

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SAN JOSE MUSEUM OF ART ASSOCIATION		D Employer identification number 23-7062028
	Doing business as		E Telephone number 408-271-6840
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	110 SOUTH MARKET STREET		G Gross receipts \$ 6,559,795.
	City or town, state or province, country, and ZIP or foreign postal code SAN JOSE, CA 95113-2383		
F Name and address of principal officer: SUSAN SAYRE BATTON SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.SJMUSART.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1969** **M** State of legal domicile: **CA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SJMA FOSTERS APPRECIATION AND AWARENESS OF THE CONTRIBUTION OF ART AND ARTISTS TO SOCIETY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	94
	6 Total number of volunteers (estimate if necessary)	6	219
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	62,847.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,278,807.	Current Year 3,768,114.
	9 Program service revenue (Part VIII, line 2g)	491,871.	607,919.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	623,567.	577,231.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	187,847.	171,054.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,582,092.	5,124,318.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	7,000.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,863,684.	2,818,853.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 550,460.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,723,088.	2,508,116.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,586,772.	5,333,969.
19 Revenue less expenses. Subtract line 18 from line 12	-4,680.	-209,651.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 14,982,727.	End of Year 15,150,029.
	21 Total liabilities (Part X, line 26)	409,992.	565,899.
	22 Net assets or fund balances. Subtract line 21 from line 20	14,572,735.	14,584,130.

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	SUSAN SAYRE BATTON, EXECUTIVE DIRECTOR Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name LAWRENCE S. KUECHLER	Preparer's signature LAWRENCE S. KUECHLER	Date 04/16/19	Check if self-employed <input type="checkbox"/> PTIN P00233621
	Firm's name ▶ ARMANINO LLP	Firm's EIN ▶ 94-6214841		Phone no. 408-200-6400
	Firm's address ▶ 50 W. SAN FERNANDO ST, STE 500 SAN JOSE, CA 95113			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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 measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,905,954. including grants of \$ 7,000.) (Revenue \$ 561,125.)

EXHIBITIONS

THE SAN JOSE MUSEUM OF ART IS A LEADING SHOWCASE IN THE BAY AREA FOR MODERN AND CONTEMPORARY ART. SJMA OFFERS A DYNAMIC PROGRAM OF SEVEN TO TEN ROTATING EXHIBITIONS AND ATTENDING PUBLIC PROGRAMS PER YEAR. DESIGNED TO APPEAL TO AUDIENCES IN SAN JOSE AND SILICON VALLEY, EXHIBITIONS CELEBRATE THE WORK OF GROUNDBREAKING, INDEPENDENT THINKERS, AND INTERJECT ARTISTS' VOICES INTO BROADER COMMUNITY DISCUSSIONS ON TOPICS FROM IMMIGRATION TO TECHNOLOGY, WATER POLITICS TO HOME/HOMELESSNESS.

(SEE SCHEDULE O FOR CONTINUATION)

4b (Code:) (Expenses \$ 1,144,829. including grants of \$) (Revenue \$ 46,830.)

EDUCATION

SJMA IS THE LARGEST PROVIDER OF IN-SCHOOL ARTS EDUCATION IN SANTA CLARA COUNTY. IN FY1718, THE EDUCATION DEPARTMENT SERVED MORE THAN 43,000 STUDENTS THROUGH MUSEUM VISITS FOR PRIMARY-SCHOOL, SECONDARY-SCHOOL, AND COLLEGE GROUPS IN ADDITION TO IN-SCHOOL ARTIST'S RESIDENCIES, DOCENTS' PRESENTATIONS, AND WEEK-LONG ART CAMPS.

(SEE SCHEDULE O FOR CONTINUATION)

4c (Code:) (Expenses \$ 137,130. including grants of \$) (Revenue \$ 42,843.)

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 CRAFTSMEN AS WELL AS MERCHANDISE RELEVANT TO EACH CURRENT SEASON OF EXHIBITIONS. THE STORE IS STAFFED BY MUSEUM EMPLOYEES AS WELL AS AN ACTIVE CONTINGENT OF LONGTIME VOLUNTEERS.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 4,187,913.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a 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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sub-questions for backup withholding, employee reporting, foreign accounts, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 18		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **BRIAN SPANG - (408) 271-6873**
110 SOUTH MARKET STREET, SAN JOSE, CA 95113-2383

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

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

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

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

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

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 hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HILDY SHANDELL TRUSTEE	3.00	X					0.	0.	0.	
(2) TAD FREESE CO-PRESIDENT	7.00	X		X			0.	0.	0.	
(3) WILLIAM FAULKNER TREASURER	4.00	X		X			0.	0.	0.	
(4) CORNELIA PENDLETON SECRETARY	3.00	X		X			0.	0.	0.	
(5) PETER LIPMAN TRUSTEE	2.00	X					0.	0.	0.	
(6) ANNEKE DURY TRUSTEE	2.00	X					0.	0.	0.	
(7) PETER CROSS TRUSTEE	2.00	X					0.	0.	0.	
(8) EILEEN FERNANDES TRUSTEE	1.00	X					0.	0.	0.	
(9) CHERYL KIDDOO CO-PRESIDENT	12.00	X		X			0.	0.	0.	
(10) EVELYN NEELY TRUSTEE	2.00	X					0.	0.	0.	
(11) MARSHA WITKIN TRUSTEE	1.00	X					0.	0.	0.	
(12) RICHARD KARP TRUSTEE	1.00	X					0.	0.	0.	
(13) THANG DO TRUSTEE	1.00	X					0.	0.	0.	
(14) JERRY HIURA TRUSTEE	1.00	X					0.	0.	0.	
(15) LYS HOUSE TRUSTEE	1.00	X					0.	0.	0.	
(16) MICHELE KELLY-JONES TRUSTEE	1.00	X					0.	0.	0.	
(17) SARAH NORTH TRUSTEE	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CATHY FRASER TRUSTEE	1.00	X					0.	0.	0.	
(19) BRIAN SPANG FINANCE DIRECTOR	40.00			X			100,701.	0.	5,530.	
(20) SUSAN SAYRE BATTON EXECUTIVE DIRECTOR	40.00			X			218,424.	0.	16,707.	
(21) JAMES LEVENTHAL DIRECTOR OF DEVELOPMENT	40.00				X		140,594.	0.	11,186.	
(22) SUSAN KRANE - THRU JANUARY 2017 EXECUTIVE DIRECTOR - FORMER	40.00					X	307,269.	0.	7,505.	
1b Sub-total							766,988.	0.	40,928.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							766,988.	0.	40,928.	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CREATIVE SECURITY COMPANY, INC 150 S. AUTUMN, SUITE B, SAN JOSE, CA 95110	SECURITY SERVICE FOR THE MUSEUM	194,479.

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	173,230.				
	c Fundraising events	1c	26,302.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	860,464.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,708,118.				
	g Noncash contributions included in lines 1a-1f: \$		220,040.				
	h Total. Add lines 1a-1f		3,768,114.				
	Program Service Revenue	2 a PUBLIC PROGRAMS	Business Code	713990	559,214.	559,214.	
b ART CLASS CONTRACTS & TUITION			713990	46,830.	46,830.		
c TRAVELING EXHIBITIONS			713990	1,875.	1,875.		
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f				607,919.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)			383,421.		383,421.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	65,328.				
		(ii) Personal					
		b Less: rental expenses	0.				
		c Rental income or (loss)	65,328.				
	d Net rental income or (loss)			65,328.		65,328.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	1,080,987.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	887,177.				
		c Gain or (loss)	193,810.				
	d Net gain or (loss)			193,810.		193,810.	
	8 a Gross income from fundraising events (not including \$ 26,302. of contributions reported on line 1c). See Part IV, line 18	a	431,229.				
		b Less: direct expenses	431,229.				
c Net income or (loss) from fundraising events				0.			
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a	222,761.					
	b Less: cost of goods sold	117,071.					
	c Net income or (loss) from sales of inventory			105,690.	42,843.	62,847.	
Miscellaneous Revenue		Business Code					
11 a MISC INCOME		713990		36.	36.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d				36.		
12 Total revenue. See instructions.				5,124,318.	650,798.	62,847.	
						642,559.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	7,000.	7,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	362,967.	160,532.	140,692.	61,743.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,056,049.	1,638,786.	133,417.	283,846.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	64,329.	46,723.	6,685.	10,921.
9 Other employee benefits	110,049.	72,880.	13,183.	23,986.
10 Payroll taxes	225,459.	176,459.	16,703.	32,297.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	42,758.		42,758.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	43,222.		43,222.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	588,686.	452,964.	107,446.	28,276.
12 Advertising and promotion	155,544.	148,895.	6,649.	
13 Office expenses	455,028.	330,393.	52,727.	71,908.
14 Information technology	43,077.	21,729.	3,407.	17,941.
15 Royalties				
16 Occupancy				
17 Travel	257,932.	246,707.	9,751.	1,474.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,427.	6,279.	157.	1,991.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,918.	1,726.	96.	96.
23 Insurance	41,444.	39,340.	877.	1,227.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PURCH. ART COLLECTION I	575,244.	575,244.		
b EXHIBITION COST	143,863.	141,981.		1,882.
c MATERIALS	95,758.	91,880.	3,878.	
d MISC	55,215.	28,395.	13,948.	12,872.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,333,969.	4,187,913.	595,596.	550,460.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,181,472.	1	1,925,602.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	1,520,674.	3	1,292,552.
	4 Accounts receivable, net	57,781.	4	63,100.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	278,500.	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	71,057.	8	68,948.
	9 Prepaid expenses and deferred charges	90,233.	9	120,907.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,710,296.		
	b Less: accumulated depreciation	10b 1,703,813.	8,401.	10c 6,483.
	11 Investments - publicly traded securities	9,844,492.	11	10,742,320.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	930,117.	15	930,117.
16 Total assets. Add lines 1 through 15 (must equal line 34)	14,982,727.	16	15,150,029.	
Liabilities	17 Accounts payable and accrued expenses	277,222.	17	436,863.
	18 Grants payable		18	
	19 Deferred revenue	132,770.	19	129,036.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	409,992.	26	565,899.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,713,911.	27	1,686,050.
	28 Temporarily restricted net assets	4,298,215.	28	4,137,471.
	29 Permanently restricted net assets	8,560,609.	29	8,760,609.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	14,572,735.	33	14,584,130.	
34 Total liabilities and net assets/fund balances	14,982,727.	34	15,150,029.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,124,318.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,333,969.
3	Revenue less expenses. Subtract line 2 from line 1	3	-209,651.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,572,735.
5	Net unrealized gains (losses) on investments	5	221,046.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	14,584,130.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3125288.	2746922.	3014695.	3278807.	3768114.	15933826.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	1310400.	1544400.	1544501.	1872000.	2340000.	8611301.
4 Total. Add lines 1 through 3	4435688.	4291322.	4559196.	5150807.	6108114.	24545127.
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)						851,956.
6 Public support. Subtract line 5 from line 4.						23693171.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	4435688.	4291322.	4559196.	5150807.	6108114.	24545127.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	454,165.	444,825.	498,400.	404,114.	448,749.	2250253.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	28,796.	35,659.	44,194.			108,649.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	424.	11,489.	36,563.	305,507.	431,265.	785,248.
11 Total support. Add lines 7 through 10						27689277.
12 Gross receipts from related activities, etc. (see instructions)					12	4,351,322.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	85.57 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	84.25 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2017

Name of the organization

SAN JOSE MUSEUM OF ART ASSOCIATION

Employer identification number

23-7062028

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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) (2017)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 761,108.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 200,314.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 636,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

Name of organization SAN JOSE MUSEUM OF ART ASSOCIATION	Employer identification number 23-7062028
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017
Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	11,040,433.	10,136,566.	10,541,697.	10,749,328.	10,162,166.
b Contributions	369,747.	200,000.	5,264.	181,422.	15,379.
c Net investment earnings, gains, and losses	680,407.	1,202,543.	92,134.	108,512.	1,294,289.
d Grants or scholarships					
e Other expenditures for facilities and programs	483,979.	498,676.	502,529.	497,565.	447,506.
f Administrative expenses					275,000.
g End of year balance	11,606,608.	11,040,433.	10,136,566.	10,541,697.	10,749,328.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment .86 %
- b Permanent endowment 75.48 %
- c Temporarily restricted endowment 23.66 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		613,310.	606,827.	6,483.
d Equipment		745,768.	745,768.	0.
e Other		351,218.	351,218.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,483.

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.

1. (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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	8,074,980.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	221,046.	
b	Donated services and use of facilities	2b	2,655,767.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	117,071.	
e	Add lines 2a through 2d	2e		2,993,884.
3	Subtract line 2e from line 1	3		5,081,096.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	43,222.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		43,222.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		5,124,318.

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

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

1	Total expenses and losses per audited financial statements		1	8,063,585.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	2,655,767.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	117,071.	
e	Add lines 2a through 2d	2e		2,772,838.
3	Subtract line 2e from line 1	3		5,290,747.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	43,222.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		43,222.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		5,333,969.

Part XIII Supplemental Information.

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

PART III, LINE 1A:

PERMANENT ART COLLECTION - THE COLLECTION CONSISTS OF TWENTIETH AND TWENTY-FIRST CENTURY ARTWORK, INCLUDING PAINTINGS, SCULPTURES, INSTALLATIONS, NEW MEDIA, PHOTOGRAPHY, DRAWINGS AND PRINTS, ACQUIRED THROUGH PURCHASE OR CONTRIBUTION. THE COLLECTION IS NOT RECOGNIZED AS AN ASSET IN THE STATEMENT OF FINANCIAL POSITION. EACH WORK OF ART IS INVENTORIED AND CARED FOR, AND ACTIVITIES VERIFYING THE COLLECTION'S INTEGRITY ARE PERFORMED CONTINUOUSLY. PURCHASES OF ART ARE RECORDED AS NON-OPERATING DECREASES IN THE UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH ITEMS ARE ACQUIRED. CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED IN THE FINANCIAL STATEMENTS. PROCEEDS FROM ANY DEACCESSIONS OR INSURANCE RECOVERIES ARE REQUIRED TO BE USED TO ACQUIRE OTHER WORKS OF ART.

Part XIII Supplemental Information (continued)

PART III, LINE 4:

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

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

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

SJMA PROUDLY HAS EARNED A REPUTATION FOR ACQUIRING PIVOTAL ARTISTS EARLY

Part XIII Supplemental Information *(continued)*

IN THEIR CAREERS AND FOR ITS WILLINGNESS TO LOOK BEYOND ART-MARKET TRENDS TO EMBRACE THE WORK OF GROUNDBREAKING, INDEPENDENT THINKERS. ALTHOUGH UNTIL 2012 THE MUSEUM HAD NO ACQUISITIONS ENDOWMENT, IT HAS A HISTORY OF ATTRACTING SIGNIFICANT GIFTS OF ARTWORK FROM GENEROUS COLLECTORS AND ARTISTS WHO ARE ATTRACTED BY THE DISTINCTIVENESS OF ITS PROGRAMS, ITS ACCESSIBILITY, AND ITS COLLECTIONS. THE COLLECTION HAS A STRONG STRAIN OF FIGURATIVE ART, A REFLECTION OF BAY AREA INTERESTS. CONCEPTUAL ART (WHICH HAS STRONG ROOTS IN THE REGION) IS NOT WELL REPRESENTED IN THE COLLECTION, PERHAPS DUE TO THE DIFFICULTY IT PRESENTS FOR THE GENERAL PUBLIC.

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

LOCATED SEVERAL BLOCKS FROM SAN JOSE STATE UNIVERSITY AND WITHIN 30 MINUTES OF APPROXIMATELY 14 OTHER COLLEGES AND COMMUNITY COLLEGES, SJMA IS A PRIMARY RESOURCE FOR UNIVERSITY STUDENTS AS WELL AS FOR THE AUDIENCES OF THE REGION, WHICH HAS THE GREATEST PROJECTED POPULATION GROWTH IN THE BAY AREA. IN JUST A GENERATION, SAN JOSE METAMORPHOSED FROM AN AGRICULTURAL COMMUNITY INTO THE CAPITAL OF SILICON VALLEY, A HUB OF INNOVATION AND GLOBAL THINKING. ACCORDINGLY, SJMA HAS EXPANDED THE SCOPE OF ITS

Part XIII Supplemental Information *(continued)*

COLLECTIONS SPECIFICALLY TO REFLECT THE HIGH-TECH INTERESTS, DYNAMIC CULTURAL DIVERSITY, AND INTERNATIONAL SCOPE OF ITS COMMUNITIES. THE MUSEUM SUSTAINS ITS CHERISHED COMMITMENT TO THE WORK OF CALIFORNIA ARTISTS, YET NOW ALSO STRIVES TO BRING GREATER NATIONAL AND INTERNATIONAL CONTEXT TO THE COLLECTION. IN CONCERT WITH THE REVISED 2010 MISSION STATEMENT, ACQUISITIONS WILL FOCUS ON FURTHER REFLECTING THE CREATIVITY, INNOVATION, DIVERSITY, AND GLOBALISM THAT CHARACTERIZE SILICON VALLEY.

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

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

Part XIII Supplemental Information (continued)

INSTALLATION PRACTICES, RATHER THAN BY A TYPICAL QUEST FOR A SEAMLESS
CHRONOLOGICAL AND STYLISTIC PROGRESSION.

PART V, LINE 4:

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

PART X, LINE 2:

UNCERTAINTY IN INCOME TAXES - GENERALLY ACCEPTED ACCOUNTING PRINCIPLES
PROVIDE ACCOUNTING AND DISCLOSURE GUIDANCE ABOUT POSITIONS TAKEN BY AN
ORGANIZATION IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN. MANAGEMENT HAS
CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN
BY THE MUSEUM IN ITS FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE
MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION.

THE MUSEUM FILES INFORMATION RETURNS IN THE U.S. FEDERAL JURISDICTION AND
STATE OF CALIFORNIA. THE MUSEUM'S FEDERAL RETURNS FOR THE YEARS ENDED JUNE
30, 2015 AND BEYOND REMAIN SUBJECT TO POSSIBLE EXAMINATION BY THE INTERNAL
REVENUE SERVICE. THE MUSEUM'S CALIFORNIA RETURNS OF THE TAX YEARS ENDED
JUNE 30, 2014 AND BEYOND REMAIN SUBJECT TO POSSIBLE EXAMINATION BY THE
FRANCHISE TAX BOARD.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 117,071.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 117,071.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

SAN JOSE MUSEUM OF ART ASSOCIATION

Employer identification number

23-7062028

Part I

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL FALL GALA		NONE	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	457,531.			457,531.
	2 Less: Contributions	26,302.			26,302.
	3 Gross income (line 1 minus line 2)	431,229.			431,229.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	102,929.			102,929.
	8 Entertainment				
	9 Other direct expenses	328,300.			328,300.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				431,229.
11 Net income summary. Subtract line 10 from line 3, column (d)				0.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PEOPLE ASSISTING THE HOMELESS SAN JOSE - 340 N MADISON AVENUE - LOS ANGELES, CA 90004	95-3950196	501(C)(3)	7,000.	0.			ASSISTING IN HOMELESSNESS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1.

3 Enter total number of other organizations listed in the line 1 table ▶ _____

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

Schedule I (Form 990) (2017)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

SAN JOSE MUSEUM OF ART COLLABORATED WITH PEOPLE ASSISTING THE HOMELESS (PATH) IN AN EXHIBITION TITLED "THE HOUSE IMAGINARY," APRIL 20 - AUGUST 19, 2018. THE PROJECT EXAMINED THE HOUSE THROUGH THE LENS OF ARTISTS, AND PATH CO-PRESENTED PUBLIC PROGRAMS ON THE THEME OF "HOME" AND HOMELESSNESS AT THE MUSEUM ON MAY 10, 2018 WITH MEGAN COLVARD, REGIONAL DIRECTOR OF PATH SAN JOSE.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SAN JOSE MUSEUM OF ART ASSOCIATION

Employer identification number
23-7062028

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	X	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		X
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	X	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X
c Participate in, or receive payment from, an equity-based compensation arrangement?		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?		X
b Any related organization?		X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?		X
b Any related organization?		X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III		X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SUSAN SAYRE BATTON EXECUTIVE DIRECTOR	(i)	218,424.	0.	0.	11,167.	5,540.	235,131.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JAMES LEVENTHAL DIRECTOR OF DEVELOPMENT	(i)	140,594.	0.	0.	7,500.	3,686.	151,780.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SUSAN KRANE - THRU JANUARY 2017 EXECUTIVE DIRECTOR - FORMER	(i)	245,021.	0.	62,248.	7,454.	51.	314,774.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

PAYMENTS WERE MADE IN ACCORDANCE WITH A WRITTEN EMPLOYMENT AGREEMENT APPROVED BY THE BOARD OF TRUSTEES. LOAN WAS PAID OFF IN APRIL 2018.

PART I, LINE 4A:

FORMER EXECUTIVE DIRECTOR SUSAN KRANE RECEIVED TOTAL SEVERANCE PAYOUT OF \$260,981.66 WITH \$198,733.70 PAID OUT IN FEBRUARY 2017 (FY17) AND THE BALANCE OF \$62,247.96 PAID OUT IN AUGUST 2017 (FY18). THE TOTAL AMOUNT OF \$260,981.66 WAS ACCRUED IN FY17 AND APPEARS ON OUR AUDITED FINANCIALS IN NON-OPERATING EXPENSES IN FY17.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I		Types of Property			
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts	
1	<input checked="" type="checkbox"/>	40	157,750.	SEE PART II	
2					
3					
4					
5					
6					
7					
8					
9	<input checked="" type="checkbox"/>	5	44,245.	SALES PRICE	
10					
11					
12					
13					
14					
15					
16					
17					
18					
19	<input checked="" type="checkbox"/>	2	7,379.	FMV	
20					
21					
22					
23					
24					
25	<input checked="" type="checkbox"/>	1	10,400.	ESTIMATED FMV	
26	<input checked="" type="checkbox"/>	1	266.	ESTIMATED FMV	
27					
28					

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **2**

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

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

SCHEDULE M, LINE 33:

THE ASSOCIATION EXPENSES ALL PURCHASED ART AND DOES NOT RECORD DONATED ART ITEMS. OF THE 40 WORKS OF ART DONATED, 25 PIECES WERE CONTRIBUTED FOR PERMANENT COLLECTION DURING THE FISCAL YEAR 2017-2018. THE REST WERE CONTRIBUTED FOR AUCTION.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

SAN JOSE MUSEUM OF ART ASSOCIATION

Employer identification number

23-7062028

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

MISSION

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

VISION

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

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

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

SAN JOSE MUSEUM OF ART ASSOCIATION

Employer identification number

23-7062028

THEY INCLUDE THEMATIC EXHIBITIONS DRAWN FROM A PERMANENT COLLECTION OF MORE THAN 2,500 WORKS OF ART, AND THE CREATION OF ORIGINAL AND TOURING EXHIBITIONS OF NATIONAL SIGNIFICANCE. GIVEN ITS LOCATION IN THE HEART OF SILICON VALLEY, THE MUSEUM HAS A SUBSTANTIAL COMMITMENT TO SHOWING AND NURTURING VISIONARY WORK IN NEW MEDIA: INITIATIVES INCLUDE AN EXPERIMENTAL GALLERY-AS-LABORATORY FOR ARTISTS CALLED "BETA SPACE," AND THE EXHIBITION SERIES "NEW STORIES FROM THE EDGE OF ASIA."

IN FY18, SJMA PRESENTED THE FIRST US SURVEY OF THE RENOWNED VIETNAMESE ART COLLECTIVE, THE PROPELLER GROUP. THE EXHIBITION COINCIDED WITH A LARGE OUTREACH EFFORT TO THE VIETNAMESE COMMUNITY, AND THE CREATION OF A MAJOR PERMANENT MURAL, SOPHIE HOLDING THE WORLD TOGETHER BY EL MAC AND THE PROPELLER GROUP IN DOWNTOWN SAN JOSE. FY18 ALSO SAW SEVERAL EXHIBITIONS THAT GAVE BROADER CONTEXT TO PERMANENT COLLECTION WORKS, INCLUDING LOUISE NEVELSON: THE FOURTH DIMENSION, THE HOUSE IMAGINARY, AND SHOW YOUR WORK: ART AND MATH, AN EXHIBITION DESIGNED TO ECHO THE CROSS-CURRICULAR THEMES OF THE MUSEUM'S CLASSROOM-BASED ARTS EDUCATION PROGRAMS. OTHER FY18 EXHIBITIONS INCLUDED THE DARKENED MIRROR: GLOBAL PERSPECTIVES ON WATER; BETA SPACE: VICTOR CARTAGENA, CROSSROADS: AMERICAN SCENE PRINTS FROM THOMAS HART BENTON TO GRANT WOOD; AND PAINTINGS BY RAIMONDS STAPRANS.

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

THROUGH THE REGULARLY CHANGING SCHEDULE OF INNOVATIVE EXHIBITIONS, BOTH TRAVELING EXHIBITIONS AND THOSE DRAWN FROM THE MUSEUM'S PERMANENT

Name of the organization

SAN JOSE MUSEUM OF ART ASSOCIATION

Employer identification number

23-7062028

COLLECTION, SJMA SERVED 43,902 PEOPLE.

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

ALL PROGRAMS (LINKED TO STATE CURRICULAR STANDARDS) PROVIDE CRITICAL,

EARLY EXPOSURE TO THE VISUAL ARTS AND BUILD TEAMWORK; LANGUAGE, AND

CRITICAL-THINKING SKILLS. THEY INCLUDE FREE CLASSROOM-BASED DOCENT

PRESENTATIONS (LET'S LOOK AT ART), AN EXTENSIVE FIELD TRIP PROGRAM,

WEEK-LONG SUMMER ART CAMPS, AND SIX- TO-TEN-WEEK CLASSROOM-BASED

TEACHING-ARTIST RESIDENCIES, INCLUDING SOWING CREATIVITY, A MULTI-YEAR

STEAM PROGRAM THAT OFFERS CROSS-CURRICULAR LESSONS AT THE INTERSECTION

OF ART AND SCIENCE, ART AND MATH, AND ART AND ENGINEERING FOR

UPPER-ELEMENTARY SCHOOL TITLE ONE STUDENTS. SOWING CREATIVITY WAS

RECENTLY NAMED THE RECIPIENT OF THE CALIFORNIA ASSOCIATION OF MUSEUMS'

SUPERINTENDENTS AWARD FOR EXCELLENCE IN MUSEUM EDUCATION.

THROUGHOUT SJMA'S PROGRAMMING, ARTS EDUCATION IS APPROACHED AS AN

ESSENTIAL PART OF A STUDENT'S ACADEMIC AND INTELLECTUAL DEVELOPMENT.

THE MUSEUM IS PROUD TO OFFER MANY STUDENTS THEIR FIRST EXPOSURE TO A

MUSEUM AND IS COMMITTED TO CELEBRATING THE CROSS-SECTOR VALUE OF

CREATIVITY. THE MUSEUM HAS A PARTICULAR COMMITMENT TO SERVING TITLE ONE

SCHOOLS. OVER 2000 TITLE ONE STUDENTS PARTICIPATED IN FREE FIELD TRIP

PROGRAMS TO THE MUSEUM IN FY18.

PUBLIC PROGRAMS SUCH AS LECTURES, GALLERY TOURS, ART-MAKING WORKSHOPS

FOR ADULTS AND CHILDREN, SERVED 17,447 PEOPLE IN FY18. FREE COMMUNITY

DAYS PROMOTE LIFELONG LEARNING AND SERVE MULTIGENERATIONAL FAMILIES,

CREATIVE ADULTS, AND COMMUNITY GROUPS. HALLMARKS OF SJMA'S WELCOMING

AND PLAYFUL ENVIRONMENT ARE ITS PARTICIPATORY GALLERY ACTIVITIES, WHICH

Name of the organization

SAN JOSE MUSEUM OF ART ASSOCIATION

Employer identification number

23-7062028

ARE CONCEIVED IN TANDEM WITH THE CURATORIAL DEPARTMENT TO ENCOURAGE
DEEPER ENGAGEMENT WITH THE EXHIBITIONS AND TO PROMOTE A SENSE OF
CREATIVE PLAY.

SJMA'S WEBSITE ENABLES SMOOTH DELIVERY OF INFORMATION; PARTICIPATORY
EDUCATIONAL MATERIAL AND CURATORIAL PROJECTS; THE INTEGRATION SOCIAL
MEDIA; AND ACCESS TO THE MUSEUM'S COLLECTION FOR THE PUBLIC AND
SCHOLARS ALIKE. IT IS ACCESSIBLE ACROSS ALL PLATFORMS, AND MOBILE
OPTIMIZED.

SJMA'S EDUCATIONAL PROGRAMS REACHED 60,664 PEOPLE DURING THE YEAR.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION AMENDED ITS BYLAWS IN JUNE 2017. MAJOR REVISIONS ARE:

(1) IN THE DESIGNATION OF OFFICERS, THE BYLAWS WILL BE ADDED TO STATE THAT
THE PRESIDENT MAY ALSO BE CO-PRESIDENTS AND ANYWHERE THE WORD PRESIDENT
APPEARS THROUGHOUT THE BYLAWS IT WILL ALSO INCLUDE CO-PRESIDENTS.

(2) THE EXECUTIVE COMMITTEE SHALL INCLUDE PRESIDENT/CO-PRESIDENTS AND THE
IMMEDIATE PAST PRESIDENT.

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. OMPLY WITH SUGGESTED BEST
PRACTICES.

Name of the organization

SAN JOSE MUSEUM OF ART ASSOCIATION

Employer identification number

23-7062028

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

ALL TRUSTEES, STAFF MEMBERS AND COMMUNITY MEMBERS OF BOARD COMMITTEES MUST FILL OUT AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT. THIS DISCLOSURE STATEMENT ASKS IF THE RESPONDENTS ARE AWARE OF ANY AFFILIATIONS, EMPLOYMENT OR OTHER MATTERS INVOLVING THE INDIVIDUAL OR ANY OF IMMEDIATE FAMILY THAT MIGHT BE PERCEIVED TO COMPROMISE YOUR OBLIGATIONS TO THE MUSEUM AND SHOULD THEREFORE BE REPORTED IN LIGHT OF THE CODE OF ETHICS.

SPECIFICALLY, THE DISCLOSURE STATEMENT ASKS IF SJMA HAS A BUSINESS RELATIONSHIP WITH ANY ENTITY FROM WHICH THE INDIVIDUAL OR HIS/HER IMMEDIATE FAMILY MEMBERS HAVE RECEIVED ANY COMPENSATION, INCOME, LOANS OR GIFTS OR OF WHICH THE INDIVIDUAL OR HIS/HER IMMEDIATE FAMILY MEMBERS ARE A TRUSTEE, OFFICE, DIRECTOR OR EMPLOYEE. IN ADDITION, DISCLOSURE IS REQUIRED IF THE INDIVIDUAL OR IMMEDIATE FAMILY MEMBERS HOLD AN OWNERSHIP INTEREST IN A CLOSELY HELD COMPANY OR A 5% OWNERSHIP INTEREST IN A PUBLIC COMPANY WITH THE MUSEUM HAS A BUSINESS RELATIONSHIP. ALL RESPONDENTS ARE ASKED TO SUPPLEMENT THE INFORMATION IN THE EVENT OF ANY CHANGES BEFORE THE NEXT ANNUAL DISCLOSURE. ALL STAFF RESPONSES ARE REVIEWED BY THE EXECUTIVE DIRECTOR. ALL OTHER RESPONSES ARE REVIEWED BY THE SECRETARY OF THE BOARD OF TRUSTEES. IF A RESPONSE ON A DISCLOSURE IDENTIFIES A CONFLICT, THE INTERESTED TRUSTEE, STAFF MEMBER, OR VOLUNTEER (A COMMUNITY MEMBER OF A BOARD COMMITTEE) SHALL REFRAIN FROM ATTEMPTING TO INFLUENCE ANY DECISION OF THE BOARD, BOARD COMMITTEE, OR STAFF ON ANY MATTER WHICH MAY INVOLVE A POTENTIAL OR ACTUAL CONFLICT OF INTEREST AND SHALL ABSTAIN FROM VOTING ON ANY SUCH MATTER.

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

THE BOARD OF TRUSTEES OF SJMA HAS ESTABLISHED A COMPENSATION PHILOSOPHY

Name of the organization

SAN JOSE MUSEUM OF ART ASSOCIATION

Employer identification number

23-7062028

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 FY18 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 BENEFIT PACKAGE APPROVED BY THE BOARD ON MARCH 23, 2017 AS WELL.

FORM 990, PART VI, SECTION C, LINE 19:

THE SAN JOSE MUSEUM OF ART POSTS ITS GOVERNING DOCUMENTS, CONFLICT OF

Name of the organization SAN JOSE MUSEUM OF ART ASSOCIATION	Employer identification number 23-7062028
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INTEREST POLICY AND FINANCIAL STATEMENTS ON ITS WEBSITE.

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

CATERING:

PROGRAM SERVICE EXPENSES	44,898.
MANAGEMENT AND GENERAL EXPENSES	581.
FUNDRAISING EXPENSES	17,730.
TOTAL EXPENSES	63,209.

OUTSIDE SERVICES AND SECURITY:

PROGRAM SERVICE EXPENSES	408,066.
MANAGEMENT AND GENERAL EXPENSES	106,865.
FUNDRAISING EXPENSES	10,546.
TOTAL EXPENSES	525,477.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	588,686.

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line 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		HY16	161,002.				161,002.	161,002.		0.	161,002.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						161,002.				161,002.	161,002.		0.	161,002.
	MACHINERY & EQUIPMENT														
2	MACHINERY & EQUIPMENT	VARIOUS		.000		HY16	543,919.				543,919.	543,919.		0.	543,919.
3	NETWORK	VARIOUS		.000		HY16	201,849.				201,849.	201,849.		0.	201,849.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						745,768.				745,768.	745,768.		0.	745,768.
	OTHER														
4	SOFTWARE	VARIOUS		.000		HY16	190,216.				190,216.	190,216.		0.	190,216.
5	LEASEHOLD IMPROVEMENTS	VARIOUS		.000		HY16	613,310.				613,310.	604,909.		1,918.	606,827.
	* 990 PAGE 10 TOTAL OTHER						803,526.				803,526.	795,125.		1,918.	797,043.
	* GRAND TOTAL 990 PAGE 10 DEPR						1,710,296.				1,710,296.	1,701,895.		1,918.	1,703,813.

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

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

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

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

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

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

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

BRIAN SPANG

• The books are in the care of ▶ **110 SOUTH MARKET STREET - SAN JOSE, CA 95113-2383**
Telephone No. ▶ **(408) 271-6873** Fax No. ▶ **(408) 288-6884**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **JUL 1, 2017**, and ending **JUN 30, 2018**.

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

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

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

**MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045**