PUBLIC DISCLOSURE COPY

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ARMANINO^{LLP}

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Form 990

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For th	e 2018 calendar year, or tax year beginning JUL 1, 2018 and e	ending JT	JN 30, 2019										
В	Check if applicab	e: C Name of organization		D Employer identific	ation number									
	Addre	ss san jose museum of art association												
	Name			23-70	62028									
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number										
	Final returr	110 SOUTH MARKET STREET 408-271-6840												
	termi ated	City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 7,872,310												
	Amer returr			H(a) Is this a group re	turn									
	Appli tion	F Name and address of principal officer. SUBAR SATRE BATTON		for subordinates?	? Yes 🗴 No									
	pend	SAME AS C ABOVE		H(b) Are all subordinates inc	cluded? Yes No									
		empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) c	or 📃 527	If "No," attach a	list. (see instructions)									
		te: VWW.SJMUSART.ORG		H(c) Group exemption	n number 🕨									
		organization: X Corporation Trust Association Other ►	L Year (of formation: 1969 🛛 🛛	State of legal domicile: CA									
P	art I	Summary												
đ	1	Briefly describe the organization's mission or most significant activities: SAN JOS	SE MUSEUM	I OF ART (SJMA)										
Governance		FOSTERS APPRECIATION AND AWARENESS OF THE CONTRIBUTION OF AR	T AND											
rna	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.									
ove	3	Number of voting members of the governing body (Part VI, line 1a)			21									
ڻ م	4	Number of independent voting members of the governing body (Part VI, line 1b)			21									
es 2	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			100									
viti	6	Total number of volunteers (estimate if necessary)			203									
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			58,656.									
_	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 38	<u></u>		-25,677.									
				Prior Year	Current Year									
e	8	Contributions and grants (Part VIII, line 1h)		3,768,114.	5,568,281.									
ent	9	Program service revenue (Part VIII, line 2g)		607,919.	411,798.									
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		577,231.	584,742.									
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		171,054.	212,556.									
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,124,318.	6,777,377.									
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		7,000.	0.									
	14	Benefits paid to or for members (Part IX, column (A), line 4)		2,818,853.	0. 2,983,330.									
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,010,055.	2,985,550.									
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	0.4.1	0.	υ.									
Expenses	- D			2,508,116.	2,134,464.									
_	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,333,969.	5,117,794.									
	19	Revenue less expenses. Subtract line 18 from line 12		-209,651.	1,659,583.									
				ginning of Current Year	End of Year									
Net Assets or	20	Total assets (Part X, line 16)		15,150,029.										
ASSE	20	Total liabilities (Part X, line 26)		565,899.	517,741.									
Net,	22	Net assets or fund balances. Subtract line 21 from line 20		14,584,130.	16,301,146.									
P	art II	Signature Block	·····	,,,,										
Und	ler pen	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of mv	knowledge and belief, it is									

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date	
Here	SUSAN SAYRE BATTON, EXECUTIVE DIR	ECTOR			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN
Paid	LAWRENCE S. KUECHLER	LAWRENCE S. KUECHLER	04/01/20) self-employed	P00233621
Preparer	Firm's name ARMANINO LLP			Firm's EIN 🕨	94-6214841
Use Only	Firm's address 🕨 50 W. SAN FERNANDO ST, S	TE 500			
	SAN JOSE, CA 95113			Phone no. 408-20	00-6400
May the IF	RS discuss this return with the preparer shown abo	ve? (see instructions)			X Yes No
832001 12-3	1-18 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.			Form 990 (2018)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

OMB No. 1545-0047

Open to Public

Inspection

n

	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?		Yes 🛛 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X No
	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 me	easured by expe	nses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expense	es, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$2,907,227. including grants of \$) (Revenue	\$	393,708.
	EXHIBITIONS		
	SJMA'S UNIQUE ARTISTIC PROGRAM PRESENTS CULTURALLY DIVERSE,		
	THEMATICALLY RESONANT, AND CRITICALLY ENGAGING CONTEMPORARY ART THAT IS		
	BOTH LOCALLY RELEVANT AND NATIONALLY AND INTERNATIONALLY SIGNIFICANT.		
	EIGHT TO TEN ROTATING EXHIBITIONS PER YEAR PRESENT THE WORK OF		
	SIGNIFICANT INTERNATIONALLY ACCLAIMED AND EMERGING ARTISTS WHOSE		
	CREATIVE INTERESTS AND INSIGHTFUL APPROACHES TO CONTEMPORARY LIFE		
	RESONATE WITH DEFINING CHARACTERISTICS OF SAN JOSE AND THE SILICON		
	VALLEY - FROM ITS RICH CULTURAL DIVERSITY TO ITS HALLMARK INNOVATIVE		
	ETHOS.		
	(SEE SCHEDULE O FOR CONTINUATION)		
4b	(Code:) (Expenses \$ 917, 391. including grants of \$) (Revenue	\$	18,720.
	EDUCATION AND PROGRAMS		
	SJMA'S EXTENSIVE EDUCATION PROGRAMS, WHICH SERVE MORE THAN 45,000		
	SCHOOL CHILDREN PER YEAR, FILL MULTIPLE GAPS IN LOCAL K-12 ARTS		
	EDUCATION. THE MUSEUM EMPLOYS FIVE TEACHING ARTISTS, TEN GALLERY		
	TEACHERS, AND MORE THAN 65 VOLUNTEER DOCENTS WHO COLLECTIVELY DELIVER		
	OVER 5,000 INSTRUCTIONAL HOURS AT THE MUSEUM AND IN SANTA CLARA COUNTY		
	SCHOOLS EACH YEAR, MAKING THE MUSEUM THE LARGEST PROVIDER OF IN-SCHOOL		
	ARTS EDUCATION IN SANTA CLARA COUNTY.		
	(SEE SCHEDULE O FOR CONTINUATION)		
4.0	(Code:) (Expenses \$144,179 including grants of \$) (Revenue	<u>^</u>	38 926
4c	MUSEUM STORE	\$	30,920.
	MUSEUM STORE		
	THE MUSEUM STORE IS LOCATED OFF THE MAIN LOBBY OF SJMA. THIS ACTIVE		
	GIFT AND BOOKSTORE CARRIES MISSION-RELATED PRODUCTS THAT ARE		
	EDUCATIONAL, FOSTER CREATIVITY, AND ENCOURAGE THE APPRECIATION OF ART.		
	THE MUSEUM STORE ALSO FEATURES CUSTOM PRODUCTS BY AREA ARTISTS AND		
	THE MUSEUM STORE ALSO FEATURES CUSTOM PRODUCTS BY AREA ARTISTS AND CRAFTSMEN AS WELL AS MERCHANDISE RELEVANT TO EACH CURRENT SEASON OF		
	THE MUSEUM STORE ALSO FEATURES CUSTOM PRODUCTS BY AREA ARTISTS AND CRAFTSMEN AS WELL AS MERCHANDISE RELEVANT TO EACH CURRENT SEASON OF EXHIBITIONS. THE STORE IS STAFFED BY MUSEUM EMPLOYEES AS WELL AS AN		
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4d	THE MUSEUM STORE ALSO FEATURES CUSTOM PRODUCTS BY AREA ARTISTS AND CRAFTSMEN AS WELL AS MERCHANDISE RELEVANT TO EACH CURRENT SEASON OF EXHIBITIONS. THE STORE IS STAFFED BY MUSEUM EMPLOYEES AS WELL AS AN		
4d	THE MUSEUM STORE ALSO FEATURES CUSTOM PRODUCTS BY AREA ARTISTS AND CRAFTSMEN AS WELL AS MERCHANDISE RELEVANT TO EACH CURRENT SEASON OF EXHIBITIONS. THE STORE IS STAFFED BY MUSEUM EMPLOYEES AS WELL AS AN ACTIVE CONTINGENT OF LONGTIME VOLUNTEERS. Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
	THE MUSEUM STORE ALSO FEATURES CUSTOM PRODUCTS BY AREA ARTISTS AND CRAFTSMEN AS WELL AS MERCHANDISE RELEVANT TO EACH CURRENT SEASON OF EXHIBITIONS. THE STORE IS STAFFED BY MUSEUM EMPLOYEES AS WELL AS AN ACTIVE CONTINGENT OF LONGTIME VOLUNTEERS.)	
	THE MUSEUM STORE ALSO FEATURES CUSTOM PRODUCTS BY AREA ARTISTS AND CRAFTSMEN AS WELL AS MERCHANDISE RELEVANT TO EACH CURRENT SEASON OF EXHIBITIONS. THE STORE IS STAFFED BY MUSEUM EMPLOYEES AS WELL AS AN ACTIVE CONTINGENT OF LONGTIME VOLUNTEERS. Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) F	orm 990 (201

Form 990 (2018)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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		X
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		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-		77
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•	х	
•	Schedule D, Part III	8	Δ	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	•		x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10	x	
44	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	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,"			v
<u></u>	complete Schedule G, Part III	19		X X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		
	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 approximation of Rate IX, column (A), line 12, if IV/column (A) approximation of the second domestic organization or other second domestic organization organ	04		x
00000	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	990	 (2018)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
L	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? 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):			v
	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		X X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or dire	28c		x
29	director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	x	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	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?			x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	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?	31		
50	• • • •	38	x	
Par				1
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
832004	12-31-18	Form	990	(2018)
	Д			

Form	990 (2018) SAN JOSE MUSEUM OF ART ASSOCIATION 23-706202	8	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 100			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (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 transaction?	5b		x
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	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 services provided 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 was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d 0			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A	l
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/A	·
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	<u>9a</u>		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders N/A 11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а		<u>13a</u>		
	Note. See the instructions for additional information the organization must report on Schedule O.			
D	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	-		
	Enter the amount of reserves on hand	14a		x
14a h	Did the organization receive any payments for indoor tanning services during the tax year?			<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		x
	excess parachute payment(s) during the year?	15		
16	to the exercite terms of vertice all institution exhibits to the eastion 1069 evolution to y on pat investment income?	16		x
10	If "Yes," complete Form 4720, Schedule O.			
			990	(0010)

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	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
Sec	tion A. Governing Body and Management			
	Enter the number of voting members of the governing body at the end of the tax year 1a 21		Yes	No
1a		-		
	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 0.			
h	Enter the number of voting members included in line 1a, above, who are independent 1b	L		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
2	officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	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 reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10	v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10-	х	
40	<i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy?	12c	X	
13 14		13 14	X	
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	14	21	
15				
~	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15a	x	
D.	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed > CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3):	s only) :	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.	,,		
	X Own website Another's website X Upon request Other (explain in Schedule O)			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	ial	
19	statements available to the public during the tax year.			
19	Statements available to the public during the tax year.			
19 20	State the name, address, and telephone number of the person who possesses the organization's books and records			

Form 990 (2	018) SAN JOSE MUSEUM OF ART ASSOCIATION	23-7062028	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Con	npensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1. Complet	a this table for all parages required to be listed. Depart companyation for the colondar way anding wi	ith ar within the argonization's	townoor

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.

(A) Name and Title	(B) Average	(do		Pos		۱ than o	one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	, unle	ss pe	rson i	is both pr/trus	n an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) TAD FREESE	12.00									
CO-PRESIDENT		Х		Х				0.	٥.	0.
(2) CHERYL KIDDOO	21.00									
CO-PRESIDENT		х		х				0.	0.	Ο.
(3) WILLIAM FAULKNER	4.00									
TREASURER		х		х				0.	0.	0.
(4) CORNELIA PENDLETON	8.00									
SECRETARY		х		х				0.	0.	Ο.
(5) PETER CROSS	2.00									
TRUSTEE		х						0.	0.	0.
(6) ANNEKE DURY	2.00									
TRUSTEE		х						0.	Ο.	Ο.
(7) EILEEN FERNANDES	1.00									
TRUSTEE		х						0.	0.	Ο.
(8) JERRY HIURA	2.00									
TRUSTEE		х						0.	0.	Ο.
(9) LYS HOUSE	5.00									
TRUSTEE		х						0.	0.	Ο.
(10) JEANNINE JACOBSEN	1.00									
TRUSTEE		х						0.	0.	0.
(11) RICHARD KARP	1.00									
TRUSTEE		х						0.	0.	0.
(12) ROBERT LINDO	7.00									
TRUSTEE		х						0.	0.	Ο.
(13) PETER LIPMAN	4.00									
TRUSTEE		х						0.	0.	0.
(14) HUNG LIU	1.00									
TRUSTEE		х						0.	0.	Ο.
(15) LISA LUBINER	2.00									
TRUSTEE		х						0.	0.	0.
(16) SUSAN MCGOWAN	1.00									
TRUSTEE		х						0.	0.	0.
(17) EVELYN NEELY	2.00									
TRUSTEE		х						0.	0.	Ο.

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Form 990 (2018) SAN JOSE MUSE	UM OF ART	ASS	OCI	ATI	ON				23-70	6202	8	Р	age 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average		not c	heck		than c		Reportable	Reportable			stimate	
	hours per week					s both r/trust		compensation from	compensation from related		ar	nount other	
	(list any	tor						the	organizations		com	pensa	
	hours for	direc				pa		organization	(W-2/1099-MIS			om th	
	related	tee or	ustee			ensati		(W-2/1099-MISC)			org	anizat	ion
	organizations	al trus	nal tr		oyee	com pi						d relat	
	below line)	In dividual trustee or director	In stitutional trustee	Officer	ƙey employee	Highest compensated employee	Former				orga	anizati	ons
	,	lnc	ns.	8	Key	Hic em	Foi						
(18) SARAH NORTH TRUSTEE	1.00	x						0.		٥.			٥.
(19) JEANNIE PEDROZA	1.00									<u>.</u>			••
TRUSTEE		x						0.		٥.			٥.
(20) HILDY SHANDELL	5.00												
TRUSTEE		x						0.		٥.			0.
(21) MARSHA WITKIN	1.00												
TRUSTEE		х						0.		٥.			Ο.
(22) SUSAN SAYRE BATTON	40.00												
EXECUTIVE DIRECTOR		1		x				230,000.		٥.		16,	597.
(23) BRIAN SPANG	40.00												
FINANCE DIRECTOR				х				110,000.		٥.		6,	044.
(24) KRISTIN BERTRAND	40.00												
DIRECTOR OF DEVELPMENT						х		130,451.		٥.		6,	550.
								470,451.		0.		29	191.
1b Sub-total c Total from continuation sheets to Part VI								<u> </u>		0.		<u> </u>	0.
d Total (add lines 1b and 1c)								470,451.		0.		2.9	191.
2 Total number of individuals (including but no									000 of reportable	• •		,	
compensation from the organization		030	11310	u ac	0000	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	010						3
												Yes	No
3 Did the organization list any former officer,	director, or tru	ustee	e, ke	ev en	nplo	vee,	or	highest compensated en	nployee on				
line 1a? If "Yes," complete Schedule J for si	-			•	•			•	. ,		3		х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a			•										
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or sı	ich i	oers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest con	•	•							•	ensat	tion fro	om	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	vith c	or wi	thin		ear.				
(A) Name and business	addross							(B)	onvicos	C		C) Desatio	n
Name and business							_	Description of s			ompe	IISalio	
CATERED TOO!, 325 DEMETER STREET, EAS	9.1.							CATERING SERVICES	FOR THE			101	600
PALO ALTO, CA 94303 CREATIVE SECURITY COMPANY, INC							-	MUSEUM SECURITY SERVICE F				101,	698.
150 S. AUTUMN, SUITE B, SAN JOSE, CA	95110							MUSEUM				121	529.
TUCKER CONSTRUCTION, 1725-D LITTLE OF							-	CONSTRUCTION FOR E	XHIBITIONS			,	525.
STREET, SAN JOSE, CA 95125								AND REMODEL				102.	001.
												,	
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	0	ot lin	niteo	d to		ie lis [.] 3	ted	above) who received mo	ore than				

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rt V		Statement of Reven	ue						8 Pag
		Check if Schedule O cont	ains a res	ponse	or note to any line				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclue from tax und sections 512 - 514
1	а	Federated campaigns		1a					
		Membership dues		1b	169,315.				
		Fundraising events		1c	92,300.				
	d	Related organizations		1d					
	е	Government grants (contributi	ons)	1e	1,015,002.				
	f	All other contributions, gifts, gran	ts, and						
		similar amounts not included above	/e	1f	4,291,664.				
5	g	Noncash contributions included in lines	1a-1f: \$		397,826.				
5	h	Total. Add lines 1a-1f			····· •	5,568,281.			
					Business Code				
2		PUBLIC PROGRAMS			713990	384,202.	384,202.		
	~	ART CLASS CONTRACTS/TU			713990	18,720.	18,720.		
	С	LOANED ART			713990	8,876.	8,876.		
2	d								
	е								
		All other program service reve				411 500			
-		Total. Add lines 2a-2f				411,798.			
3		Investment income (including				451 742			451,7
						451,743.			451,7
4		other similar amounts) Income from investment of tax-exempt bond proceeds							
5		Royalties							
6		Gross rents	(i) R	,285.	(ii) Personal				
0		Less: rental expenses		0.					
		Rental income or (loss)	102	,285.					
		Net rental income or (loss)	L			102,285.			102,2
7		Gross amount from sales of	(i) Secu		(ii) Other				,_
'	u	assets other than inventory		,631.					
	h	Less: cost or other basis		/					
		and sales expenses	509	,632.					
	c	Gain or (loss)		,999.					
		Net gain or (loss)	L	,		132,999.			132,9
8		Gross income from fundraising				,			
Ū	-	including \$92							
		contributions reported on line		-					
		Part IV, line 18	,	а	481,969.				
	b	Less: direct expenses		b	481,969.				
		Net income or (loss) from fund				0.			
9		Gross income from gaming ac							
		Part IV, line 19			12,059.				
	b	Less: direct expenses			0.				
		Net income or (loss) from gam			🕨	12,059.			12,0
10	а	Gross sales of inventory, less	returns						
		and allowances		а	200,920.				
	b	Less: cost of goods sold			103,338.				
		Net income or (loss) from sale			>	97,582.	38,926.	58,656.	
		Miscellaneous Revenue	e		Business Code				
11	а	MISC INCOME			713990	630.	630.		
	b								
	с								
		All other revenue							
		Total. Add lines 11a-11d			►	630.			
		Total revenue. See instructions				6,777,377.	451,354.	58,656.	699,0

Form 990 (2018) SAN JOSE MUSEUM OF ART ASSO Part IX Statement of Functional Expenses SAN JOSE MUSEUM OF ART ASSOCIATION

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	Check if Schedule O contains a respon				X
	nclude amounts reported on lines 6b,)b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grar	nts and other assistance to domestic organizations				
and	domestic governments. See Part IV, line 21				
	ints and other assistance to domestic				
indi	ividuals. See Part IV, line 22				
3 Gra	ints and other assistance to foreign				
•	anizations, foreign governments, and foreign				
	ividuals. See Part IV, lines 15 and 16				
4 Ber	nefits paid to or for members				
	mpensation of current officers, directors,				.
trus	stees, and key employees	363,168.	160,604.	140,793.	61,77
	npensation not included above, to disqualified				
	sons (as defined under section 4958(f)(1)) and				
	sons described in section 4958(c)(3)(B)				
7 Oth	er salaries and wages	2,180,945.	1,754,411.	241,516.	185,01
B Pen	sion plan accruals and contributions (include				
	tion 401(k) and 403(b) employer contributions)	80,683.	61,370.	9,325.	9,98
	er employee benefits	163,811.	132,006.	8,390.	23,41
0 Pay	vroll taxes	194,723.	147,225.	27,933.	19,56
1 Fee	es for services (non-employees):				
a Mar	nagement				
b Leg	jal				
c Acc	counting	48,145.		48,145.	
d Lob	bying				
e Prof	fessional fundraising services. See Part IV, line 17				
f Inve	estment management fees	43,899.		43,899.	
g Oth	er. (If line 11g amount exceeds 10% of line 25,				
colu	ımn (A) amount, list line 11g expenses on Sch O.)	642,062.	507,884.	83,178.	51,00
2 Adv	vertising and promotion	213,515.	205,035.	3,166.	5,31
3 Offi	ce expenses	529,731.	412,243.	62,414.	55,07
	ormation technology	55,404.	27,628.	9,656.	18,12
	/alties				
	cupancy				
7 Trav		149,662.	134,694.	13,073.	1,89
8 Pay	ments of travel or entertainment expenses				
for a	any federal, state, or local public officials				
9 Cor	nferences, conventions, and meetings	3,596.	2,633.	544.	41
0 Inte	erest				
1 Pay	ments to affiliates				
	preciation, depletion, and amortization	1,877.	1,690.	94.	9
3 Insu	urance	44,419.	41,315.	1,936.	1,16
	er expenses. Itemize expenses not covered				
	ve. (List miscellaneous expenses in line 24e. If line amount exceeds 10% of line 25. column (A)				
	bunt, list line 24e expenses on Schedule 0.)				
	RCH. ART COLLECTION I	167,497.	167,497.		
b MAT	TERIALS	106,620.	98,659.	6,567.	1,39
c EXH	IIBITION COST	73,807.	73,807.		
d MIS	SC	54,230.	40,096.	1,327.	12,80
	other expenses				
	al functional expenses. Add lines 1 through 24e	5,117,794.	3,968,797.	701,956.	447,04
	it costs. Complete this line only if the organization				
	orted in column (B) joint costs from a combined				
	cational campaign and fundraising solicitation.				
	ck here if following SOP 98-2 (ASC 958-720)				

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	2	Savings and temporary cash investments		1 202 552	2	/18,496.	
	3	Pledges and grants receivable, net			1,292,552.	3	2,714,992.
	4	Accounts receivable, net			63,100.	4	47,301.
	5	Loans and other receivables from current and fo	rmer off	icers, directors,			
		trustees, key employees, and highest compensa	ted emp	oloyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif	ied pers	ons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)	(3)(B), and contributing			
		employers and sponsoring organizations of sections	-				
ts		employees' beneficiary organizations (see instr).	Comple	te Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use			68,948.	8	66,745.
	9	Prepaid expenses and deferred charges			120,907.	9	130,896.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,710,296.			
	b	Less: accumulated depreciation	10b	1,705,690.	6,483.	10c	4,606.
	11	Investments - publicly traded securities		10,742,320.	11	10,974,274.	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1			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 equa			15,150,029.	16	16,818,887.
	17	Accounts payable and accrued expenses		436,863.	17	345,881.	
	18	Grants payable		18			
	19	Deferred revenue	129,036.	19	171,860.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F		21			
s	22	Loans and other payables to current and former					
litie		key employees, highest compensated employee	isqualified persons.				
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ted thirc	l parties		23	
	24	Unsecured notes and loans payable to unrelated	l third pa	arties		24	
	25	Other liabilities (including federal income tax, pay	ables to	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			565,899.	26	517,741.
		Organizations that follow SFAS 117 (ASC 958)	, check	here 🕨 🗴 and			
Se		complete lines 27 through 29, and lines 33 and	d 34.				
nce	27	Unrestricted net assets			1,686,050.	27	1,751,671.
ala	28	-			4,137,471.	28	5,077,278.
dВ	29	Permanently restricted net assets			8,760,609.	29	9,472,197.
Fund Balance		Organizations that do not follow SFAS 117 (AS	SC 958)	, check here 🕨 🗌			
or		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or eq	uipment	t fund		31	
et /	32	Retained earnings, endowment, accumulated inc				32	
Ž	33	Total net assets or fund balances			14,584,130.	33	16,301,146.
	34				15,150,029.	34	16,818,887.
							Form 990 (2018)

 Part X
 Balance Sheet

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

Cash - non-interest-bearing

Savings and temporary cash investments

SAN JOSE MUSEUM OF ART ASSOCIATION

23-7062028 Pa

(B) End of year

1,231,460.

718,496.

(A) Beginning of year

1,925,602.

1

2

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1

2

Form	990 (2018) SAN JOSE MUSEUM OF ART ASSOCIATION	23-7062028	3	Pa	_{ge} 12
	rt XI Reconciliation of Net Assets				<u> </u>
	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	6,	, 777	377.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,	117,	794.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,	659,	583.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,	584,	130.
5	Net unrealized gains (losses) on investments	5		57,	433.
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	16,	301,	146.
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>		X
				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 C).			
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:	I			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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:	I			
	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?	F	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scher				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le 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 require				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2018)

SCHEDULE A	SC	HE	DL	JLE	Α
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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2018
Open to Public

Inspection

Nan								identification number		
Do			SE MUSEUM OF AR						23-7062028	
	art I	Reason for Public C					e instructions	3.		
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	neck only	one box.)				
1		A church, convention of chu					I)(A)(i).			
2		A school described in secti								
3		A hospital or a cooperative								
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
		section 170(b)(1)(A)(iv). (Complete Part II.)								
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	X	An organization that normal	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	: II.)					
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or	
		university:								
10		An organization that normal	lly receives: (1) more	than 33 1/3% of its supp	port from o	contributio	ns, membersł	nip fees, an	d gross receipts from	
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	n 33 1/3% of it	ts support f	rom gross investment	
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	fter June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)							
11		An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	09(a)(4).			
12		An organization organized a	and operated exclusi	vely 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	d 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 o	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	l 12g.		
а		Type I. A supporting orga	nization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving	
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting	
		organization. You must c	omplete Part IV, Se	ections A and B.						
b		Type II. A supporting orga	anization supervised	or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ring	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С	:	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	lly integrate	d with,	
		its supported organization	n(s) (see instructions)). You must complete F	Part IV, Se	ections A,	D, and E.			
d	I 🗌	Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)	
		that is not functionally inte	egrated. The organiz	ation generally must sat	sfy a distr	ibution rec	quirement and	l an attentiv	veness	
		_ requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	۷.			
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III		
		functionally integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.				
f	Ente	er the number of supported o	organizations							
g		vide the following information			(in) to the orac	anization listed				
	((i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount of	-	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)	
Tota										
LHA	For F	Paperwork Reduction Act N	lotice, see the Instru	uctions for Form 990 or	990-EZ.	832021 10-	11-18 Sche	dule A (For	m 990 or 990-EZ) 2018	

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Schedule A (Form 990 or 990-EZ) 2018 SAN JOSE MUSEUM OF ART ASSOCIATION

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

fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,746,922.	3,014,695.	3,278,807.	3,768,114.	5,568,281.	18,376,819.
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	1,544,400.	1,544,501.	1,872,000.	2,340,000.	2,340,000.	9,640,901.
4	Total. Add lines 1 through 3	4,291,322.	4,559,196.	5,150,807.	6,108,114.	7,908,281.	28,017,720.
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)						1,637,220.
6	Public support. Subtract line 5 from line 4.						26,380,500.
	ction B. Total Support		L	L			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	4,291,322.	4,559,196.	5,150,807.	6,108,114.	7,908,281.	28,017,720.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	444,825.	498,400.	404,114.	448,749.	554,028.	2,350,116.
9	Net income from unrelated business						· · ·
-	activities, whether or not the						
	business is regularly carried on	35,659.	44,194.	60,013.	62,847.	58,656.	261,369.
10	Other income. Do not include gain	,	,	,	,	,	,
	or loss from the sale of capital						
	assets (Explain in Part VI.)	11,489.	36,563.	305,507.	431,265.	494,658.	1,279,482.
11	Total support. Add lines 7 through 10	,	,	,	,	,	31,908,687.
12	Gross receipts from related activities,	etc. (see instructio	uns)			12	3,890,072.
13	First five years. If the Form 990 is for		,				
	organization, check this box and stop				-		
Se	ction C. Computation of Publi						
14	Public support percentage for 2018 (li	ne 6, column (f) div	vided by line 11, co	olumn (f))		14	82.67 %
15	Public support percentage from 2017					15	85.57 %
16a	33 1/3% support test - 2018. If the c					ore, check this bo>	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
k	33 1/3% support test - 2017. If the c						
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check thi	s box and stop he	ere. Explain in Pa	t VI how the organ	ization
	meets the "facts-and-circumstances"			-	-	-	
k	0 10% -facts-and-circumstances test						
	more, and if the organization meets th	e "facts-and-circur	nstances" test, che	eck this box and	stop here. Explain	in Part VI how the	•
	organization meets the "facts-and-circ						►□
18	Private foundation. If the organizatio						
						dule A (Form 990	

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Page **2**

Schedule A (Form 990 or 990-EZ) 2018 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.)

Sec	clion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectior	n 501(c)(3) organiza	ation,
	check this box and stop here	-				-	
Sec	ction C. Computation of Publi	ic Support Per	rcentage				
15	Public support percentage for 2018 (I	line 8, column (f), d	livided by line 13, (column (f))		15	%
16	Public support percentage from 2017	7 Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Invest	stment Income	Percentage				
17	Investment income percentage for 20	018 (line 10c, colur	mn (f), divided by li	ine 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2018. If the					3 1/3%, and line 17	
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2017. If the						
~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 10-11-18			, <u>.</u> ,,		edule A (Form 990) or 990-EZ) 2018
20202			15		501		

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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 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.)

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9b 9c 10a 10b

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

Yes No

	(Form 990 or 990-EZ) 2018					ASSOCIATION
Part IV	Supporting Organiza	atior	is _{(col}	ntinued)		

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	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		
	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		
	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 instruction	s).		
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</i> line 3 <i>below</i> .			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions)	
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		
832025	5 10-11-18 Schedule A (Form	990 or 99	90-EZ)	2018

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	edule A (Form 990 or 990-EZ) 2018 SAN JOSE MUSEUM OF ART ASSOCIATIO			23-7062028 Page 6
<u>га</u> 1	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	<u> </u>		Part V/L \ See instructions A
•	other Type III non-functionally integrated supporting organizations must o	0		art vi.) See instructions. A
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7		7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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 Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2018

832026 10-11-18

instructions).

Schedule A (Form 990 or 990-EZ) 2018	GVW	TOGE	MIIGFIIM	∩₽	λρπ	ASSOCTATION
Schedule A (Form 990 or 990-EZ) 2018	DAN	00055	MODEOM	01	ANT	ADDOCTATION

	rt V Type III Non-Functionally Integrated 509		nizations (continued)	23-7062026 Page 7
Sect	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.	. .		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	tion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e				

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

Schedule A	(Form 990 or 990-EZ) 2018 SAN JOSE MUSEUM OF ART ASSOCIATION	23-7062028	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, 5, and 6. Also complete this part for any additional section D, lines 2, 5, and 8, and	I and 2; Part IV, Section V, Section B, line 1e; Pa	n C,
	(See instructions.)		
32028 10-11-1	18 Schedu	le A (Form 990 or 990	-EZ) 2018
832028 10-11-1	¹⁸ Schedu 20	le A (Form 990 or 990	-

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Schedule B

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

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2018

Employer identification number

	SAN JOSE MUSEUM OF ART ASSOCIATION	23-7062028	
Organization type (cheo	sk one):		
Filers of:	ilers of: Section:		
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation		
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		
Check if your organization	on is covered by the General Rule or a Special Rule.		

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

General Rule

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

Special Rules

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

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

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

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) (2018)

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) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 1 Person Payroll 328,343. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 X Person Payroll Noncash 349,708. (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 167,625. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Х Person Payroll 806,877. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 Х Person Payroll 120,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 X Person Payroll 820,800. Noncash \$ (Complete Part II for noncash contributions.)

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

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

Name of	organization
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Employer identification number

SAN JOSE MUSEUM OF ART ASSOCIATION

23-7062028

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$799,593.	Person X Payroll Image: 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.)

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

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

Name of organization

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.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

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Page **4**

ame of or	ganization		Employer identification num		
N JOSE	MUSEUM OF ART ASSOCIATION		23-7062028		
Part III	Exclusively religious, charitable, etc., contribution	ons to organizations described in se	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the		
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional s	haritable, etc., contributions of \$1,000 or I	ry. For organizations ess for the year. (Enter this info. once.) \$		
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
-		(e) Transfer of gift			
F	Transferee's name, address, an	Id ZIP + 4	Relationship of transferor to transferee		
a) No.			1		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
F		(e) Transfer of gift			
	Turneferrele neuro edducer en				
ŀ	Transferee's name, address, an		Relationship of transferor to transferee		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
ŀ		(e) Transfer of gift			
ŀ	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
—					
F	(e) Transfer of gift				
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
ſ					
454 11-08-	10		Schodulo B (Earm 000, 000 E7, ar 000 DE1)		
-04 II-08-		26	Schedule B (Form 990, 990-EZ, or 990-PF)		

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SCHEDULE D	
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(Form	990)	
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Internal Revenue Service Na

Department of the Treasury

me of the organization	
•	

SAN JOSE MUSEUM OF ART ASSOCIATION

Employer identification number 23 - 7062028

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, ling	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		ľ – –
Par		anization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization		,
-	Preservation of land for public use (e.g., recreation or e		rically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form o	f a conservation easement on the last
-	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
a b			
0	Number of conservation easements on a certified historic stru	ucture included in (2)	
c d	Number of conservation easements included in (c) acquired a		
u			
3	listed in the National Register		
3		eased, extinguished, or terminated by the c	organization during the tax
4	year	ement is leasted	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		
•	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enforcing conse	ervation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	on easements during the year
•			
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	-	
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes th	ne organization's accounting for
Dar	t III Organizations Maintaining Collections of	Art Historical Treasures or Oth	or Similar Assots
T ai	Complete if the organization answered "Yes" on Form		iei oinnidi Assets.
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ec	lucation, or research in furtherance of publ	ic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
-			
2	If the organization received or held works of art, historical trea		gain, provide
	the following amounts required to be reported under SFAS 11		
а	Revenue included on Form 990, Part VIII, line 1		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2018
832051	10-29-18		

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Sche		JSEUM OF ART ASS					7062028		- _{age} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or Ot	her S	imilar Ass	ets _{(conti}	nued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that are	a signif	icant use of i	ts collectior	n item	s
	(check all that apply):			-	-				
а	X Public exhibition	d	X Loan or exc	hange programs					
b	X Scholarly research	е		0 1 0					
с	X Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	how they further t	ne organization's e	exempt	purpose in P	art XIII.		
5	During the year, did the organization solicit o								
-	to be sold to raise funds rather than to be ma						X Yes		No
Par	t IV Escrow and Custodial Arran								
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custodi		iary for contribution	s or other assets i	not incl	Ided			
ia	on Form 990, Part X?						Yes		No
h	If "Yes," explain the arrangement in Part XII								
D		and complete the los	iowing table.				Amour	.+	
-	Designing belongs					10	Amour	11	
	Beginning balance					1c			
	Additions during the year					1d			
-	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Fo						Yes		No
Par	If "Yes," explain the arrangement in Part XIII.								
I ai	t V Endowment Funds. Complete i								
		(a) Current year	(b) Prior year	(c) Two years bad		Three years ba			
	Beginning of year balance	11,606,608.	11,040,433.	10,136,56		10,541,69			,328.
b	Contributions	782,023.				5,26			,422.
С	Net investment earnings, gains, and losses	528,004.	680,407.	1,202,54	3.	92,13	4.	108	,512.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	506,492.	483,979.	498,67	6.	502,52	9.	497	,565.
f	Administrative expenses								
g	End of year balance	12,410,143.	11,606,608.	11,040,43	3.	10,136,56	6. 10	,541	,697.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	.80	_%						
b	Permanent endowment 76.50	%							
с	Temporarily restricted endowment	22.70 %							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	nd administered fo	or the o	rganization			
	by:	0				0		Yes	No
	(i) unrelated organizations						3a(i)	Х	
	(ii) related organizations								X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b		1
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere		Part IV line 11a S	See Form 990 Par	t X line	10			
	Description of property	(a) Cost or o				mulated	(d) Boo		
	Description of property	basis (investr	• • •	(other)	depree		(u) Bot	n van	JC
10	Land			(=)					
	Land								
	Buildings			613,310.		608,704.		٨	,606.
	Leasehold improvements							4	,
	Equipment			745,768.		745,768.			0.
	Other			351,218.		351,218.			0.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part)	X <u>, column (B), line 1</u>	0c.)	<u></u>				,606.
						Sched	lule D (Fori	n 990) 2018

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUST	930,117.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	930,117.

Part X Other Liabilities.

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

<u>1.</u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 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

Schedule D (Form 990) 2018

832053 10-29-18

Part			Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.			0 (50 205
				1	9,658,395.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1.1	55 422		
	Net unrealized gains (losses) on investments		57,433.		
	Donated services and use of facilities		2,764,146.		
	Recoveries of prior year grants		102 220		
	Other (Describe in Part XIII.)	2d	103,338.		2 0 2 4 0 1 7
	Add lines 2a through 2d			2e	2,924,917.
	Subtract line 2e from line 1			3	6,733,478.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		42,000		
	Investment expenses not included on Form 990, Part VIII, line 7b		43,899.		
	Other (Describe in Part XIII.)				42 000
	Add lines 4a and 4b			4c	43,899.
5 Dari	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) XII Reconciliation of Expenses per Audited Financial Statem	onte With	Evnansas nar B	5 Return	6,777,377.
I GI	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1				1	7,941,379.
	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:				.,,
	Donated services and use of facilities	2a	2,764,146.		
			-,		
	Prior year adjustments				
	Other losses Other (Describe in Part XIII.)	·	103,338.		
	· · · · · · · · · · · · · · · · · · ·	·	,	2e	2,867,484.
	Add lines 2a through 2d Subtract line 2e from line 1			3	5,073,895.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				-,,•
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	43,899.		
	Other (Describe in Part XIII.)		,		
				4c	43,899.
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. <i>(This must equal Form 990, Part I, line 18.)</i>			5	5,117,794.
Par	XIII Supplemental Information.			J	-,,•
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			; Part X, lir	ne 2; Part XI,
PART	III, LINE 1A:				
PERMA	NENT ART COLLECTION - THE COLLECTION CONSISTS OF TWENTIETH A	ND			
TWEN	Y-FIRST CENTURY ARTWORK, INCLUDING PAINTINGS, SCULPTURES,				
INST	LLATIONS, NEW MEDIA, PHOTOGRAPHY, DRAWINGS AND PRINTS, ACQUI	RED			
THROU	IGH PURCHASE OR CONTRIBUTION. THE COLLECTION IS NOT RECOGNIZE	D AS AN			
ASSE	IN THE STATEMENT OF FINANCIAL POSITION. EACH WORK OF ART IS				
INVE	TORIED AND CARED FOR, AND ACTIVITIES VERIFYING THE COLLECTION	n's			
INTEC	RITY ARE PERFORMED CONTINUOUSLY. PURCHASES OF ART ARE RECORD	ED AS			
NON-O	PPERATING DECREASES IN THE UNRESTRICTED NET ASSETS IN THE YEA	R IN			
WHICH	I ITEMS ARE ACQUIRED. CONTRIBUTED COLLECTION ITEMS ARE NOT RE	FLECTED			
IN TH	E FINANCIAL STATEMENTS. PROCEEDS FROM ANY DEACCESSIONS OR IN	SURANCE			
RECOV	VERIES ARE REQUIRED TO BE USED TO ACQUIRE OTHER WORKS OF ART.				
832054	10-29-18 30			Schedule	D (Form 990) 2018

SAN JOSE MUSEUM OF ART ASSOCIATION

Schedule D (Form 990) 2018

2018.05070 SAN JOSE MUSEUM OF ART AS 05038501

23-7062028

Page 4

PART III, LINE 4:

THE SAN JOSE MUSEUM OF ART SEEKS TO BUILD A COLLECTION OF THE HIGHEST

QUALITY AND WITH THE GREATEST POTENTIAL FOR COMMUNITY ENGAGEMENT. THEREBY

FULFILLING ITS MISSION TO BE A VALUABLE RESOURCE FOR THE PUBLIC.

THE MUSEUM'S PERMANENT COLLECTION INCLUDES OVER 2,600 MODERN AND

CONTEMPORARY WORKS OF ART IN A VARIETY OF MEDIA, FROM PAINTINGS

SCULPTURE, PHOTOGRAPHY AND WORKS ON PAPER TO DIGITAL AND TIME-BASED

ARTWORK. SJMA IS THE ONLY COLLECTING ART INSTITUTION IN THE CITY OF SAN

JOSE, THE ONLY CONTEMPORARY ART MUSEUM IN SILICON VALLEY ACCREDITED BY THE

AMERICAN ALLIANCE OF MUSEUMS (AAM) AND A MEMBER OF THE ASSOCIATION OF ART

MUSEUM DIRECTORS (AAMD).

SJMA PROUDLY HAS EARNED A REPUTATION FOR ACQUIRING ART WORKS BY PIVOTAL

ARTISTS WHOSE PRACTICES ADDRESS PRESSING CULTURAL, POLITICAL AND SOCIAL

ISSUES, AND HAS A TRADITION OF ACQUIRING LANDMARK ARTWORK IN NEW MEDIA AND

EMERGING FIELDS. THE MUSEUM ALSO HAS A SUCCESSFUL TRACK RECORD OF

ACQUIRING AND EXHIBITING WORK BY CALIFORNIA ARTISTS OF NATIONAL AND

INTERNATIONAL SIGNIFICANCE, AND NOW LOOKS TO ARTISTS WHO EXPLORE NEW

REPRESENTATIONAL STRATEGIES IN THE DIGITAL AGE, BEFITTING A MUSEUM IN THE

CAPITAL OF SILICON VALLEY. THE MUSEUM'S NEW COLLECTING PLAN (APPROVED IN

2018) IDENTIFIES THE FOLLOWING GOALS: TO REPRESENT SIGNIFICANT ART

HISTORICAL DEVELOPMENTS IN MODERN AND CONTEMPORARY ART FROM THE 1960S TO

THE PRESENT; TO PUT THE WORK OF PIVOTAL WEST COAST ARTISTS IN CONTEXT OF

WORK BY MAJOR NATIONAL AND INTERNATIONAL ARTISTS; TO EMBRACE CULTURAL

DIVERSITY AND SOCIAL ENGAGEMENT; TO REFLECT ARTISTIC EXPERIMENTATION AND

31

INNOVATION; AND TO ADDRESS ISSUES OF IMPORTANCE TO THE MUSEUM'S

Schedule D (Form 990) 2018

832055 10-29-18

Part XIII Supplemental Information (continued)

COMMUNITIES.

LOCATED SEVERAL BLOCKS FROM SAN JOSE STATE UNIVERSITY AND WITHIN 30

MINUTES OF APPROXIMATELY 14 OTHER COLLEGES AND UNIVERSITIES, SJMA IS A

PRIMARY RESOURCE FOR UNIVERSITY STUDENTS AS WELL AS FOR THE AUDIENCES OF

THE REGION, WHICH HAS THE GREATEST PROJECTED POPULATION GROWTH IN THE BAY

AREA. STARTING IN 2019, SJMA OFFERED FREE ADMISSION TO YOUTH, COLLEGE

STUDENTS WITH ID, AND TEACHERS TO DEEPEN SJMA'S RELATIONSHIPS WITH SCHOOLS

AND UNIVERSITIES, AND TO BECOME A CRITICAL RESOURCE FOR THEIR CURRICULA.

THE MUSEUM CREATED AN ACQUISITIONS ENDOWMENT IN 2012, WHICH AUGMENTS THE

GENEROUS DONATIONS FROM COLLECTORS AND ARTISTS TO THE PERMANENT

COLLECTION. IN ADDITION, IN 2017, THE MUSEUM BEGAN A CO-ACQUISITION

PROGRAM WITH TWO OF THE MOST IMPORTANT CONTEMPORARY ART MUSEUMS IN THE

UNITED STATES, TO EXPAND THE MUSEUM'S REACH AND OPPORTUNITY TO CONTRIBUTE

TO PUBLIC DISCOURSE. SJMA REMAINS DEPENDENT IN LARGE MEASURE ON

CULTIVATING OPPORTUNITIES AND SOLICITING DONATIONS: 90% OF THE WORKS IN

THE COLLECTION HAVE BEEN ACQUIRED THROUGH DONATION, SIMILAR TO STATISTICS

AT AAMD MEMBER MUSEUMS NATIONALLY.

IN THE LAST TEN YEARS, SJMA LAUNCHED AN AMBITIOUS EXHIBITION PROGRAM TO

FEATURE WORKS FROM THE PERMANENT COLLECTION IN THEMATIC SPECIAL

EXHIBITIONS. FOR THE MUSEUM'S 50TH ANNIVERSARY SEASON (2019-2020) RECENT

ACQUISITIONS, INCLUDING THE WORK OF VISIONARY WOMEN COLLECTION ARTISTS

WERE HIGHLIGHTED IN SIX DEDICATED EXHIBITIONS AND A MAJOR NEW COMMISSIONED

ARTWORK FOR THE LOBBY ATRIUM. CONTINUING A COMMITMENT TO SCHOLARLY

PUBLICATIONS IN SUPPORT OF EXHIBITIONS AND THE PERMANENT COLLECTION, IN

2020 SJMA WILL PUBLISH AN ONLINE CATALOGUE FOCUSED ON 50 ARTISTS FROM THE

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Schedule D (Form 990) 2018

832055 10-29-18

Part XIII Supplemental Information (continued)

PERMANENT COLLECTION CALLED 50X50: DIGITAL STORIES OF VISIONARY ARTISTS

FROM THE COLLECTION, OPTIMIZED FOR PUBLICATION DISCOVERABILITY AND

LONGEVITY.

SJMA'S ACQUISITIONS REFLECT THE DIVERSITY THAT CHARACTERIZES LOCAL

COMMUNITIES AND THE GLOBAL NATURE OF CONTEMPORARY ART. MAJOR EXHIBITION

TEXTS ARE TRANSLATED INTO SPANISH AND VIETNAMESE, JOINING ENGLISH AS THE

THREE OFFICIAL LANGUAGES OF SAN JOSE.

PART V, LINE 4:

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

THE DONORS.

PART X, LINE 2:

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, 2016, AND BEYOND REMAIN SUBJECT TO POSSIBLE EXAMINATION BY THE

INTERNAL REVENUE SERVICE. THE MUSEUM'S CALIFORNIA RETURNS OF THE TAX YEARS

ENDED JUNE 30, 2015, AND BEYOND REMAIN SUBJECT TO POSSIBLE EXAMINATION BY

THE FRANCHISE TAX BOARD.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 SAN JOSE MUSEUM OF ART ASSOCIATION Part XIII Supplemental Information (continued)		23-7062028	Page 5
COST OF GOODS SOLD	103,338.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
COST OF GOODS SOLD	103,338.		
		Schedule D (Form	990) 2018

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2018.05070 SAN JOSE MUSEUM OF ART AS 05038501

832055 10-29-18

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	raisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$15				or 19,	or if the	2018
Department of the Treasury	-	Attach to Form 990	-		-			Open to Public
Internal Revenue Service	► Go	to www.irs.gov/Form990 for instru	uction	s and	the latest informati	on.		Inspection
Name of the organization	ו						Employer i	dentification number
		JSEUM OF ART ASSOCIATION					23-7062	
	ing Activities. complete this part	Complete if the organization answe t.	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-I	EZ filers are not
1 Indicate whether the	e organization rais	ed funds through any of the followin	g activ	ities. (Check all that apply.			
a 🦲 Mail solicitat					overnment grants			
—	email solicitations				nment grants			
c Phone solici		g 🔄 Special	fundra	ising	events			
d In-person so		or oral agreement with any individual	(includ	ina of	ficers directors trus	toos	or	
		art VII) or entity in connection with pr				1003,		es 🗌 No
		viduals or entities (fundraisers) pursua			•	he fui		
compensated at le	ast \$5,000 by the	organization.		-				
			(;;;)	Dist		60	Amount paid	
(i) Name and addres		(ii) Activity	(iii) fundr have ci	aiser	(iv) Gross receipts	tò (e	or retained by	
or entity (fund	Iraiser)		or con contribu	trol of	from activity		fundraiser ted in col. (i)	organization
			Yes	No				
Total	·····			<u> </u>		<u> </u>		
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is	exempt from	registration
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z. 9	Sche	dule G (Form	990 or 990-EZ) 2018

832081 10-03-18

Schedule G (Form 990 or 990-EZ) 2018 SAN JOSE MUSEUM OF ART ASSOCIATIO
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23-7062028 Page **2**

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

		of fundraising event contributions and gro				- <u>J</u>
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events
			ANNUAL FALL GALA			(add col. (a) through
Ð			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	574,269.			574,269.
	2	Less: Contributions	92,300.			92,300.
	3	Gross income (line 1 minus line 2)	481,969.			481,969.
	4	Cash prizes				
	5	Noncash prizes				
penses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				481,969.
				•		101 000
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			481,969.
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li	()			481,969.
Ра	11	Net income summary. Subtract line 10 from li	ine 3, column (d)		►	
Pa	11	Net income summary. Subtract line 10 from li	ine 3, column (d)		►	
	11 art I	Net income summary. Subtract line 10 from I Gaming. Complete if the organization	ine 3, column (d)		►	
Revenue B	11 art I	Net income summary. Subtract line 10 from i Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	ine 3, column (d)	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	0. (d) Total gaming (add
	11 art I	Net income summary. Subtract line 10 from I Gaming. Complete if the organization	ine 3, column (d)	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	0. (d) Total gaming (add
Revenue	11 art 1	Net income summary. Subtract line 10 from i Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	ine 3, column (d)	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	0. (d) Total gaming (add
Expenses Revenue	11 art 1	Net income summary. Subtract line 10 from in Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	ine 3, column (d)	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	0. (d) Total gaming (add
	11 art 1	Net income summary. Subtract line 10 from li Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	ine 3, column (d)	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	0. (d) Total gaming (add
Expenses Revenue	11 art 1 2 3 4	Net income summary. Subtract line 10 from li Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	ine 3, column (d)	990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	0. (d) Total gaming (add
Expenses Revenue	11 art 1 2 3 4 5	Net income summary. Subtract line 10 from li Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	ine 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo	reported more than (c) Other gaming Yes%	0. (d) Total gaming (add
Expenses Revenue	11 1 2 3 4 5 6	Net income summary. Subtract line 10 from line Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	ine 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	0. (d) Total gaming (add
Expenses Revenue	11 art 1 2 3 4 5	Net income summary. Subtract line 10 from line Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	ine 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo	reported more than (c) Other gaming Yes%	0. (d) Total gaming (add

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

a Is the organization licensed to conduct gaming activities in each of these states? _____ Yes b If "No," explain: _____

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

No

No

Sch	edule G (Form 990 or 990-EZ) 2018 SAN JOSE MUSEUM OF ART ASSOCIATION	23-70	06202	8	Pa	ge 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
13	Indicate the percentage of gaming activity conducted in:					
	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					
15.	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Vac		No
156	Toos the organization have a contract with a time party non-whom the organization receives gaming revenue?			103	L	
C	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	τ				
	of gaming revenue retained by the third party ▶\$					
c	If "Yes," enter name and address of the third party:					
	Name					
	Address					
16	Gaming manager information:					
	Name					
	Gaming manager compensation 🕨 💲					
	Description of services provided 🕨					
	Director/officer Employee Independent contractor					
17	Mandatory distributions:					
	Is the organization required under state law to make charitable distributions from the gaming proceeds to					
	retain the state gaming license?			Yes		No
r	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t					
~	organization's own exempt activities during the tax year > \$					
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); ar	nd Part	III lin	es 9	9b 10)b
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		,	00 0,	00, 1	<i></i> ,
						-
8320	B3 10-03-18 Schedule G	(Form	990 6	or <u>99</u> 0)-E7)	2018
	37	,. .			/	

Schodulo C (Form 990 or 990-EZ)

Schedule G (Form 990 or 990-EZ)

832084 04-01-18

sc	HEDULE J	Compens	ation Information	1	OMB No. 1	1545-004	47
	rm 990)			20	10	,	
			ensated Employees nswered "Yes" on Form 990, Part IV, line 23.		20	10)
Depa	tment of the Treasury		ach to Form 990.		Open to		ic
Intern	al Revenue Service	Go to www.irs.gov/Form990) for instructions and the latest information.		Inspe		
Nan	ne of the organization			Employer ide		on nui	nber
		SAN JOSE MUSEUM OF ART ASSO	CIATION	23-706	2028		
Ра	rt I Question	Regarding Compensation					
	o					Yes	No
1a			of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relev					
	First-class or c		Housing allowance or residence for person				
	Travel for com		Payments for business use of personal res				
		ation and gross-up payments	Health or social club dues or initiation fees				
		pending account	Personal services (such as maid, chauffeu	ir, cnet)			
L-	If any of the house	on line to are checked did the eventiantian	allow a written policy recording ney ment as				
D	•	on line 1a are checked, did the organization f			41-		
0			ove? If "No," complete Part III to explain		1b		
2			or allowing expenses incurred by all directors,		0		
	trustees, and onice	s, including the CEO/Executive Director, reg	arding the items checked on line 1a?		2		
3	Indianta which if a	w of the following the filing organization use	d to optablish the componentian of the organize	tion's			
3			d to establish the compensation of the organization boxes for methods used by a related organization				
		tion of the CEO/Executive Director, but expl	, ,	51110			
	Compensation	· ·	X Written employment contract				
	·	ompensation consultant	X Compensation survey or study				
		her organizations	X Approval by the board or compensation c	ommittoo			
		ner organizations		Uninitiee			
4	During the year, did	any person listed on Form 990, Part VII, Sec	ction A, line 1a, with respect to the filing				
	organization or a re						
а	-	e payment or change-of-control payment?			4a		x
b			ified retirement plan?		4b		x
с			nsation arrangement?				x
		es 4a-c, list the persons and provide the app					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations	s must complete lines 5-9.				
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensatio	n			
	contingent on the r	evenues of:					
а	The organization?				5a		x
b	Any related organiz	ation?			5b		X
		r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensatio	n			
	contingent on the r	et earnings of:					
а	The organization?				6a		x
b	Any related organiz	ation?			6b		x
		r 6b, describe in Part III.					
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did	the organization provide any nonfixed payments				
	not described on lir	es 5 and 6? If "Yes," describe in Part III \ldots			7		x
8			ed pursuant to a contract that was subject to th				
	initial contract exce	ption described in Regulations section 53.49	58-4(a)(3)? If "Yes," describe in Part III		8		x
9	If "Yes" on line 8, d	d the organization also follow the rebuttable	presumption procedure described in				
	Regulations section	53.4958-6(c)?			9		
LHA		eduction Act Notice, see the Instructions f		Schedule	e J (Forn	n 990)	2018

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Schedule J (Form 990) 2018

23-7062028

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.

		(8) 5 4 4 6						(F) O II	
	(B) Breakdown of W-2 and/or 1099-MISC compe			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)		
(A) Name and Title		(i) Base compensation	(i) Base (ii) Bonus & (iii) Other reportable compensation		compensation			reported as deferred on prior Form 990	
(1) SUSAN SAYRE BATTON	(i)	230,000.	0.	0.	11,500.	5,097.	246,597.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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Schedule J (Form 990) 2018

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.

Schedule J (Form 990) 2018

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2018 **Open to Public** . Inspection

Name	of the	organization

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

t the organization						
	SAN	JOSE	MUSEUM	OF	ART	ASSOCIATION

Employer identification number
23-7062028

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermini	0	3
1	Art - Works of art	X	28	177,800.	ART WORK			
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	7	195,100.	SALES 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							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х	2	10,605.	WINES AND COOKIE	S		
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (TWO FULL BAR)	Х	1	14,285.				
26	Other (TRAVEL PACKAG)	Х	1	36.				
27	Other ► ()							
28	Other 🕨 ()							
29	Number of Forms 8283 received by the organized	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	jement 29			1	
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard contribut	ions?	31	x	
32a	Does the organization hire or use third parties contributions?		0			32a		х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is cheo	cked,			
	describe in Part II.							
ιцΔ	For Paperwork Reduction Act Notice see	the Instruct	tions for Form 990)	Schedule M	/Eorm	0001	2019

Lł tion Act Notice, see the Instructions for Form 990. ule M (Form 990) 2018

832141 10-18-18

Schedule M (Form 990) 2018 SAN JOSE MUSEUM OF ART ASSOCIATION	23-7062028	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, a is reporting in Part I, column (b), the number of contributions, the number of items received, or a combit this part for any additional information.	and whether the organi nation of both. Also co	zation
SCHEDULE M, PART I, COLUMN (B):		
THE NUMBER OF CONTRIBUTIONS LISTED ABOVE PERTAINS TO THE NUMBER OF		
ITEMS DONATED.		
SCHEDULE M, LINE 33:		
THE ASSOCIATION EXPENSES ALL PURCHASED ART AND DOES NOT RECORD DONATED		
ART ITEMS. OF THE 28 WORKS OF ART DONATED, 13 PIECES WERE CONTRIBUTED		
FOR PERMANENT COLLECTION DURING THE FISCAL YEAR 2018-2019. THE REST		
WERE CONTRIBUTED FOR AUCTION.		
832142 10-18-18	Schedule M (For	rm 990) 2018

SCHEDULE O

(Form 990 or 990-EZ)

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



Employer identification number 23-7062028

SAN JOSE MUSEUM OF ART ASSOCIATION

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

ARTISTS TO SOCIETY.

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

MISSION

THE SAN JOSE MUSEUM OF ART REFLECTS THE DIVERSE CULTURES AND INNOVATIVE

SPIRIT OF SILICON VALLEY. THROUGH ITS EXHIBITIONS, PROGRAMS,

SCHOLARSHIP, AND COLLECTIONS, SJMA CONNECTS THE PRESENT AND THE PAST,

THE ART OF THE WEST COAST AND THE WORLD. THE MUSEUM FOSTERS AWARENESS

OF ARTISTS' BROAD CONTRIBUTIONS TO SOCIETY AND ENGAGES AUDIENCES WITH

THE ART OF OUR TIME AND THE VITALITY OF THE CREATIVE PROCESS.

VISION THE SAN JOSE MUSEUM OF ART IS THE PREEMINENT MODERN AND CONTEMPORARY ART MUSEUM IN SILICON VALLEY. SJMA ENRICHES ITS COMMUNITIES THROUGH INNOVATIVE PROGRAMS AND CREATIVE. INTERACTIVE EXPERIENCES. IT INVITING PROVIDES DYNAMIC LEARNING OPPORTUNITIES FOR ADULTS AS WELL AS VITAL EDUCATIONAL SERVICES FOR YOUTHS AND FAMILIES, TO ENCOURAGE INQUIRY AND VISUAL THINKING. AS A CONSEQUENCE, SJMA IS RECOGNIZED FOR HIGH-QUALITY COLLABORATIVE ENDEAVORS, A DISTINCTIVE PERMANENT COLLECTION PROGRAMS AND ADVENTUROUS APPROACHES. THE MUSEUM CONNECTS ART AND LIFE; WORKS ACROSS CULTURAL BOUNDARIES; AND PROMOTES DEEPER AWARENESS, ENJOYMENT AND KNOWLEDGE OF MODERN AND CONTEMPORARY ART AND DESIGN. SJMA IS A CULTURAL HUB FOR THE RESIDENTS OF THE REGION. A SPACE FOR PERSONAL REFLECTION. A GATHERING PLACE FOR CREATIVE THINKERS. AND A SOURCE OF VIBRANCY FOR THE CITY CENTER, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

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SAN JOSE MUSEUM OF ART ASSOCIATION	23-7062028
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
RECENT INITIATIVES INCLUDE A SUSTAINED COMMITMENT TO CONTEMPORARY	
VIETNAMESE ART SUPPORTED BY A SIGNIFICANT OUTREACH PROGRAM TO THE LOCAL	
JIETNAMESE COMMUNITY-ONE OF THE LARGEST DIASPORIC COMMUNITIES IN THE	
NORLD; AN EXHIBITION SERIES CALLED "NEW STORIES FROM THE EDGE OF ASIA"	
THAT PRESENTS CUTTING-EDGE WORK BY PACIFIC RIM ARTISTS, AND THOUGHTFUL	
GROUP EXHIBITIONS DRAWN BOTH FROM THE MUSEUM'S PERMANENT COLLECTION OF	
MORE THAN 2,600 OBJECTS AND FROM LOANED WORKS OF ART THAT TOUCH ON	
SOCIALLY RELEVANT TOPICS FROM IMMIGRATION TO ARTIFICIAL INTELLIGENCE. A	
RECENTLY ANNOUNCED NEW COMMITMENT TO ART AND TECHNOLOGY BUILDS ON	
STRENGTHS OF THE COLLECTION AND KEY INTERESTS OF THE LOCAL COMMUNITY.	
STRENGING OF THE COLLECTION AND RET INTERESTS OF THE LOCAL COMMONTH.	
SJMA PRESENTED AN AMBITIOUS EXHIBITION PROGRAM IN FY19 TO HONOR THE	
LAUNCH OF ITS 50TH ANNIVERSARY SEASON. THREE MAJOR ORIGINAL	
EXHIBITIONS: DINH Q. LE: TRUE JOURNEY IS RETURN - THE LARGEST SOLO	
WILDIMION OF MUE ACCIAINED VIEWNANECE ADMICS'S MODE IN MUE INTERD	
EXHIBITION OF THE ACCLAIMED VIETNAMESE ARTIST'S WORK IN THE UNITED	
STATES IN MORE THAN A DECADE; UNDERSOUL: JAY DEFEO, WHICH	
CONTEXTUALIZED FOUR PERMANENT COLLECTION WORKS BY THE BAY AREA NATIVE	
WITH PHOTOGRAPHIC WORKS DRAWN FROM THE RICH HOLDINGS OF THE JAY DEFEO	
OUNDATION; AND RINA BANERJEE: MAKE ME A SUMMARY OF THE WORLD - A MAJOR	
CONDATION; AND KINA DANENGED. MAKE ME A SOMMAKI OF THE WORLD A MADOK	
AID-CAREER RETROSPECTIVE CO-ORGANIZED BY SJMA AND THE PENNSYLVANIA	
ACADEMY OF FINE ARTS - WERE ACCOMPANIED BY ORIGINAL CATALOGUES THAT	
INCLUDED SIGNIFICANT NEW CONTRIBUTIONS TO SCHOLARSHIP THAT HEIGHTENED	
SJMA'S STATURE IN THE LOCAL AND NATIONAL/INTERNATIONAL ART WORLD. THE	
MUSEUM ALSO SHOWCASED ITS LONG-STANDING COMMITMENT TO COMMUNITY 332212 10-10-18 Sci	hedule O (Form 990 or 990-EZ) (2018
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Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

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Employer identification number

Name of the organization SAN JOSE MUSEUM OF ART ASSOCIATION	Employer identification number 23-7062028
SAN JUSE MUSEUM OF ART ASSOCIATION	23-7062028
RELEVANCE WITH ISSUES-BASED GROUP EXHIBITIONS INCLUDING THE HOUSE	
IMAGINARY, A PERMANENT COLLECTION EXHIBITION INSPIRED BY THE HOUSING	
CRISIS IN THE SILICON VALLEY, AND OTHER WALKS, OTHER LINES, AN	
EXPLORATION OF THE POLITICS AND PLEASURES OF WALKING, WHICH WAS	
PRESENTED AS PART OF A COMMUNITY-WIDE SERIES OF PROGRAMS ON MOBILITY	
AND MIGRATION CALLED "NEW TERRAINS: MOBILITY AND MIGRATION" THAT WAS	
SPEARHEADED BY THE MUSEUM IN CONJUNCTION WITH A STEERING COMMITTEE OF	
LOCAL ARTS ORGANIZATIONS.	
THE SCOPE OF SJMA'S COLLECTION AND THE NATURE OF EXHIBITIONS DRAWN FROM	
THE COLLECTION ARE DESCRIBED IN SCHEDULE D PART III, LINE 4.	
NUMBER OF PEOPLE SERVED: 41,083	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	
CLASSROOM-BASED PROGRAMS RANGE FROM FREE HOUR-LONG DOCENT PRESENTATIONS	
ON ART HISTORY TO SEMESTER-LONG ARTIST RESIDENCIES. ON-SITE PROGRAMS	
INCLUDE A ROBUST MUSEUM FIELD TRIP PROGRAM; FAMILY PROGRAMMING,	
INCLUDING THREE FREE COMMUNITY DAYS THAT ATTRACT OVER 5,000 PEOPLE PER	
YEAR; AND A POPULAR KIDS SUMMER ART CAMP INSPIRED BY EXHIBITIONS ON	
VIEW. THE MUSEUM ALSO OFFERS A RANGE OF LECTURES AND PUBLIC PROGRAMS	
FOR ADULT AUDIENCES, FROM ARTIST TALKS AND GALLERY TOURS TO ARTMAKING	
WORKSHOPS. 17,490 PEOPLE PARTICIPATED IN THESE PROGRAMS IN FY19.	
WITH A CENTRAL FOCUS ON EQUITY AND ACCESS, EDUCATION AND PUBLIC	
PROGRAMS EXPANDED IN BOTH DEPTH AND BREADTH IN FY19. IN FEBRUARY 2019,	
SJMA LAUNCHED FACEBOOK FIRST FRIDAYS, A TRANSFORMATIONAL NEW PROGRAM	
SUPPORTED BY THE FACEBOOK ART DEPARTMENT THAT KEEPS THE MUSEUM OPEN FOR	
832212 10-10-18	Schedule O (Form 990 or 990-EZ) (2018

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization	Employer identification number
SAN JOSE MUSEUM OF ART ASSOCIATION	23-7062028
FREE ON THE FIRST FRIDAY EVENING OF EACH MONTH, WITH MUSIC, A CASH BAR,	
AND OPEN GALLERIES. THESE POPULAR EVENTS ATTRACT A DIVERSE GROUP OF	
VISITORS, MANY OF THEM FIRST TIME VISITORS TO THE MUSEUM. IN MARCH	
2019, SJMA LAUNCHED A NEW ACCESS PROGRAM THAT MAKES ADMISSION FREE FOR	
YOUTH THROUGH AGE 17; COLLEGE STUDENTS WITH ID, AND TEACHERS. THIS	
SIGNIFICANT REDUCTION IN ADMISSIONS FEES - INTENDED TO BUILD CLOSER	
TIES WITH THE COMMUNITY AND TO PROMOTE RETURN VISITATION - INCREASED	
ATTENDANCE FROM COLLEGE STUDENTS BY 30%. SJMA'S ARTS EDUCATION	
CURRICULUM ALSO EXPANDED IN FY19: ITS AWARD-WINNING STEAM (SCIENCE	
TECHNOLOGY ENGINEERING ARTS AND MATH) CLASSROOM RESIDENCY PROGRAM,	
SOWING CREATIVITY, EXPANDED TO INCLUDE A FIFTH-GRADE	
ART-AND-ENGINEERING CURRICULUM ROOTED IN THE PRINCIPLES OF DESIGN	
THINKING THAT WAS BETA TESTED WITH 2000 STUDENTS IN 72 SCHOOLS. SJMA'S	
GRANT-SUPPORT FREE FIELD TRIP PROGRAM FOR TITLE I STUDENTS ALSO	
EXPANDED SIGNIFICANTLY TO BRING OVER 4,000 TITLE I STUDENTS TO THE	
MUSEUM FOR AN INQUIRY BASED TOUR AND STANDARDS-BASED HANDS-ON ARTMAKING	
ACTIVITY.	
NUMBER OF PEOPLE SERVED: 66,560	
FORM 990, PART VI, SECTION A, LINE 4:	
THE ORGANIZATION AMENDED IT'S BYLAWS IN NOVEMBER OF 2018. MAJOR REVISIONS	
WERE:	
- THE MINIMUM AUTHORIZED NUMBER OF TRUSTEES WAS CHANGED TO FIFTEEN (15).	
- NOMINATIONS FOR ELECTION AS TRUSTEES FOR THREE-YEAR TERMS MAY BE MADE FOR	
ARTIST TRUSTEES FOR PRACTICING ARTISTS ("ARTIST TRUSTEES"), WITH FULL	
VOTING PRIVILEGES.	

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Schedule O (Form 990 or 990-EZ) (2018)

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Name of the organization	Employer identification number
SAN JOSE MUSEUM OF ART ASSOCIATION	23-7062028
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,	
OFFICE, DIRECTOR OR EMPLOYEE. IN ADDITION, DISCLOSURE IS REQUIRED IF THE	
INDIVIDUAL OR IMMEDIATE FAMILY MEMBERS HOLD AN OWNERSHIP INTEREST IN A	
CLOSELY HELD COMPANY OR A 5% OWNERSHIP INTEREST IN A PUBLIC COMPANY WITH	
THE MUSEUM HAS A BUSINESS RELATIONSHIP. ALL RESPONDENTS ARE ASKED TO	
SUPPLEMENT THE INFORMATION IN THE EVENT OF ANY CHANGES BEFORE THE NEXT	
ANNUAL DISCLOSURE. ALL STAFF RESPONSES ARE REVIEWED BY THE EXECUTIVE	
DIRECTOR. ALL OTHER RESPONSES ARE REVIEWED BY THE SECRETARY OF THE BOARD OF	
TRUSTEES. IF A RESPONSE ON A DISCLOSURE IDENTIFIES A CONFLICT, THE	
, INTERESTED TRUSTEE, STAFF MEMBER, OR VOLUNTEER (A COMMUNITY MEMBER OF A	
30ARD COMMITTEE) SHALL REFRAIN FROM ATTEMPTING TO INFLUENCE ANY DECISION OF	
	chedule O (Form 990 or 990-EZ) (201

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Name of the organization	Pag Employer identification number
SAN JOSE MUSEUM OF ART ASSOCIATION	23-7062028
THE BOARD, BOARD COMMITTEE, OR STAFF ON ANY MATTER WHICH MAY INVOLVE A	
POTENTIAL OR ACTUAL CONFLICT OF INTEREST AND SHALL ABSTAIN FROM VOTING ON	
ANY SUCH MATTER.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD OF TRUSTEES OF SJMA HAS ESTABLISHED A COMPENSATION PHILOSOPHY	
THAT BALANCES TWO OBJECTIVES: APPROPRIATE STEWARDSHIP OF ITS FINANCIAL	
RESOURCES; AND MAINTAINING THE VITALITY OF THE INSTITUTION AND EXCELLENCE	
OF ITS PROGRAMMING. THE RESULTING COMPENSATION DESIGN IS TO PAY IN THE TOP	
50% OF COMPARABLE SALARIES FOR NEXT-STAGE PEER INSTITUTIONS. IN SJMA'S	
EXPERIENCE, THESE ARE THE MOST RELEVANT FACTORS IN COMPETITION FOR TALENT.	
INDIVIDUAL COMPENSATION IS THEN ESTABLISHED COMMENSURATE WITH EXPERIENCE,	
RELEVANT ACADEMIC CREDENTIALS AND PROFESSIONAL TRAINING. THE BOARD OF	
TRUSTEES HAS APPROVED THAT PHILOSOPHY IN LIGHT OF THE HIGH COST OF LIVING	
IN THE SAN FRANCISCO BAY AREA, IN AN EFFORT TO ATTRACT, RETAIN AND MOTIVATE	
THE TALENT NEEDED TO MAINTAIN THE REQUISITE STANDARDS OF QUALITY AND	
REPUTATION OF THE MUSEUM AS A LEADER IN THE FIELD.	
IN ADDITION TO SALARY, SJMA ENDEAVORS TO PROVIDE HEALTH AND RETIREMENT	
BENEFITS COMMENSURATE WITH THE ABOVE PHILOSOPHY. RETIREMENT-PLAN	
CONTRIBUTIONS FOR FY19 WERE 5%.	
THE SALARY LEVELS OF THE EXECUTIVE DIRECTOR AND THE DIRECTOR OF FINANCE	
WERE ESTABLISHED AND APPROVED BY THE BOARD OF TRUSTEES IN ACCORDANCE WITH	
THIS COMPENSATION PHILOSOPHY, BASED ON THE ANNUAL SALARY SURVEY OF THE	
ASSOCIATION OF ART MUSEUM DIRECTORS, WHICH IS THE STANDARD RESOURCE IN THE	
FIELD AND THE MOST COMPREHENSIVE, PUBLIC INDUSTRY DATA AVAILABLE. AN	
ADJUSTMENT TO THE SALARY AND BENEFIT PACKAGE OF THE DIRECTOR OF FINANCE WAS	
APPROVED BY THE BOARD ON MAY 25, 2017. ADDITIONALLY, A NEW EXECUTIVE	
DIRECTOR WAS APPOINTED BY THE BOARD ON MARCH 23, 2017 WITH THE SALARY AND	
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Schedule O (Form 990 or 990-EZ) (2018) Name of the organization SAN JOSE MUSEUM OF ART ASSOCIATION		Employer identification number 23-7062028
BENEFIT PACKAGE APPROVED BY THE BOARD ON MARCH 23, 2017 AS WE	بابل	
FORM 990, PART VI, SECTION C, LINE 19:		
THE SAN JOSE MUSEUM OF ART POSTS ITS GOVERNING DOCUMENTS, CON	IFLICT OF	
INTEREST POLICY AND FINANCIAL STATEMENTS ON ITS WEBSITE.		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
CATERING:		
PROGRAM SERVICE EXPENSES	55,819.	
MANAGEMENT AND GENERAL EXPENSES		
FUNDRAISING EXPENSES	28,732.	
TOTAL EXPENSES	90,631.	
OUTSIDE SERVICES AND SECURITY:		
PROGRAM SERVICE EXPENSES	449,628.	
MANAGEMENT AND GENERAL EXPENSES	63,339.	
FUNDRAISING EXPENSES	20,945.	
TOTAL EXPENSES	533,912.	
RECRUITING:		
PROGRAM SERVICE EXPENSES	2,437.	
MANAGEMENT AND GENERAL EXPENSES	13,759.	
FUNDRAISING EXPENSES	1,323.	
TOTAL EXPENSES	17,519.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	642,062.	
FORM 990, PART XII, LINE 2C:		
THE PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR.		
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Schedule O (Form 990 or 990-EZ) (2018)	Page 2 Employer identification number					
Name of the organization SAN JOSE MUSEUM OF ART ASSOCIATION	23-7062028					
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2018 DEPRECIATION AND AMORTIZATION REPORT

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FORM 9	ORM 990 PAGE 10 990														
Asset No.	Description	Date Acquired	Method	Life	Li × Conv	ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
1	FURNITURES AND FIXTURES	VARIOUS		.000	НУ1	.6	161,002.				161,002.	161,002.		0.	161,002.
	* 990 PAGE 10 TOTAL FURNITUR	E & FIXTU	RES				161,002.				161,002.	161,002.		0.	161,002.
	MACHINERY & EQUIPMENT														
2	MACHINERY & EQUIPMENT	VARIOUS		.000	HY1	.6	543,919.				543,919.	543,919.		0.	543,919.
3	NETWORK	VARIOUS		.000	НУ1	.6	201,849.				201,849.	201,849.		0.	201,849.
	* 990 PAGE 10 TOTAL MACHINER	Y & EQUIF	MENT				745,768.				745,768.	745,768.		0.	745,768.
	OTHER														
4	SOFTWARE	VARIOUS		.000	HY1	.6	190,216.				190,216.	190,216.		0.	190,216.
5	LEASEHOLD IMPROVEMENTS	VARIOUS		.000	Н¥1	.6	613,310.				613,310.	606,827.		1,877.	608,704.
	* 990 PAGE 10 TOTAL OTHER						803,526.				803,526.	797,043.		1,877.	798,920.
	* GRAND TOTAL 990 PAGE 10 DE	PR				4,	,710,296.				1,710,296.1	,703,813.		1,877.	L,705,690.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone