	0.			0.
	TAHAN RUDDELL RECTOR	10	Х						0.	0.			0.
	CHAEL SHANKLIN RECTOR	1	Х						0.	0.			0.
(19) CHF	RISTINE STOKES RECTOR	10	Х						0.	0.			0.
(20) HOF	RACIO CORREA, JR.	10	Х						0.	0.			0.
	ESTE DE WALD CUTIVE DIR.	<u> 40</u> _			Х				54,013.	0.			0.
(22)													
(23)							1	1					
(24)					7			,					
(25)													
	total	ion A	 					>	54,013.	0.			0.
	I (add lines 1b and 1c)								54,013.	0.			0.
	number of individuals (including but not limited the organization $\stackrel{\blacktriangleright}{\ \ }$ 0	d to those I	isted	abov	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	pensatio	n	
3 Did t	he organization list any former officer, dire	ctor, or tru	stee,	key	em e	olgr	yee,	or h	nighest compensa	ted employee		Yes	No
4 For a	ne 1a? <i>If 'Yes,' compléte Schedule J for su</i> any individual listed on line 1a, is the sum c	of reportab	le co	mpe	nsa	tion	and	oth	er compensation		. 3		X
the c such	organization and related organizations great individual	er than \$1	50,0	00?	<i>lf '</i> γ 	/es, 	con	nple 	te Schedule J for		. 4		Х
for s	any person listed on line 1a receive or accruervices rendered to the organization? If 'Ye B. Independent Contractors	ue comper s,' comple	isatio ete So	n fro ched	om i lule	any <i>J fo</i>	unre r suc	late ch p	ed organization or person	individual	. 5		Х
1 Com	plete this table for your five highest comper ensation from the organization. Report comper	nsated indensation for	epen the c	dent alend	cor	ntra year	ctors endi	tha	nt received more the with or within the or	nan \$100,000 of ganization's tax yea	r.		
	(A) Name and business add	dress							Description of	of services	Compe	C) ensatio	n
2 Total	number of independent contractors (including	but not lim	ited to	o tho	se I	ister	d aho	ve)	who received more	than			
	,000 of compensation from the organization				.50 1	.5.00	. 400	,	10001100 111010	C.G.			

Form 990 (2018) CALIFORNIA ASSOCIATION OF MUSEUMS 94-2705764 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (A) Total revenue (B) (D) Related or Unrelated Revenue excluded from tax exempt business under sections 512-514 function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1 a **b** Membership dues..... 1 b 130,165 c Fundraising events..... 1 c **d** Related organizations 1 d e Government grants (contributions) 55,700 **f** All other contributions, gifts, grants, and similar amounts not included above . . . 5,001 g Noncash contributions included in lines 1a-1f: \$ 190,866 Business Code Program Service Revenue 2a CONFERENCE & WORKSHOPS <u>201,</u>157 201,157 b SNOOPY LICENSE PLATE FEES 75,000 75,000 c JOB LISTING SERVICES 8,400 8,400 d ANNUAL APPEAL 2,885 2,885 155 155 e <u>SALARY SURVEY SERVICE</u> f All other program service revenue. . . g Total. Add lines 2a-2f 287,597 Investment income (including dividends, interest and Income from investment of tax-exempt bond proceeds... Royalties..... (i) Real (ii) Personal 6a Gross rents..... **b** Less: rental expenses c Rental income or (loss) . . . d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses c Gain or (loss)..... d Net gain or (loss)..... 8 a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18..... **b** Less: direct expenses **b** c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19..... a **b** Less: direct expenses b c Net income or (loss) from gaming activities..... 10a Gross sales of inventory, less returns and allowances a **b** Less: cost of goods sold..... **b c** Net income or (loss) from sales of inventory..... **Business Code** d All other revenue

478,467

287,597

0

e Total. Add lines 11a-11d

Total revenue. See instructions.....

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX. (D) (B) (C) Do not include amounts reported on lines Total expenses Program service Management and Fundraising 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to domestic individuals. See Part IV, line 22 17,602 17,602. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, trustees, and key employees 8,102. 54,012. 35,108. 10,802 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)...... 0 0 0 0. 7 94,258 76,770 14,976 2,512. Pension plan accruals and contributions (include section 401(k) and 403(b) 31,142 23,588 5,351 2,203 11 Fees for services (non-employees): c Accounting..... **d** Lobbying..... e Professional fundraising services. See Part IV, line 17... Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.). 12 Advertising and promotion..... 10.836 10,836 13 Office expenses 664 1,415 83. 166 Information technology.... 14 15 Rovalties..... Occupancy..... 17 5,523. 4,197. 939 387. Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... 19 134,268 134,268 21 Payments to affiliates..... 22 Depreciation, depletion, and amortization.... 23 275. 138. 2,753. 2,340. 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.).... 21,364 a ADVOCACY SERVICES 21,364 b PROFESSIONAL SERVICES 14,309 352 13,936 21. 8,275 487. c TELEPHONE & TELECOM. 9,736 974 d MISCELLANEOUS_ 9.167 8,313 601 253. 21,153. 18,213. 1. 988 952. e All other expenses..... 25 Total functional expenses. Add lines 1 through 24e. . . 427,787. 362,641. 50,008 15,138. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720).....

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	99,207.	1	168,298.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	46,600.	4	30,000.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
ts	6	Loans and other receivables from other disqualified persons (as defined unde 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.	er	6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	7,326.	9	11,995.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,70201		11,000
		Less: accumulated depreciation		10 c	
	11	Investments – publicly traded securities.		11	
	12	Investments – other securities. See Part IV, line 11.		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets.		14	
	15	Other assets. See Part IV, line 11.		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	210,293.
	17	Accounts payable and accrued expenses	20,561.	17	27,041.
	18	Grants payable		18	27,041.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties and other liabilities not included on lines 17-24). Complete Part X of Schedule		25	
	26	Total liabilities. Add lines 17 through 25	20,561.	26	27,041.
ses		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.	te		
aŭ	27	Unrestricted net assets	108,512.	27	155,013.
39	28	Temporarily restricted net assets	24,060.	28	28,239.
d	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds		30	
Set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Asi	32	Retained earnings, endowment, accumulated income, or other funds		32	
et	33	Total net assets or fund balances		33	183,252.
Z	34	Total liabilities and net assets/fund balances.		34	210,293.
			100,100.	1	

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI.				. 🔲			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	78,4	167.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	42	27,	787.			
3	Revenue less expenses. Subtract line 2 from line 1	3			580.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13	32,5	572.			
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9 Other changes in net assets or fund balances (explain in Schedule O)								
10					0.			
	column (B))	10	18	33,2	<u> 252.</u>			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.							
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Χ				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both: X Separate basis	d on a						
	b Were the organization's financial statements audited by an independent accountant?		2b		Х			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa		20		21			
	basis, consolidated basis, or both:	ic.						
	Separate basis Consolidated basis Both consolidated and separate basis							
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain							
	in Schedule O.							
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За		Х			
	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	<u></u>	3b					
BA/	TEEA0112L 08/03/18		Form	990	(2018)			

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name	of the	e organization					Emplo	yer identifica	ntion number		
CAL	ΙF	ORNIA ASSOCIATION (OF MUSEUMS				94-	270576	4		
Par	i I	Reason for Public Cha	rity Status (All or	rganizations must o	comple	te this	part.) See	instruc	tions.		
The o	rga	nization is not a private found	lation because it is: (For lines 1 through 12,	check o	nly one	box.)				
1		A church, convention of church	es, or association of ch	nurches described in sec	tion 1 <mark>70</mark> (b)(1)(A)	(i).				
2		A school described in section 1	70(b)(1)(A)(ii). (Attach	Schedule E (Form 990 or	990-EZ).)					
3		A hospital or a cooperative h	ospital service organi	ization described in sec	ction 17	0(b)(1)(A	۸)(iii).				
4		A medical research organiza	tion operated in conju	unction with a hospital	describe	d in sec	ction 170(b)(1)(A)(iii). E	nter the hospital	l's	
		name, city, and state:									
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle mplete Part II.)	ge or university owned	or oper	ated by	a governmen	tal unit de	escribed in		
6		A federal, state, or local gov	ernment or governme	ental unit described in s	ection 1	70(b)(1))(A)(v).				
7		An organization that normally r in section 170(b)(1)(A)(vi). (receives a substantial p Complete Part II.)	art of its support from a	governm	ental un	it or from the o	jeneral pul	olic described		
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
9	Ī	An agricultural research organi	zation described in sec	tion 170(b)(1)(A)(ix) oper	ated in c	onjunction	on with a land-	grant colle	ege		
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:										
10	Χ	,									
	21	X An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
11		An organization organized ar			ety. See	section	n 509(a)(4).				
12		An organization organized a	nd operated exclusive	elv for the benefit of, to	perform	the fur	octions of or t	n carry o	it the nurnoses	of one	
		or more publicly supported o	rganizations describe	d in section 509(a)(1)	r sectio	n 509(a)(2). See sect	ion 509(a)(3). Check the b	oox in	
_		lines 12a through 12d that de	escribes the type of si	upporting organization	and con	ipiete III	nes 12e, 12t,	and 12g.	the cupported		
а	<u>L</u>	Type I. A supporting organization organization organization (s) the power to recomplete Part IV, Sections A	gularly appoint or elect A and B.	a, or controlled by its superior a majority of the directo	rs or trus	stees of	the supporting	organizati	on. You must		
b		Type II. A supporting organiz management of the supporting	organization vested in	ontrolled in connection the same persons that c	with its ontrol or	support manage	ted organizati the supported	on(s), by organizat	having control o ion(s). You	r	
С		must complete Part IV, Sect			201			1 20 2			
C	<u></u>	Type III functionally integrated organization(s) (see instruction	. A supporting organizations). You must com	lon operated in connection blete Part IV. Sections	n witn, a A. D. an	na tuncti d E.	onally integrate	a with, its	supported		
d		Type III non-functionally integ functionally integrated. The c instructions). You must com	rated. A supporting org	anization operated in cor	nnection tion rea	with its	supported orga nt and an atte	nization(s) ntiveness	that is not requirement (se	е	
е		Check this box if the organiz integrated, or Type III non-fu	ation received a writte	en determination from	the IRS	that it is	s a Type I, Ty	pe II, Typ	e III functionally		
f	Er	nter the number of supported									
g	Pr	ovide the following information	n about the supported	d organization(s).							
	(i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	in your o	s the tion listed poverning ment?	(v) Amount of support (see in	monetary estructions)	(vi) Amount of support (see instru		
					Yes	No					
					163	140					
(A)											
(B)											
(C)											
(D)											
(E)											
Total							I				

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

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

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on		N),			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	De					
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see in	structions)			12	
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	ird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶∏
Sec	tion C. Computation of Pul	blic Support P	Percentage				
14	Public support percentage for 20	18 (line 6, colum	n (f) divided by lin	ne 11, column (f)))	14	%
	Public support percentage from 2						%
16a	33-1/3% support test—2018. If the and stop here. The organization	he organization d qualifies as a pu	id not check the b	oox on line 13, an	d line 14 is 33-1/3	3% or more, chec	k this box
b	33-1/3% support test—2017. If the and stop here. The organization	e organization di qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a or 16a or 16a	a, and line 15 is 3	3-1/3% or more, 6	check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop he	re. Explain in Par	t VI how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	and-circumstance	s' test, check this	box and stop he	re. Explain in Par	t VI how the
18	Private foundation. If the organization	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see in	structions ►

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

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

Sec	tion A. Public Support											
	lar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total					
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)	196,684.	224,515.	383,191.	167,623.	190,866.	1,162,879.					
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					287,597.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.	152,831.	2,000.	211,520.	226,059.	201,391.	880,007.					
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.					
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.					
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	349,515.	226,515.	594,711.	393,682.	478,463.	2,042,886.					
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	0.	0.	0.	0.	0.						
•	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.					
	Public support. (Subtract line	0.	0.	0.		0.	<u> </u>					
	7c from line 6.)			1			2,042,886.					
	Section B. Total Support											
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total					
	Amounts from line 6	349,515.	226,515.	594,711.	393,682.	478,463.	2,042,886.					
	payments received on securities loans, rents, royalties, and income from similar sources	21.	6.	4.	4.	4.	39.					
	acquired after June 30, 1975						0.					
с 11	Add lines 10a and 10b	21.	6.	4.	4.	4.	39.					
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.					
13	Total support. (Add lines 9, 10c, 11, and 12.)	349,536.	226,521.	594,715.	393,686.	478,467.	2,042,925.					
14	First five years. If the Form 990 organization, check this box and		tion's first, secon									
Sec	tion C. Computation of Pul	blic Support Po	ercentage									
15	Public support percentage for 20	118 (line 8, column	(f), divided by lin	ne 13, column (f))	15	100.00 %					
16	Public support percentage from 2	2017 Schedule A,	Part III, line 15			16	100.00 %					
Sec	tion D. Computation of Inv	estment Incom	ne Percentage	<u> </u>								
17	Investment income percentage f	or 2018 (line 10c,	column (f), divide	ed by line 13, colu	umn (f))	17	0.00 %					
18	Investment income percentage f						0.00 %					
19a	33-1/3% support tests—2018. If this not more than 33-1/3%, check	the organization di	d not check the b	oox on line 14, an	nd line 15 is more	than 33-1/3%, an	d line 17					
	33-1/3% support tests—2017. If the line 18 is not more than 33-1/3%	the organization di , check this box a	d not check a boon not stop here. The	x on line 14 or lin e organization qu	e 19a, and line 10 alifies as a public	6 is more than 33- ly supported organ	-1/3%, and nization ▶					
20	Private foundation. If the organiz	zation did not ched	ck a box on line 1	4, 19a, or 19b, c	heck this box and	see instructions.	▶					

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
t	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
t	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5 <i>a</i>	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		
t	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		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of	•		
	the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	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 I of Schedule L (Form 990 or 990-EZ).	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 9a) 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 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI .	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations), and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.	10a		
t	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.)	10b		

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Part	t IV	Supporting Organizations (continued)			
11	∐ac t	he organization acconted a gift or contribution from any of the following persons?		Yes	No
		he organization accepted a gift or contribution from any of the following persons? son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
		ning body of a supported organization?	11a		
b	A fan	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sect	tion I	B. Type I Supporting Organizations			
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
	or ele Part V If the direct	ct at least a majority of the organization's directors or trustees at all times during the tax year? If No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
	applie	ed to such powers during the tax year.	1		
	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sect	tion (C. Type II Supporting Organizations			
				Yes	No
	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion I	D. All Type III Supporting Organizations			
				Yes	No
	organ	ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, organ	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the lization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were organ	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how reganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By re voice	ason of the relationship described in (2) did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
	in this	s regard.	3		
Sect	tion I	E. Type III Functionally Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	Т	he organization satisfied the Activities Test. Complete line 2 below.			
b	Пτ	he organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Т	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruc	tions).	
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
	suppo organ	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported **nizations and explain how these activities directly furthered their exempt purposes, how the organization was prosive to those supported organizations, and how the organization determined that these activities constituted			
		antially all of its activities.	2a		
	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the			
		ization's involvement.	2b		
3	Parer	nt of Supported Organizations. Answer (a) and (b) below.			
а	Did the	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	За		
		e organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Sche	edule A (Form 990 or 990-EZ) 2018 CALLFORNIA ASSOCIATION OF MUSEU	JMS	94-27	05764 Page (
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizat	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain in st complete Sections A	Part VI). See through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
_ 7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
á	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). Schedule A (Form 990 or 990-EZ) 2018

BAA

10 Line 8 amount divided by line 9 amount

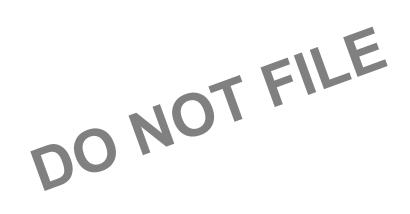
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	tion D - Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2018 from Section C, line 6	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)	7 1		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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Schedule A (Form 990 or 990-EZ) 2018

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



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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number

CALIFORNIA ASSOCIATION OF	MUSEUMS	94-2705764
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter numb	er) organization
	4947(a)(1) nonexempt char	itable trust not treated as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private fo	undation
	4947(a)(1) nonexempt char	itable trust treated as a private foundation
	501(c)(3) taxable private fo	
Check if your organization is covered by the C	General Rule or a Special Rule.	
Note: Only a section 501(c)(7), (8), or (10	0) organization can check boxes for bo	th the General Rule and a Special Rule. See instructions.
General Rule		
X For an organization filing Form 990, 9 property) from any one contributor. C	990-EZ, or 990-PF that received, during complete Parts I and II. See instruction	g the year, contributions totaling \$5,000 or more (in money or s for determining a contributor's total contributions.
Special Rules		
under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 99	Z that met the 33-1/3% support test of the regulations 0 or 990-EZ), Part II, line 13, 16a, or 16b, and that e greater of (1) \$5,000; or (2) 2% of the amount on (i) and II.
For an organization described in sect during the year, total contributions of purposes, or for the prevention of cru contributor name and address), II, an	ielty to children or animals. Complete I	90 or 990-EZ that received from any one contributor, jous, charitable, scientific, literary, or educational Parts I (entering 'N/A' in column (b) instead of the
during the year, contributions <i>exclusi</i> \$1,000. If this box is checked, enter the charitable, etc., purpose. Don't comp	vely for religious, charitable, etc., purp nere the total contributions that were re	90 or 990-EZ that received from any one contributor, oses, but no such contributions totaled more than eccived during the year for an <i>exclusively</i> religious, al Rule applies to this organization because 5,000 or more during the year
Caution: An organization that isn't covere 990-PF), but it must answer 'No' on Part Part I, line 2, to certify that it doesn't me	IV, line 2, of its Form 990; or check the	cial Rules doesn't file Schedule B (Form 990, 990-EZ, or le box on line H of its Form 990-EZ or on its Form 990-PF, B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Employer identification number

94-2705764

CALIFORNIA ASSOCIATION OF MUSEUMS

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CALIFORNIA ARTS COUNCIL		Person X
	1300 I STREET, STE. 930	\$30,500.	Payroll Noncash
	SACRAMENTO, CA 95814		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ASSOCIATED FOUNDATIONS, INC.		Person X Payroll
	P.O. BOX 90095	\$ <u>5,000</u> .	Noncash
	PASADENA, CA 91109-3187		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	GETTY FOUNDATION		Person X Payroll
	1200 GETTY CENTER DR., STE 800	\$ 29,500.	Noncash
	LOS ANGELES, CA 90049-1642		(Complete Part II for noncash contributions.)
(a) Number	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	MATT CONSTRUCTION		Person X Payroll
	9814 NORWALK BLVD, STE 100	\$6,000.	Noncash
	SANTA FE SPRINGS, CA 90670		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>	ANNENBERG FOUNDATION TRUST AT SUNNY		Person X Payroll
	37977 BOB HOPE DRIVE	\$5,000.	Noncash
	RANCHO MIRAGE, CA 92270		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6			Person X
<u>6</u>	TRAVELER'S INDEMNITY COMPANY		
<u> </u>	TRAVELER'S INDEMNITY COMPANY ONE TOWER SQUARE GS05A	\$6 <u>,</u> 175.	Payroll Noncash

Name of organization

1

Employer identification number

CALIFORNIA ASSOCIATION OF MUSEUMS

94-2705764

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A	-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	00.1	- - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
	<u></u>	- 	
BAA	Sch	nedule B (Form 990, 990-E	Z, or 990-PF) (201

Name of organization CALIFORNIA ASSOCIATION OF MUSEUMS Employer identification number 94-2705764

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.). N/A

	Use duplicate copies of Part III if additional	space is needed.		Ť
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	Description	(d) of how gift is held
	N/A			
		(e)		
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transf	eror to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	Description	(d) n of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transf	eror to transferee
		104		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	Description	(d) n of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transf	eror to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	Description	(d) n of how gift is held
	<u></u>			
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transf	eror to transferee
	L			

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, 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.
- Section 527 organizations: Complete Part I-A only.

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.

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

	xy Tax) (see separate instruction 501(c)(4) (5) or (6) or	tions), then organizations: Complete Part III.	(300 30parato matrao		· · · · · · · · · · · · · · · · · · ·
		VIA ASSOCIATION OF MUSEUMS		Employer identific	
Day	t I A Complete if the a	rganization is exempt under section	on E01(a) ar is a	94-270576	
	Provide a description of the	organization is exempt under secur organization's direct and indirect political of on of 'political campaign activities')	, ,	•	zation.
		xpenditures (see instructions)			
		campaign activities (see instructions)			
	-	rganization is exempt under secti	, , , ,		
1		sise tax incurred by the organization under		•	
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955.	▶\$	0.
3		a section 4955 tax, did it file Form 4720 for			
4 a	Was a correction made?				Yes No
	If 'Yes,' describe in Part IV.				
		rganization is exempt under section			
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt function	on activities > \$	
2	Enter the amount of the filin 527 exempt function activities	g organization's funds contributed to other	organizations for sec	rtion ▶\$	l
3	Total exempt function expendine 17b	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	▶\$	
		e Form 1120-POL for this year?			
5	amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the also received that were promptly and directly delation committee (PAC). If additional span	ivered to a separate po	olitical organization, such	as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2018

Part II-A Complete if section 501(the organization	is exempt under see	ction 501(c)(3) and	filed Form 5768 (e	lection under
A Check ► if the filin	g organization belongs	to an affiliated group (and	list in Part IV each affilia	ated group member's nam	ne,
		share of excess lobbying			
B Check ► if the filing	ng organization chec	ked box A and 'limited co	ntrol' provisions apply.		
(The term	Limits on Lobbyi 'expenditures' mear	ng Expenditures is amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendit	ures to influence pub	lic opinion (grass roots lo	bbying)	2,365.	
b Total lobbying expendition				15,624.	
c Total lobbying expenditor	·	•		17,989.	0.
d Other exempt purpose	•			424,129.	
e Total exempt purpose e	expenditures (add line	es 1c and 1d)		442,118.	0.
f Lobbying nontaxable an both columns		unt from the following tal		88,424.	
If the amount on line 1e, col	umn (a) or (b) is:	he lobbying nontaxable	amount is:		
Not over \$500,000		0% of the amount on line 1e.			
Over \$500,000 but not over \$1		100,000 plus 15% of the excess			
Over \$1,000,000 but not over \$		175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$, ,	225,000 plus 5% of the excess of	over \$1,500,000.		
Over \$17,000,000		1,000,000.			
g Grassroots nontaxable ah Subtract line 1g from line				22,106.	0.
i Subtract line 1f from lin				0.	0.
	·			0.	0.
j If there is an amount other section 4911 tax for this		ine In or line II, did the org			Yes No
(Same		-Year Averaging Period L made a section 501(h) el		males all of the five	
(Som		ow. See the separate inst			
	Lobby	ing Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	125,098	. 114,121.	75,805.	88,424.	403,448.
b Lobbying ceiling amount (150% of line 2a, column (e))					605,172.
c Total lobbying expenditures	9,459	. 22,433.	6,701.	17,989.	56,582.
d Grassroots nontaxable amount	31,275	. 28,530.	18,951.	22,106.	100,862.
e Grassroots ceiling amount (150% of line 2d, column (e))					151,293.
f Grassroots lobbying expenditures	4,915	. 14,714.	5,524.	2,365.	27,518.
BAA				Schedule C (For	m 990 or 990-EZ) 2018

` ,

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

(election under section 501(h)).					
or each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description		a)	(b)		
of the lobbying activity.	Yes	No	A	mount	
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:					
a 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? e 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?		-			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 507 section 501(c)(6).		, or			
300001 301(0)(0).				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the	prior y	ear?	3	3	
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	Part	, or s III-A, I	ection line 3,	501(c) is	
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).					
a Current year		2 a			
b Carryover from last year.		2b			
c Total.		2 c			
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			

Part IV | Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

	CALIFORNIA ASSOCIATION OF M			94-27057	764
Par	t Organizations Maintaining Dono	r Advised Funds or Othe	er Similar Fund	ds or Accounts.	
	Complete if the organization answ	vered 'Yes' on Form 990	, Part IV, line 6	Ď.	
		(a) Donor advised f	unds	(b) Funds and oth	er accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and don are the organization's property, subject to the	or advisors in writing that the organization's exclusive legal	assets held in dor control?	nor advised funds	es No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	of the donor or donor advisor,	or for any other p	ourpose conferring	′es □ No
Par					Ц ***
Par	Complete if the organization answ	vered 'Yes' on Form 990	Part IV line	7	
1	Purpose(s) of conservation easements held by			· •	
•	Preservation of land for public use (e.g., re			a historically important	land area
	Protection of natural habitat	por callery or cadeatienty		a certified historic struct	
	Preservation of open space	L			
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation cont	ribution in the form	of a conservation easeme	ent on the
	last day of the tax year.				
			- 1		nd of the Tax Year
	Total number of conservation easements			. 2a	
	Total acreage restricted by conservation easen			2 b	
	Number of conservation easements on a certif			. 2c	
(Number of conservation easements included in structure listed in the National Register			. 2d	
3	Number of conservation easements modified, transtax year ►	sferred, released, extinguished,	or terminated by the	e organization during the	
4	Number of states where property subject to conservation	vation easement is located ►			
5	Does the organization have a written policy reg				,
	and enforcement of the conservation easemen			· · · · · · · · · · · · · · · · · · ·	′es No
6	Staff and volunteer hours devoted to monitoring, in	rspecting, handling of violations,	, and enforcing cons	servation easements durin	g the year
7	Amount of expenses incurred in monitoring, insper	cting, handling of violations, and	enforcing conserva	ation easements during the	e year
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the red	quirements of sect	tion 170(h)(4)(B)(i)	′es □ No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to	conservation easements in its re	evenue and expense	e statement, and balance	sheet, and
	conservation easements.			· ·	
Par	Organizations Maintaining Collection Complete if the organization answ	ctions of Art, Historical vered 'Yes' on Form 990	Treasures, or (, Part IV, line 8	Other Similar Asset 3.	S.
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finan	ld for public exhibition, education	n, or research in fur	ue statement and balanc therance of public service,	ce sheet works of , provide,
ŀ	If the organization elected, as permitted under historical treasures, or other similar assets held fo following amounts relating to these items:	r public exhibition, education, or	research in further	ance of public service, pro	neet works of art, wide the
	(i) Revenue included on Form 990, Part VIII,			•	
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, hi amounts required to be reported under SFAS 1	storical treasures, or other similate (ASC 958) relating to thes	ar assets for financi e items:	ial gain, provide the follow	ring
á	Revenue included on Form 990, Part VIII, line	1		▶\$	
ŀ	Assets included in Form 990, Part X				

Part III Organizations Maintai	ining Conecu	ons of Art,	HISTORIC	ai ireasures, or	Other Sillillar ASS	ets (COITIII	iueu)
3 Using the organization's acquisition items (check all that apply):	, accession, and c	ther records, c	heck any of	f the following that are	e a significant use of its	collection	
a Public exhibition		d 🗌	Loan or ex	change programs			
b Scholarly research		e	Other				
c Preservation for future gener	ations						
4 Provide a description of the organiz Part XIII.	ation's collections	and explain ho	w they furt	her the organization's	exempt purpose in		
5 During the year, did the organiza to be sold to raise funds rather the	nan to be mainta	ned as part of	f the orgar	ization's collection?		Yes	No
Part IV Escrow and Custodia line 9, or reported an a	l Arrangemen amount on Fo	ts. Complerm 990, Pa	te if the rt X, line	organization ans 21.	wered 'Yes' on For	m 990, Pa	art IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodian o	other interme	ediary for o	contributions or othe	r assets not included	Yes	No
b If 'Yes,' explain the arrangement							□
b in 100, explain the arrangement	iiii aic / iii aia		ionoming a	35101		Amount	
c Beginning balance						arrount	
d Additions during the year							
e Distributions during the year							
f Ending balance							
2a Did the organization include an a						Yes	No.
_					- L		No
b If 'Yes,' explain the arrangement	in Part XIII. Che	ck nere ii the	explanatio	n nas been provided	1 ON Part XIII		
Dort V Factor and Founds 0					000 David IV Live	- 10	
Part V Endowment Funds. C							
	(a) Current year	(b) P	rior year	(c) Two years back	(d) Three years back	(e) Four ye	ears back
1 a Beginning of year balance							
b Contributions							
c Net investment earnings, gains, and losses				-11			
d Grants or scholarships				PI			
e Other expenditures for facilities and programs		_ 1					
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage	e of the current y	ear end balan	ce (line 1g	, column (a)) held a	is:	•	
a Board designated or guasi-endowm		%					
b Permanent endowment ►	्र श	-					
c Temporarily restricted endowmer	nt ►	%					
The percentages on lines 2a, 2b, ar		100%.					
3 a Are there endowment funds not in t	•		n that are h	eld and administered	for the	V	
organization by: (i) unrelated organizations						Yes	No
• •						3a(i)	-
(ii) related organizations						3a(ii)	
b If 'Yes' on line 3a(ii), are the rela	-					3b	
4 Describe in Part XIII the intended		anization's en	dowment to	unas.			
Part VI Land, Buildings, and I Complete if the organi		red 'Yes' or	Form 9	90, Part IV, line	11a. See Form 99	0, Part X,	line 10.
Description of property	(a)	Cost or other (investment)		b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
1 a Land		•					
b Buildings							
c Leasehold improvements							
d Equipment							
e Other							
Total. Add lines 1a through 1e. (Colum		Form 990 P	art X colu	mn (R) line 10c \	>		0
BAA	ii (u) iiiust equal	, Jilli JJU, F	are A, COIUI	IIII (D), IIIIE 100.)		ule D (Form 9	90) 2018
					Julieu	- (1 OIIII J	,

Schedule D (Form 990) 2018

Part VII Investments – Other Securities.	10/ 1 5 00	N/A
		90, Part IV, line 11b. See Form 990, Part X, line
(a) Description of security or category (including name of secur	* * * * * * * * * * * * * * * * * * * *	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)	_,_,	
(E)	_,_,	
<u>(F)</u>	_,_,	
(G)	_,_,	
(H)	_,_,	
(1)	_,_,	
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.		
Part VIII Investments — Program Related.		N/A
(a) Description of investment		90, Part IV, line 11c. See Form 990, Part X, line
· · · · · · · · · · · · · · · · · · ·	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu
(1)		
(2)		
(3)		
(4)		
(5)		
<u>(6)</u>		
(7)		
(8)		
(9)		
(10) Total (Column (b) must equal Form 000 Part V. column (B) line 13	2.	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13 Part IX Other Assets.	N/I	
Complete if the organization answ	vered 'Yes' on Form 99	0, Part IV, line 11d. See Form 990, Part X, line
	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col	umn (B) line 15.)	>
Part X Other Liabilities.		
Complete if the organization answered 'Ye	s' on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.
(a) Description of liability	(b) Book value	e
(1) Federal income taxes		
(2)		
(3)		
(4) (5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)▶	
2 Historia for an artist to a section to Deat VIII	of the feetings to the consult of the	Consideration of the Considera

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d.	2 e
3 Subtract line 2e from line 1.	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.) 4b	
c Add lines 4a and 4b.	4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5
	_
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Return. N/A
	Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	T T
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	T T
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	T T
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	T T
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.).	T T
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses.	T T
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.).	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2e
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a	1 2e
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.)	2e 3
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a	1 2e

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

PART X - FIN 48 FOOTNOTE

Part XIII Supplemental Information.

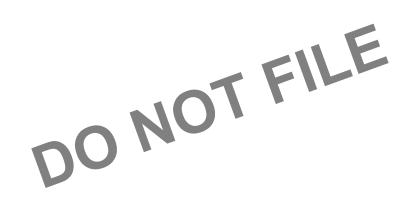
THE ORGANIZATION HAS IMPLEMENTED NEW ACCOUNTING STANDARDS ASSOCIATED WITH UNCERTAINTY IN INCOME TAXES. ACCORDINGLY, THE ORGANIZATION SHALL INITIALLY RECOGNIZE THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION WHEN IT IS MORE-LIKELY-THAN-NOT, BASED ON THE TECHNICAL MERITS, THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION. THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

BAA Schedule D (Form 990) 2018

Part XIII Supplemental Information (continued)

PART X - FIN 48 FOOTNOTE (CONTINUED)

FOR THE FEDERAL TAX JURISDICTION, TAX YEARS FOR 2013 THROUGH 2016 REMAIN OPEN AND COULD BE SUBJECT TO EXAMINATION. FOR THE STATE TAX JURISDICTION, THE TAX YEARS 2012 THROUGH 2016 REMAIN OPEN AND SUBJECT TO EXAMINATION.



SCHEDULE I (Form 990)

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

CALIFORNIA ASSOCIATION OF MUSEUMS

Employer identification number 94-2705764

Part I General Information on Grants and Assistance							
1 Does the organization maintain records the selection criteria used to award to	to substantiate the am he grants or assistan	ount of the grants or ce?	assistance, the grantees	eligibility for the grants			X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.					SEE I	PART IV	
Part II Grants and Other Assista	nce to Domestic	Organizations	and Domestic Gove	ernments. Comple	ete if the organiza	tion answered 'Y	es' on
Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.							
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<u>(1)</u>							
(2)							
(3)			NOT	FILE			
<u>(4)</u>		~('HO'	•			
(5)		- U					
(6)							
(7)							
(8)							
2 Enter total number of section 501(c)(· · · ·	-					0
3 Enter total number of other organizat	tions listed in the line	; i labie					0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS-				FAIR MARKET	REGISTRATION AND
1 CONFERENCE/MEMBERSHIP	20	15,302.		VALUE	MEMBERSHIP FEES
				FAIR MARKET	CONFERENCE REGISTRATION
2 FELLOWSHIPS	4	2,300.		VALUE	FEES
_ 3					
4					
5					
_ 6					
_ 7					

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

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

SCHOLARSHIPS ARE PRIMARILY FOR ANNUAL CONFERENCE REGISTRATION FEES. ATTENDANCE AT THIS CONFERENCE IS MONITORED, AND THE RECIPIENT IS PROVIDED WITH A CONFERENCE EVALUATION FORM.

FELLOWSHIPS REQUIRE THE RECIPIENT TO PROVIDE CERTAIN DELIVERABLES WHICH ARE TRACKED BY THE ASSOCIATION.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

CALIFORNIA ASSOCIATION OF MUSEUMS

Employer identification number

94-2705764

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

CALIFORNIA ASSOCIATION OF MUSEUMS (CAM), AN ASSOCIATION FOUNDED IN 1979, IS

DEDICATED TO ADVANCING MUSEUMS ACROSS CALIFORNIA IN SERVICE TO THEIR COMMUNITIES.

TODAY, CAM IS ONE OF THE STRONGEST AND MOST ACTIVE STATE MUSEUM ASSOCIATIONS IN THE

NATION, COMMITTED TO ADVOCATING FOR MUSEUMS WHILE PROVIDING INNOVATIVE AND

EDUCATIONAL PROGRAMS AND SERVICES TO MUSEUMS AND INDIVIDUAL PROFESSIONALS.

CAM'S VISION IS "STRONGER MUSEUMS CREATE A STRONGER CALIFORNIA" AND THE MISSION STATEMENT READS: "CAM UNIFIES AND STRENGTHENS CALIFORNIA MUSEUMS TO EXPAND THEIR COLLECTIVE IMPACT."

CAM CURRENTLY HAS OVER 1,000 INDIVIDUAL. BUSINESS, AND INSTITUTIONAL MEMBERS,
LOCATED IN OVER 40 OF CALIFORNIA'S 58 COUNTIES. CAM'S GOVERNING BODY, THE BOARD OF
DIRECTORS, CONSISTS OF 19-23 DIRECTORS AND SENIOR MANAGERS FROM MUSEUMS OF VARYING
SIZE AND SCOPE. THE BOARD MEMBERS REPRESENT ART INSTITUTIONS, HISTORY MUSEUMS,
MULTIDISCIPLINARY ORGANIZATIONS, NATURAL HISTORY/SCIENCE MUSEUMS, AND INSTITUTIONS
WITH LIVING COLLECTIONS - FROM ACROSS CALIFORNIA.

CAM'S REGULAR PERSONNEL CONSISTS OF FOUR FULL AND PART-TIME STAFF MEMBERS WHO IMPLEMENT THE ORGANIZATION'S PROGRAMS, WORK WITH VOLUNTEERS WHO SERVE ON MEMBER COMMITTEES, AND OVERSEE THE DAY-TO-DAY OPERATIONS. CONTRACTORS PERFORM SPECIFIC TASKS OR SERVICES. THE ASSOCIATION HAS STEADILY BEEN GROWING AND IS REVIEWED ANNUALLY BY AN EXTERNAL ACCOUNTING FIRM.

Employer identification number

94-2705764

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

IN ADDITION TO THE ANNUAL CONFERENCE AND REGIONAL WORKSHOPS (SEE LINE 4B) AND ITS ADVOCACY PROGRAM (SEE LINE 4C), CAM SUPPORTS THE SUCCESS OF CALIFORNIA MUSEUMS THROUGH THESE KEY PROGRAMS AND SERVICES:

ELECTRONIC NEWSLETTERS: CAM E-NEWS AND CAM UPDATES, BI-WEEKLY NEWSLETTERS, HAVE OVER 5,000 SUBSCRIBERS AND ARE THE INDUSTRY'S BEST SOURCES FOR RELEVANT INFORMATION.

SPECIAL INITIATIVES: INNOVATIVE EFFORTS, SUCH AS THE GREEN MUSEUMS INITIATIVE, THE FORESIGHT COMMITTEE, CAM FELLOWS, AND GETTY SCHOLARSHIPS, SEEK TO MEET THE NEEDS OF THE MUSEUM FIELD AND PROVIDE LEADERSHIP FOR THE NATIONAL MUSEUM FIELD. THE GOAL OF THE GREEN MUSEUMS INITIATIVE IS TO INSPIRE CALIFORNIA MUSEUMS TO DEVELOP GREEN BUSINESS PRACTICES, ECO-FRIENDLY FACILITY MANAGEMENT, AND SUSTAINABLE PROGRAMMING. A MULTICULTURAL AND EMERGING MUSEUM PROFESSIONALS COMMITTEE EXISTS TO 1) DEVELOP STRATEGIES TO SUPPORT EMERGING MUSEUM PROFESSIONALS AND 2) INCREASE THE NUMBER OF UNDERREPRESENTED COMMUNITIES IN MUSEUMS AS PAID STAFF MEMBERS, NAMELY INDIVIDUALS OF LATINO/HISPANIC, AFRICAN AMERICAN, ASIAN AMERICAN, NATIVE AMERICAN, PACIFIC ISLANDER DESCENT. THE FORESIGHT COMMITTEE SHARES AND DISCUSSES TRENDS AND EVENTS THAT HAVE THE POTENTIAL TO CHANGE THE WAY CALIFORNIA MUSEUMS OPERATE AND SERVE THEIR COMMUNITIES.

SPECIAL INTEREST LICENSE PLATE: A MAJOR INITIATIVE OF THE ASSOCIATION WAS THE ESTABLISHMENT OF A NEW, OFFICIAL CALIFORNIA SPECIAL INTEREST LICENSE PLATE WITH THE IMAGE OF SNOOPY. THE LICENSE PLATE IS NOW AVAILABLE FOR PURCHASE THROUGH THE DEPARTMENT OF MOTOR VEHICLES. A NEW GRANT PROGRAM IS BEING ESTABLISHED TO SUPPORT CALIFORNIA MUSEUMS FROM THE PROCEEDS OF THE PLATE.

FORM 990, PART VI. LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER

VARIOUS MUSEUMS, BUSINESSES AND INDIVIDUALS ARE MEMBERS OF THE ASSOCIATION.

INSTITUTIONAL AND INDIVIDUAL MEMBERS IN GOOD STANDING HAVE THE RIGHT TO VOTE.

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

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

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS

AS OUTLINED IN THE ASSOCIATION'S BY-LAWS, ON THE ELECTION OF DIRECTORS, THE

DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE CORPORATION'S ASSETS, AND ANY ELECTION

TO DISSOLVE THE CORPORATION.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FINANCE COMMITTEE AND THE BOARD REVIEW THE FORM 990 PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE DIRECTORS AND KEY EMPLOYEES ANNUALLY ACKNOWLEDGE AND CERTIFY TO THE COMPLIANCE

WITH THE CONFLICT OF INTEREST POLICY AND FILE A COPY OF SUCH CERTIFICATION WITH THE

EXECUTIVE COMMITTEE OF THE BOARD.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT ANNUAL COMPENSATION REVIEW FOR THE EXECUTIVE DIRECTOR IS CONDUCTED BY THE EXECUTIVE COMMITTEE AND INCLUDES COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

NOT APPLICABLE AS THE ORGANIZATION HAS NO OTHER OFFICERS OR KEY EMPLOYEES THAT ARE

COMPENSATED.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE AVAILABLE UPON REQUEST.