

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2020**

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the **2020** calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization SAN JOSE MUSEUM OF ART ASSOCIATION		<b>D</b> Employer identification number 23-7062028
	Doing business as		<b>E</b> Telephone number 408-271-6840
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ 6,339,092.
	110 SOUTH MARKET STREET		
	City or town, state or province, country, and ZIP or foreign postal code SAN JOSE, CA 95113-2383		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F</b> Name and address of principal officer: SUSAN SAYRE BATTON SAME AS C ABOVE		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(c)</b> Group exemption number
<b>J</b> Website: WWW.SJMUSART.ORG			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: 1969	<b>M</b> State of legal domicile: CA

Part I Summary		Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: THE MUSEUM FOSTERS APPRECIATION AND AWARENESS OF THE CONTRIBUTION OF ART AND ARTISTS TO SOCIETY.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	22
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	22
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	91
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	210
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	6,922.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	4,724,237.	4,950,610.
	<b>9</b> Program service revenue (Part VIII, line 2g)	228,330.	87,529.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	637,653.	702,335.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-309,327.	-446,614.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,280,893.	5,293,860.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,079,288.	2,797,113.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	493,222.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,967,745.	2,186,424.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,047,033.	4,983,537.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	233,860.	310,323.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 16,112,834.	End of Year 18,888,484.
	<b>21</b> Total liabilities (Part X, line 26)	842,648.	913,814.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	15,270,186.	17,974,670.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <i>Susan Sayre Batton</i>	Date 11 Apr 2022			
	SUSAN SAYRE BATTON, EXECUTIVE DIRECTOR Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name MAGA E. KISRIEV	Preparer's signature <i>Maga E. Kisriev</i>	Date 04/03/2022	Check if self-employed <input type="checkbox"/>	PTIN P01008919
	Firm's name HOOD & STRONG LLP	Firm's EIN 94-1254756	Phone no. 415.781.0793		
Firm's address 275 BATTERY STREET, STE 900 SAN FRANCISCO, CA 94111					

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

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

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

4a (Code: ) (Expenses \$ 2,784,728. including grants of \$ 0. ) (Revenue \$ 77,801. ) EXHIBITIONS: A DOWNTOWN ANCHOR INSTITUTION, THE SAN JOSE MUSEUM OF ART (SJMA) IS THE PREMIER MODERN AND CONTEMPORARY ART MUSEUM IN SILICON VALLEY. ITS DYNAMIC PROGRAM, WHICH BALANCES SOCIALLY RELEVANT TRAVELING EXHIBITIONS WITH CRITICALLY ENGAGING SHOWS DRAWN FROM A COLLECTION OF 2,600+ WORKS, RESONATES WITH DEFINING CHARACTERISTICS OF SAN JOSE AND THE SILICON VALLEY FROM ITS RICH DIVERSITY TO ITS HALLMARK INNOVATIVE ETHOS. (SEE SCHEDULE O FOR CONTINUATION)

4b (Code: ) (Expenses \$ 777,244. including grants of \$ 0. ) (Revenue \$ 10,800. ) EDUCATION AND PROGRAMS: SJMA'S EXTENSIVE EDUCATION PROGRAMS, WHICH SERVE MORE THAN 45,000 SCHOOL CHILDREN PER YEAR, FILL MULTIPLE GAPS IN LOCAL K-12 ARTS EDUCATION. THE MUSEUM EMPLOYS FIVE TEACHING ARTISTS, TEN GALLERY TEACHERS AND MORE THAN 65 VOLUNTEER DOCENTS WHO COLLECTIVELY DELIVER OVER 5,000 INSTRUCTIONAL HOURS AT THE MUSEUM AND IN SANTA CLARA COUNTY SCHOOLS EACH YEAR, MAKING THE MUSEUM THE LARGEST PROVIDER OF IN-SCHOOL ARTS EDUCATION IN SANTA CLARA COUNTY. (SEE SCHEDULE O FOR CONTINUATION)

4c (Code: ) (Expenses \$ 116,121. including grants of \$ 0. ) (Revenue \$ 10,118. ) MUSEUM STORE: THE MUSEUM STORE IS LOCATED OFF THE MAIN LOBBY OF SJMA AND ONLINE AT HTTPS://SJMA-ONLINE-STORE.MYSHOPIFY.COM/. THIS ACTIVE GIFT AND BOOKSTORE CARRIES MISSION-RELATED PRODUCTS THAT ARE EDUCATIONAL, FOSTER CREATIVITY AND ENCOURAGE DEEPER KNOWLEDGE OF ART AND CULTURE. THE MUSEUM STORE ALSO FEATURES CUSTOM PRODUCTS BY AREA ARTISTS AND CRAFTSMEN AS WELL AS MERCHANDISE RELEVANT TO EACH CURRENT SEASON OF EXHIBITIONS. THE STORE IS STAFFED BY MUSEUM EMPLOYEES AS WELL AS AN ACTIVE CONTINGENT OF LONGTIME VOLUNTEERS.

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

4e Total program service expenses 3,678,093.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various IRS requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding.

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 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?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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 on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
BRIAN SPANG - 408-271-6840
110 SOUTH MARKET STREET, SAN JOSE, CA 95113-2383

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUSAN SAYRE BATTON EXECUTIVE DIRECTOR	37.50			X			230,000.	0.	17,962.	
(2) KRISTIN BERTRAND DIRECTOR OF DEVELOPMENT	37.50				X		135,000.	0.	7,121.	
(3) FRANCES SHEN DEPUTY DIRECTOR (THRU 10/16/20)	37.50				X		110,085.	0.	15,920.	
(4) BRIAN SPANG DIRECTOR OF FINANCE	37.50			X			110,000.	0.	6,038.	
(5) GLENDA DORCHAK PRESIDENT	10.00	X		X			0.	0.	0.	
(6) WILLIAM FAULKNER CO-VICE PRESIDENT	3.75	X		X			0.	0.	0.	
(7) CORNELIA PENDLETON CO-VICE PRESIDENT	3.75	X		X			0.	0.	0.	
(8) HILDY SHANDELL TREASURER	3.75	X		X			0.	0.	0.	
(9) ROBERT LINDO SECRETARY	2.00	X		X			0.	0.	0.	
(10) PETER CROSS TRUSTEE	1.50	X					0.	0.	0.	
(11) ANNEKE DURY TRUSTEE	1.50	X					0.	0.	0.	
(12) EILEEN FERNANDES TRUSTEE	0.50	X					0.	0.	0.	
(13) TAD FREESE TRUSTEE	1.00	X					0.	0.	0.	
(14) CHANDRA GNANASAMBANDAM TRUSTEE	0.50	X					0.	0.	0.	
(15) COLE HARRELL TRUSTEE	1.25	X					0.	0.	0.	
(16) CLAUDIA HESS TRUSTEE	1.25	X					0.	0.	0.	
(17) JEANNINE JACOBSEN TRUSTEE	0.75	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RICHARD A. KARP TRUSTEE	1.25	X						0.	0.	0.
(19) CHERYL KIDDOO TRUSTEE	1.50	X						0.	0.	0.
(20) TAMMY KIELY TRUSTEE	1.25	X						0.	0.	0.
(21) JENNIE LAMENSORF TRUSTEE	1.25	X						0.	0.	0.
(22) KIMBERLY LIN TRUSTEE	1.25	X						0.	0.	0.
(23) PETER W. LIPMAN TRUSTEE	2.00	X						0.	0.	0.
(24) HUNG LIU TRUSTEE	0.50	X						0.	0.	0.
(25) SARAH NORTH TRUSTEE	1.25	X						0.	0.	0.
(26) MARSHA WITKIN TRUSTEE	1.25	X						0.	0.	0.
<b>1b Subtotal</b>								585,085.	0.	47,041.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								585,085.	0.	47,041.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ALLIED UNIVERSAL, 161 WASHINGTON ST SUITE 600, CONSHOCKEN, PA 19428	SECURITY SERVICES	179,893.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	147,062.				
	<b>c</b> Fundraising events	<b>1c</b>	676,378.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	1,176,694.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,950,476.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 325,479.				
	<b>h Total.</b> Add lines 1a-1f			4,950,610.			
Program Service Revenue	<b>2 a</b> PUBLIC PROGRAMS	Business Code					
		713990	74,896.	74,896.			
	<b>b</b> ART CLASS TUITION	713990	10,800.	10,800.			
	<b>c</b> MEMBERSHIP DUES	713990	1,833.	1,833.			
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			87,529.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		4,855.			4,855.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	10,500.				
		(ii) Personal					
		<b>6a</b>					
	<b>b</b> Less: rental expenses	<b>6b</b>	52,820.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	-42,320.				
	<b>d</b> Net rental income or (loss)			-42,320.		-42,320.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	1,230,975.				
		(ii) Other					
		<b>7a</b>					
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	533,495.				
	<b>c</b> Gain or (loss)	<b>7c</b>	697,480.				
<b>d</b> Net gain or (loss)			697,480.		697,480.		
<b>8 a</b> Gross income from fundraising events (not including \$ 676,378. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>	18,784.					
	<b>b</b> Less: direct expenses	<b>8b</b>	441,190.				
<b>c</b> Net income or (loss) from fundraising events			-422,406.		-422,406.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
	<b>b</b> Less: direct expenses	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>	34,767.					
	<b>b</b> Less: cost of goods sold	<b>10b</b>	17,727.				
	<b>c</b> Net income or (loss) from sales of inventory			17,040.	10,118.	6,922.	
Miscellaneous Revenue	<b>11 a</b> OTHER INCOME	Business Code					
		900099	1,072.	1,072.			
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d			1,072.				
<b>12 Total revenue.</b> See instructions			5,293,860.	98,719.	6,922.	237,609.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	271,864.	176,712.	27,186.	67,966.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	2,136,270.	1,571,490.	338,948.	225,832.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	105,914.	61,548.	34,328.	10,038.
<b>9</b> Other employee benefits .....	106,247.	58,858.	43,817.	3,572.
<b>10</b> Payroll taxes .....	176,818.	102,752.	57,307.	16,759.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	3,325.		3,325.	
<b>c</b> Accounting .....	50,000.		50,000.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	49,427.		49,427.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	579,995.	436,969.	110,912.	32,114.
<b>12</b> Advertising and promotion .....	50,999.	50,018.	954.	27.
<b>13</b> Office expenses .....	189,704.	146,894.	5,960.	36,850.
<b>14</b> Information technology .....	61,957.	20,523.	10,024.	31,410.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	83,144.	25,639.	34,346.	23,159.
<b>17</b> Travel .....	10,298.	6,250.	3,934.	114.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	2,466.	1,148.	1,118.	200.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	1,422.	1,279.	72.	71.
<b>23</b> Insurance .....	46,302.	43,121.	1,288.	1,893.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PURCH. ART COLLECTION	540,973.	540,973.		
<b>b</b> EQUIPMENT EXPENSES	135,403.	121,147.	7,845.	6,411.
<b>c</b> MATERIALS	71,957.	71,348.	312.	297.
<b>d</b> EXHIBITION COSTS	57,013.	57,013.		
<b>e</b> All other expenses	252,039.	184,411.	31,119.	36,509.
<b>25</b> Total functional expenses. Add lines 1 through 24e	4,983,537.	3,678,093.	812,222.	493,222.
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,612,260.	<b>1</b>	1,759,167.
	<b>2</b> Savings and temporary cash investments .....	1,412,732.	<b>2</b>	2,036,221.
	<b>3</b> Pledges and grants receivable, net .....	1,947,586.	<b>3</b>	1,494,388.
	<b>4</b> Accounts receivable, net .....	63,755.	<b>4</b>	82,161.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	77,558.	<b>8</b>	72,974.
	<b>9</b> Prepaid expenses and deferred charges .....	229,343.	<b>9</b>	92,328.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,710,296.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,709,817.	1,901.	<b>10c</b> 479.
	<b>11</b> Investments - publicly traded securities .....	10,767,699.	<b>11</b>	13,350,766.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	16,112,834.	<b>16</b>	18,888,484.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	305,749.	<b>17</b>	397,748.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	70,583.	<b>19</b>	59,179.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	466,316.	<b>24</b>	456,887.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	842,648.	<b>26</b>	913,814.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	1,778,309.	<b>27</b>	1,847,984.
	<b>28</b> Net assets with donor restrictions .....	13,491,877.	<b>28</b>	16,126,686.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	15,270,186.	<b>32</b>	17,974,670.
<b>33</b> Total liabilities and net assets/fund balances .....	16,112,834.	<b>33</b>	18,888,484.	

Form 990 (2020)

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	5,293,860.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,983,537.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	310,323.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	15,270,186.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	2,394,161.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	17,974,670.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2020)

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization <b>SAN JOSE MUSEUM OF ART ASSOCIATION</b>	Employer identification number <b>23-7062028</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3,278,807.	3,768,114.	5,568,281.	4,724,237.	4,950,610.	22,290,049.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...	1,872,000.	2,340,000.	2,340,000.	2,340,000.	1,825,000.	10,717,000.
<b>4 Total.</b> Add lines 1 through 3 .....	5,150,807.	6,108,114.	7,908,281.	7,064,237.	6,775,610.	33,007,049.
<b>5</b> 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) .....						2,079,884.
<b>6 Public support.</b> Subtract line 5 from line 4.						30,927,165.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	5,150,807.	6,108,114.	7,908,281.	7,064,237.	6,775,610.	33,007,049.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	404,114.	448,749.	554,028.	51,850.	15,355.	1,474,096.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	299,596.	431,229.	494,028.	148,700.	18,784.	1,392,337.
<b>11 Total support.</b> Add lines 7 through 10						35,873,482.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	2,207,473.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	86.21	%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	83.58	%
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

**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 A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

GROSS INCOME FROM FUNDRAISING EVENTS

2016 AMOUNT: \$ 299,596.

2017 AMOUNT: \$ 431,229.

2018 AMOUNT: \$ 481,969.

2019 AMOUNT: \$ 148,200.

2020 AMOUNT: \$ 18,784.

GROSS INCOME FROM GAMING ACTIVITIES

2016 AMOUNT: \$ 0.

2017 AMOUNT: \$ 0.

2018 AMOUNT: \$ 12,059.

2019 AMOUNT: \$ 500.

2020 AMOUNT: \$ 0.

# Schedule B

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

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2020

Name of the organization

SAN JOSE MUSEUM OF ART ASSOCIATION

Employer identification number

23-7062028

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  SAN JOSE MUSEUM OF ART ASSOCIATION	Employer identification number  23-7062028
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 692,528.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  SAN JOSE MUSEUM OF ART ASSOCIATION	Employer identification number  23-7062028
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 227,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 466,316.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  SAN JOSE MUSEUM OF ART ASSOCIATION	Employer identification number  23-7062028
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**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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____



Name of organization  SAN JOSE MUSEUM OF ART ASSOCIATION	Employer identification number  23-7062028
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**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 info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

<b>Name of the organization</b> SAN JOSE MUSEUM OF ART ASSOCIATION	<b>Employer identification number</b> 23-7062028
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**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

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

Yes  No

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	12,141,898.	12,410,143.	11,606,608.	11,040,433.	10,136,566.
b Contributions	80,074.	3,944.	782,023.	369,747.	200,000.
c Net investment earnings, gains, and losses	1,668,709.	258,612.	528,004.	680,407.	1,202,543.
d Grants or scholarships					
e Other expenditures for facilities and programs	532,132.	530,801.	506,492.	483,979.	498,676.
f Administrative expenses					
g End of year balance	13,358,549.	12,141,898.	12,410,143.	11,606,608.	11,040,433.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  .8700 %
  - b Permanent endowment  61.7200 %
  - c Term endowment  37.4100 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations  | X   |    |
| (ii) Related organizations   |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		613,310.	612,831.	479.
d Equipment		745,768.	745,768.	0.
e Other		351,218.	351,218.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				479.

Part VII Investments - Other Securities.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

Part VIII Investments - Program Related.

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

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

Part X Other Liabilities.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Section 1 includes (1) Federal income taxes, rows (2) through (9), and Total.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	9,753,173.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b> 2,394,161.		
<b>b</b>	Donated services and use of facilities	<b>2b</b> 2,061,759.		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	4,455,920.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	5,297,253.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 49,427.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b> -52,820.		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	-3,393.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	5,293,860.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	7,048,689.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b> 2,061,759.		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> 52,820.		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	2,114,579.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	4,934,110.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 49,427.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	49,427.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	4,983,537.

**Part XIII Supplemental Information.**

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

PART III, LINE 1A:

PERMANENT ART COLLECTION - THE COLLECTION CONSISTS OF TWENTIETH AND TWENTY-FIRST CENTURY ARTWORK, INCLUDING PAINTINGS, SCULPTURES, INSTALLATIONS, NEW MEDIA, PHOTOGRAPHY, DRAWINGS, AND PRINTS, ACQUIRED THROUGH PURCHASE OR CONTRIBUTION. THE COLLECTION IS NOT RECOGNIZED AS AN ASSET IN THE STATEMENT OF FINANCIAL POSITION. EACH WORK OF ART IS INVENTORIED AND CARED FOR, AND ACTIVITIES VERIFYING THE COLLECTION'S INTEGRITY ARE PERFORMED CONTINUOUSLY. PURCHASES OF ART ARE RECORDED IN THE YEAR ACQUIRED AS NON-OPERATING DECREASES IN NET ASSETS WITHOUT DONOR RESTRICTIONS IN THE YEAR IN WHICH ITEMS ARE ACQUIRED. PROCEEDS FROM ANY DEACCESSIONS OR INSURANCE RECOVERIES MAY BE ALLOCATED FOR PURPOSES THAT CLEARLY BENEFIT THE COLLECTION, SUCH AS AN ACQUISITION FUND TO EXPAND THE

**Part XIII** Supplemental Information (continued)

COLLECTION OR PRESERVATION/CONSERVATION FUND TO MAINTAIN IT. CERTAIN ITEMS  
ARE ON LOAN FROM INDIVIDUALS AND CORPORATIONS FOR USE BY THE MUSEUM IN ITS  
PERMANENT COLLECTION OR SPECIAL EXHIBITION.

PART III, LINE 4:

THE SAN JOSE MUSEUM OF ART SEEKS TO BUILD A COLLECTION OF THE HIGHEST  
QUALITY AND WITH THE GREATEST POTENTIAL FOR COMMUNITY ENGAGEMENT, THEREBY  
FULFILLING ITS MISSION TO BE A VALUABLE RESOURCE FOR THE PUBLIC.

THE MUSEUM'S PERMANENT COLLECTION INCLUDES OVER 2,600 MODERN AND  
CONTEMPORARY WORKS OF ART IN A VARIETY OF MEDIA, FROM PAINTINGS,  
SCULPTURE, PHOTOGRAPHY AND WORKS ON PAPER TO DIGITAL AND TIME-BASED  
ARTWORK. SJMA IS THE ONLY COLLECTING ART INSTITUTION IN THE CITY OF SAN  
JOSE, THE ONLY CONTEMPORARY ART MUSEUM IN SILICON VALLEY ACCREDITED BY THE  
AMERICAN ALLIANCE OF MUSEUMS (AAM) AND A MEMBER OF THE ASSOCIATION OF ART  
MUSEUM DIRECTORS (AAMD).

SJMA PROUDLY HAS EARNED A REPUTATION FOR ACQUIRING ART WORKS BY PIVOTAL  
ARTISTS WHOSE PRACTICES ADDRESS PRESSING CULTURAL, POLITICAL AND SOCIAL  
ISSUES, AND HAS A TRADITION OF ACQUIRING LANDMARK ARTWORK IN NEW MEDIA AND  
EMERGING FIELDS. THE MUSEUM ALSO HAS A SUCCESSFUL TRACK RECORD OF  
ACQUIRING AND EXHIBITING WORK BY CALIFORNIA ARTISTS OF NATIONAL AND  
INTERNATIONAL SIGNIFICANCE, AND NOW LOOKS TO ARTISTS WHO EXPLORE NEW  
REPRESENTATIONAL STRATEGIES IN THE DIGITAL AGE, BEFITTING A MUSEUM IN THE  
CAPITAL OF SILICON VALLEY. THE MUSEUM'S NEW COLLECTING PLAN (APPROVED IN  
2018) IDENTIFIES THE FOLLOWING GOALS: TO REPRESENT SIGNIFICANT ART  
HISTORICAL DEVELOPMENTS IN MODERN AND CONTEMPORARY ART FROM THE 1960S TO  
THE PRESENT; TO PUT THE WORK OF PIVOTAL WEST COAST ARTISTS IN CONTEXT OF

**Part XIII** Supplemental Information (continued)

WORK BY MAJOR NATIONAL AND INTERNATIONAL ARTISTS; TO EMBRACE CULTURAL DIVERSITY AND SOCIAL ENGAGEMENT; TO REFLECT ARTISTIC EXPERIMENTATION AND INNOVATION; AND TO ADDRESS ISSUES OF IMPORTANCE TO THE MUSEUM'S COMMUNITIES.

LOCATED SEVERAL BLOCKS FROM SAN JOSE STATE UNIVERSITY AND WITHIN 30 MINUTES OF APPROXIMATELY 14 OTHER COLLEGES AND UNIVERSITIES, SJMA IS A PRIMARY RESOURCE FOR UNIVERSITY STUDENTS AS WELL AS FOR THE AUDIENCES OF THE REGION, WHICH HAS THE GREATEST PROJECTED POPULATION GROWTH IN THE BAY AREA. STARTING IN 2019, SJMA OFFERED FREE ADMISSION TO YOUTH, COLLEGE STUDENTS WITH ID, AND TEACHERS TO DEEPEN SJMA'S RELATIONSHIPS WITH SCHOOLS AND UNIVERSITIES, AND TO BECOME A CRITICAL RESOURCE FOR THEIR CURRICULA.

THE MUSEUM CREATED AN ACQUISITIONS ENDOWMENT IN 2012, WHICH AUGMENTS THE GENEROUS DONATIONS FROM COLLECTORS AND ARTISTS TO THE PERMANENT COLLECTION. IN ADDITION, IN 2017, THE MUSEUM BEGAN A CO-ACQUISITION PROGRAM WITH TWO OF THE MOST IMPORTANT CONTEMPORARY ART MUSEUMS IN THE UNITED STATES, TO EXPAND THE MUSEUM'S REACH AND OPPORTUNITY TO CONTRIBUTE TO PUBLIC DISCOURSE. SJMA REMAINS DEPENDENT IN LARGE MEASURE ON CULTIVATING OPPORTUNITIES AND SOLICITING DONATIONS: 90% OF THE WORKS IN THE COLLECTION HAVE BEEN ACQUIRED THROUGH DONATION, SIMILAR TO STATISTICS AT AAMD MEMBER MUSEUMS NATIONALLY.

IN THE LAST TEN YEARS, SJMA LAUNCHED AN AMBITIOUS EXHIBITION PROGRAM TO FEATURE WORKS FROM THE PERMANENT COLLECTION IN THEMATIC SPECIAL EXHIBITIONS. FOR THE MUSEUM'S 50TH ANNIVERSARY SEASON (2019-2020) RECENT ACQUISITIONS, INCLUDING THE WORK OF VISIONARY WOMEN COLLECTION ARTISTS WERE HIGHLIGHTED IN SIX DEDICATED EXHIBITIONS AND A MAJOR NEW COMMISSIONED

**Part XIII** Supplemental Information (continued)

ARTWORK FOR THE LOBBY ATRIUM. CONTINUING A COMMITMENT TO SCHOLARLY PUBLICATIONS IN SUPPORT OF EXHIBITIONS AND THE PERMANENT COLLECTION, IN 2020 SJMA WILL PUBLISH AN ONLINE CATALOGUE FOCUSED ON 50 ARTISTS FROM THE PERMANENT COLLECTION CALLED 50X50: DIGITAL STORIES OF VISIONARY ARTISTS FROM THE COLLECTION, OPTIMIZED FOR PUBLICATION DISCOVERABILITY AND LONGEVITY.

SJMA'S ACQUISITIONS REFLECT THE DIVERSITY THAT CHARACTERIZES LOCAL COMMUNITIES AND THE GLOBAL NATURE OF CONTEMPORARY ART. MAJOR EXHIBITION TEXTS ARE TRANSLATED INTO SPANISH AND VIETNAMESE, JOINING ENGLISH AS THE THREE OFFICIAL LANGUAGES OF SAN JOSE.

PART V, LINE 4:

THE PRIMARY OBJECTIVES OF THE MUSEUM'S ENDOWMENTS ARE TO SUPPORT THE OPERATIONS OF THE MUSEUM OVER TIME, WHILE PRESERVING THE ENDOWMENT'S INFLATION-ADJUSTED ASSET VALUE.

PART X, LINE 2:

THE MUSEUM IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND STATE INCOME TAXES UNDER SECTION 23701D OF THE CALIFORNIA REVENUE AND TAXATION CODE. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE MUSEUM'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. IN ADDITION, THE MUSEUM HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE INTERNAL REVENUE CODE.

MANAGEMENT HAS EVALUATED THE MUSEUM'S TAX POSITIONS AND CONCLUDED THAT ALL



**Part XIII** Supplemental Information (continued)

OF THE POSITIONS TAKEN BY THE MUSEUM IN ITS FEDERAL AND STATE EXEMPT

ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON

EXAMINATION.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES RECLASSIFIED TO REVENUE -52,820.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES RECLASSIFIED TO REVENUE 52,820.



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

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		ANNUAL FALL GALA (event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	695,162.			695,162.
	<b>2</b> Less: Contributions .....	676,378.			676,378.
	<b>3</b> Gross income (line 1 minus line 2) .....	18,784.			18,784.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	25,542.			25,542.
	<b>7</b> Food and beverages .....	4,252.			4,252.
	<b>8</b> Entertainment .....	3,180.			3,180.
	<b>9</b> Other direct expenses .....	408,216.			408,216.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				441,190.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-422,406.	

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

**b** If "No," explain: \_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**SAN JOSE MUSEUM OF ART ASSOCIATION**

Employer identification number  
**23-7062028**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SUSAN SAYRE BATTON EXECUTIVE DIRECTOR	(i)	230,000.	0.	0.	11,500.	6,462.	247,962.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **SAN JOSE MUSEUM OF ART ASSOCIATION** Employer identification number **23-7062028**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	23	318,896.	FMV
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( ART SUPPLIES )	X	1	4,437.	FMV
26 Other ▶ ( GIFT CERTIFIC )	X	2	880.	FMV
27 Other ▶ ( WINE BOTTLES )	X	4	720.	FMV
28 Other ▶ ( FOOD AND BEVE )	X	2	546.	FMV

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THIS COLUMN REPRESENTS THE NUMBER OF CONTRIBUTORS, NOT THE NUMBER OF ITEMS CONTRIBUTED.

Multiple horizontal lines for data entry.



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

SAN JOSE MUSEUM OF ART ASSOCIATION

Employer identification number

23-7062028

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

**MISSION:**

THE SAN JOSE MUSEUM OF ART REFLECTS THE DIVERSE CULTURES AND INNOVATIVE  
SPIRIT OF SILICON VALLEY. THROUGH ITS EXHIBITIONS, PROGRAMS,  
SCHOLARSHIP, AND COLLECTIONS, SJMA CONNECTS THE PRESENT AND THE PAST,  
THE ART OF THE WEST COAST AND THE WORLD. THE MUSEUM FOSTERS AWARENESS  
OF ARTISTS' BROAD CONTRIBUTIONS TO SOCIETY AND ENGAGES AUDIENCES WITH  
THE ART OF OUR TIME AND THE VITALITY OF THE CREATIVE PROCESS.

**VISION:**

THE SAN JOSE MUSEUM OF ART IS THE PREEMINENT MODERN AND CONTEMPORARY  
ART MUSEUM IN SILICON VALLEY. SJMA ENRICHES ITS COMMUNITIES THROUGH  
INVITING, INNOVATIVE PROGRAMS AND CREATIVE, INTERACTIVE EXPERIENCES. IT  
PROVIDES DYNAMIC LEARNING OPPORTUNITIES FOR ADULTS AS WELL AS VITAL  
EDUCATIONAL SERVICES FOR YOUTHS AND FAMILIES, TO ENCOURAGE INQUIRY AND  
VISUAL THINKING. AS A CONSEQUENCE, SJMA IS RECOGNIZED FOR HIGH-QUALITY  
PROGRAMS, COLLABORATIVE ENDEAVORS, A DISTINCTIVE PERMANENT COLLECTION,  
AND ADVENTUROUS APPROACHES. THE MUSEUM CONNECTS ART AND LIFE; WORKS  
ACROSS CULTURAL BOUNDARIES; AND PROMOTES DEEPER AWARENESS, ENJOYMENT,  
AND KNOWLEDGE OF MODERN AND CONTEMPORARY ART AND DESIGN. SJMA IS A  
CULTURAL HUB FOR THE RESIDENTS OF THE REGION, A SPACE FOR PERSONAL  
REFLECTION, A GATHERING PLACE FOR CREATIVE THINKERS, AND A SOURCE OF  
VIBRANCY FOR THE CITY CENTER.

PROJECTS TOUCH ON TIMELY TOPICS FROM MIGRATION AND IDENTITY TO

ARTIFICIAL INTELLIGENCE AND INCLUDE SIGNIFICANT ORIGINAL AND TOURING

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization SAN JOSE MUSEUM OF ART ASSOCIATION	Employer identification number 23-7062028
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EXHIBITIONS BY BOTH NATIONALLY AND INTERNATIONALLY ACCLAIMED ARTISTS AND EMERGING AND UNDER-RECOGNIZED PRACTITIONERS. SJMA SUPPORTS ITS EXHIBITION PROGRAM WITH SUBSTANTIAL ARTS EDUCATION AND OUTREACH EFFORTS, A STRONG COMMITMENT TO COMMUNITY PARTNERSHIP, AND A CORE COMMITMENT TO NURTURING A SENSE OF BELONGING AND WELCOME FOR ALL MEMBERS OF THE RACIALLY, ETHNICALLY, AND LINGUISTICALLY DIVERSE COMMUNITY. THE MUSEUM HAS A PUBLICLY STATED COMMITMENT TO ENSURE THAT THE MAJORITY OF ARTIST ON VIEW IN ANY GIVEN SEASON ARE WOMEN OR ARTISTS OF COLOR AND WORKS TO ELIMINATE BARRIERS TO ACCESS BY OFFERING WEEKEND AND EVENING HOURS, ELIMINATING ADMISSION FEES FOR STUDENTS AND TEACHERS, AND PROVIDING EXHIBITION DIDACTICS IN ENGLISH, SPANISH, AND VIETNAMESE, THE THREE OFFICIAL LANGUAGES OF SAN JOSE.

THE HIGHLIGHT OF FY21 WAS BARRING FREEDOM, AN EXHIBITION PRESENTED IN PARTNERSHIP WITH THE UNIVERSITY OF SANTA CRUZ'S INSTITUTE OF THE ARTS AND SCIENCES. BARRING FREEDOM FEATURED WORK BY TWENTY US-BASED ARTISTS CONFRONTING THE HISTORICAL AND STRUCTURAL RACISM EMBEDDED IN THE CRIMINAL JUSTICE AND MASS INCARCERATION SYSTEMS. THE EXHIBITION OCCASIONED EXPANSIVE WEEKLY VIRTUAL PROGRAMMING RANGING FROM ARTIST INTERVIEWS AND ACADEMIC TALKS TO FILM SCREENINGS AND PERFORMANCES THAT REACHED 12,000+.

SJMA ALSO PRESENTED TWO NEW EXHIBITIONS HIGHLIGHTING SIGNIFICANT WORKS FROM THE MUSEUM'S PERMANENT COLLECTION: SOUTH EAST NORTH WEST (OCTOBER 30, 2020 - SEPTEMBER 19, 2021) AND BREAK + BLEED (JUNE 4, 2021 - APRIL 3, 2022). SOUTH EAST NORTH WEST CELEBRATED SJMA'S 50TH ANNIVERSARY WITH A DYNAMIC PRESENTATION OF PAINTINGS, SCULPTURES, PHOTOGRAPHS, WORKS ON PAPER, AND NEW MEDIA ACQUIRED BY SJMA IN THE LAST FIVE YEARS.

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REFLECTING THE HIGH-TECH INTERESTS, LIVELY CULTURAL DIVERSITY, AND  
 INNOVATIVE SPIRIT OF SILICON VALLEY, THE EXHIBITION FEATURED ARTWORKS  
 BY 30 ARTISTS FROM 11 COUNTRIES, FROM INTERNATIONALLY RENOWNED FIGURES  
 TO THOSE WORKING IN CALIFORNIA AND THE BAY AREA AS WELL AS EMERGING  
 PRACTITIONERS. ALSO DRAWN PRIMARILY FROM THE PERMANENT COLLECTION,  
 BREAK + BLEED FEATURES BOTH PAINTINGS AND WORKS ON PAPER BY  
 HISTORICALLY SIGNIFICANT ARTISTS WHO EXEMPLIFY THE SPIRIT OF  
 POST-PAINTERLY ABSTRACTION. WORKS ON VIEW REPRESENT AN EXPANSIVE RANGE  
 OF STYLES INCLUDING HARD-EDGE ABSTRACTION, COLOR FIELD PAINTING, OP  
 ART, MINIMALISM, AND SOFT-EDGE ABSTRACTION AND FEATURE BIOMORPHIC AND  
 GEOMETRIC SHAPES, ANGULAR AND WAVY LINES, AND LIVELY PLANES OF COLOR.

SCOPE OF SJMA'S COLLECTION AND THE NATURE OF EXHIBITIONS DRAWN FROM THE  
 COLLECTION ARE DESCRIBED IN SCHEDULE D PART III, LINE 4.

NUMBER OF PEOPLE SERVED IN FY21: IN FY21, SJMA SERVED 6,264 VISITORS IN  
 PERSON, AND 38,207 VIRTUALLY.

CLASSROOM-BASED PROGRAMS RANGE FROM FREE, HOUR-LONG DOCENT  
 PRESENTATIONS ON ART HISTORY TO SEMESTER-LONG ARTIST RESIDENCIES.  
 ON-SITE PROGRAMS INCLUDE A ROBUST MUSEUM FIELD TRIP PROGRAM; FAMILY  
 PROGRAMMING, INCLUDING THREE FREE COMMUNITY DAYS THAT ATTRACT OVER  
 5,000 PEOPLE ANNUALLY; AND A POPULAR KIDS SUMMER ART CAMP INSPIRED BY  
 EXHIBITIONS ON VIEW. THE MUSEUM OFFER A RANGE OF LECTURES AND PUBLIC  
 PROGRAMS FOR ADULT AUDIENCES TO INSPIRE LIFELONG LEARNING, FROM ARTIST  
 TALKS AND GALLERY TOURS TO ARTMAKING WORKSHOPS.

DESPITE DISRUPTIONS TO TRADITIONAL CLASSROOM-BASED PROGRAM DELIVERY

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THROUGHOUT FY21, THE MUSEUM CONTINUED TO SERVE ITS EDUCATIONAL AUDIENCES. SJMA OFFERED FREE ASYNCHRONOUS ARTS EDUCATION LESSONS TO VIRTUAL AUDIENCES OF TEACHERS, PARENTS, AND STUDENTS THROUGH NEW ONLINE PLATFORMS: AN EDUCATION FACEBOOK PAGE, YOUTUBE CHANNEL, AND PINTEREST PAGE. A NEW "TEACHER AND FAMILY RESOURCES" SECTION OF THE SJMA WEBPAGE IS NOW POPULATED WITH BITE-SIZED VIDEO TUTORIALS DEVELOPED OUT OF SJMA'S CORE LESSON PLANS. CONTENT WAS ALSO SHARED OUT VIA A NEW TEACHER'S E-NEWSLETTER, "SKETCHBOOK" SENT TO OVER 450 TEACHERS ON THE MUSEUM'S MAILING LIST. THE MUSEUM ALSO OFFERED A NUMBER OF NEW "LIVE" VIRTUAL EDUCATION AND ENGAGEMENT PROGRAMS IN FY21 INCLUDING: VIRTUAL FIELD TRIP PROGRAMS WITH LIVE GALLERY TOURS AND ART-MAKING INSTRUCTION LED BY THE MUSEUM'S STUDIO ART EDUCATORS; VIRTUAL MULTI-WEEK ART INSTRUCTION COURSES IN SANTA CLARA COUNTY SCHOOLS THAT MADE USE OF ART MATERIALS STUDENTS HAD IN THEIR HOMES, AND FREE HOUR-LONG ARTS APPRECIATION PRESENTATIONS LED BY SJMA'S LET'S LOOK AT ART DOCENTS. ADDITIONALLY, FOR THE FIRST TIME EVER, SJMA OFFERED ITS POPULAR KIDS SUMMER ART CAMP, WHICH TYPICALLY SERVES 258 STUDENTS IN SIX WEEKS VIA ON-SITE CAMPS, AS A VIRTUAL FORMAT WITH 264 PARTICIPANTS FROM JUNE 15 - JULY 31, 2020. VIRTUAL ART CAMP OFFERED THREE HOURS OF ONLINE INSTRUCTION EACH DAY FOR ONE WEEK PER GROUP (TOTAL OF SIX WEEKS OF CAMP), AND FEATURED ART ACTIVITIES LED BY SJMA'S EIGHT TEACHING ARTISTS AS WELL AS VIRTUAL STUDIO VISITS, TUTORIALS, AND QUESTION-AND-ANSWER SESSIONS WITH SIX CELEBRATED GUEST ARTISTS SELECTED FROM THE MUSEUM'S PERMANENT COLLECTION. ALL EDUCATION PROGRAMS WERE MADE AVAILABLE TO TITLE I SCHOOLS FOR FREE.

NUMBER OF STUDENTS SERVED: 15,844

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

THE PROCESS THE SAN JOSE MUSEUM OF ART USES TO REVIEW THE FORM 990 IS SET FORTH IN ITS RISK MANAGEMENT AND FISCAL OPERATING POLICIES. PRIOR TO FILING WITH THE IRS, THE ANNUAL TAX RETURN (FORM 990) SHALL BE REVIEWED BY THE FINANCE AND POLICY COMMITTEE AND SHALL BE PROVIDED TO THE BOARD OF TRUSTEES, TO COMPLY WITH SUGGESTED BEST PRACTICES.

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

ALL TRUSTEES, STAFF MEMBERS AND COMMUNITY MEMBERS OF BOARD COMMITTEES MUST FILL OUT AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT. THIS DISCLOSURE STATEMENT ASKS IF THE RESPONDENTS ARE AWARE OF ANY AFFILIATIONS, EMPLOYMENT OR OTHER MATTERS INVOLVING THE INDIVIDUAL OR ANY OF IMMEDIATE FAMILY THAT MIGHT BE PERCEIVED TO COMPROMISE YOUR OBLIGATIONS TO THE MUSEUM AND SHOULD THEREFORE BE REPORTED IN LIGHT OF THE CODE OF ETHICS. SPECIFICALLY, THE DISCLOSURE STATEMENT ASKS IF SJMA HAS A BUSINESS RELATIONSHIP WITH ANY ENTITY FROM WHICH THE INDIVIDUAL OR HIS/HER IMMEDIATE FAMILY MEMBERS HAVE RECEIVED ANY COMPENSATION, INCOME, LOANS OR GIFTS OR OF WHICH THE INDIVIDUAL OR HIS/HER IMMEDIATE FAMILY MEMBERS ARE A TRUSTEE, OFFICE, DIRECTOR OR EMPLOYEE. IN ADDITION, DISCLOSURE IS REQUIRED IF THE INDIVIDUAL OR IMMEDIATE FAMILY MEMBERS HOLD AN OWNERSHIP INTEREST IN A CLOSELY HELD COMPANY OR A 5% OWNERSHIP INTEREST IN A PUBLIC COMPANY WITH THE MUSEUM HAS A BUSINESS RELATIONSHIP. ALL RESPONDENTS ARE ASKED TO SUPPLEMENT THE INFORMATION IN THE EVENT OF ANY CHANGES BEFORE THE NEXT ANNUAL DISCLOSURE. ALL STAFF RESPONSES ARE REVIEWED BY THE EXECUTIVE DIRECTOR. ALL OTHER RESPONSES ARE REVIEWED BY THE SECRETARY OF THE BOARD OF TRUSTEES. IF A RESPONSE ON A DISCLOSURE IDENTIFIES A CONFLICT, THE INTERESTED TRUSTEE, STAFF MEMBER, OR VOLUNTEER (A COMMUNITY MEMBER OF A BOARD COMMITTEE) SHALL REFRAIN FROM ATTEMPTING TO INFLUENCE ANY DECISION OF

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THE BOARD, BOARD COMMITTEE, OR STAFF ON ANY MATTER WHICH MAY INVOLVE A  
POTENTIAL OR ACTUAL CONFLICT OF INTEREST AND SHALL ABSTAIN FROM VOTING ON  
ANY SUCH MATTER.

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

THE BOARD OF TRUSTEES OF SJMA HAS ESTABLISHED A COMPENSATION PHILOSOPHY  
THAT BALANCES TWO OBJECTIVES: APPROPRIATE STEWARDSHIP OF ITS FINANCIAL  
RESOURCES; AND MAINTAINING THE VITALITY OF THE INSTITUTION AND EXCELLENCE  
OF ITS PROGRAMMING. THE RESULTING COMPENSATION DESIGN IS TO PAY IN THE TOP  
50% OF COMPARABLE SALARIES FOR NEXT-STAGE PEER INSTITUTIONS. IN SJMA'S  
EXPERIENCE, THESE ARE THE MOST RELEVANT FACTORS IN COMPETITION FOR TALENT.  
INDIVIDUAL COMPENSATION IS THEN ESTABLISHED COMMENSURATE WITH EXPERIENCE,  
RELEVANT ACADEMIC CREDENTIALS AND PROFESSIONAL TRAINING. THE BOARD OF  
TRUSTEES HAS APPROVED THAT PHILOSOPHY IN LIGHT OF THE HIGH COST OF LIVING  
IN THE SAN FRANCISCO BAY AREA, IN AN EFFORT TO ATTRACT, RETAIN AND MOTIVATE  
THE TALENT NEEDED TO MAINTAIN THE REQUISITE STANDARDS OF QUALITY AND  
REPUTATION OF THE MUSEUM AS A LEADER IN THE FIELD.

IN ADDITION TO SALARY, SJMA ENDEAVORS TO PROVIDE HEALTH AND RETIREMENT  
BENEFITS COMMENSURATE WITH THE ABOVE PHILOSOPHY. RETIREMENT-PLAN  
CONTRIBUTIONS FOR FY21 WERE 5%.

THE SALARY LEVELS OF THE EXECUTIVE DIRECTOR; DIRECTOR OF DEVELOPMENT; THE  
DEPUTY DIRECTOR; AND THE DIRECTOR OF FINANCE WERE ESTABLISHED AND APPROVED  
BY THE BOARD LEADERSHIP IN ACCORDANCE WITH THIS COMPENSATION PHILOSOPHY,  
BASED ON THE ANNUAL SALARY SURVEY OF THE ASSOCIATION OF ART MUSEUM  
DIRECTORS, AS WELL AS OTHER DATA SOURCES FOR PROFESSIONAL COMPENSATION  
ANALYSIS. THE MUSEUM HAS A ROBUST ANNUAL PERFORMANCE REVIEW PROCESS SINCE

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2017 AND INVESTS IN ON-GOING MANAGEMENT TRAINING FOR MANAGERS ON  
 PERFORMANCE MANAGEMENT, PROJECT MANAGEMENT AND CHANGE MANAGEMENT.

FORM 990, PART VI, SECTION C, LINE 19:  
 THE SAN JOSE MUSEUM OF ART POSTS ITS GOVERNING DOCUMENTS, CONFLICT OF  
 INTEREST POLICY AND FINANCIAL STATEMENTS ON ITS WEBSITE. THESE DOCUMENTS  
 ARE MADE AVAILABLE FOR THE SAME PERIOD OF TIME SET FORTH IN SEC. 6104(D).

FORM 990, PART IX, LINE 11G, OTHER FEES:

SECURITY SERVICES:

PROGRAM SERVICE EXPENSES	150,362.
MANAGEMENT AND GENERAL EXPENSES	38,165.
FUNDRAISING EXPENSES	11,050.
TOTAL EXPENSES	199,577.

CONSULTING:

PROGRAM SERVICE EXPENSES	286,607.
MANAGEMENT AND GENERAL EXPENSES	72,747.
FUNDRAISING EXPENSES	21,064.
TOTAL EXPENSES	380,418.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	579,995.