

			** PUBLIC DISCLOSURE COPY *		_	
	Ω	00	Return of Organization Exempt From			OMB No. 1545-0047
Form <b>990</b>			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (	s) <b>2016</b>		
		of the Treasury	<ul> <li>Do not enter social security numbers on this form as it ma</li> <li>Information about Form 990 and its instructions is at www</li> </ul>	-	-	Open to Public
-	al Reve	Inspection				
				1	<u>30, 2017</u>	
B c	heck if pplicab	le: C Name of	organization	D Em	ployer identific	ation number
	Addre	ge SAN	JOSE MUSEUM OF ART ASSOCIATION			
	Name Chang	ge Doing bi	usiness as		23-70	062028
	Initial returr Final	n Number		uite E Tel	ephone number	
		n-	SOUTH MARKET STREET			271-6840
_	ated ∖Amer	City or t	bwn, state or province, country, and ZIP or foreign postal code		ss receipts \$	6,008,221.
	_returr ⊐Appli	) SAN	JOSE, CA 95113-2383		s this a group re	
	_ tion pendi		nd address of principal officer: SUSAN SAYRE BATTON		or subordinates'	
		empt status:				list. (see instructions)
					Group exemption	· · · · ·
		f organization:				I State of legal domicile: CA
	art I	Summary				
	1	-	e the organization's mission or most significant activities: SJMA FOS	TERS A	PPRECIAT	ION AND
lce	.		SS OF THE CONTRIBUTION OF ART AND ARTI			
Governance	2	Check this bo				
ver	3	Number of vot	ing members of the governing body (Part VI, line 1a)			21
	4		ependent voting members of the governing body (Part VI, line 1b)			21
ა ა	5		of individuals employed in calendar year 2016 (Part V, line 2a)			87
itie	6		of volunteers (estimate if necessary)			204
Activities &	7 a		d business revenue from Part VIII, column (C), line 12			60,013.
_ <	b	Net unrelated	business taxable income from Form 990-T, line 34		7b	-7,033.
					or Year	Current Year
¢	8	Contributions	and grants (Part VIII, line 1h)		)14,695.	3,278,807.
nué	9	Program servi	ce revenue (Part VIII, line 2g)		509,466.	491,871.
Revenue	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)		21,988.	623,567.
Œ	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		215,436.	187,847.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,2	261,585.	4,582,092.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14		to or for members (Part IX, column (A), line 4)	0.5	0.	0.
es	15		compensation, employee benefits (Part IX, column (A), lines 5-10)	2,5	511,708.	2,863,684.
ens	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b		ng expenses (Part IX, column (D), line 25)  516,618.	1 0		1 702 000
	1 1	-	es (Part IX, column (A), lines 11a-11d, 11f-24e)		305,468.	1,723,088.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>17,176.</u> 55,591.	<u>4,586,772.</u> -4,680.
v	19	Revenue less	expenses. Subtract line 18 from line 12			
Net Assets or Fund Balances	20	Total cooota /	Part V line 16)		of Current Year 263,917.	End of Year 14,982,727.
Asse	20	Total assets (F			311,888.	409,992.
Vet /	21 22		(Part X, line 26) fund balances. Subtract line 21 from line 20		52,029.	14,572,735.
	art II	Signature				
			declare that I have examined this return, including accompanying schedules and stat	tements and	to the best of my	knowledge and helief it is
			Declaration of preparer (other than officer) is based on all information of which prep.		-	

Sign	Signature of officer     Date										
Here	SUSAN SAYRE BATTON, EXECUTIVE DIRECTOR										
	Type or print name and title										
	rint/Type preparer's name Preparer's signature Date Check PTIN										
Paid	AWRENCE S. KUECHLER LAWRENCE S. KUECHLER 03/21/18 P00233621										
Preparer	irm's name ARMANINO LLP Firm's EIN 94-6214841										
Use Only	irm's address 🖕 50 W. SAN FERNANDO ST, STE 500										
	SAN JOSE, CA 95113 Phone no. 408-200-6400										
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)										
	000										

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2016) SAN JOSE MUSEUM OF ART ASSOCIATION	23-7062028	Page <b>2</b>
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	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? If "Yes," describe these new services on Schedule O.	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Vec	XNo
U	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total expenses, an	ıd
4.0	revenue, if any, for each program service reported. (Code:) (Expenses \$2,408,236. including grants of \$) (Reven	<u> </u>	012
4a	EXHIBITIONS	iue\$	<u>, , , , , , , , , , , , , , , , , , , </u>
	THE SAN JOSE MUSEUM OF ART IS A LEADING SHOWCASE IN THE MODERN AND CONTEMPORARY ART. THE MUSEUM HAS EARNED A REP		TMC
	FRESH, DISTINCTIVE EXHIBITIONS, WHICH ARE CONCEIVED TO E		115
	VISITORS OF VARIOUS AGES AND CULTURAL BACKGROUNDS. THROU		
	EXHIBITIONS AND PROGRAMS, SJMA ADDRESSES MAJOR TRENDS IN		Δ.Τ.
	CONTEMPORARY ART, ARCHITECTURE, AND DESIGN, WITH AN ONGO		
	TO PLACE THE WORK OF EMERGING ARTISTS AND CALIFORNIA ART		N I
	AND INTERNATIONAL CONTEXT. THE MUSEUM STRIVES TO MAKE S		
	CONTRIBUTIONS TO ART-HISTORICAL SCHOLARSHIP; ADDRESS PRE		
	OF INTEREST TO THE GENERAL PUBLIC; AND OFFER PROGRAMS TH		
4b			770.)
40	(Code:) (Expenses \$ / 83, 1/9. including grants of \$) (Rever           EDUCATION	iue \$	<u>, , , , , , , , , , , , , , , , , , , </u>
	THE MICEUM EXPERTENCE AND EDUCATION DEDADMNENT DOCUTDED	ENDTOUTNO	
	THE MUSEUM EXPERIENCE AND EDUCATION DEPARTMENT PROVIDES		
	VISUAL-ART EXPERIENCES TO A BROAD SPECTRUM OF THE COMMUN DEPARTMENT IS WIDELY KNOWN FOR ITS COMMITMENT TO ACCESSI		
	HANDS-ON FAMILY ACTIVITY STATIONS IN THE GALLERIES; AWAR		
	INTERPRETATION; AND CROSS-DISCIPLINARY PROGRAMMATIC PART		
	WHEREBY ACTIVITIES OCCUR IN DECENTRALIZED LOCALES AS WEL		
	MUSEUM. SJMA IS THE LARGEST PROVIDER OF ARTS EDUCATION I		2
	IN GREATER SANTA CLARA COUNTY. SJMA IS DEDICATED TO FURT		
	LEARNING AND TO OPENING 21ST-CENTURY DOORWAYS TO ART. TH		<u> </u>
	PIONEERS DYNAMIC NEW WAYS OF PROVIDING HISTORICAL CONTEX		
40	100.010		355.)
	MUSEUM STORE		, ,
	THE MUSEUM STORE IS LOCATED OFF THE MAIN LOBBY OF SJMA.	THIS ACTIVE	
	GIFT AND BOOK STORE CARRIES MISSION-RELATED PRODUCTS THA	T ARE	
	EDUCATIONAL, FOSTER CREATIVITY, AND ENCOURAGE THE APPREC	IATION OF ART	г.
	THE MUSEUM STORE ALSO FEATURES CUSTOM PRODUCTS BY AREA A	RTISTS AND	
	CRAFTSMEN AS WELL AS MERCHANDISE RELEVANT TO EACH CURREN	T SEASON OF	
	EXHIBITIONS. THE STORE IS STAFFED BY MUSEUM EMPLOYEES AS	WELL AS AN	
	ACTIVE CONTINGENT OF LONGTIME VOLUNTEERS.		
40	Other program services (Describe in Schedule O.)		
Ψu		١	
40	(Expenses \$ including grants of \$ )     (Revenue \$       Total program service expenses >     3,320,327.		
10		Form 9	<b>90</b> (2016)
632002	SEE SCHEDULE O FOR CONTINUATION (S		(2010)

Form 990 (2					OF	ART	ASSOCIATION
Part IV	Checklist of Re	equire	dules				

	· ·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		103	
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
Ŭ	Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ŭ	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10		10	х	
11	endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>			
	as applicable.			
~	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d		11a	х	
h	Part VI			
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		х
_	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44.		х
اہ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	44.1	х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		Х

<u>Form 990 (</u>							ASSOCIATION		
Part IV Checklist of Required Schedules (continued)									

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a				
214	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
b	Did the survey indices the second second second second second second second second second in the second indices	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	270		
U		24c		
Ч	any tax-exempt bonds?	240 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<u>24u</u>		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
<b>L</b>	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		x
~~	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"		х	
	complete Schedule L, Part II	26	Δ	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u>-</u> -
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note All Form 990 filers are required to complete Schedule O	38	Х	1

Pa	<b>Statements Regarding Other IRS Filings and Tax Compliance</b>					
	Check if Schedule O contains a response or note to any line in this Part V		<u></u>	<u></u>		
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	45		Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re		•			
U	(gambling) winnings to prize winners?			1c	x	
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
20	filed for the calendar year ending with or within the year covered by this return	2a	87			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax retur			2b	x	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ -file (see instruction			2.0		
3a				3a	x	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		x
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (	FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		,,.	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	any contributions that were not tax deductible as charitable contributions?	•		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut					
	were not tax deductible?	-		6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices prov	ided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as require	d			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f	/	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g	N/	
h				7h	N/	<u>A</u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the	N/A			
				8		
9	Sponsoring organizations maintaining donor advised funds.		NT / 7			
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
			N/A	9b		
10	Section 501(c)(7) organizations. Enter:					
a ⊾	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	10b				
11	$T_{\rm r}$	11a				
a b						
D D	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	· · · · · · · · · · · · · · · · · · ·		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $M/A$ .	12b		12.0		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a			N/A	13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
	Did the second institution of the second	· · · · ·		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		

Form	990	(2016)
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Check if Schedule O contains a response or note to any line in this Part VI

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

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b		1b	21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship w					
	officer, director, trustee, or key employee?			2		х
3	Did the organization delegate control over management duties customarily performed by or under the d		·····			
	of officers, directors, or trustees, or key employees to a management company or other person?	•		3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990		F	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets		F	5		Х
6	Did the organization have members or stockholders?		F	6		Х
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appo					
	more members of the governing body?			7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stoc		·····			
	persons other than the governing body?			7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year b		····	10		
a	The governing body?			8a	х	
h	Each committee with authority to act on behalf of the governing body?		····	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reache		·····	00		
5	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rever			5		
	The main and the section of requests information about policies not required by the internal Rever	lue Coue.)			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		ſ	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chap		·····	IUU		
				10b		
119	Has the organization provided a complete copy of this Form 990 to all members of its governing body b	efore filing the form		11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		''' ł	114		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to		F	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes			12.0		
U	in Schedule O how this was done	,		12c	х	
13			[	13	X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?		[	14	X	
15	Did the process for determining compensation of the following persons include a review and approval b		·····	14		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ymacpenaent				
а	The organization's CEO, Executive Director, or top management official			15a	х	
	Other officers or key employees of the organization		I	15b	X	
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nt with a				
	taxable entity during the year?			16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate i		·····			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiza					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			10.0		
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ CA					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (S	ection 501(c)(3)s o	nly) av	ailable	;	
	for public inspection. Indicate how you made these available. Check all that apply.	(-/(-/0 0	,,			
	X       Own website       Another's website       X       Upon request       Other (explain in	Schedule ()				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflic	,	, and f	inanci	al	
-	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)271-6873					
	110 SOUTH MARKET STREET SAN JOSE CA 95113-2383					

Form 990 (2	2016)	SAN J	OSE MUSEU	ЈМ ОГ АР	T ASSOCI	LATION	23-1	062028
Part VII	Compensation	of Office	ers, Directors	s, Trustees,	, Key Employ	yees, High	est 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.

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

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

		l	mea			1001	louit			(5)
(A)	(B)			Pos	C) itior	h		(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated
	hours per					s both pr/trus		compensation	compensation	amount of
	week (list any	or					,	from the	from related organizations	other compensation
	hours for	direct						organization	(W-2/1099-MISC)	from the
	related	e or (	stee			sated		(W-2/1099-MISC)	(112/1000/1000)	organization
	organizations	ruste	al trus		yee	mper				and related
	below	dual t	ution	-	mplo	est co	er			organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			0
(1) HILDY SHANDELL	6.00									
PRESIDENT		х		x				0.	0.	0.
(2) TAD FREESE	3.00									
VICE PRESIDENT		х		x				0.	0.	0.
(3) WILLIAM FAULKNER	3.00									
TREASURER		х		x				0.	0.	0.
(4) CORNELIA PENDLETON	2.00									
SECRETARY		х		x				0.	Ο.	0.
(5) PETER LIPMAN	2.00									
TRUSTEE		Х						0.	Ο.	0.
(6) ANNEKE DURY	2.00									
TRUSTEE		Х						0.	0.	0.
(7) ROGER BOWIE	1.00									
TRUSTEE		Х						0.	0.	0.
(8) PETER CROSS	2.00									
TRUSTEE		Х						0.	0.	0.
(9) EILEEN FERNANDES	1.00									
TRUSTEE		Х						0.	0.	0.
(10) CHERYL KIDDOO	3.00									
TRUSTEE		Х						0.	0.	0.
(11) DIPTI MATHUR	1.00									
TRUSTEE		Х						0.	0.	0.
(12) EVELYN NEELY	1.00									
TRUSTEE		Х						0.	0.	0.
(13) GLENDA DORCHAK	3.00									
TRUSTEE		Х						0.	0.	0.
(14) RITA NORTON	2.00									
TRUSTEE		Х						0.	0.	0.
(15) RICHARD KARP	1.00									
TRUSTEE		Х						0.	0.	0.
(16) THANG DO	1.00									_
TRUSTEE		х			<u> </u>			0.	0.	0.
(17) JERRY HIURA	1.00							_	_	•
TRUSTEE		Х						0.	0.	0.

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Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average				itior			Reportable	Reportable		Est	imate	d
	hours per		not ch					compensation	compensatior	ו ו	am	ount	of
	week	offic	cer and	dad	irecto	or/trus	tee)	from	from related		(	other	
	(list any	ector						the	organizations	;	comp	ensa	tion
	hours for	r dire				fed		organization	(W-2/1099-MIS	C)	fro	om the	Э
	related	stee o	ustee			ensa		(W-2/1099-MISC)			orga	inizati	on
	organizations	al trus	nal ti		loyee	e mu						relate	
	below	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizatio	ons
	line)	Ind	Ins	Offi	Key	e <u>F</u> i	Бr						
(18) LYA HOUSE	1.00												
TRUSTEE		Х						0.		0.			0.
(19) MICHELE KELLY-JONES	1.00												
TRUSTEE		Х						0.		0.			0.
(20) SARAH NORTH	1.00												
TRUSTEE		х						0.		0.			0.
(21) CATHY FRASER	1.00												
TRUSTEE		х						0.		0.			Ο.
(22) SUSAN SAYRE BATTON	40.00												
EXECUTIVE DIRECTOR	10000	х		х				150,000.		0.	1:	99	37.
(23) SUSAN KRANE - THRU JANUARY 2017	40.00		+	21				150,000.		<u>••</u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	57.
EXECUTIVE DIRECTOR	40.00			х				250,520.		0.	1 :		55
(24) BRIAN SPANG	40.00		$\vdash$	<u> </u>		-		250,520.		<u>••</u>		, 00	55.
	40.00			<b>37</b>				01 400			r		
FINANCE DIRECTOR	40.00			Х		<u> </u>		91,402.		0.		0,04	<u>45.</u>
(25) JAMES LEVENTHAL	40.00							1 = 0 0 0 0				/	~ ~
DIRECTOR OF DEVELOPMENT						X		150,000.		0.	12	2,50	00.
										_			
1b Sub-total								641,922.		0.	43	5,59	97.
c Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								641,922.		0.	43	,59	<u>97.</u>
2 Total number of individuals (including but n	ot limited to th	ose	listed	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable				
compensation from the organization													3
												Yes	No
3 Did the organization list any former officer,	director, or tru	istee	e, key	/ en	nplo	yee,	or	highest compensated en	nployee on	ſ			
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4	x	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com								ed organization of individ			5		х
Section B. Independent Contractors		<u>;                                    </u>	or su	<u>CIT</u>	Jers	011 .					<u> </u>		
	mponsated ind		ndon	+ ~~	ontre	actor	co th	hat received more than \$	100 000 of comp	oncot	ion fro	m	
. , , ,	•	•							•	ensat			
the organization. Report compensation for	the calendar ye	ear e	enaing	g w	ith C	or wi	tnin		ear.				
(A) Name and business	address							<b>(B)</b> Description of s	ervices	C	(C) ompen		n
							_					34101	<u> </u>
CREATIVE SECURITY COMPANY	-		~ ~	~	<b>F</b> 1	1 0		SECURITY SERV	VICE FOR		201	2	20
150 S. AUTUMN, SUITE B, S	AN JOSE	1	CA	9	51	10		THE MUSEUM			201	.,30	39.

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

Pa	rt VII	Statement of Rever	nue						
_		Check if Schedule O cont	ains a respo	onse	or note to any line		(5)		
						<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns		a					
ran	b	Membership dues		5	190,393.				
л Б С	с	Fundraising events		0	74,296.				
ar A		Related organizations		d					
s, G milå		Government grants (contribut		ə	1,000,141.				
ŝ	f	All other contributions, gifts, gran	ts, and						
but		similar amounts not included abo		F	2,013,977.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f: \$		185,710.				
aSo	h	Total. Add lines 1a-1f			►	3,278,807.			
					Business Code				
e	2 a	PUBLIC PROGRAMS			713990	452,346.	452,346.		
e vic	b	ART CLASS CONTRACTS & T	TUITION		713990	37,770.	37,770.		
Se	с	TRAVELING EXHIBITIONS			713990	1,755.	1,755.		
am eve	d								
Program Service Revenue	е								
۲	f	All other program service reve	enue						
	g	Total. Add lines 2a-2f			►	491,871.			
	3	Investment income (including							
		other similar amounts)				329,546.			329,546.
	4	Income from investment of tax	x-exempt bo	ond p	roceeds 🕨				
	5	Royalties	1						
			(i) Rea		(ii) Personal				
		Gross rents	74,	568.					
	b	Less: rental expenses		0.					
	С	Rental income or (loss)	74,	568.		54 560			54.560
						74,568.			74,568.
	7 a	Gross amount from sales of	(i) Securi		(ii) Other				
		assets other than inventory	1,303,	002.					
	D	Less: cost or other basis	1,008,	9.81					
		and sales expenses							
		Gain or (loss)	,			294,021.			294,021.
		Net gain or (loss) Gross income from fundraising							
Iue	0 a		, <sup>296</sup> . of	51					
Other Revenue		contributions reported on line							
Re		Part IV, line 18		а	299,596.				
her	b	Less: direct expenses							
đ		Net income or (loss) from func				0.			
		Gross income from gaming ac	0						
		Part IV, line 19							
	b	Less: direct expenses							
		Net income or (loss) from gam			►				
		Gross sales of inventory, less							
		and allowances		. а	224,920.				
	b	Less: cost of goods sold		b	117,552.				
	с	Net income or (loss) from sale	s of invento	ory	►	107,368.	47,355.	60,013.	
[		Miscellaneous Revenu	е		Business Code				
	11 a	MISC INCOME			713990	5,911.	5,911.		
	b				ļ ļ				
	с				ļ ļ				
		All other revenue							
	е	Total. Add lines 11a-11d			►	5,911.			
	12	Total revenue. See instructions.			🕨	4,582,092.	545,137.	60,013.	698,135.

Form 990 (2016)

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Page **9** 

<u>Sect</u>	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons		-	nplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> 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,		1 60 500		00 000
_	trustees, and key employees	645,725.	169,520.	395,206.	80,999.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1 075 004	1 402 027	106 116	DEE 041
7	Other salaries and wages	1,875,884.	1,493,927.	126,116.	255,841.
8	Pension plan accruals and contributions (include	50 114	25,254.	10,925.	12 025
~	section 401(k) and 403(b) employer contributions)	50,114. 111,392.	45,067.	33,990.	<u>13,935</u> . 32,335.
9	Other employee benefits	180,569.	167,997.	1,745.	10,827.
10	Payroll taxes	100,309.	107,997.	,/4J•	10,027.
11	Fees for services (non-employees):				
	Management	195.		195.	
		38,710.		38,710.	
	Accounting	50,710.		50,710.	
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees	40,247.		40,247.	
י מ	Other. (If line 11g amount exceeds 10% of line 25,	10,21,.		40,24,4	
9	column (A) amount, list line 11g expenses on Sch 0.)	407,398.	366,656.	11,364.	29,378.
12	Advertising and promotion	145,132.	141,683.	3,390.	<u> </u>
13	Office expenses	396,573.	298,242.	31,234.	67,097.
14	Information technology	67,580.	33,001.	12,850.	21,729.
15	Royalties	. ,	,	,	· -
16	Occupancy				
17	Travel	132,856.	93,658.	38,069.	1,129.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,400.	2,529.	1,219.	1,652.
20	Interest	-	-	-	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,723.	2,443.	64.	216.
23	Insurance	42,903.	39,828.	1,876.	1,199.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PURCHASED ART COLLECTIO	228,752.	228,752.	0.	0.
b		124,687.	124,655.	32.	0.
c	MATERIALS	89,932.	87,115.	2,595.	222.
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,586,772.	3,320,327.	749,827.	516,618.
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 Figure if following SOP 98-2 (ASC 958-720)				

SAN	JOSE	MUSEUM	OF	ART	ASSOCIATION	

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		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	2,213,554.	1	2,181,472.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	1,692,834.	3	1,520,674.
	4	Accounts receivable, net	50,525.	4	57,781.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L	274,750.	5	278,500.
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
◄	8	Inventories for sale or use	71,831.	8	71,057.
	9	Prepaid expenses and deferred charges	148,289.	9	90,233.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,710,296.			
	b	Less: accumulated depreciation 1,701,895.	11,124.	10c	8,401.
	11	Investments - publicly traded securities	8,870,893.	11	9,844,492.
	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	930,117.	15	930,117.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	14,263,917.	16	14,982,727.
	17	Accounts payable and accrued expenses	202,546.	17	277,222.
	18	Grants payable	100 240	18	100 880
	19	Deferred revenue	109,342.	19	132,770.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
oiliti		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of		05	
	00	Schedule D	311,888.	25 26	409,992.
	26	Total liabilities. Add lines 17 through 25         Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	511,000.	20	
		complete lines 27 through 29, and lines 33 and 34.			
ces	27		1,581,492.	27	1,713,911.
lan	28	Unrestricted net assets	4,009,928.	28	4,298,215.
Ba	20		8,360,609.	20 29	8,560,609.
pur	25	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here	0,000,000.	25	0,300,0031
ц		and complete lines 30 through 34.			
s ol	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Nei	33	Total net assets or fund balances	13,952,029.	33	14,572,735.
	34	Total liabilities and net assets/fund balances	14,263,917.	34	14,982,727.
			,,,-		

Form **990** (2016)

# Form 990 (2016) Part X Balance Sheet

	000	1001	~
Form	990	(201	O

	990 (2016) SAN JOSE MUSEUM OF ART ASSOCIATION	23-70	062028	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,582		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,586		
3	Revenue less expenses. Subtract line 2 from line 1	3			80.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,952		
5	Net unrealized gains (losses) on investments	5	625	5,3	86.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	14,572	2,7	<u>35.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<b> </b>
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				(0010)
			_		

SCHEDU	LE A
--------	------

	(Form	990	or	990-	EZ)
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# **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.

Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2016
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organizatio

Name	e of t	the organization	ion about benedule A		13 1130 000		/ww.iis.gov/io		r identification number
		-	JOSE MUSEU	M OF ART ASS	ОСТАТ	TON		• •	3-7062028
Par	tl	Reason for Public (					e instructions		
The o	raan	ization is not a private found							
1		A church, convention of ch		•			1)(A)(i)		
2		A school described in sect					•,\~,\')•		
-							::)		
3 [		A hospital or a cooperative						(:::) Entor	the beenitel's name
4 [		A medical research organiz	cation operated in co	njunction with a nospital	described	in sectio	A)(1)(a)011 nd	(III). Enter	the hospital's hame,
- [		city, and state:						ait al a a avila :	a al lia
5 [		An organization operated for		liege or university owned	or operat	ed by a go	overnmental ul	nit describe	ea in
- [		section 170(b)(1)(A)(iv). (C							
6 [	<b>v</b>	A federal, state, or local gov	-						
7 [	X	An organization that norma	•	intial part of its support fr	om a gove	ernmental	unit or from th	le general	public described in
ſ		section 170(b)(1)(A)(vi). (C							
8 [		A community trust describe							
9 [		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	, and state of	the college	e or
		university:							
10 [		An organization that norma	ally receives: (1) more	e than 33 1/3% of its supp	port from o	contributio	ns, membersh	nip fees, ar	d gross receipts from
		activities related to its exem	npt functions - subje	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	s support	from gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	after June 30, 1975.
-		See section 509(a)(2). (Con	mplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sat	ety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section &	509(a)(3). (	Check the box in
		lines 12a through 12d that	describes the type o	of supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		<b>Type I.</b> A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A supporting org	anization supervised	d or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	/ing
		control or management o	of the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	st complete Part IV,	Sections A and C.					
с		Type III functionally inte	grated. A supportin	ng organization operated	in connec <sup>-</sup>	tion with, a	and functional	ly integrate	ed with,
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppor	ted organi:	zation(s)
		that is not functionally int	tegrated. The organiz	zation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	veness
		requirement (see instructi	ions). You must cor	mplete Part IV, Sections	A and D,	and Part	<b>v</b> .		
е		Check this box if the orga	anization received a	written determination from	m the IRS	that it is a	Type I, Type	II, Type III	
		functionally integrated, or							
f	Ente	er the number of supported o	organizations						
g	Prov	vide the following informatior							
	(	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed ing document?	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions

#### Schedule A (Form 990 or 990-EZ) 2016 SAN JOSE MUSEUM OF ART ASSOCIATION Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) a

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	4509023.	3125288.	2746922.	3014695.	3278807.	16674735.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge	1217969.	1310400.	1544400.	1544501.	1872000.	7489270.	
4	Total. Add lines 1 through 3	5726992.	4435688.	4291322.	4559196.	5150807.	24164005.	
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)						1722921.	
6	Public support. Subtract line 5 from line 4.						22441084.	
	tion B. Total Support							
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
	Amounts from line 4	5726992.	4435688.	4291322.	4559196.	5150807.	24164005.	
	Gross income from interest,							
Ŭ	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources	486,435,	454,165.	444,825.	498,400.	404,114.	2287939.	
٩	Net income from unrelated business	100,1000	101/1001	111/0250	19071000	101/1110	22079391	
3	activities, whether or not the							
	business is regularly carried on	22,113.	28,796.	35,659.	44,194.		130,762.	
10	Other income. Do not include gain		2077901				10077020	
10	or loss from the sale of capital							
	assets (Explain in Part VI.)		424.	11,489.	36,563.	5,911.	54,387.	
44	<b>Total support.</b> Add lines 7 through 10		1010	11,105.	50,505.		26637093.	
	Gross receipts from related activities,		.no)				,591,322.	
	First five years. If the Form 990 is for			d fourth or fifth to			, 551, 522.	
13	organization, check this box and <b>stor</b>	-			-			
Sec	tion C. Computation of Publi						·····	
	Public support percentage for 2016 (I			olump (f))		14	84.25 %	
	Public support percentage from 2015	,	•	())		15	82.35 %	
104	<b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization							
h								
U	<b>b 33 1/3% support test - 2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
17-	and <b>stop here</b> . The organization qualifies as a publicly supported organization							
17a	7a 10% -facts-and-circumstances test - 2016. 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							
		-		• • • •				
b	10% -facts-and-circumstances test	•						
	more, and if the organization meets th						e 	
	organization meets the "facts-and-circ			-				
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

# Schedule A (Form 990 or 990-EZ) 2016 SAN JOSE MUSEUM OF ART ASSOCIATION 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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	6 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
Ł	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	6 (f) Total
	Amounts from line 6	(,	(-)			()/====	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	•					
_	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publi						
15	Public support percentage for 2016 (li	ne 8, column (f) di	ivided by line 13, c	olumn (f))		15	%
	Public support percentage from 2015					16	%
See	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	9 <b>16</b> (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18	1 5					18	%
19a	<b>33 1/3% support tests - 2016.</b> If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and I	ine 17 is not
ł	more than 33 1/3%, check this box ar <b>33 1/3% support tests - 2015.</b> If the						►
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						
				,, encore			····· F

# Schedule A (Form 990 or 990-EZ) 2016 SAN JOSE MUSEUM OF ART ASSOCIATION

### 23-7062028 Page 4

1

2

Yes

No

# 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

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

10b

# Schedule A (Form 990 or 990-EZ) 2016 SAN JOSE MUSEUM OF ART ASSOCIATION Part IV Supporting Organizations (continued)

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

Sche	dule A (Form 990 or 990-EZ) 2016 SAN JOSE MUSEUM OF ART	ASSOC	IATION	23-7062028 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain i	n Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
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		
Sect	ion 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		

Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 4 4 Enter greater of line 2 or line 3 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

7 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) 2016 SAN JOSE MUSEUM OF ART ASSOCIATION

га	Type in Non-Functionally integrated 509	allo Supporting Orga	inizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		
2	Amounts paid to perform activity that directly furthers exemption			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	5		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions			
_7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which th	e organization is responsive	1	
	(provide details in <b>Part VI</b> ). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	<i>(</i> )	(11)	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
C	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
8	and 4c Breakdown of line 7:			
<u> </u>				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

Schedule A	(Form 990 or 990 EZ) 2016 SA	N JOSE MUSEU	M OF AR	F ASSOCIATION	23-7062028 Page 8
Part VI	Supplemental Informatic Part IV, Section A, lines 1, 2, 3b line 1; Part IV, Section D, lines 2 Section D, lines 5, 6, and 8; and (See instructions.)	9, 3c, 4b, 4c, 5a, 6, 9a, 9 2 and 3; Part IV, Sectior	96, 9c, 11a, 11k 1 E, lines 1c, 2a	), and 11c; Part IV, Section B , 2b, 3a, and 3b; Part V, line <sup>-</sup>	, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V,

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

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# Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

anization

23-7062028

OMB No. 1545-0047

Employer identification number

Organization type (check one).						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> 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.

SAN JOSE MUSEUM OF ART ASSOCIATION

#### **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**

X 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 exclusively religious is charitable, etc., exclusively religious, exclusivel

**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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

### Name of organization

Employer identification number

23-7062028

# SAN JOSE MUSEUM OF ART ASSOCIATION

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		\$865,229.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>176,975.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>275,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>90,133.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$287,314.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

### Name of organization

Page **2** 

Employer identification number

23 - 7062028

# SAN JOSE MUSEUM OF ART ASSOCIATION

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
<u> </u>		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

23 - 7062028

# SAN JOSE MUSEUM OF ART ASSOCIATION

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

	(See instructions). Use duplicate copies of Pa		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. ·om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_		\$	

Name of orga	anization	Employer identification number					
SAN JO	SE MUSEUM OF ART ASSOC	CIATION		23-7062028			
Part III	Exclusively religious, charitable, etc., cor the year from any one contributor. Complete completing Part III, enter the total of exclusively religio Use duplicate copies of Part III if additio	ntributions to organizations described e columns (a) through (e) and the follo us, charitable, etc., contributions of \$1,000 o	owing line entry. For organization	(10) that total more than \$1,000 for			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
		(e) Transfer of gi	ft				
	Transferee's name, address,	and ZIP + 4	Relationship of tra	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift (c) Use of g		(d) Desc	cription of how gift is held			
-	(e) Transfer of gift						
_	Transferee's name, address,	and ZIP + 4	Relationship of tra	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
		(e) Transfer of gi	 ft				
	Transferee's name, address,	and ZIP + 4	Relationship of tra	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
-		(e) Transfer of gi	ft				
-	Transferee's name, address,	and ZIP + 4	Relationship of tra	nsferor to transferee			

Department of the Treasury

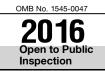
Internal Revenue Service

(Form 990)

1

2

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.



ne last

Name of the organization Employer identification number SAN JOSE MUSEUM OF ART ASSOCIATION 23-7062028 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year)

~	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 advis	ed funds	
	are the organization's property, subject to the organization's	exclusive legal control?	Yes	No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose o	conferring	
			Yes	No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, I	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		

	Preservation of land for public use (e.g., 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	ion contribution in the form of a conservation easement on t

	day of the tax year.		Held at the End of th	e Tax Year
а	Total number of conservation easements	2a		
b	Total acreage restricted by conservation easements	2b		
с	Number of conservation easements on a certified historic structure included in (a)	2c		
d	Number of conservation easements included in (c) acquired after 8/17/06, 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 organi	zation	during the tax	
	year ►			
4	Number of states where property subject to conservation easement is located			
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements it holds?		Yes	🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	n ease	ments during the ye	ear
	▶			
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation early	semen	ts during the year	
	►\$			
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	(i)		
	and section 170(h)(4)(B)(ii)?		Yes	No

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

#### Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.

b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts
	relating to these items:

-	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	0	
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1	\$121	L,050.
b	Assets included in Form 990, Part X	\$	

Part IIII       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets       Construction         a Using the organization's accession, and other records, check any of the following that are a significant use of its collection items (check at that apply).       a Maintaining Collections and explain how they further the organization's exempt purpose in Part XIII.         b IXI Scholnry research       e Other         c XXI Preservation for future generations       e Other         Part IXI Escrow and Custodial Arrangements.       Complete the organization accession of an thistorical researce, or other similar assets         to boad to rade hords after fue to be maintained as and of the organization accession?       I Yes No.         Part IXI Escrow and Custodial Arrangements.       Complete the construction answered "Yes" on Form 990, Part IV, Ine 9, or reported an amount on Form 900, Part IV, Ine 21.         1a Is the organization an agent, trustee, custodian or other intermediary for contributions or outbe assets not included on Form 900, Part V, Ine 21.       Incent the organization angent, trustee, custodian or other intermediary for contributions or custodial accent liability?       Yes No         2a Det the organization is anyon the organization accent liability?       Yes       No         b If Yes, "explain the arrangement in Part XIII and complete the following table:       Intervents back (d) Three yeas back (d) Four wats bac			E MUSEUM OF					23-70			age <b>2</b>
click all that apply:       d       ∑ Loan or exchange programs         b       ∑ Scholarly research       e       Other	Par	t III   Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or C	Other S	Similar	Assets	(contir	nued)	
a ≧ Public exhibition definition	3	Using the organization's acquisition, accession	on, and other records	, check any of the f	following that ar	re a sign	ificant u	se of its co	ollection	items	i
b       Scholarly research       e       Other         c       Mail Preservation for future generations       e       Other         4       Provide a description of the organization scolections and explain how they further the organization secentprivation sector that a set at the the organization scolection?       Xi Yes       No         5       Dring the year, did the organization scolection?       Xi Yes       No         7       Reprivation for future generations       Carpitation answered Yes' on Form 930, Part X, Ine 32.       Ta Is the organization analysis, Ine 32.         1a       Is the organization analysis, Ine 32.       Ta Is the organization analysis, Ine 32.       Amount       Te Is the organization analysis, Ine 32.         1a       Is the organization analysis, Ine 32.       Amount       Te Is the organization included analysis, Ine 32.       Amount       Te Is the organization included analysis, Ine 32.         1a       Beginning balance       Internet analysis, Ine 32.       Amount       Te Is the organization include an amount on Form 990, Part X, Ine 32.       Te schoard analysis, Ine 32.       Yes       No         D bit for organization include an amount on Form 990, Part X, Ine 32.       Ine schoard analysis, Ine 32.       Te schoard analysis, Ine 32.       Yes       No         D the organization include an amount on Form 990, Part X, Ine 32.       Ine 1.01.       Te Is the organization include analysis		(check all that apply):									
c       Image: Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         buring the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII.       To be sold to raise funds rather than to be maintained as part of the organization's collection?       Image: Total Stresson 2000, Part K, line 9, or Tepoted an amount on Form 990, Part K, line 9.1.         Table Stresson 2000, Part K?       Total Stresson 2000, Part K?       Image: Total Stresson 2000, Part K?       Image: Total Stresson 2000, Part K?         a Is the organization an expent to the assesson 2000, Part K?       Image: Total Stresson 2000, Part K?       Image: Total Stresson 2000, Part K?       Image: Total Stresson 2000, Part K?         a Additions during the year       Image: Total Stresson 2000, Part K?         a Beginning balance       Image: Total Stresson 2000, Part K?       Image: Total St	а		d	X Loan or exc	hange program	S					
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 add to raise funds rather than to be maintained as part of the organization's collection?     Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 900, Part X?     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 900, Part X?     Is the organization angent. In Part XIII and complete the tollowing table:         Cell Beginning balance         Cell Additions during the year         Ending balance         Cell Distributions during the year         Ending balance         Cell Distributions during the year         Ending balance         Cell Distributions         Complete if the organization narwered "Yes" on Form 900, Part X line 21.         Cell Distributions         Cell Di	b	X Scholarly research	е	Other							
5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets       IX       Yes       No         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part X, Ine 21.       Table of the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ives       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount       Ite agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Iine 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount       Ite agent, trustee, custodian or form 990, Part X, line 21, for escrow or custodial account liability?       Ives       No         b       If 'Yes', explain the arrangement in Part XIII and complete if the organization answered 'Yes' on Form 990, Part X, line 21, for escrow or custodial account liability?       Ives       No         b       If 'Yes', explain the arrangement in Part XIII and complete if the organization answered 'Yes' on Form 990, Part X, line 21, 102, 145, 264, 102, 142, 246, 9, 700, 054, 102, 142, 146, 122, 123, 123, 124, 123, 127, 246, 120, 126, 246, 9, 700, 054, 120, 126, 246, 120, 126, 246, 120, 126, 246, 120, 126, 246, 120, 126, 246, 120, 126, 246, 120, 126, 246, 120, 126, 246, 120, 126, 246, 120, 126, 246, 120, 126, 246, 120, 126, 246, 120, 126, 246, 120, 126, 246, 120, 1	с	X Preservation for future generations									
tops sold to raise funds rather than to be maintained as part of the organization a collection?       Image: Text of the organization and the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Ta is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Image: Text of the organization and the organization and the intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Test Beginning balance       Image: Text of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Text of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Text of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Text of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Text of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Text of the organization in asket of the organization answered "Yes" on Form 990, Part X, line 21, for escrew or custodial account liability?       Image: Text of the organization in a set of the organization answered "Yes" on Form 990, Part X, line 21, for escrew or custodial account liability?         Part V       Endowrnent Funds. Complete it the organization answered "Yes" on Form 990, Part X, line 10.       Image: Text of the organization is acholarships.       Image: Text of the organization is acholarships.	4							se in Part 2	XIII.		
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, custodial an or other intermediary for contributions or other assets not included on Form 990, Part X       Ves       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:	5	During the year, did the organization solicit o	r receive donations of	f art, historical treas	sures, or other s	similar as	ssets		_		_
reported an amount on Form 990, Part X, line 21.           1a         Is the organization agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?         Ime 21.           1a         Is the organization include an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X.         Ime 21.         Image: Control of Control											No
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X       IVes       No         b       If 'Yes,'' explinit the arrangement in Part XIII and complete the following table:       Image: Complete in the intermediary for contributions or other assets not included on Form 980, Part X, line 21, for escrew or custodial account liability?       Image: Complete intermediary for escrew or custodial account liability?       Image: Complete intermediary for escrew or custodial account liability?       Image: Complete intermediary for escrew or custodial account liability?       Image: Complete intermediary for escrew or custodial account liability?       Image: Complete intermediary for escrew or custodial account liability?       Image: Complete intermediary for escrew or custodial account liability?       Image: Complete intermediary for escrew or custodial account liability?       Image: Complete intermediary for escrew or custodial account liability?       Image: Complete intermediary for escrew or custodial account liability?       Image: Complete intermediary for escrew or custodial account liability?       Image: Complete intermediary for escrew or custodial account liability?       Image: Complete intermediary for escrew or custodial account liability?       Image: Complete intermediary for escrew or custodial account liability?       Image: Complete intermediary for escrew or custodial account liability?       Image: Complete intermediary for escrew or custodiary forescrew or custodiary for	Par			te if the organizatio	n answered "Ye	es" on Fo	orm 990	, Part IV, I	ine 9, or		
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       1d         d Additions during the year       1d         e Distributions during the year       1d         g 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 X (ine 10.       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       On The organization answered "Yes" on Form 990, Part IV, line 10.         1a Beginning of year balance       10 (Jur organization answered "Yes" on Form 990, Part IV, line 10.       On Town years back (e) Four years back											
b       If Yes," explain the arrangement in Part XIII and complete the following table:          Amount          c       Beginning balance          Id          d       Additions during the year          Id          e       Distributions during the year          Id          a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?          Yes          D       If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII           Iv Yes          Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 980, Part IV, line 10.           Iv 1, 15, 566.           Iv 749, 328.           Iv 1, 162, 166.           Provide the arrangement in Part XIII.          Beginning of year balance          Iv 1, 102, 566.           Iv 1, 242, 213.           Iv 1, 242, 213.           Provide the arrangement in Part XIII          C Oratio so sobioarships           Iv 1, 102, 2166.           Provide the astimated part or quasi-indowment            Iv 202, 543.           Pv 2, 10, 749, 328.           Iv 24, 289.           Tv 30.          If drants or sobioarships           Iv 1, 040, 433.           Iv	1a			•					7		٦
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       ff "Yes," explain the arrangement in Part XIII. Check here if the explanation nawseed "Yes" on Form 990, Part X, line 10.       Image: State St								∟	] Yes		_ No
c       Beginning balance       1c         d       Additions during the year       1c         d       Additions during the year       1c         d       Ending balance       1f         d       Distributions during the year       1c         d       Distributions during the year       1f         d       Distributions       1g       1f         e       Distributions       10,135,656.       10,541,697.       10,749,328.       10,152,156.       9,700,054.         b       Contributions       12,02,503.       92,134.       100,749,328.       10,152,156.       9,700,054.         c       Other expenditures for facilities       12,02,503.       92,134.       100,749,328.       10,162,166.       9,700,054.         f       Administrative expenditures for facilities       1,040,433.       10,136,566.       10,541,697.       10,749,328.       10,162,166.         f       Administrative expendses       11,040,433.       10,136,566.       10,541,697.       10,749,328.       10,162,166.         f	b	It "Yes," explain the arrangement in Part XIII	and complete the follo	owing table:					•		
d Additions during the year       id         e Distributions during the year       id         if       if         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial accounti liability?       Yes       No         b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: Complete if the explanation answered 'Yes' on Form 990, Part V, line 10.       Image: Complete if the explanation answered 'Yes' on Form 990, Part V, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two yeas back       (d) Three years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two yeas back       (d) Three years back       (e) Four years back         1a Grants or scholarships       (a) Grants or scholarships       (a) 0,000.       5,264.       181,422.       13,379.       80,332.         1 Additions       Additions factor facilities       (a) 0,000.       5,264.       10,162,166.       9,700.054.         2 Forvide the estimated percentage of the current year end balance (line 10, column (a)) held as:       (a) 749,328.       10,162,166.       9,700.054.         2 Provide the estimated percentage of the current year end balance (line 10, column (a)) held as:       (b) Prioryear       (c) Fouryear back       (c) 749,328. <th>_</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>Amoun</th> <th>ι</th> <th></th>	_								Amoun	ι	
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?       Ves       No         2b       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         2b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: Complexity of the explanation has been provided on Part XIII.       Image: Complexity of 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.       Image: Complexity of the explanation has been provided on Part XIII.         4a       Beginning of year balance       10,136,566.       10,541,697.       10,749,328.       10,162,166.         b       Contributions       200,000.       5,264.       10,345,556.       447,506.       407,463.         c       Other expenditures for facilities and programs       498,676.       502,529.       497,565.       447,506.       407,463.         g       End of year balance       11,040,433.       10,136,556.       10,541,697.       10,749,328.       10,162,166.         2       Provide the estimated percentage of the current year en											
f       Ending balance       If         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       No       No         b       If "Yes" explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII       No       No         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back       (e) Two years back       (f) Three years back       (e) Four years back       (e) Two years back       (f) Tree years back       (f) Four years back       (f) Tree years back       (f) Four years back       (f) Tree years back       (f) Four years back       (f) Tree year <th></th>											
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       Yes       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part K, line 10.       Image: Complete if the organization answered 'Yes' on Form 990, Part K, line 11, 126, 156.       9, 700, 054.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1       Contributions       200, 000.       5, 264.       181, 422.       15, 379.       80, 532.         c       Not investment earnings, gains, and losses       1, 202, 543.       92, 134.       108, 512.       1, 294, 289.       789, 043.         d       Grants or scholarships       498, 676.       502, 529.       497, 565.       447, 506.       407, 463.         f       Administrative expenses       11, 040, 433.       10, 136, 566.       10, 541, 697.       10, 749, 328.       10, 162, 166.         2       Provide the estimated percentage of the current year on balance       %       11, 040, 433.       10, 136, 566.       10, 541, 697.       10, 749, 328.       10, 162, 166.	f										
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.         1a       Beginning of year balance       (a) Current year       (b) Prov yes's back       (c) Two years back       (d) Prov years back         1a       Beginning of year balance       (a) Current year       (b) Prov years       (c) Two years back       (d) Drev years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prov years       (b) Prov years       (c) Two years back       (d) Three years       back       (d) Three years       back       (d) Three years       back       (d) Three years       back       (d) Three years       back       (d) Three years       back       (d) Three years       back       (d) Three years       back       (d) Three years       back       (d) Three years       back       (d) Three years       back       (d) Three years       back       (d) Three years       back       (d) Three years       back       (d) Three years       back       (d) Three years       back       (d) Three years       form year	2a								Yes		No
Part V         Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.           1a         Beginning of year balance         (a) Current year         (b) Prior year         (c) Two years back         (d) Three years back         (e) Four years back         (f) Three years back         (e) Four years back         (f) Three years back         (f)						-	• • • • • • • • •	·····	] 100		]
Image: formula in the intervent set of the organization is endowment funds.       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       10,135,566.       10,541,697.       10,749,328.       10,162,166.       9,700,054.         b       Contributions       200,000.       5,264.       181,422.       15,379.       80,533.         c       Net investment earnings, gains, and losses       1,202,543.       92,134.       108,512.       1,294,289.       789,043.         c       Other expenditures for facilities       and programs       498,676.       502,529.       497,565.       447,506.       407,463.         f       Administrative expenses       11,040,433.       10,136,566.       10,541,697.       10,749,328.       10,162,166.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       Board designated or quasi-endowment ▶											<u> </u>
1a       Beginning of year balance       10,136,566.       10,541,697.       10,749,328.       10,162,166.       9,700,054.         b       Contributions       200,000.       5,244.       181,422.       15,379.       80,532.         c       Net investment earnings, gains, and losses       1,202,543.       92,134.       108,512.       1,294,289.       789,043.         and programs       498,676.       502,529.       497,565.       4447,506.       407,463.         g       End of year balance       11,040,433.       10,136,566.       10,541,697.       10,749,328.       10,162,166.         g       End of year balance       11,040,433.       10,136,566.       10,541,697.       10,749,328.       10,162,166.         g       End of year balance       11,040,433.       10,136,566.       10,541,697.       10,749,328.       10,162,166.         g       End of year balance       11,040,433.       10,136,566.       10,541,697.       10,749,328.       10,162,166.         g       End of year balance       11,040,433.       10,136,566.       10,541,697.       10,749,328.       10,162,166.         g       Permanent endowment ▶       22.46       %       %       %       %       %         h       Permanent		·						ears back	(e) Four	vears	back
b       Contributions       200,000.       5,264.       181,422.       15,379.       80,532.         c       Net investment earnings, gains, and losses       1,202,543.       92,134.       108,512.       1,294,289.       789,043.         d       Grants or scholarships       1       1202,543.       92,134.       108,512.       1,294,289.       789,043.         e       Other expenditures for facilities       498,676.       502,529.       497,565.       447,506.       407,463.         g       End of year balance       11,040,433.       10,136,566.       10,541,697.       10,749,328.       10,162,166.         g       Forvide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment ▶       77.54       %         b       Permanent endowment ▶       22.46       %       %       Yes No       3a(i) X       3a(i) X<	1a	Beginning of year balance									
c       Net investment earnings, gains, and losses       1, 202, 543.       92, 134.       108, 512.       1, 294, 289.       789, 043.         d       Grants or scholarships	b		200,000.	5,264.	181,4	422.		15,379.		80,	532.
e       Other expenditures for facilities and programs       498, 676.       502, 529.       497, 565.       447, 506.       407, 463.         f       Administrative expenses       11,040,433.       10,136,566.       10,541,697.       10,749,328.       10,162,166.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment ▶      %         c       Temporarily restricted endowment ▶      %      %         b       Permanent endowment ▶      %      %         (i)       unrelated organizations      %         (ii)       related organizations	с		1,202,543.	92,134.	108,	512.	1,2	94,289.		789,	043.
e       Other expenditures for facilities and programs       498, 676.       502, 529.       497, 565.       447, 506.       407, 463.         f       Administrative expenses       11,040,433.       10,136,566.       10,541,697.       10,749,328.       10,162,166.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment ▶      %         c       Temporarily restricted endowment ▶      %      %         b       Permanent endowment ▶      %      %         (i)       unrelated organizations      %         (ii)       related organizations	d	Grants or scholarships									
f       Administrative expenses       275,000.         g       End of year balance       11,040,433.       10,136,566.       10,541,697.       10,749,328.       10,162,166.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment ▶											
g End of year balance       11,040,433.       10,136,566.       10,541,697.       10,749,328.       10,162,166.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment ▶      %         b Permanent endowment ▶      %      %         c Temporarily restricted endowment ▶      %         g End of year balance      %         b Permanent endowment ▶      %         c Temporarily restricted endowment ▶      %         g End of year balance      %         b Permanent endowment ▶      22.46       %         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:		and programs	498,676.	502,529.	497,	565.	4	47,506.		407,	463.
2       Provide the estimated percentage of the current year end balance (line 1g, column (ai)) held as:         a       Board designated or quasi-endowment ▶	f	Administrative expenses						,			
a Board designated or quasi-endowment ▶      %         b Permanent endowment ▶      %         c Temporarily restricted endowment ▶      %         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:      %         (i) unrelated organizations      %         3a(i) x      %         3a(i) related organizations      %         3a(ii) x      %         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.	g	End of year balance	11,040,433.	10,136,566.	10,541,	697.	10,7	49,328.	10	,162,	166.
b       Permanent endowment ▶       77.54       %         c       Temporarily restricted endowment ▶       22.46       %         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: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(iiii) related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>(a) Cost or other basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value factor of the cost or other factor of t</li></ul>	2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)	)) held as:						
c       Temporarily restricted endowment ▶ 22.46 %         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: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(iii) related organizations</li> <li>(iii) related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> 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.         (d) Book value           Description of property         (a) Cost or other         (b) Cost or other         (c) Accumulated           b Buildings                c Leasehold improvements         613,310.604,909.8,401. </th <th></th> <th></th> <th></th> <th>_%</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>				_%							
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: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>3a(i) X</li> <li>3a(ii) X</li> <li>3a(ii) X</li> <li>3a(ii) X</li> <li>3b</li> <li>3b</li> </ul> 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 (other)         (c) Accumulated depreciation           b Buildings         613, 310.         604, 909.         8, 401.           c Leasehold improvements         613, 310.         604, 909.         8, 401.           c Leasehold improvements         351, 218.         0.         0.           Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)         8, 401.         8, 401.											
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       3a(i)       X         (ii) related organizations       3a(ii)       X         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       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.       (d) Book value         1a Land       b       buildings       513, 310.       604, 909.       8, 401.         b Buildings       613, 310.       604, 909.       8, 401.       613.       0.         c Leasehold improvements       613, 310.       604, 909.       8, 401.       0.         c Leasehold improvements       613, 310.       604, 909.       8, 401.       0.         c Other       351, 218.       351, 218.       0.       0.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B). line 10c.)       8, 401.       8, 401.	С										
by: (i) unrelated organizations (ii) related organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XII 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. 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 b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) Note: Column (d) must equal Form 990, Part X, column (B), line 10c.) Note: Column (d) must equal Form 990, Part X, column (B), line 10c.) Complete 1 through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) Complete 1 through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) Complete 1 through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)											
(i)       unrelated organizations       3a(i)       X         (ii)       related organizations       3a(ii)       X         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3c         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3c       3c       3c         Part VI       Land, Buildings, and Equipment.       3c       3c       3c       3c         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value       3c         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         b       Buildings       5c       1a	3a	Are there endowment funds not in the posse	ssion of the organizat	ion that are held ar	nd administered	for the	organiza	tion	ſ		
(ii) related organizations       3a(ii)       X         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       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.       (d) Book value         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       6113, 310.       604, 909.       8, 401.         c Leasehold improvements       6133, 310.       604, 909.       8, 401.         d Equipment       745, 768.       745, 768.       0.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       8, 401.		-									No
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       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         1a       Land       1a       Land       1a         b       Buildings       513, 310.       604, 909.       8, 401.         c       Leasehold improvements       613, 310.       604, 909.       8, 401.         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.)       8, 401.		<b>***</b> • • • • • •								<u> </u>	v
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 Buildings       (d) Book value         c Leasehold improvements       613,310.       604,909.         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.)       8,401.		•									
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.       (d) Book value         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land	-								30		<u> </u>
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         1a Land	<u> </u>			/ment funds.							
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land	1 41			Part IV line 11a S		ort V lin	0.10				
Image: Second state of the		· · · · · · · · · · · · · · · · · · ·						d	(d) Boo	k volu	
b Buildings       613,310.       604,909.       8,401.         c Leasehold improvements       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.)       8,401.		Description of property						u	( <b>u)</b> B00	n valu	U
b Buildings       613,310.       604,909.       8,401.         c Leasehold improvements       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.)       8,401.	<b>1</b> a	Land									
c Leasehold improvements       613,310.       604,909.       8,401.         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.)       8,401.											
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.)         ▶         8,401.										8,4	01.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	d	Equipment									
	e	Other		35	1,218.	35	51,21	18.			
	<u>Tota</u>	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	<u>(, column (B), line 1</u>	0c.)	<u></u>					

Part VII	Investments - Other Securities.				
	Complete if the organization answered "Yes" of				
., .	tion of security or category (including name of security)	(b) Book value	(c) Method of Valua	tion: Cost or end	-of-year market value
.,	al derivatives				
	held equity interests				
(3) Other					
(A)					
(B)					
(C)					
<u>(D)</u> (E)					
<u>(E)</u> (F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.) 🕨				
Part VIII	Investments - Program Related.				
	Complete if the organization answered "Yes" of	n Form 990 Part IV	line 11c. See Form 990. Part	X line 13	
	(a) Description of investment	(b) Book value			-of-year market value
(1)		.,			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (	b) must equal Form 990, Part X, col. (B) line 13.) 🕨				
Part IX	Other Assets.				
	Complete if the organization answered "Yes" of	on Form 990, Part IV,	line 11d. See Form 990, Part	X, line 15.	
		Description			(b) Book value
(1) BE	NEFICIAL INTEREST IN PER	PETUAL TRUS	ST		930,117.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col. (B) line	<u>15.)</u>		🕨	930,117.
Part X	Other Liabilities.				
	Complete if the organization answered "Yes" of	on Form 990, Part IV,		), Part X, line 25.	
<u>1.</u>	(a) Description of liability		(b) Book value		
	leral income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
<u>(8)</u> (9)					
		05)			
TOTAL (Colu	<u>mn (b) must equal Form 990, Part X, col. (B) line</u>	25.) 🕨			

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

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Schedule D (Form 990) 2016

Sche			7062028 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn.	
	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	7,485,963.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a 625, 386.		
b	Donated services and use of facilities 2b 2,201,180.		
с	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d 117,552.		
е	Add lines 2a through 2d	2e	2,944,118.
3	Subtract line <b>2e</b> from line <b>1</b>	3	4,541,845.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b 40,247.		
с	Add lines <b>4a</b> and <b>4b</b>	4c	40,247.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,582,092.
Pa	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	eturi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	6,865,257.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 2,201,180.		
b	Prior year adjustments 2b		
с	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	2,318,732.
3	Subtract line 2e from line 1	3	4,546,525.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b 40,247.		
с	Add lines 4a and 4b	4c	40,247.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)	5	4,586,772.
Pa	t 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 AS
NON-OPERATING DECREASES IN THE UNRESTRICTED NET ASSETS IN THE YEAR IN
WHICH ITEMS ARE ACQUIRED. CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED
IN THE FINANCIAL STATEMENTS. PROCEEDS FROM ANY DEACCESSIONS OR INSURANCE
RECOVERIES ARE REQUIRED TO BE USED TO ACQUIRE OTHER WORKS OF ART.
632054 08-29-16 Schedule D (Form 990) 2016

PART III, LINE 4:

THE MUSEUM'S PERMANENT COLLECTION IS A VALUABLE RESOURCE FOR SJMA'S COMMUNITIES AND AN IMPORTANT WAY THE MUSEUM BUILDS A PUBLIC LEGACY. AS PART OF ITS COMMITMENT TO FOSTERING AWARENESS OF ARTISTS' BROAD CONTRIBUTIONS TO SOCIETY, SJMA COLLECTS ARTWORKS THAT IT DEEMS HISTORICALLY IMPORTANT.

THE MUSEUM'S PERMANENT COLLECTION INCLUDES OVER 2,500 MODERN AND CONTEMPORARY WORKS OF ART: PAINTINGS, SCULPTURE, INSTALLATIONS, NEW MEDIA, PHOTOGRAPHY, DRAWINGS, PRINTS, AND ARTISTS' BOOKS. SJMA IS THE ONLY COLLECTING ART INSTITUTION IN THE CITY AND THE ONLY MUSEUM IN THE PENINSULA DEDICATED EXCLUSIVELY TO ACQUIRING THE ART OF OUR TIMES.

DURING THE PERIOD WHEN THE SAN FRANCISCO MUSEUM OF MODERN ART EVOLVED INTO A MUSEUM WITH BLUE-CHIP INTERNATIONAL AMBITIONS, THE SAN JOSE MUSEUM OF ART, THE OAKLAND MUSEUM OF CALIFORNIA, THE DI ROSA IN NAPA AND THE CROCKER ART MUSEUM IN SACRAMENTO PICKED UP THE MANTLE OF ADVOCACY FOR THE BAY AREA ARTS COMMUNITY. TODAY, A GENERATION HENCE, MOST ARTISTS WANT TO SITUATE THEIR WORK IN AN INCREASINGLY GLOBAL, RATHER THAN AN EXCLUSIVELY LOCAL OR REGIONAL, FRAMEWORK. SJMA HAS COME TO HOLD THAT IT CAN CONTINUE TO SERVE BOTH REGIONAL ARTISTS AND ITS AUDIENCES - BEST AND MOST VITALLY - BY PLACING WORK BY CALIFORNIA ARTISTS IN THE CONTEXT OF WORK BY PROMINENT NATIONAL AND INTERNATIONAL ARTISTS AND BY ENGAGING IN THE GREATER TRANSNATIONAL CRITICAL DIALOG OF THE ART WORLD. THIS IS THE IMPORTANT DISTINCTION SJMA'S COLLECTION CAN FURTHER CLAIM.

### SJMA PROUDLY HAS EARNED A REPUTATION FOR ACQUIRING PIVOTAL ARTISTS EARLY

 Schedule D (Form 990) 2016
 SAN JOSE MUSEUM OF ART ASSOCIATION
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 Part XIII
 Supplemental Information (continued)
 IN THEIR CAREERS AND FOR ITS WILLINGNESS TO LOOK BEYOND ART-MARKET TRENDS

 TO EMBRACE THE WORK OF GROUNDBREAKING, INDEPENDENT THINKERS. ALTHOUGH
 UNTIL 2012 THE MUSEUM HAD NO ACQUISITIONS ENDOWMENT, IT HAS A HISTORY OF

 ATTRACTING SIGNIFICANT GIFTS OF ARTWORK FROM GENEROUS COLLECTORS AND

 ARTISTS WHO ARE ATTRACTED BY THE DISTINCTIVENESS OF ITS PROGRAMS, ITS

 ACCESSIBILITY, AND ITS COLLECTIONS. THE COLLECTION HAS A STRONG STRAIN OF

 FIGURATIVE ART, A REFLECTION OF BAY AREA INTERESTS. CONCEPTUAL ART (WHICH

 HAS STRONG ROOTS IN THE REGION) IS NOT WELL REPRESENTED IN THE COLLECTION,

 PERHAPS DUE TO THE DIFFICULTY IT PRESENTS FOR THE GENERAL PUBLIC.

IN RECOGNITION OF THE GREATER CAPACITY OF THE MUSEUMS IN SAN FRANCISCO (THE CULTURAL EPICENTER FOR THE REGION), SJMA HAS DEFINED ITS COLLECTIONS IN CONTRADISTINCTION TO THOSE OF LARGER AND MORE ESTABLISHED INSTITUTIONS THERE. SEEN ALONGSIDE ITS PEER MUSEUMS IN THE OTHER SATELLITE CITIES THAT RING THE BAY, (WHICH SET OUT TO ESTABLISH HISTORICALLY COMPREHENSIVE HOLDINGS OF REGIONAL ART), SJMA'S REGIONAL HOLDINGS LOST DIFFERENTIATION OVER TIME. GIVEN THE INTERNATIONAL PERSPECTIVE OF SILICON VALLEY, (WITH ITS CULTURALLY DIVERSE DEMOGRAPHIC), BROADENING THE SCOPE OF COLLECTING WAS BOTH A NATURAL EVOLUTION AND A CRITICAL STEP TOWARD EXPANDING THE MUSEUM'S RELEVANCY.

LOCATED SEVERAL BLOCKS FROM SAN JOSE STATE UNIVERSITY AND WITHIN 30 MINUTES OF APPROXIMATELY 14 OTHER COLLEGES AND COMMUNITY COLLEGES, 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. IN JUST A GENERATION, SAN JOSE METAMORPHOSED FROM AN AGRICULTURAL COMMUNITY INTO THE CAPITAL OF SILICON VALLEY, A HUB OF INNOVATION AND GLOBAL THINKING. ACCORDINGLY, SJMA HAS EXPANDED THE SCOPE OF ITS 

 Schedule D (Form 990) 2016
 SAN JOSE MUSEUM OF ART ASSOCIATION
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 Part XIII
 Supplemental Information (continued)
 COLLECTIONS SPECIFICALLY TO REFLECT THE HIGH-TECH INTERESTS, DYNAMIC

 CULTURAL DIVERSITY, AND INTERNATIONAL SCOPE OF ITS COMMUNITIES. THE MUSEUM
 SUSTAINS ITS CHERISHED COMMITMENT TO THE WORK OF CALIFORNIA ARTISTS, YET

 NOW ALSO STRIVES TO BRING GREATER NATIONAL AND INTERNATIONAL CONTEXT TO

 THE COLLECTION. IN CONCERT WITH THE REVISED 2010 MISSION STATEMENT,

 ACQUISITIONS WILL FOCUS ON FURTHER REFLECTING THE CREATIVITY, INNOVATION,

 DIVERSITY, AND GLOBALISM THAT CHARACTERIZE SILICON VALLEY.

THE MUSEUM'S PERMANENT COLLECTION HAS GROWN AT AN UNPRECEDENTED PACE OVER THE LAST DECADE (2006-2016), IN SCALE AND QUALITY. 26% OF THE WORKS IN THE COLLECTION HAVE BEEN ACQUIRED IN THE PAST DECADE AND 12% IN THE PAST FIVE YEARS ALONE. SJMA NOW BOASTS MANY WORKS OF MAJOR SIGNIFICANCE. ITS PERMANENT COLLECTION HAS BECOME A VALUABLE RESOURCE AND LEGACY FOR THE COMMUNITY. SJMA IS DEPENDENT IN LARGE MEASURE ON CULTIVATING OPPORTUNITIES AND SOLICITING DONATIONS: 95% OF THE WORKS IN THE COLLECTION HAVE BEEN ACQUIRED THROUGH DONATION.

IN 2009, SJMA INSTITUTED NEW PLANS TO SHOWCASE THE COLLECTION MORE REGULARLY AND TO INCREASE COMMUNITY AWARENESS OF THIS VALUABLE ASSET. THE MUSEUM DOES NOT HAVE DEDICATED PERMANENT-COLLECTION GALLERIES. INSTEAD, SJMA PRESENTS THEMATIC GROUPINGS OF WORKS FROM THE COLLECTION AS ROTATING SPECIAL EXHIBITIONS. THIS ENABLES STAFF TO PLAY TO THE STRENGTHS OF THE COLLECTION; SPOTLIGHT MAJOR WORKS WHILE SIDESTEPPING GAPS; AND FURTHER ART-HISTORICAL AND EDUCATIONAL COMPARISONS. IN THE PAST THREE YEARS ALONE, SJMA HAS PRESENTED 5 LONG-TERM EXHIBITIONS DRAWN EXCLUSIVELY FROM THE COLLECTION, FEATURING RECENT ACQUISITIONS, IN ADDITION TO WORKS THAT HAVE BEEN IN THE PERMANENT COLLECTION FOR SOME TIME. THE STRATEGIES FOR GROWING THE COLLECTION ARE INFORMED BY THESE SUCCESSFUL, PRAGMATIC

#### SAN JOSE MUSEUM OF ART ASSOCIATION Schedule D (Form 990) 2016 Part XIII Supplemental Information (continued)

INSTALLATION PRACTICES, RATHER THAN BY A TYPICAL OUEST FOR A SEAMLESS

### CHRONOLOGICAL AND STYLISTIC PROGRESSION.

PART V, LINE 4:

GENERAL OPERATING FUNDS IN SUPPORT OF THE MUSEUM'S MISSION AS DIRECTED BY THE DONORS.

PART X, LINE 2:

UNCERTAINTY IN INCOME TAXES - GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PROVIDE ACCOUNTING AND DISCLOSURE GUIDANCE ABOUT POSITIONS TAKEN BY AN ORGANIZATION IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL 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.

THE MUSEUM FILES INFORMATION RETURNS IN THE U.S. FEDERAL JURISDICTION AND STATE OF CALIFORNIA. THE MUSEUM'S FEDERAL RETURNS FOR THE YEARS ENDED JUNE 30, 2014 AND BEYOND REMAIN SUBJECT TO POSSIBLE EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE MUSEUM'S CALIFORNIA RETURNS OF THE TAX YEARS ENDED JUNE 30, 2013 AND BEYOND REMAIN SUBJECT TO POSSIBLE EXAMINATION BY THE FRANCHISE TAX BOARD.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT EXPENSE

Schedule D (Form 990) 2016

40,247.

117,552.

Schedule D (Form 990) 2016         SAN JOSE MUSEUM OF ART ASSOCIATION           Part XIII         Supplemental Information (continued)	23-7062028 Page 5
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	117,552.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
INVESTMENT EXPENSE	40,247.

SCHEDULE G         (Form 990 or 990-EZ)         Department of the Treasury Internal Revenue Service         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.    Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.jrs.gov/form990.							or if the	OMB No. 1545-0047 2016 Open to Public Inspection		
Name of the organization	mauon a			msuu	cuons is at www.i/s.g	101/10	Employer	dentificati	on number	
	SAN JOSE MUSEUM OF ART ASSOCIATION 23-70							62028		
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.										
<ul> <li>1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>f Solicitation of government grants</li> <li>c Phone solicitations</li> <li>g Special fundraising events</li> <li>d In-person solicitations</li> <li>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?</li> <li>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.</li> </ul>										
(i) Name and address of individ or entity (fundraiser)	lual	(ii) Activity	fund have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts to from activity		Amount pair or retained b fundraiser ted in col. <b>(i)</b>	y) to (or r	<b>(vi)</b> 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.										

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

23-7062028 Page 2 Schedule G (Form 990 or 990-EZ) 2016 SAN JOSE MUSEUM OF ART ASSOCIATION

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-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr				ots greater than \$5,000.
			(a) Event #1 ANNUAL FALL GALA	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Ine						
Revenue	1	Gross receipts	373,892.			373,892.
	2	Less: Contributions	74,296.			74,296.
	3	Gross income (line 1 minus line 2)	299,596.			299,596.
	4	Cash prizes				
<i>"</i>	5	Noncash prizes				
bensea	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	76,973.			76,973.
	8	Entertainment				
	9	Other direct expenses				222,623.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	299,596.
_						0.
a	rt I	<b>. . . . . . . . . .</b>	answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more than	
_		\$15,000 on Form 990-EZ, line 6a.	T			1
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
8	1	Gross revenue				
ŝ	2	Cash prizes				
bense	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	_					
+	5	Other direct expenses				
	6	Volunteer labor	Yes %	└── Yes % │── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	' from line 1, column (d)			
	ls t	ter the state(s) in which the organization condu he organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
	lf "	No," explain:				
b						
Da	We	ere any of the organization's gaming licenses re			ear?	Yes No
а	We	ere any of the organization's gaming licenses re			ear?	Yes No

Schedule G (Form 990 or 990-EZ) 2016

Sch	edule G (Form 990 or 990-EZ) 2016 SAN JOSE MUSEUM OF ART ASSOCIATION 23-7	062028	Page 3
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 No
13	Indicate the percentage of gaming activity conducted in:		
а	a The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 💲 and the amount		
	of gaming revenue retained by the third party $\blacktriangleright$ \$		
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	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No 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 🕨 \$		
Pa	ITTIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v);	nes 9, 9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		

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					OF	ART	ASSOCIATION
Part IV	Supplemental Infor	mation	(continue	ed)			

Failly	Supplemental Information (continued)	

SC	HEDULE J	Compensation Information		OMB No. 1	1545-004	47		
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highe	est	20	16			
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, lin	o 93	20		)		
Depar	tment of the Treasury	Attach to Form 990.	- 23.	Open to				
Intern	al Revenue Service	▶ Information about Schedule J (Form 990) and its instructions is at www.jrs.		Inspe				
Nam	e of the organization			r identificatio		mber		
De		SAN JOSE MUSEUM OF ART ASSOCIATION	23-	706202	8			
Pa	rt I Question	s Regarding Compensation			v			
40	Chaoli the energy	ate her/(a) if the exercitation provided any of the following to as few a nerver listed on			Yes	No		
па		ate box(es) if the organization provided any of the following to or for a person listed on	Form 990,					
	First-class or c	line 1a. Complete Part III to provide any relevant information regarding these items. Tharter travel $X$ Housing allowance or residence for	porconal uso					
	Travel for com							
		ation and gross-up payments Health or social club dues or initiati						
	Discretionary spending account     Personal services (such as, maid, chauffeur, chef)							
	,	· · · · · · · · · · · · · · · ·	·····, ····,					
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment	or					
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b	Х			
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all direct	ors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		X		
3	Indicate which, if an	ny, of the following the filing organization used to establish the compensation of the or	ganization's					
		ector. Check all that apply. Do not check any boxes for methods used by a related orga	anization to					
	·	ation of the CEO/Executive Director, but explain in Part III.						
	Compensation							
	·	compensation consultant						
	E Form 990 of o	ther organizations <b>X</b> Approval by the board or compense	ation committee					
4	During the year dia	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
-	organization or a re							
а	0	e payment or change-of-control payment?		4a		X		
b		ceive payment from, a supplemental nonqualified retirement plan?				X		
с		ceive payment from, an equity-based compensation arrangement?				X		
		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
		)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compe	ensation					
	contingent on the r							
						X		
b		ation?		<u>5</u> b		X		
		or 5b, describe in Part III.						
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compe-	insation					
-	contingent on the n			6-		x		
		ation?				X		
U		ation?						
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed pay	rments					
		nes 5 and 6? If "Yes," describe in Part III		7		x		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject						
				8		X		
9		id the organization also follow the rebuttable presumption procedure described in						
		1 53.4958-6(c)?	<u></u>	9				
LHA		eduction Act Notice, see the Instructions for Form 990.		edule J (Forn	n 990)	) 2016		

Schedule J (Form 990) 2016

#### 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.

	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) SUSAN SAYRE BATTON	) 150,000	. 0.	0.	7,500.	5,487.	162,987.	0.
EXECUTIVE DIRECTOR (i	i) 0 .		0.	0.	0.	0.	0.
(2) SUSAN KRANE - THRU JANUARY 2017	) 250,520	. 0.	0.	12,450.	615.	263,585.	0.
EXECUTIVE DIRECTOR (i	i) 0 .		0.	0.	0.	0.	0.
(3) JAMES LEVENTHAL (		. 0.	0.	8,611.	3,889.	162,500.	0.
DIRECTOR OF DEVELOPMENT (i	•	. 0.	0.	0.	0.	0.	0.
	)						
(i							
	)						
(i							
	)						
(i							
	)						
(i							
	)						
(i							
(1	)						
(i							
(1	)						
(i	i)						
(	)						
(i	i)						
(	)						
(i	i)						
(	)						
(i							
(	)						
(i							
	)						
(i							
(	)						
(i							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

#### PAYMENTS WERE MADE IN ACCORDANCE WITH A WRITTEN EMPLOYMENT AGREEMENT

#### APPROVED BY THE BOARD OF TRUSTEES.

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Schedule J (Form 990) 2016

SCHEDULE L						Interested					0	MB No.	1545-00	47	
(Form 990 or 990-EZ)	Complete if	the o	28b, or 28c, o	r For	m 990	" on Form 990, Par -EZ, Part V, line 38a 990 or Form 990-E2	a or 40b.	5a, 25b, 2	26, 27,	28a,	_	<b>20</b> pen T		-	
Department of the Treasury Internal Revenue Service	Information	abou				EZ) and its instructions		v.irs.gov/fe	orm99	0.	_	pen i spect		lic	
Name of the organization	n								Em	ploye	r ident	ificati	on nu	mber	
						ASSOCIATION					620	28			
						ion 501(c)(4), and 50									
	f the organizatior					art IV, line 25a or 25b	o, or Form	990-EZ, Pa	art V, I	ine 40	)b.				
1 (a) Name of disquali	ified person	<b>(b)</b> F	Relationship betv person and or			ified (e	<b>c)</b> Descript	ion of tran	sactio	n		· · · ·	Corre es	cted? No	
												_	$\rightarrow$		
													+		
<b>2</b> Enter the amount o	ftax incurred by	the o	rganization man	aners	or disc	ualified persons dur	ing the ves	r under							
	,		0	0			0 ,			▶ \$					
3 Enter the amount o										▶ \$					
Part II Loans to	and/or Fron	n Int	erested Pers	ons.											
						, Part V, line 38a or F	- orm 990. I	⊃art IV. lin	e 26: (	or if th	ne orga	nizatio	on		
	amount on Forr					,,		u,,			ie erge				
			( <b>d)</b> Lo	oan to or	(e) Original	(f) Balar	nce due		<b>)</b> In		proved ard or	(i) V	Nritten		
interested person	with organi	zation	of loan	from the organization? princ		principal amount			defa	ault?	by board or committee?		agree	eement?	
SUSAN KRANE	GIIGAN	עע	PURCHASE	То	From X	250,000.	278	,500.	Yes	No X	Yes X	No	Yes X	No	
	DODAIN	1111			21	250,000.	270	, 500 •		- 23	- 23		23	<u> </u>	
														<u> </u>	
														<u> </u>	
Total	I			<u>.</u>		<b>&gt;</b> \$	278	,500.		<u> </u>		1		1	
Part III Grants o	or Assistance	Ber	nefiting Intere	este	d Per			-			•				
	f the organization							<u> </u>							
(a) Name of intere	sted person		(b) Relationship interested pers the organiza	on an		<b>(c)</b> Amount of assistance		<b>(d)</b> Type assistan				) Purp assist		f	
		_								-+					
										-+					
		_								-+					
		_													

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

Schedule L (Form 990 or 990-EZ) 2016

							ASSOCIATION
Part IV	Business Trans	sactions inv	/oivina i	Interested	Pers	ons.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's jues?
				Yes	No
Part V Supplemental Information					

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: SUSAN KRANE

(B) RELATIONSHIP WITH ORGANIZATION: SUSAN KRANE IS EXECUTIVE DIRECTOR OF

THE MUSUEM

(C) PURPOSE OF LOAN: PURCHASE A PRIMARY RESIDENCE WITHIN SAN JOSE,

CALIFORNIA METROPOLITAN AREA.

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 250,000. (F) BALANCE DUE \$ 278,500.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

632141 08-23-16

## **Noncash Contributions**

OMB No. 1545-0047

Employer identification number

2016

Open To Public

Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

17 18

19 20

21

22

23

24

25

26

27

Other 🕨

Other 🕨

Other 🕨

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Name of the organization

	SAN JOSE MUSE	EUM OF	ART ASSOCIATION			23-7062028		
Pa	rt I Types of Property							
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	r	(d) Method of determining noncash contribution amounts		
1	Art - Works of art	Х	25	121,050.	SEE	E PART II		
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	Х	4	64,385.	SAI	ES PRICE		
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							

28	Other 🕨 ( )								
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						
			Yes	No					
30a	a 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?								
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 contributio	ns? 31	Х						
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
	contributions?	32a		х					
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 checke	ed,							
	describe in Part II.								
LHA									

1

х

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SCHEDULE M	

Real estate - Other

Collectibles Food inventory

Drugs and medical supplies

Taxidermy Historical artifacts

Scientific specimens

Archeological artifacts

(

( CHAMPAGNE

(\_\_\_\_\_)

Schedule M (Form 990) (2016)

275.ESTIMATED FMV

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):

#### THE NUMBER OF DONATIONS REPRESENTS THE NUMBER OF DONORS.

SCHEDULE M, LINE 33:

THE ASSOCIATION EXPENSES ALL PURCHASED ART AND DOES NOT RECORD DONATED

ART ITEMS. THE CHANGE REFLECTS THE PREFERRED METHOD OF ACCOUNTING FOR A

PERMANENT COLLECTION AMONG MUSEUMS. THERE ARE TOTAL OF 13 WORKS OF ART

THAT WERE CONTRIBUTED TO THE MUSEUM DURING THE FISCAL YEAR 2016-2017.

SCHEDULE O (Form 990 or 990-EZ)

n 990 or 990-EZ) Complete to p Form 99

Department of the Treasury Internal Revenue Service Name of the organization

## 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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <u>www.irs.gov/form990</u>



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 WILL BE THE PREEMINENT MODERN AND CONTEMPORARY ART MUSEUM IN SILICON VALLEY. SJMA WILL ENRICH ITS COMMUNITIES THROUGH INVITING, INNOVATIVE PROGRAMS AND CREATIVE, INTERACTIVE EXPERIENCES. IT WILL PROVIDE 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 WILL BE RECOGNIZED INTERNATIONALLY FOR HIGH-QUALITY PROGRAMS, FRESH COLLABORATIVE ENDEAVORS, A DISTINCTIVE PERMANENT COLLECTION, AND ADVENTUROUS APPROACHES. THE MUSEUM WILL CONNECT ART AND LIFE; WORK ACROSS CULTURAL BOUNDARIES; AND PROMOTE DEEPER AWARENESS, ENJOYMENT, AND KNOWLEDGE OF MODERN AND CONTEMPORARY ART, ARCHITECTURE, AND DESIGN. SJMA WILL BE 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.

Schedule O (Form 990 or 990-EZ) (2016)	Page <b>2</b>			
Name of the organization SAN JOSE MUSEUM OF ART ASSOCIATION	Employer identification number 23-7062028			
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:				
RICH DIVERSITY OF ITS COMMUNITIES. THE MUSEUM PRESENTS NINE TO TWELVE				
EXHIBITIONS EACH YEAR, INCLUDING ONE-PERSON AND THEMATIC GROUP				
EXHIBITIONS THAT INCLUDE A RANGE OF ARTWORKS, FROM TRADITI	ONAL PAINTING			
TO EXPLORATORY NEW-MEDIA INSTALLATIONS. THE CURATORIAL STAFF ORGANIZES				
MOST OF THE EXHIBITIONS IN A GIVEN SEASON. IN-HOUSE EXHIBITIONS ARE				
ACCOMPANIED BY SCHOLARLY PUBLICATIONS OR WEBSITES AND REGULARLY TRAVEL				
TO OTHER MUSEUMS ACROSS THE COUNTRY. GIVEN ITS LOCATION I	N THE HEART			
OF THE HIGH-TECHNOLOGY CULTURE OF SILICON VALLEY, THE MUSEUM HAS A				
SUBSTANTIAL COMMITMENT TO NEW WORK IN NEW MEDIA, AS WELL AS TO				
INITIATING SPECIAL PROJECTS AND COMMISSIONS THAT REFLECT THE ISSUES OF				
IMPORTANCE TO ITS COMMUNITIES.				

IN FY1617, SJMA PRESENTED ART AND MATH, THE CURRENT YEAR-LONG EXHIBITION CONCEIVED FOR ITS INTERACTIVE FAMILY-FOCUSED GALLERY; FIVE SPECIAL EXHIBITIONS ORGANIZED IN-HOUSE (THE DARKENED MIRROR: GLOBAL PERSPECTIVES ON WATER, BETA SPACE: VICTOR CARTAGENA, DIANA AL-HADID: LIQUID CITY, YOUR MIND, THIS MOMENT: ART AND THE PRACTICE OF ATTENTION, AND LIFE AND LABOR: PHOTOGRAPHS BY MILTON ROGOVIN) AND PRESENTED THE TRAVELING LOAN EXHIBITIONS BEAUTY: COOPER HEWITT DESIGN TRIENNIAL AND FRAGILE WATERS: PHOTOGRAPHS BY ANSEL ADAMS, ERNEST H. BROOKS II, AND DOROTHY KERPER MONNELLY.

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

THROUGH THE REGULARLY CHANGING SCHEDULE OF INNOVATIVE EXHIBITIONS, BOTH

TRAVELING EXHIBITIONS AND THOSE DRAWN FROM THE MUSEUM'S PERMANENT

Schedule O (Form 990 or 990-EZ) (2016)						Page 2		
Name of the organization	~							Employer identification number
	SAN	JOSE	MUSEUM	OF	ART	ASSOCIATION		23-7062028

COLLECTION, SJMA SERVED 48,148 PEOPLE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: AMPLIFYING AUDIENCES' EXPERIENCES. THE MUSEUM PROUDLY OFFERS A SPECTRUM OF EDUCATIONAL PROGRAMMING THAT PROVIDES CRITICAL EARLY EXPOSURE TO THE VISUAL ARTS FOR TENS OF THOUSANDS OF STUDENTS IN GRADES KINDERGARTEN THROUGH TWELVE, FROM TOURS TO WORKSHOPS, IN-CLASS PRESENTATIONS, AND CURRICULUM GUIDES. ITS FLAGSHIP IN-SCHOOL RESIDENCY PROGRAM, SOWING CREATIVITY, INTEGRATES LEARNING THROUGH THE ARTS WITH COMMON CORE STANDARDS AND PRIMARILY SERVES TITLE 1 SCHOOLS IN THE SAN JOSE AREA.

THE SAN JOSE MUSEUM OF ART'S PROGRAMS ARE ROOTED IN THE BELIEF THAT ACCESSING PERSONAL CREATIVITY IS A KEY DRIVER OF INNOVATIONAND THAT INNOVATION IS A SKILL THAT CAN BE INSPIRED, NURTURED, AND DEVELOPED THROUGH ARTS LEARNING. THE MUSEUM PROVIDES ARTS EDUCATION FOR CURIOUS SCHOOLCHILDREN, EDUCATORS, UNIVERSITY FACULTY, AND COLLEGE STUDENTS. IN FY1617, THE EDUCATION DEPARTMENT SERVED MORE THAN 44,000 STUDENTS THROUGH MUSEUM VISITS FOR PRIMARY-SCHOOL, SECONDARY-SCHOOL, AND COLLEGE GROUPS IN ADDITION TO IN-SCHOOL ARTIST'S RESIDENCIES, DOCENTS' PRESENTATIONS, AND WEEK-LONG ART CAMPS. PUBLIC PROGRAMS SUCH AS LECTURES, GALLERY TOURS, ART-MAKING WORKSHOPS FOR ADULTS AND CHILDREN, AND FREE COMMUNITY DAYS PROMOTE LIFELONG LEARNING AND SERVE MULTIGENERATIONAL FAMILIES, CREATIVE ADULTS, AND COMMUNITY GROUPS. MORE THAN 10,000 PEOPLE WERE SERVED IN THIS PAST FISCAL YEAR THROUGH THE MUSEUM'S PUBLIC EDUCATION PROGRAMS. HALLMARKS OF SJMA'S WELCOMING AND PLAYFUL ENVIRONMENT ARE ITS PARTICIPATORY GALLERY ACTIVITIES, WHICH ARE CONCEIVED IN TANDEM WITH THE CURATORIAL AND MARKETING DEPARTMENTS TO ENCOURAGE DEEPER ENGAGEMENT WITH THE EXHIBITIONS AND TO PROMOTE A SENSE

Schedule O (Form 990 or 990-EZ) (2016)
Name of the organization

SAN JOSE MUSEUM OF ART ASSOCIATION

OF CREATIVE PLAY.

SJMA'S WEBSITE ENABLES SMOOTH DELIVERY OF INFORMATION; PARTICIPATORY

EDUCATIONAL MATERIAL AND CURATORIAL PROJECTS; THE INTEGRATION SOCIAL

MEDIA; AND ACCESS TO THE MUSEUM'S COLLECTION FOR THE PUBLIC AND

SCHOLARS ALIKE. IT IS ACCESSIBLE ACROSS ALL PLATFORMS, INCLUDING

MOBILE.

SJMA'S EDUCATIONAL PROGRAMS REACHED 57,866 PEOPLE DURING THE YEAR.

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 I.R.S., THE ANNUAL TAX RETURN (990) SHALL BE REVIEWED BY THE FINANCE AND POLICY COMMITTEE AND SHALL BE PROVIDED TO THE BOARD OF TRUSTEES, TO COMPLY WITH SUGGESTED BEST PRACTICES.

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

ALL TRUSTEES, STAFF MEMBERS AND COMMUNITY MEMBERS OF BOARD COMMITTEES MUST FILL OUT AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT. THIS DISCLOSURE STATEMENT ASKS IF THE RESPONDENTS ARE AWARE OF ANY AFFILIATIONS, EMPLOYMENT OR OTHER MATTERS INVOLVING THE INDIVIDUAL OR ANY OF IMMEDIATE FAMILY THAT MIGHT BE PERCEIVED TO COMPROMISE YOUR OBLIGATIONS TO THE MUSEUM AND SHOULD THEREFORE BE REPORTED IN LIGHT OF THE CODE OF ETHICS. SPECIFICALLY, THE DISCLOSURE STATEMENT ASKS IF SJMA HAS A BUSINESS RELATIONSHIP WITH ANY ENTITY FROM WHICH THE INDIVIDUAL OR HIS/HER IMMEDIATE FAMILY MEMBERS HAVE RECEIVED ANY COMPENSATION, INCOME, LOANS OR GIFTS OR OF WHICH THE INDIVIDUAL OR HIS/HER IMMEDIATE FAMILY MEMBERS ARE A TRUSTEE,

Schedule O (Form 990 or 990-EZ) (2016)	Page <b>2</b>		
Name of the organization SAN JOSE MUSEUM OF ART ASSOCIATION	Employer identification number 23-7062028		
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 COMMUNIT	Y MEMBER OF A		
BOARD COMMITTEE) SHALL REFRAIN FROM ATTEMPTING TO INFLUENC	E 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 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.

Schedule O (Form 990 or 990-EZ) (2016) Page 2					
Name of the organization SAN JOSE MUSEUM OF ART ASSOCIATION	Employer identification number 23-7062028				
IN ADDITION TO SALARY, SJMA ENDEAVORS TO PROVIDE HEALTH AN	D RETIREMENT				
BENEFITS COMMENSURATE WITH THE ABOVE PHILOSOPHY. RETIREME	NT-PLAN				
CONTRIBUTIONS FOR FY17 WERE 5%.					

THE SALARY LEVELS OF THE EXECUTIVE DIRECTOR; DIRECTOR OF DEVELOPMENT; THE DEPUTY DIRECTOR FOR CURATORIAL AFFAIRS; 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 JULY 24, 2008.

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.