

Form 990
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SAN JOSE MUSEUM OF ART ASSOCIATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 110 SOUTH MARKET STREET City or town, state or province, country, and ZIP or foreign postal code SAN JOSE, CA 95113-2383 F Name and address of principal officer: SUSAN SAYRE BATTON SAME AS C ABOVE	D Employer identification number 23-7062028 E Telephone number 408-271-6840 G Gross receipts \$ 6,621,580. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.SJMUSART.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1969
M State of legal domicile: CA		

Part I Summary

	1	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.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	23
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	104
	6	Total number of volunteers (estimate if necessary)	6	166
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	41,126.
	7b	Net unrelated business taxable income from Form 990-T, line 39	7b	-36,163.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	5,568,281.	4,724,237.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	411,798.	228,330.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	584,742.	637,653.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	212,556.	-309,327.
12			6,777,377.	5,280,893.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,983,330.	3,079,288.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 381,401.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,134,464.	1,967,745.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,117,794.	5,047,033.
	19	Revenue less expenses. Subtract line 18 from line 12	1,659,583.	233,860.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	15,888,770.	16,112,834.
	22	Net assets or fund balances. Subtract line 21 from line 20	517,741.	842,648.
	22		15,371,029.	15,270,186.

Part II Signature Block

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

Sign Here	Signature of officer _____ SUSAN SAYRE BATTON, EXECUTIVE DIRECTOR Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name MAGA E. KISRIV	Preparer's signature 	Date 04/06/2021	Check if self-employed <input type="checkbox"/>	PTIN P01008919
	Firm's name ▶ HOOD & STRONG LLP Firm's address ▶ 275 BATTERY ST, STE 900 SAN FRANCISCO, CA 94111	Firm's EIN ▶ 94-1254756 Phone no. 415.781.0793			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. SAN JOSE MUSEUM OF ART ASSOCIATION	Taxpayer identification number (TIN) 23-7062028
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 110 SOUTH MARKET STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN JOSE, CA 95113-2383	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

BRIAN SPANG

- The books are in the care of ▶ 110 SOUTH MARKET STREET - SAN JOSE, CA 95113-2383
Telephone No. ▶ 408-271-6840 Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 17, 2021 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning JUL 1, 2019 , and ending JUN 30, 2020 .

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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? [X] Yes [] No

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

4a (Code:) (Expenses \$ 2,673,965. including grants of \$ 0.) (Revenue \$ 183,774.) EXHIBITIONS:

SAN JOSE MUSEUM OF ART'S (SJMA'S) UNIQUE ARTISTIC PROGRAM PRESENTS CULTURALLY DIVERSE, THEMATICALLY RESONANT AND CRITICALLY ENGAGING CONTEMPORARY ART THAT IS BOTH LOCALLY RELEVANT AND NATIONALLY AND INTERNATIONALLY SIGNIFICANT. SIX TO EIGHT ROTATING THEMATIC EXHIBITIONS PER YEAR PRESENT THE WORK OF SIGNIFICANT INTERNATIONALLY ACCLAIMED AND EMERGING ARTISTS WHOSE CREATIVE INTERESTS AND INSIGHTFUL APPROACHES TO CONTEMPORARY LIFE RESONATE WITH DEFINING CHARACTERISTICS OF SAN JOSE AND THE SILICON VALLEY - FROM ITS RICH CULTURAL DIVERSITY TO ITS HALLMARK INNOVATIVE ETHOS. (SEE SCHEDULE O FOR CONTINUATION)

4b (Code:) (Expenses \$ 1,051,215. including grants of \$ 0.) (Revenue \$ 51,920.) EDUCATION AND PROGRAMS:

SLMA'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 \$ 142,323. including grants of \$ 0.) (Revenue \$ 30,420.) 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 3,867,503.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No 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) TAD FREESE CO-PRESIDENT	15.50	X		X				0.	0.	0.
(2) CHERYL KIDDOO CO-PRESIDENT	25.50	X		X				0.	0.	0.
(3) WILLIAM FAULKNER TREASURER	7.50	X		X				0.	0.	0.
(4) CORNELIA PENDLETON SECRETARY	11.75	X		X				0.	0.	0.
(5) LUCIA CHA TRUSTEE	0.00	X						0.	0.	0.
(6) PETER CROSS TRUSTEE	3.00	X						0.	0.	0.
(7) GLENDA DORCHAK TRUSTEE	12.50	X						0.	0.	0.
(8) ANNEKE DURY TRUSTEE	3.50	X						0.	0.	0.
(9) EILEEN FERNANDES TRUSTEE	0.50	X						0.	0.	0.
(10) CHANDRA GNANASAMBANDAM TRUSTEE	0.50	X						0.	0.	0.
(11) COLE HARRELL TRUSTEE	0.50	X						0.	0.	0.
(12) JEANNINE JACOBSEN TRUSTEE	0.50	X						0.	0.	0.
(13) RICHARD A. KARP TRUSTEE	0.50	X						0.	0.	0.
(14) JENNIE LAMENSORF TRUSTEE	0.50	X						0.	0.	0.
(15) ROBERT LINDO TRUSTEE	7.50	X						0.	0.	0.
(16) KIMBERLY LIN TRUSTEE	0.50	X						0.	0.	0.
(17) PETER W. LIPMAN TRUSTEE	7.00	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) HUNG LIU TRUSTEE	0.50	X					0.	0.	0.	
(19) LISA LUBLINER TRUSTEE	2.00	X					0.	0.	0.	
(20) EVELYN NEELY TRUSTEE	2.00	X					0.	0.	0.	
(21) SARAH NORTH TRUSTEE	1.25	X					0.	0.	0.	
(22) HILDY SHANDELL TRUSTEE	8.75	X					0.	0.	0.	
(23) MARSHA WITKIN TRUSTEE	1.50	X					0.	0.	0.	
(24) JERRY HIURA TRUSTEE (THRU DEC 2019)	2.00	X					0.	0.	0.	
(25) SUSAN SAYRE BATTON EXECUTIVE DIRECTOR	37.50			X			230,000.	0.	17,866.	
(26) BRIAN SPANG DIRECTOR OF FINANCE	37.50			X			110,000.	0.	6,077.	
1b Subtotal							340,000.	0.	23,943.	
c Total from continuation sheets to Part VII, Section A							280,000.	0.	19,502.	
d Total (add lines 1b and 1c)							620,000.	0.	43,445.	

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
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <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	329,932.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) FRANCES SHEN DEPUTY DIRECTOR	37.50				X			145,000.	0.	12,381.
(28) KRISTIN BERTRAND DIRECTOR OF DEVELOPMENT	37.50				X			135,000.	0.	7,121.
Total to Part VII, Section A, line 1c								280,000.		19,502.

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	1 a Federated campaigns	1a				
	b Membership dues	1b	150,388.			
	c Fundraising events	1c	809,774.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	918,890.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,845,185.			
	g Noncash contributions included in lines 1a-1f	1g	\$ 854,145.			
	h Total. Add lines 1a-1f			4,724,237.		
Program Service Revenue	2 a PUBLIC PROGRAMS	Business Code	712110	171,352.	171,352.	
	b ART CLASS CONTRACTS/TU		712110	51,920.	51,920.	
	c MEMBERSHIP DUES		712110	5,058.	5,058.	
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f			228,330.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	51,850.			
		(ii) Personal				
		6b Less: rental expenses	8,011.			
	6c Rental income or (loss)	43,839.				
	d Net rental income or (loss)		43,839.			43,839.
	7 a Gross amount from sales of assets other than inventory	(i) Securities	1,318,456.			
		(ii) Other				
		7b Less: cost or other basis and sales expenses	680,803.			
	7c Gain or (loss)	637,653.				
	d Net gain or (loss)		637,653.			637,653.
	8 a Gross income from fundraising events (not including \$ 809,774. of contributions reported on line 1c). See Part IV, line 18		148,200.			
8b Less: direct expenses		579,526.				
c Net income or (loss) from fundraising events			-431,326.			-431,326.
9 a Gross income from gaming activities. See Part IV, line 19		500.				
	9b Less: direct expenses	1,250.				
	c Net income or (loss) from gaming activities		-750.			-750.
10 a Gross sales of inventory, less returns and allowances		138,563.				
	10b Less: cost of goods sold	71,097.				
	c Net income or (loss) from sales of inventory		67,466.	26,340.	41,126.	
Miscellaneous Revenue	11 a CAFE INCOME	Business Code	900099	10,057.	10,057.	
	b OTHER INCOME		900099	1,387.	1,387.	
	c					
	d All other revenue					
	e Total. Add lines 11a-11d			11,444.		
12 Total revenue. See instructions			5,280,893.	266,114.	41,126.	249,416.

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	363,366.	161,113.	140,287.	61,966.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,274,541.	1,835,532.	275,250.	163,759.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	108,169.	79,635.	17,733.	10,801.
9 Other employee benefits	128,150.	99,933.	17,553.	10,664.
10 Payroll taxes	205,062.	150,968.	33,617.	20,477.
11 Fees for services (nonemployees):				
a Management				
b Legal	2,275.		2,275.	
c Accounting	49,640.		49,640.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	44,336.		44,336.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	587,479.	513,280.	63,540.	10,659.
12 Advertising and promotion	106,500.	102,994.	872.	2,634.
13 Office expenses	389,377.	280,368.	73,188.	35,821.
14 Information technology	58,150.	24,622.	10,283.	23,245.
15 Royalties				
16 Occupancy	82,700.	46,127.	23,235.	13,338.
17 Travel	59,272.	45,826.	12,688.	758.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	14,220.	13,344.	498.	378.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,705.	2,436.	133.	136.
23 Insurance	41,812.	38,615.	2,018.	1,179.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PURCH. ART COLLECTION	252,817.	252,817.		
b MATERIALS	104,081.	96,084.	7,997.	
c EXHIBITION COSTS	57,158.	57,109.	49.	
d CATERING	44,111.	30,688.	4,790.	8,633.
e All other expenses	71,112.	36,012.	18,147.	16,953.
25 Total functional expenses. Add lines 1 through 24e	5,047,033.	3,867,503.	798,129.	381,401.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,231,460.	1	1,612,260.
	2 Savings and temporary cash investments	718,496.	2	1,412,732.
	3 Pledges and grants receivable, net	2,714,992.	3	1,947,586.
	4 Accounts receivable, net	47,301.	4	63,755.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	66,745.	8	77,558.
	9 Prepaid expenses and deferred charges	130,896.	9	229,343.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,710,296.		
	b Less: accumulated depreciation	10b 1,708,395.	4,606.	10c 1,901.
	11 Investments - publicly traded securities	10,974,274.	11	10,767,699.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	15,888,770.	16	16,112,834.	
Liabilities	17 Accounts payable and accrued expenses	345,881.	17	305,749.
	18 Grants payable		18	
	19 Deferred revenue	171,860.	19	70,583.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	466,316.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	517,741.	26	842,648.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,751,671.	27	1,778,309.
	28 Net assets with donor restrictions	13,619,358.	28	13,491,877.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	15,371,029.	32	15,270,186.
33 Total liabilities and net assets/fund balances	15,888,770.	33	16,112,834.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,280,893.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,047,033.
3	Revenue less expenses. Subtract line 2 from line 1	3	233,860.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,371,029.
5	Net unrealized gains (losses) on investments	5	-334,703.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	15,270,186.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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? _____		X
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 _____		

Form **990** (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,014,695.	3,278,807.	3,768,114.	5,568,281.	4,724,237.	20,354,134.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	1,544,501.	1,872,000.	2,340,000.	2,340,000.	2,340,000.	10,436,501.
4 Total. Add lines 1 through 3	4,559,196.	5,150,807.	6,108,114.	7,908,281.	7,064,237.	30,790,635.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,020,805.
6 Public support. Subtract line 5 from line 4.						28,769,830.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	4,559,196.	5,150,807.	6,108,114.	7,908,281.	7,064,237.	30,790,635.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	498,400.	404,114.	448,749.	554,028.	51,850.	1,957,141.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	299,344.	299,596.	431,229.	494,028.	148,700.	1,672,897.
11 Total support. Add lines 7 through 10						34,420,673.
12 Gross receipts from related activities, etc. (see instructions)					12	2,864,057.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	83.58 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	82.67 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

2015 AMOUNT: \$ 299,344.

2016 AMOUNT: \$ 299,596.

2017 AMOUNT: \$ 431,229.

2018 AMOUNT: \$ 481,969.

2019 AMOUNT: \$ 148,200.

GROSS INCOME FROM GAMING ACTIVITIES

2015 AMOUNT: \$ 0.

2016 AMOUNT: \$ 0.

2017 AMOUNT: \$ 0.

2018 AMOUNT: \$ 12,059.

2019 AMOUNT: \$ 500.

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 for the latest information.

OMB No. 1545-0047

2019

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, 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
--	--

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	<hr/> <hr/> <hr/>	\$ 164,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 864,890.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 162,771.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 226,000.	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
--	--

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/>	\$ 196,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 128,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 479,552.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 200,000.	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.)

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

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
5	1,392 SHS MAXIM INTEGRATED PRODUCTS INC _____ _____ _____	\$ 79,771.	11/27/19
9	SEE STATEMENT 1 _____ _____ _____	\$ 407,552.	06/05/20
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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

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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCH B PG 3

STATEMENT 1

81 SHS TELEFLEX INC, 90 SHS CARLISLE CO INC, 148 SHS BERKLEY W R CORP, 148 SHS TRANSUNION, 68 SHS BIO-TECHNE CORP, 250 SHS CDW CORPORATION, 110 SHS JPMORGAN CHASE & CO, 106 SHS COLUMBIA SPORTSWEAR CO, 83 SHS MORNINGSTAR INC, 30 SHS FACTSET RESEARCH SYSTEMS INC, 126 SHS FLIR SYSTEMS INC, 154 SHS APTARGROUP INC, 115 SHS LANDSTAR SYSTEM INC, 54 SHS WEX INC COM, 31 SHS LENNOX INTL INC, 200 SHS TARGA RESOURCES CORP, 20 SHS WELLTOWER INC, 80 SHS RAYTHEON CO, 90 SHS NEXTERA ENERGY INC, 23 SHS BIO RAD LAB A, 85 SHS DIAGEO PLC SPON ADR NEW, 14 SHS FAIR ISAAC & CO INC, 182 SHS FRONTDOOR INC, 130 SHS GRACO INC, 64 SHS IDEX CORPORATION DELAWARE, 38 SHS JB HUNT TRANS SERV, 43 SHS JACK HENRY & ASSOC INC, 90 SHS KIMBERLY CLARK CORP, 168 SHS MANHATTAN ASSOC INC, 80 SHS NORDSON CP, 110 SHS NOVARTIS AG ADR, 27 SHS POOL CORP, 97 SHS R P M INC, 95 SHS SEI INVESTMENTS CO, 48 SHS TARGET CORPORATION, 81 SHS TRIMBLE INC, 53 SHS VARIAN MEDICAL SYS INC

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019
Open to Public Inspection

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

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?

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)?

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	12,410,143.	11,606,608.	11,040,433.	10,136,566.	10,541,697.
b Contributions	3,944.	782,023.	369,747.	200,000.	5,264.
c Net investment earnings, gains, and losses	258,612.	528,004.	680,407.	1,202,543.	92,134.
d Grants or scholarships					
e Other expenditures for facilities and programs	530,801.	506,492.	483,979.	498,676.	502,529.
f Administrative expenses					
g End of year balance	12,141,898.	12,410,143.	11,606,608.	11,040,433.	10,136,566.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .78 %
 - b Permanent endowment 78.28 %
 - c Term endowment 20.94 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		613,310.	611,409.	1,901.
d Equipment		745,768.	745,768.	0.
e Other		351,218.	351,218.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,901.

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 Financial derivatives, Closely held equity interests, and Other (A-H).

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 numbered 1 through 9.

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 numbered 1 through 9.

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 Federal income taxes and rows 2-9.

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.

1	Total revenue, gains, and other support per audited financial statements		1	7,456,140.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-334,703.	
b	Donated services and use of facilities	2b	2,541,363.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	2,206,660.
3	Subtract line 2e from line 1		3	5,249,480.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	44,336.	
b	Other (Describe in Part XIII.)	4b	-12,923.	
c	Add lines 4a and 4b		4c	31,413.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	5,280,893.

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

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

1	Total expenses and losses per audited financial statements		1	7,556,983.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	2,541,363.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	12,923.	
e	Add lines 2a through 2d		2e	2,554,286.
3	Subtract line 2e from line 1		3	5,002,697.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	44,336.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	44,336.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	5,047,033.

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 -8,011.

RAFFLE EXPENSES RECLASSIFIED TO REVENUE -1,250.

COST OF GOODS SOLD RECLASSIFIED TO REVENUE -3,662.

TOTAL TO SCHEDULE D, PART XI, LINE 4B -12,923.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES RECLASSIFIED TO REVENUE 8,011.

RAFFLE EXPENSES RECLASSIFIED TO REVENUE 1,250.

COST OF GOODS SOLD RECLASSIFIED TO REVENUE 3,662.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 12,923.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

SAN JOSE MUSEUM OF ART ASSOCIATION

Employer identification number

23-7062028

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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	1 Gross receipts	957,974.			957,974.
	2 Less: Contributions	809,774.			809,774.
	3 Gross income (line 1 minus line 2)	148,200.			148,200.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	263,386.			263,386.
	6 Rent/facility costs	109,396.			109,396.
	7 Food and beverages	118,394.			118,394.
	8 Entertainment	5,350.			5,350.
	9 Other direct expenses	83,000.			83,000.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				579,526.
11 Net income summary. Subtract line 10 from line 3, column (d)				-431,326.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization SAN JOSE MUSEUM OF ART ASSOCIATION	Employer identification number 23-7062028
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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
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

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.	6,366.	247,866.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) FRANCES SHEN DEPUTY DIRECTOR	(i)	145,000.	0.	0.	7,250.	5,131.	157,381.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **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	15	232,600.	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	X	8	590,759.	FMV
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 (WINE)	X	2	20,795.	FMV
26 Other (PROJECTOR)	X	1	5,600.	FMV
27 Other (FOOD & BEVERA)	X	3	4,323.	FMV
28 Other (SUPPLIES)	X	1	68.	FMV

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

- 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? **30a** 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? **31** X
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** 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.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2019

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 DONORS, 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 for the latest information.

OMB No. 1545-0047

2019

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.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

DUE TO THE COVID-19 PANDEMIC, THE MUSEUM HAD TO CLOSE IN MARCH 2020

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization SAN JOSE MUSEUM OF ART ASSOCIATION	Employer identification number 23-7062028
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THROUGH THE END OF THE FISCAL YEAR AND PROVIDED VIRTUAL PROGRAMMING/EVENTS IN LIEU OF IN-PERSON ACTIVITIES.

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

INITIATIVES INCLUDE A COMMITMENT TO ART AND TECHNOLOGY THAT BUILDS ON STRENGTHS OF THE COLLECTION AND KEY INTERESTS OF THE LOCAL COMMUNITY, A SUSTAINED COMMITMENT TO CONTEMPORARY ASIAN ART AND THOUGHTFUL GROUP EXHIBITIONS DRAWN FROM BOTH THE MUSEUM'S PERMANENT COLLECTION OF MORE THAN 2,600 OBJECTS AND FROM LOANED WORKS OF ART THAT TOUCH ON SOCIALLY RELEVANT TOPICS FROM IMMIGRATION TO ARTIFICIAL INTELLIGENCE.

SJMA IS COMMITTED TO PRESENTING A MINIMUM OF 60% ARTISTS OF COLOR AND WOMEN EACH SEASON, WITH PARTICULAR ATTENTION TO ARTISTS WHO REPRESENT THE DIVERSE COMMUNITIES OF SAN JOSE AND OUR REGION. HIGHLIGHTS OF THE FY20 EXHIBITION PROGRAM INCLUDED THE FEATURE EXHIBITION WITH DRAWN ARMS: GLENN KAINO AND TOMMIE SMITH, WHICH HONORED THE ACTIVIST LEGACY OF SAN JOSE STATE UNIVERSITY TRACK STAR TOMMIE SMITH, WHO FAMOUSLY RAISED A GLOVED FIST ON THE MEDAL STAND AT THE 1968 MEXICO CITY OLYMPICS TO PROTEST CIVIL RIGHTS ABUSES WORLD-WIDE. PUBLIC PROGRAMS WITH TOMMIE SMITH AND A RELATED EXHIBITION ON HIS LEGACY TITLED SPEED CITY: FROM CIVIL RIGHTS TO BLACK POWER CREATED NEW PARTNERSHIPS WITH THE INSTITUTE FOR SPORT AND SOCIAL JUSTICE AT SAN JOSE STATE UNIVERSITY AND HISTORY SAN JOSE. SJMA ALSO ADVANCED ITS COMMITMENT TO ART AND TECHNOLOGY WITH ALMOST HUMAN: DIGITAL ART FROM THE PERMANENT COLLECTION, AN EXHIBITION FEATURING ARTISTS WHO USE DIGITAL AND EMERGENT TECHNOLOGIES FROM CUSTOM COMPUTER ELECTRONICS AND EARLY ROBOTICS TO VIRTUAL REALITY AND ARTIFICIAL INTELLIGENCE, AND SONYA RAPOPORT: BIORHYTHM. LOS ANGELES ARTIST PAE WHITE WAS THE SUBJECT OF

Name of the organization SAN JOSE MUSEUM OF ART ASSOCIATION	Employer identification number 23-7062028
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THE LATEST ITERATION OF THE BETA SPACE SERIES; WOODY DEOTHELLO:
 BREATHING ROOM WAS THE FIRST SOLO MUSEUM PRESENTATION BY THE
 OAKLAND-BASED ARTIST. SJMA ALSO LAUNCHED A NEW DEDICATED EDUCATION
 SPACE IN FY20 CALLED THE "ART LEARNING LAB" IN THE MUSEUM'S KORET
 FAMILY GALLERY. DESIGNED AS A SPACE FOR EXPERIMENTATION, PLAY, AND
 IMAGINATION, THE LEARNING LAB ENCOURAGES FOCUSED ENGAGEMENT WITH SELECT
 PERMANENT COLLECTION WORKS OF ART, EACH ACCOMPANIED BY ITS OWN LEARNING
 ACTIVITY DESIGNED TO PROMOTE STANDARDS BASED LEARNING.

SJMA'S FY20 EXHIBITION PROGRAM WAS CUT SHUT WHEN THE MUSEUM TEMPORARILY
 CLOSED TO THE PUBLIC ON MARCH 14, 2020 IN RESPONSE TO THE COVID19
 PUBLIC HEALTH EMERGENCY.

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 PRIOR TO COVID-19 CLOSURE: 39,928

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
 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. PRIOR TO THE COVID19
 CLOSURE, IN FY20 SJMA LAUNCHED THE CAPSTONE CURRICULAR PIECE OF ITS

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THREE-YEAR UPPER ELEMENTARY SCHOOL STEAM PROGRAM, SOWING CREATIVITY, IN SAN JOSE TITLE I SCHOOLS. THE MUSEUM ALSO SERVED MORE THAN 2,300 STUDENTS WITH ITS PREMIERE FIELD TRIP PROGRAM, TWO PART ART, 83% OF WHOM WERE BASED IN LOW-INCOME TITLE I SCHOOLS AND PARTICIPATED FOR FREE. DURING THE CLOSURE, THE MUSEUM HAS CONTINUED TO SUPPORT ITS AUDIENCE AND COMMUNITY WITH A HOST OF NEW VIRTUAL PROGRAMS. KEY ACCOMPLISHMENTS INCLUDE MULTIPLE SOLD-OUT PUBLIC PROGRAMS - FROM GALLERY TALKS TO BEHIND-THE-SCENES TOURS AND NEW EDUCATIONAL OFFERINGS AVAILABLE ON THE MUSEUM'S WEBSITE AND FACEBOOK PAGE ([HTTPS://SJMUSART.ORG/MUSEUM-FROM-HOME/ONLINE-EDUCATION](https://sjmusart.org/museum-from-home/online-education)). IN SUMMER 2020, SJMA LAUNCHED ITS FIRST VIRTUAL SUMMER ART CAMP. THE MUSEUM IS PROUD TO HAVE BEEN ABLE TO SUPPORT THE MAYOR'S "SILICON VALLEY STRONG" INITIATIVE WITH A COMPILATION VIDEO OF EDUCATION ACTIVITIES THAT WAS DISTRIBUTED WIDELY THROUGH THE CITY'S NETWORKS. IN RESPONSE TO THE SUCCESS OF THESE PROGRAMS, AND AS PART OF THE MUSEUM'S BORDERLESS INITIATIVES, SJMA WILL CONTINUE TO OFFER REMOTE PROGRAMMING ALONGSIDE ITS ONSITE OFFERINGS WHEN THE MUSEUM REOPENS.

NUMBER OF PEOPLE SERVED PRIOR TO COVID-19 CLOSURE: 22,213

TOTAL VIRTUAL PROGRAM ATTENDANCE: 18,356

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.

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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

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

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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 FY20 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 OF TRUSTEES IN ACCORDANCE WITH THIS COMPENSATION PHILOSOPHY, BASED ON THE ANNUAL SALARY SURVEY OF THE ASSOCIATION OF ART MUSEUM DIRECTORS, WHICH IS THE STANDARD RESOURCE IN THE FIELD AND THE MOST COMPREHENSIVE, PUBLIC INDUSTRY DATA AVAILABLE. THE SALARY AND BENEFIT PACKAGE OF THE EXECUTIVE DIRECTOR WAS ESTABLISHED AFTER A REVIEW OF COMPARABLE EXECUTIVE COMPENSATION FURNISHED BY THE EXECUTIVE SEARCH FIRM ENGAGED BY THE BOARD AND APPROVED BY THE BOARD ON MARCH 23, 2017.

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

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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	193,058.
MANAGEMENT AND GENERAL EXPENSES	23,899.
FUNDRAISING EXPENSES	4,009.
TOTAL EXPENSES	220,966.

CONSULTING:

PROGRAM SERVICE EXPENSES	320,222.
MANAGEMENT AND GENERAL EXPENSES	39,641.
FUNDRAISING EXPENSES	6,650.
TOTAL EXPENSES	366,513.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	587,479.