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SCANNED DEC 0 8 2010

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Control Propert Capture Propert Capture Propert Capture Propert Capture Propert Pro	ΑI	For the 2	2009 calendar year, or tax year beginning	and ending	_	.
Part	B	Check if applicable	riease *		D Employer identi	fication number
Summary Section Sect	Ę	change	label or print or AMERICAN ASSOCIATION OF MUSEUMS			0205000
Month Program Progr	Ļ	lchange	Doing Business As		+	
Most String and address of principal officer FORD BELL SAME AS C ABOVE No New and address of principal officer FORD BELL SAME AS C ABOVE No New Association No New Association New		return Termin-	Specific 1 F.7 F. D. CODDERN NO.			-289-1818
File Formation File Formation F		Amended return	City or town, state or country, and ZIP + 4		G Gross receipts \$	11,943,293.
Filter and address of pencipal officer FVRD BELL Sax		Ition			H(a) Is this a group	return
SAME AS C ABOVE High Are all affinishs included? Yes No Tax-exempt status M. Stoll()(3) 4 (neset no.) 4947(a)(1) or 527 High Are all affinishs included? Yes No Tax-exempt status M. Stoll()(3) 4 (neset no.) 4947(a)(1) or 527 High Area status M. Stoll()(3) 4 (neset no.) 4947(a)(1) or 527 High Association M. Stoll (signature) M. Stoll (sign		pending	F Name and address of principal officer FORD BELL		for affiliates?	Yes X No
Website: WWW. AAM-US. ORG					H(b) Are all affiliates i	ncluded? Yes No
Website: WWW. AAM-US. ORG	ī.	Tax-exem	npt status: X 501(c) (3	527	If "No," attach	a list. (see instructions)
The part Summary	J	Website:	▶ WWW.AAM-US.ORG		H(c) Group exempt	ion number
The part Summary	K	Form of or	ganization: X Corporation Trust Association Other	L Year	of formation: 1906	M State of legal domicile: DC
TO THEIR COMMUNITIES THROUGH LEADERSHIP, ADVOCACY, AND SRRVICE. Check this box ▶ 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) 5 Total number of embeyoes (Part VI, line 2a) 6 Total number of undependent voting members of the governing body (Part VI, line 1b) 5 Total number of undependent voting members of the governing body (Part VI, line 1b) 6 Total number of undependent voting members of the governing body (Part VI, line 1b) 7 Total aumber of undependent voting members of the governing body (Part VI, line 1b) 8 Contributions and grants (Part VIII, line 2h) 8 Contributions and grants (Part VIII, line 1b) 8 Contributions and grants (Part VIII, line 1b) 9 Program service revenue (Part VIII, line 2h) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13 Grants and similar amounts paid (Part IX, column (A), lines 1) 14 Benefits paid to or for members (Part IX, column (A), lines 1) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 510) 16 Forofassional fundrasing fees (Part IX, column (A), lines 1) 17 Other expenses (Part IX, column (A), lines 11e) 18 Total expenses Add lines 13 17 (must equal Part IXII, column (A), lines 510) 19 Revenue less expenses Subtract line 18 from line 12 10 Total alsosets (Part X, line 16) 10 Total alsosets (Part X, line 26) 10 Total alsosets (Part X, line 26) 11 Total alsosets (Part X, line 26) 12 Total alsosets (Part X, line 26) 13 Sagnature of Filter 14 Total Propagators 15 Sagnature of Filter 16 Total Propagators 17 Total Propagators 18 Sagnature of Filter 18 Propagators 18 Propagators 19 Propagators 10 Total al		art I S	Summary			
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16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 545, 973. 17 Other expenses (Part IX, column (A), lines-11a-11d-11d-11d-11d-11d-11d-11d-11d-11d		14 Be	enefits paid to or for members (Part IX, column (A), line 4)			
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Total expenses Part IX, column (A), lines—13a Edg-12-241. 18 Total expenses Add lines 13 17 (must equal Part X, solumn (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 17 23 Nov 1 7 2010 3 880, 608. 10, 791, 341. 24 1, 232, 966. > <1, 349, 798. > 8 Beginning of current Year End of Year 5, 281, 451. 5, 178, 257. 4 , 223, 200. 4 , 522, 429. 22 Net assets or fund balances Subtract line 21 from line 11 23 In 10 58, 251. 655, 828. Part II Signature Block Under penytries—of pertury digitate that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and behelf it is true, correct, and complete Deglaratory of perfure (other than office) before on all information of which preparer has any knowledge Preparer's signature Preparer's signature Preparer's identifying number (see instructions) Firm's name (or yours if self-employed), address, and 21P+4 WASHINGTON, DC 20036 Phone no. ▶ 202-822-5000	×	b To	otal fundraising expenses (Part IX, column (D), line 25) 545	,973.	····	
19 Revenue less expenses. Subtract line 18 from line 12 1 232,966. 21,349,798.	ш	1 17 Ot	ther expenses (Part IX, column (A), lines-1-1a-1-1d-1-11-240			
Sign Perparer's Signature Preparer's Signature Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Si		18 To	otal expenses Add lines 13 17 (must equal Part X, column A, line 25)			
Part II Signature Block Under penetries of perjuny destrict 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 complète Destaration of preparer (other finan difficer) belief and complète Destaration of preparer (other finan difficer) based on all information of which preparer has any knowledge Paid Preparer's Preparer's Date Check if Preparer's identifying number Selfier		19 Re	evenue less expenses. Subtract line 18 from line 12		<1,232,966	·> <1,349,798.
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Part II Signature Block Under penetries of perjuny destrict 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 complète Destaration of preparer (other finan difficer) belief and complète Destaration of preparer (other finan difficer) based on all information of which preparer has any knowledge Paid Preparer's Preparer's Date Check if Preparer's identifying number Selfier	A A	21 To	tal liabilities (Fart X, line 20)			
Under penetries of perjury 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) based on all information of which preparer has any knowledge Signature of officer					1,058,251	655,828.
Sign Here Signature of Officer Date	P		- 3 - //			
Here Signature of Officer Date		aı	inder pen ances of perjury it deciate that I have exampled this return, including accompanying schedul nd complete. Declaration of preparer (other than officer) is based on all information of which preparer	nes and statements, has any knowledge	and to the best of my knowle	edge and better it is true, correct,
Here Signature of Officer Date		1.	XM/L < CM/II		11/15	, /10
Paid Preparer's Use Only Paid Preparer's Use Only Preparer's RAFFA, PC Vous if self-employed, address, and 2IP+4 WASHINGTON, DC 20036 Preparer's Date Self-employed Self-employed Preparer's identifying number (see instructions) Preparer's Name (or yours if self-employed) WASHINGTON, DC 20036 Phone no. > 202-822-5000	Sig	ın	Grandwa of Officer			-110
Preparer's signature Preparer's Signature Preparer's Name (or yours if self-employed), address, and ZiP + 4 Preparer's Name (or WASHINGTON, DC 20036 Date Check if self-employed Preparer's identifying number (see instructions)	He	re /	signature of officer		Date	_
Preparer's signature Preparer's Signature Preparer's Name (or yours if self-employed), address, and ZiP + 4 Preparer's Name (or WASHINGTON, DC 20036 Date Check if self-employed Preparer's identifying number (see instructions)		.	Type or print name and title			
Paid Preparer's Signature (or yours if self-employed, address, and ZIP + 4 WASHINGTON, DC 20036 Preparer's Value (or yours if self-employed, address, and ZIP + 4 WASHINGTON, DC 20036 RAFFA, PC Self-employed Market Mar		<u> </u>	I Date	10	neck if I Pren	arer's identifying number
Preparer's Firm's name (or yours if self-employed), address, and 2IP+4 RAFFA, PC 20036 RAFFA, PC BIN ▶ Phone no. ▶ 202-822-5000	Pas	0 1	Teparer 5	se se	If- (see	
Use Only yours if self-employed 1899 L STREET NW, SUITE 900 Phone no. ▶ 202-822-5000	Pre	'-	<u> </u>	Tollo le		
address, and ZIP+4 WASHINGTON, DC 20036 Phone no. ► 202-822-5000	Use	Only y	ours if NAFFA, FC		EIN	
		a			Dhona na	202_822_5000
			discuss this return with the preparer shown above? (see instructions)	-	Priorie no.	X Yes No

• AMERICAN ASSOCIATION OF MUSEUMS 53-0205889 Form 990 (2009) Page 2 Part III | Statement of Program Service Accomplishments SEE SCHEDULE O FOR CONTINUATION Briefly describe the organization's mission THE ASSOCIATION IS DEDICATED TO PROMOTING EXCELLENCE WITHIN THE MUSEUM COMMUNITY. AAM SUPPORTS MUSEUM STAFF, BOARDS AND VOLUNTEERS ACROSS THE COUNTRY IN BETTER SERVING THE PUBLIC. THE ASSOCIATION WILL SUPPORT OPPORTUNITIES FOR SOUND PROFESSIONAL PREPARATION, PROVIDE OUTLETS FOR Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported SEE SCHEDULE O FOR CONTINUATION(S) 3,459,155. including grants of \$ 54,195.)(Revenue \$ 2,713,760.)) (Expenses \$ MEETINGS AND PROFESSIONAL EDUCATION: EDUCATES MUSEUM PROFESSIONALS THROUGH THE AAM ANNUAL MEETING WITH MORE THAN 150 PROGRAM SESSIONS ROUNDTABLE DISCUSSIONS, AND MUSEUM EXPOSITION, THE NATION'S LARGEST TRADE SHOW FOR MUSEUM PRODUCTS AND SERVICES. ADDITIONAL EDUCATIONAL OPPORTUNITIES ARE AVAILABLE THROUGH VARIOUS SPECIALIZED SEMINARS THROUGHOUT THE YEAR. 2,049,648. including grants of \$ 226,768.) (Revenue \$ 234,930. v) (Expenses \$ 4h (Code FIELD WIDE SERVICES: AAM OFFERS A NUMBER OF SERVICES INCLUDING ACCREDITATION, MUSEUM AND COMMUNITY COLLABORATIONS AND THE MUSEUM ASSESSMENT PROGRAM. ACCREDITATION IS A WIDELY RECOGNIZED SEAL OF APPROVAL THAT BRINGS NATIONAL RECOGNITION TO AMERICAN MUSEUMS THEREBY STRENGTHENING INDIVIDUAL MUSEUMS, PROMOTING ETHICAL AND PROFESSIONAL STANDARDS, RECOGNIZING EXCELLENCE AND SERVING AS THE FIELD'S PRIMARY VEHICLE FOR QUALITY ASSURANCE AND SELF-REGULATION. MUSEUMS & COMMUNITY COLLABORATIONS ABROAD (MCCA) IS A FEDERALLY FUNDED GRANT PROGRAM DESIGNED TO FOSTER MUSEUM-BASED INTERNATIONAL EXCHANGES IN WHICH MEMBERS OF THE MUSEUMS' COMMUNITIES PLAY A LEADING ROLE IN STRENGTHENING CONNECTIONS BETWEEN MUSEUMS AND THEIR COMMUNITIES AS WELL AS THE CONNECTIONS OF US CITIZENS AND PEOPLE ABROAD. THE MUSEUM) (Expenses \$ 1,389,682. including grants of \$)(Revenue \$ 3,775,028.) (Code AAM REPRESENTS MORE THAN 15,000 INDIVIDUAL MUSEUM MEMBERSHIP: PROFESSIONALS AND VOLUNTEERS, 3,000 INSTITUTIONS, AND 300 CORPORATE MEMBERS. THE ASSOCIATION PROVIDES MUSEUMS AND MUSEUM PROFESSIONALS WITH NETWORKING OPPORTUNITIES, PUBLICATIONS, SEMINARS, MONEY-SAVING PROGRAMS. AN ANNUAL CONFERENCE AND OTHER RESOURCES TO MAKE MEMBERS AND ORGANIZATIONS MORE SUCCESSFUL. 4d Other program services (Describe in Schedule O)

(Expenses \$ 2,050,819. including grants of \$

8,949,304. Total program service expenses ▶ \$

235,462.) (Revenue \$

932002 02-04-10

4e

Form*990 (2009) AMERICAN ASSOCIATION OF MUSEUMS
Part IV | Checklist of Required Schedules

_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Х	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	N/	A
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			7.7
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			v
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	40	х	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
••	as applicable	11	х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI			
•	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? If "Yes," complete Schedule D, Part VII			,
•	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? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	:		ì
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	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? If "Yes," complete Schedule D, Part X			'
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		,,	-
	Schedule D, Parts XI, XII, and XIII	12	Х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			,
13	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		一十	
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		1	3.5
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	\dashv	$\frac{x}{x}$
<u></u>			990 (2	
			,-	,

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		٠,,	İ
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		İ	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		!	
	Schedule K If "No", go to line 25	24a	<u> </u>	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			₩.
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b	-	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	00		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		
27	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	Instructions for applicable filing thresholds, conditions, and exceptions)			L
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			l
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?]
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?			,,
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197		v	
	Note. All Form 990 filers are required to complete Schedule O		990 (<u> </u>

Page 5

AMERICAN ASSOCIATION OF MUSEUMS Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter ·0· if not applicable			ĺ
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		<u> -</u> -	
	(gambling) winnings to prize winners?	1c	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			ĺ
	filed for the calendar year ending with or within the year covered by this return 2a 72			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			-
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			7.7
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			l
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			1
	Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	_		
_	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			х
_	any contributions that were not tax deductible?	6a		^
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	C.L		ĺ
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
a	provided to the payor?	7a		х
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
•	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			İ '
	benefit contract?	7e	l	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			,
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			ĺ
	at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			-
а	Did the organization make any taxable distributions under section 4966? N/A	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9ь		
10	Section 501(c)(7) organizations. Enter			į
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter	ŀ		l
а	Gross income from members or shareholders N/A 11a			ĺ
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)		-	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		990 (0000:
		rorm		7111141

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 23			
b	Enter the number of voting members that are independent 1b 22	¥		
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?	2		Х
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a	Х	
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
	adit b. F didica (mis deciral b requests information about policies not required by the internal nevertice dode)		Yes	No
100	Door the exactive have lead chapters, branches, or affiliates?	10a	162	X
	Does the organization have local chapters, branches, or affiliates?	10a		- 21
В	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	404		
	and branches to ensure their operations are consistent with those of the organization?	10b		X
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give use			
	to conflicts?	12b		X
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this is done	12c		<u> </u>
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	1 100		
17	List the states with which a copy of this Form 990 is required to be filed PAL, AK, AZ, AR, CT, FL, IL, KS, KY	ME.	. MD	_ M2
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available		,	,
10	public inspection Indicate how you make these available. Check all that apply	; 101		
10				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public.			
	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	ition. 🕨	·	
20	MIT 3 CCCCT 3 M T C 3 C C C C C C C C C C C C C C C C C			
20	THE ASSOCIATION - 202-289-1818			
20	THE ASSOCIATION - 202-289-1818 1575 EYE STREET, NW, NO. 400, WASHINGTON, DC 20005-1105	-	990 (_

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not c	ompensate an	iy cι I	ırren		icer C)	r, dire	ecto	or, or trustee (D)	(E)	(F)
Name and Title	Average			Pos		n		Reportable	Reportable	Estimated
Namo and Tito	hours	(c				app	ly)	compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
CARL R. NOLD									_	_
CHAIR	2.00	Х	<u> </u>	Х				0.	0.	0.
IRENE Y. HIARANO										
IMMED. PAST CHAIR	2.00	X		X			L	0.	0.	-0-
KATHY DYWER SOUTHERN									_	_
VICE CHAIR/SECRETARY	2.00	Х	_	Х			_	0.	0.	0.
TED BEATTIE		l		l						
TREASURER	2.00	X	_	Х	_	<u> </u>	<u> </u>	0.	0.	0.
BOBBIE CONNER	0 00		1							
DIRECTOR	2.00	X	<u> </u>	$ldsymbol{ldsymbol{ldsymbol{eta}}}$	_	_	<u> </u>	0.	0.	0.
GEORGIANNA CONTIGUGLIA	2 00	3,7		İ.,		Ì			_	0
DIRECTOR	2.00	X	_	<u> </u>	_	<u> </u>	_	0.	0.	0.
KINSHASHA HOLMAN CONWILL DIRECTOR	2.00	x			l			0.	0.	0
RON FORMAN	2.00	^	-		⊢	\vdash	_	ļ ·	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
JIM HANKEN	2.00	<u> </u>	├	-	\vdash	┢	_	0.	- 0	<u> </u>
DIRECTOR	2.00	x						0.	0.	0.
GAIL M. HARRITY	2.00	1			\vdash	<u> </u>		· · · · · · · · · · · · · · · · · · ·		
DIRECTOR	2.00	x	ŀ				ŀ	0.	o.	0.
STEVE HIGH	2.00	 					-			
DIRECTOR	2.00	х						0.	0.	0.
LYNDEL KING		H				\vdash	\vdash			
DIRECTOR	2.00	х						0.	0.	0.
ALLYN LORD					-				~	
DIRECTOR	2.00	Х			ļ			0.	0.	0.
JUANITA MOORE										
DIRECTOR	2.00	Х						0.	0.	0.
DOUGLAS G. MYERS										
DIRECTOR	2.00	X	ļ					0.	0.	0.
BONNIE PITTMAN										
DIRECTOR	2.00	Х						0.	0.	0.
CHRISTIAN SAMPER										
DIRECTOR	2.00	X						0.	0.	0.

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r •												
Form 990 (2009) AMERICAN	ASSOCI	TA	101	<u>v</u>	<u>OF</u>	Mι	<u>JSI</u>	EUMS	53-0205	889) F	age
Part VII Section A. Officers, Directors, Tru	stees, Key E	mple	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)			
(A)	(B)	1		(0	C)			(D)	(E)	ŀ	(F)	
Name and title	Average			Pos				Reportable	Reportable	E	stımat	.ed
	hours	(cl	heck	k all	that	app	ly)	compensation	compensation	a	mount	
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W 2/1099-MISC)	from related organizations (W-2/1099-MISC)	org ar	other npensifrom the ganiza nd rela janizat	ation ne ition ited
NANCY STUEBER									· · · · · · · · · · · · · · · · · · ·			
DIRECTOR	2.00	X						0.	0.			0
HOWARD TAYLOR												
DIRECTOR	2.00	Х						0.	0.			0
JOHN WETENHALL												
DIRECTOR	2.00	X					}	0.	0.			0
DENNIS M. WINT					Γ							
DIRECTOR	2.00	X						0.	0.	į		0 .
FORD BELL	25 00							227 242				
PRESIDENT/CEO	35.00			X		ļ	<u> </u>	287,948.	0.	1	1,6	52
DANIELLE GERMAIN-GORDON	25 00							125 200	•		- 4	
VP OF DEV./MEMBERSHIP	35.00	ļ	ļ	Х	<u>. </u>	├	<u> </u>	137,308.	0.	ļ	7,4	:84
KATHRYN IGOE EXECUTIVE VICE PRESIDENT	35.00			x				147,115.	0.	1	6,5	84
ELIZABETH MERRITT	33730		 	-			┢	11//1130		_	, .	
FOUNDING DIRECTOR, CMF	35.00				İ	x		100,038.	0.	1	2,7	57
GAIL R. SILBERGLIED		· · · ·				 						<u> </u>
DIR. OF GOV'T REL.	35.00					X		105,040.	0.		7,8	30
JOHN STRAND												
PUBLISHER	35.00					X		103,362.	0.		2,5	
1b Total	,					▶		880,811.	0.	6	8,9	06
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed a	bove	e) wl	ho re	eceived more than \$100	,000 in reportable			
compensation from the organization												. (
 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for st For any individual listed on line 1a, is the su and related organizations greater than \$150 	uch individual m of reportab 0,000? If "Yes,	le co	omp mple	ensa ete S	atior Sche	and	d oth	ner compensation from tor such individual	the organization	3	Yes	X
5 Did any person listed on line 12 receive or a	conia compo	acat.	ınn f	rom	200		colote	ad arganization for conv	oos randarad ta	1	1	

the organization? If '	'Yes," complete Sch	nedule J for such	person
Costion D. Indonendont	Controctors		

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from NONE the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
		_
Total number of independent contractors (including but not limited to the \$100,000 in compensation from the organization	ose listed above) who received more than	

Pa	rt VII	Statement of Reve	nue					
,					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,
9 (0)		-	1, 1					513, or 514
II II		Federated campaigns	1a					
		Membership dues	1b		-			
fts,		Fundraising events	1c					,
9.		Related organizations	1d	969,458.	-			
Simil		Government grants (contribu	· · · ——	909,430.	4			
e tr	f	All other contributions, gifts, gran	i i	764 206				
문항		similar amounts not included abo		764,386.	-			
Contributions, gifts, grants and other similar amounts	•	Noncash contributions included in lines	s 1a-1f \$		1 722 044			
9	<u>h</u>	Total. Add lines 1a-1f		· · · · · · · · · · · · · · · · · · ·	1,733,844.			
		WEWELD GUITE DUE	7	Business Code		2 775 020		
ē	2 a	MEMBERSHIP DUES	<u> </u>	900099	3,775,028.	3,775,028.		
e c		EXHIBIT FEES		900099	1,403,422.	1 210 220		
F S	С	REGISTRATIONS		541000	1,310,338.	1,310,338.	622 272	····
èä	d			541800		27,663.	633,273.	
Program Service Revenue	е	ACCREDITATION I		900099	234,930.	234,930.		
۱ ۳	f		enue		7 204 654			
\dashv		Total. Add lines 2a-2f			7,384,654.			
ł	3	Investment income (including	ı dıvıdends, ıntere	•	114 244			114 044
1		other similar amounts)		•	114,244.			114,244.
ļ	4	Income from investment of ta	ix-exempt bond p	roceeds	202 000		-	202 000
l	5	Royalties	F	<u> </u>	283,909.			283,909.
			(i) Real	(II) Personal				- 1
į		Gross Rents			Į			į
ļ		Less rental expenses			ļ			
		Rental income or (loss)	L	L				
- 1		Net rental income or (loss)		<u> </u>				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
ĺ		assets other than inventory	2047410.	 				,
	b	Less: cost or other basis	226004					,
ı		and sales expenses	2360904.	<u></u>				,
	С	Gain or (loss)	<313494.		212 404			212 404
]	d	Net gain or (loss)		<u> </u>	<313,494.	<u> </u>		<313,494.
e l	8 a	Gross income from fundraising	•					
ē		including \$	of					,
é		contributions reported on line	e 1c) See					r
Other Revenu		Part IV, line 18	а					
8		Less direct expenses	ь	L				
- 1		Net income or (loss) from fun-		<u> </u>				
1	9 a	Gross income from gaming a						
		Part IV, line 19	а					
		Less direct expenses	b		-			
- 1		Net income or (loss) from gan	•					
	10 a	Gross sales of inventory, less		240 645				
		and allowances		348,645.				
- 1		Less cost of goods sold		140,846.	207 700	207 700		
}	С	Net income or (loss) from sale			207,799.	207,799.		
		Miscellaneous Revenu	ıe	Business Code	20 202			20 202
l	11 a			900099	20,292.			20,292.
l	Ь	SUBSCRIPTIONS		900099	10,293.			10,295.
ļ	C							
	ď	All other revenue		<u> </u>	20 507		-	
	e	Total. Add lines 11a-11d			30,587. 9,441,543.	6 050 100	633,273.	115 246
93200	12 9	Total revenue See instructions.		<u></u>	J,441,343.	0,333,100.	033,2/3.	115,246.
93200 02-04	- 10							Form 990 (2009)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

2 3 4 5	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21. Grants and other assistance to individuals in	006 566	expenses	general expenses	expenses
3 4 5		^^~			•
3 4 5	Grante and other assistance to individuals in	226,768.	226,768.		
4 5	Charits and other assistance to individuals in				
4 5 6	the U.S See Part IV, line 22	54,195.	54,195.		
5 6	Grants and other assistance to governments,				
5 6	organizations, and individuals outside the U.S.				
5 6	See Part IV, lines 15 and 16				
6	Benefits paid to or for members				
6	Compensation of current officers, directors,	600 001		422 222	454 55
	trustees, and key employees	608,091.		433,339.	174,75
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	3,634,053.	2 221 420	1 174 760	127 05
	Other salaries and wages	3,034,033.	2,321,430.	1,174,769.	137,854
8	Pension plan contributions (include section 401(k)	103,132.	86,626.	7 067	0 630
_	and section 403(b) employer contributions)	351,883.	304,341.	7,867. 16,668.	8,639 30,874
	Other employee benefits	293,966.	175,497.	97,960.	20,509
	Payroll taxes	233,300.	1/3,43/.	37,300.	20,50
	Fees for services (non-employees)				
	Management	43,678.		43,678.	
	Legal	80,168.		80,168.	
	Accounting	00,100.		00,100.	
	Lobbying Professional fundraising services. See Part IV, line 17			·	
	•	29,256.		29,256.	
	Investment management fees Other	1,711,337.	1,348,078.	353,387.	9,872
_	Advertising and promotion	1,711,557.	1,510,070	333,307.	5,012
	Office expenses	1,240,112.	1,047,271.	181,103.	11,738
14	Information technology	86,588.	47,187.	39,313.	88
	Royalties	00,000		03,0201	
	Occupancy	890,531.	120,781.	769,750.	-
17	Travel	1,013,991.	934,603.	74,175.	5,213
	Payments of travel or entertainment expenses	· · · · · ·		,	,
	for any federal, state, or local public officials			ì	
19	Conferences, conventions, and meetings				· · · · · · · · · · · · · · · · · · ·
20	Interest	8,420.		8,420.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	146,129.		146,129.	
	Insurance	32,624.	10,383.	22,241.	
	Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	BAD DEBT	109,987.		109,987.	
b	PROFESSIONAL DEV.	65,591.	29,083.	34,691.	1,817
	UBI TAXES PAID	39,950.		39,950.	·
đ	OTHER EXPENSES	20,891.		20,891.	
е	OVERHEAD EXPENSES	0.	2,243,061.	<2,387,678.>	144,617
f	All other expenses				
	Total functional expenses. Add lines 1 through 24f	10,791,341.	8,949,304.	1,296,064.	545,973
26	Joint costs. Check here if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Form 990 (2009)
Part X | Balance Sheet

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	300.	1	300.
2	Savings and temporary cash investments	125,056.	2	625,368.
₃	Pledges and grants receivable, net	368,593.	3	332,774.
4	Accounts receivable, net	63,611.	4	74,962.
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	·
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
	Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	268,330.	8	332,212.
9		405,364.	9	254,396.
10	a Land, buildings, and equipment: cost or other			
	basis Complete Part VI of Schedule D 10a 3,332,701.			
	b Less accumulated depreciation 10b 2,607,514.	863,603.	10c	725,187.
11	Investments publicly traded securities	3,186,594.	11	2,833,058.
12	Investments - other secunties. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	5,281,451.	16	5,178,257.
17	Accounts payable and accrued expenses	633,331.	17	784,252.
18	Grants payable		18	
19	Deferred revenue	2,841,201.	19	2,888,937.
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
21	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	250,000.	24	250,000.
25	Other liabilities Complete Part X of Schedule D	498,668.	25	599,240.
26	Total liabilities. Add lines 17 through 25	4,223,200.	26	4,522,429.
j	Organizations that follow SFAS 117, check here			
	lines 27 through 29, and lines 33 and 34.	054 202		4.45 504
27	Unrestricted net assets	251,393.	27	<145,794.
28	· · ·	536,888.	28	531,552.
29	·	269,970.	29	270,070.
	Organizations that do not follow SFAS 117, check here			
	complete lines 30 through 34.			-
30			30	·
31	Paid in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds	1 050 051	32	CEE 000
33	Total net assets or fund balances	1,058,251.	_33	655,828.
34	Total liabilities and net assets/fund balances	5,281,451.	34	5,178,257.

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SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990-or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

			N ASSOCIATIO						53	3-0205	889	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st comple	te this par	t.) See ins	tructions				
The organ	ization is not a	private foundation	because it is. (For lines	1 through	11, check	only one b	ox)			•		
1 🔲	A church, co	nvention of churches	s, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i).				
2	A school des	cribed in section 17	'0(b)(1)(A)(iı). (Attach Sc	hedule E)								
з 🗀	A hospital or	a cooperative hospi	tal service organization o	described	ın section	170(b)(1)	(A)(in).					
4 🔲	A medical res	search organization o	operated in conjunction	with a hos	pital desc	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter t	he hospital	's nam	ıe,
	city, and stat	e										
5 🗀	An organizati	on operated for the	benefit of a college or ur	niversity o	wned or o	perated by	a govern	mental uni	t describe	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🗀	A federal, sta	ite, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(I)(A)(v).					
7 X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	general p	oublic desc	nbed ı	n
	section 170(b)(1)(A)(vi). (Comple	te Part II)									
в 🗀	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9 🔲	An organizati	on that normally rec	eives (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, ar	nd gross red	eipts	from
	activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2) no more	than 33	1/3% of its	support	from gross	ınvest	ment
	income and t	unrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon a	after June 3	0, 197	'5
	See section	509(a)(2). (Complete	Part III)									
10	An organizati	ion organized and op	perated exclusively to te	st for publ	ic safety S	See sectio	n 509(a)(4	4).				
11	An organizati	ion organized and op	perated exclusively for the	ne benefit	of, to perfo	orm the fur	nctions of	, or to carr	y out the	purposes c	f one	or
	more publicly	supported organiza	ations described in secti	on 509(a)(1) or section	on 509(a)(2	?). See se e	ction 509(a)(3). Che	ck the box	that	
		· · · · · · · · · · · · · · · · · · ·	organization and compl-					_			_	_
	a ∟ Type I		,,	• •	e III - Fund	•	-		d└─	Type III - C		
e	, ,	•	it the organization is not		•	•	•					.n
		•	han one or more publicly		-				9(a)(1) or s	section 509	(a)(2)	
f			ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		rganization, check th		_					_			Ŀ
9	•		organization accepted ar			•				1		
		•	irectly controls, either al	one or tog	ether with	persons c	lescribed	ın (II) and (III) below,		Yes	No
	•	-	upported organization?							11g(ı)		
		•	n described in (i) above?		- 0					11g(II)	\vdash	
	• •	•	person described in (i) o							11g(ni)		<u> </u>
h	Provide the f	ollowing information	about the supported or	ganization	(S)							
4 > 4 1			(III) Type of	(iv) Is the s	raanization	(v) Did voi	, notify the	(vı) İs	the			
• •	of supported	organization in col. (1) listed in your organization in col.		on in col	(vii) Amount of support		ı					
urya	anization		(described on lines 1-9 above or IRC section		document?	(i) of your		U.S	2 111 1116	ՏԱԻԼ	יוטו נ	
			(see instructions))	Yes	No	Yes	No	Yes	No			
												
		_							<u> </u>			
									1			
]				
							<u> </u>					
Total												
LHA For F	Privacy Act an	d Paperwork Redu	ction Act Notice, see t	he Instruc	tions for		-	Schedul	e A (Form	1 990 or 99	0-EZ)	2009

932021 02-08-10

Form 990 or 990-EZ.

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) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not 964,673. 1120308. 1338615. 604,307. 1733844. 5761747. include any "unusual grants") 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 964,673. 1120308. 1338615. 604,307. 1733844. 5761747. 4 Total. Add lines 1 through 3 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) 6 Public support. Subtract line 5 from line 4 5761747. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 964,673 1120308. 1338615. 604,307. 1733844. 5761747. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 376,511. 426,667. 460,594. 189,134. 398,153. 1851059. and income from similar sources Net income from unrelated business activities, whether or not the 33,115. 213,217. 246,332. business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital 3,953 1,271. 30,587. 35,811. assets (Explain in Part IV) 7894949. 11 Total support. Add lines 7 through 10 35,253,162. 12 Gross receipts from related activities, etc. (see instructions) 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 Section C. Computation of Public Support Percentage 72.98 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 80.43 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2009. 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 $\triangleright X$ b 33 1/3% support test - 2008. 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 17a 10% -facts-and-circumstances test - 2009. 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 IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. 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 IV how the

Schedule A (Form 990 or 990-EZ) 2009

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 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

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and	(4) 2003	(b) 2000	(0) 2007	\u_j_2000	(6/2003	(i) rotai
membership fees received (Do not		1				
include any "unusual grants ")						
2 Gross receipts from admissions,		 	· · · · · · · · · · · · · · · · · · ·	 	 	
merchandise sold or services per						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf			•			
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge				<u> </u>		
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			į			
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)		<u></u>				
Section B. Total Support			T	•		Y
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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			ļ	ļ		
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV)					ļ	
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for t	he organization	's first, second, thu	rd, fourth, or fifth ta	ax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here						▶□
Section C. Computation of Public	Support Pe	ercentage				
15 Public support percentage for 2009 (lin	e 8, column (f) o	divided by line 13,	column (f))		15	
16 Public support percentage from 2008 S			```		16	
Section D. Computation of Invest					1	
17 Investment income percentage for 200		_			17	
	•		10, 00,00,1111 (1),		18	
			on line 14 and line	a 15 io mara than i		17 in not
19a 33 1/3% support tests - 2009. If the o	-				•	I IS NOT
more than 33 1/3%, check this box and	-	-		•		. ▶∟.
b 33 1/3% support tests - 2008. If the o	rganization did	not check a box or	n line 14 or line 19a	a, and line 16 is mi	ore than 33 1/3%, a	and _
· ·	-					
line 18 is not more than 33 1/3%, chec 20 Private foundation. If the organization			•		•	▶ <u>∟</u>

SCHEDULE C

(Form 990-or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

	Section 501(c)(4), (5), or (6) organiza	tions Complete Part III	, ,		
	ne of organization	tions. Complete Fart III		Em	ployer identification number
	_	N ASSOCIATION OF	MIISEIMS		53-0205889
Ρź		anization is exempt und		or is a section 527	
	Provide a description of the organiz				J
	Political expenditures	anon a direct and indirect pointe	ar campaign activities		\$
	Volunteer hours			•	
Ť	Volumesi medie				
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)	(3).	· · · · · · · · · · · · · · · · · · ·
1	Enter the amount of any excise tax	incurred by the organization und	ler section 4955	•	\$
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 4955	5	\$
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
48	a Was a correction made?				Yes No
t	If "Yes," describe in Part IV				
Pa	art I-C Complete if the org	janization is exempt und	er section 501(c)	, except section 50	1(c)(3).
1	Enter the amount directly expended	by the filing organization for sec	ction 527 exempt func	tion activities	\$
2	Enter the amount of the filing organ	ization's funds contributed to other	ner organizations for s	ection 527	
	exempt function activities			•	\$
3	Total exempt function expenditures	Add lines 1 and 2 Enter here a	nd on Form 1120-POL	••	
	line 17b			•	\$
4	Did the filing organization file Form	1120-POL for this year?			└── Yes
5	Enter the names, addresses and er	• •		•	
	For each organization listed, enter t		•	•	
	that were promptly and directly del		inization, such as a se	parate segregated fund o	r a political action committee
_	(PAC) If additional space is needed				1
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter 0	1
					delivered to a separate
					political organization If none, enter -0-
				-	Tribilo, citor o

_					

932041 02-04-10

LHA

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

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990 EZ) 2009	AMERICAN A	SSOCIATION	OF MUSEUMS	53-0	205889 Page 2
Part II-A. Complete if the org	anization is exer	npt under sectio	n 501(c)(3) and fil	ed Form 5768	
(election under sec					
. —	tion belongs to an affil	- '			
B Check ► L if the filing organiza	tion checked box A an	a "limitea control" pro	visions apply.	(a) Filing	(b) Affiliated group
	ts on Lobbying Exper			organization's	totals
(The term "expend	ditures" means amou	nts paid or incurred.)		totals	
1a Total lobbying expenditures to influ	uence public opinion (g	grass roots lobbying)			
b Total lobbying expenditures to influ	uence a legislative bod	y (direct lobbying)		113,161.	
c Total lobbying expenditures (add li	nes 1a and 1b)			113,161.	
d Other exempt purpose expenditure				10,463,144.	
e Total exempt purpose expenditure	•	•		10,576,305. 678,815.	
f Lobbying nontaxable amount Ente				070,013.	
If the amount on line 1e, column (a) on Not over \$500,000	• •	oying nontaxable ame the amount on line 1e	ount is:		,
Over \$500,000 but not over \$1,000		0 plus 15% of the exc	ess over \$500 000		
Over \$1,000,000 but not over \$1,5		0 plus 10% of the exc			
Over \$1,500,000 but not over \$17,	000,000 \$225,00	0 plus 5% of the exce	ss over \$1,500,000		
Over \$17,000,000	\$1,000,0	000			
				1.60 7.04	
g Grassroots nontaxable amount (en	•			169,704.	
h Subtract line 1g from line 1a. If zer				0.	
i Subtract line 1f from line 1c. If zeroj If there is an amount other than ze		ing 1, did the organiz	ation file Form 4720	· ·	
reporting section 4911 tax for this		ine ii, did the organiza	ation file Form 4720	Γ	Yes No
Toportung decition for the text for time		raging Period Under	Section 501(h)		
	ations that made a se	ection 501(h) election	do not have to com		
co	lumns below. See the			age 4.)	
	Lobbying Expen	ditures During 4-Yea	ar Averaging Period	T	· ·
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
					<u> </u>
2a Lobbying nontaxable amount	618,441.	672,295.	329,103.	678,815.	2,298,654.
b Lobbying ceiling amount					
(150% of line 2a, column(e))					3,447,981.
c Total lobbying expenditures	65,881.	37,735.	35,338.	113,161.	252,115.
d Grassroots nontaxable amount	154,610.	168,074.	82,276.	169,704.	574,664.
e Grassroots ceiling amount (150% of line 2d, column (e))					861,996.
, , , , , , , , , , , , , , , , , , ,					

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990 EZ) 2009 AMERICAN ASSOCIATION OF MUSEUMS 53-020588 Part II-B. Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(-	a)	(l	o)
		Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or	7.3			
	local legislation, including any attempt to influence public opinion on a legislative matter	'			
	or referendum, through the use of				
а	Volunteers?				•
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? If "Yes," describe in Part IV				•
j	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			-	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)	(5), or se	ction	
	501(c)(6).	•			
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		
	t III-B Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)	(5), or se	ction	
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa	rt III-A, li	ne 3 is a	nswered	
	"Yes."				
1	Dues, assessments and similar amounts from members		1		_
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			-
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exi	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				
_	olete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and	nd Part ILB	lina 1. Alce	complete	thic part
	ny additional information	ia i ait ii b,	1110 11 7430	, complete	uns part
Oi ai	y additional information				
	· · · · · · · · · · · · · · · · · · ·			· -	
		_			

Schedule D

(Form 990) ·

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

AMERICAN ASSOCIATION OF MUSEUMS

Employer identification number 53-0205889

Pa			s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		·····
3	Aggregate grants from (during year)	·	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor adv	sed funds
-	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor a	•	
-	for charitable purposes and not for the benefit of the donor o	• •	
	impermissible private benefit?	, , , , ,	Yes No
Pai		anization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or p	leasure)	storically important land area
	Protection of natural habitat	Preservation of a cei	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		_ 2b
С	Number of conservation easements on a certified historic str	, ,	2c
đ	Number of conservation easements included in (c) acquired a		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by th	ne organization during the tax
	year -		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per	<u> </u>	
_	violations, and enforcement of the conservation easements if		└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,		· · · · · · · · · · · · · · · · · · ·
7	Amount of expenses incurred in monitoring, inspecting, and or Does each conservation easement reported on line 2(d) above		
8	and section $170(h)(4)(B)(u)$?	e satisfy the requirements of section 176	Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expens	
3	include, if applicable, the text of the footnote to the organization	•	
	conservation easements	ion o mandar statements that describe	o the organization o accounting for
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and t	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pi	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these i	tems	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, o	r research in furtherance of public service	e, provide the following amounts relating to
	these items		
	(i) Revenues included in 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 treatment	asures, or other similar assets for financi	al gaın, provide
	the following amounts required to be reported under SFAS 1	16 relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		► \$ ► \$

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Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

Part VII Investments - Other Securities.	See Form 990, Part X, line	12		
(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valua st or end-of-year mar	
Financial derivatives				
Closely held equity interests				
Other				
		·		
			-	
		· · · · · · · · · · · · · · · · · · ·		
	<u> </u>			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related.				
· · · · · · · · · · · · · · · · · · ·		13	(c) Method of valua	ution
(a) Description of investment type	(b) Book value	Co	st or end-of-year mar	
				
·				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶				
Part IX Other Assets. See Form 990, Part X, Irr				(L) D = 1
(8	a) Description			(b) Book value
		· · · · · · · · · · · · · · · · · · ·		
Total. (Column (b) must equal Form 990, Part X, col (B) III	ne 15)		>	
Part X Other Liabilities. See Form 990, Part X	X, line 25.			
1 (a) Description of liability		(b) Amount		
Federal income taxes				
DEFERRED RENT AND LEASEHOLD	INCENTIVE			
LIABILITY		599,240.		
<u> </u>			ļ	
	051	500 240	1	
Total. (Column (b) must equal Form 990, Part X, col (B) In	ne 25) ▶	599,240.	L	

2. FIN 48 Footnote In Part XIV, 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 932053 02-01-10

932054 02-01-10

13451112 786783 AAM

932055 02-01-10

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2009 Open to Public

Inspection

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

9 COMPARING TWO COMMUNITIES Employer Identification number ² [THE CREATIVITY OF GIFTED 53-0205889 AMERICAN TEENS HARNESSED FGHANISTAN, AMERICAN & O PRESERVE AND PROMOTE 3Y EXPLORING THEIR PAST WATER: USING THE COMMON OCEANIC CANOES AND THE COLLABORATIONS PROJECT. HE THAT BINDS PROJECT IMPACT OF SALMON, AND (h) Purpose of grant HE MINORITY IMPRINT HIGH SCHOOL STUDENTS ENGAGING ITALIAN AND TO UNDESTAND THEIR or assistance REATING COMMUNITY CURRENT POSITION X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any WHALING PROJECT 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) ٥. ٥. ٥. ٥. o ٠. (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 000 36,776. 84,000 47,080 31,140 (d) Amount of 7,772 cash grant 20 AMERICAN ASSOCIATION OF MUSEUMS (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) Enter total number of section 501(c)(3) and government organizations 72-1136273 23-2434447 91-2151686 58-0965786 25-1014553 45-0392742 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? WASHINGTON 1 (a) Name and address of organization BURKE MUSEUM OF NATURAL HISTORY & WESTMORELAND MUSEUM OF AMERICAN EDUCATION - 1000 CHASTAIN ROAD MUSEUM OF HISTORY & HOLOCAUST NATIONAL CONSITITUTION CENTER ROGER EHNSTROM NATURE CENTER ART - 221 N. MAIN STREET LOUISIANA SCIENCE CENTER or government CULTURE - UNIVERSITY OF PHILADELPHIA, PA 19106 820 CLYDE FANT PARKWAY SHREVEPORT, LA 71101 GREENSBURG, PA 15601 SEATTLE, WA 98189 Name of the organization KENNESAW, GA 30144 WAHPETON, ND 58075 304 S. STH STREET 525 ARCH STREET Part ~

3 Enter total number of other organizations

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

Schedule I (Form 990) 2009

Schedule I (Form 990) 2009 (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed CASH NEEDS. AAM RECEIVES SUBRECIPIENT WILL KEEP AUDITABLE RECORDS OF ALL GRANT PROCEEDS. 2: AAM RECEIVES A SIGNED IMPLEMENTATION AGREEMENT COST-SHARE FUNDS AND REVIEWS TO ENSURE COMPLIANCE WITH THE GRANT AGREEMENT Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information QUARTERLY AAM RECEIVES SIGNED FINANCIAL STATEMENTS OF BOTH GRANT AND (d) Amount of non-cash assistance 0 GRANT. THE 54, 195, (c) Amount of cash grant 27 AAM DISBURSES FUNDS QUARTERLY BASED ON RECIPIENT'S A SIGNED FINAL FINANCIAL REPORT AT THE CLOSE OF (b) Number of recipients 73 (a) Type of grant or assistance LINE PART I, GRANTS TO INDIVIDUALS STATING THE H SCHEDULE 932102 02-02-10 Part III

Page 2

53-0205889

AMERICAN ASSOCIATION OF MUSEUMS

Schedule ! (Form 990) 2009

SCHEDULE J (Form 990)

Compensation Information

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

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

Open to Public Inspection ...

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

➤ Attach to Form 990. ➤ See separate instructions.

AMERICAN ASSOCIATION OF MUSEUMS

Employer identification number 53-0205889

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,	*°,	¢ .'':	-
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items	, , ,		,
	First-class or charter travel Housing allowance or residence for personal use		3.5	12 Fran
	Travel for companions Payments for business use of personal residence	1,4	7 62 ,	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	2.		
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	· .		-
				1
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		,	411
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Х	
		' ,	4.	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply.		,	
	Compensation committee Written employment contract		4	
	Independent compensation consultant X Compensation survey or study		_	. '
	Form 990 of other organizations X Approval by the board or compensation committee	-		, , ;
	, , , , , , , , , , , , , , , , , , , ,			1
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		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) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			į
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non fixed payments			l
	not described in lines 5 and 6? If "Yes," describe in Part III	7		<u>X</u>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			_ _
	initial contract exception described in Regs. section 53 4958-4(a)(3)? If "Yes," describe in Part III	_ 8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			_
	Regulations section 53 4958-6(c)?	9	ł	l

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Schedule J (Form 990) 2009

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(i) (iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(O)	(Q)	(E)	(F)
(A) Name		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Hetirement and other deferred compensation	Nontaxable benefits	(B)(I)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	Ξ	287,948.	0	0	5,475.	6,177.	299,600.	0
FORD BELL	(ii)		0	0 •				0
	(1)	147,115.	0	0.	10,077.	6,507.	163,699.	0
KATHRYN IGOE	(ii)	0	0 •	.0	• 0	0	0	0
	(i)							
	(1)							
	(i)							
	(ii)			-				
	Ξ							
	(11)							
	Ξ							
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	Ξ							
	Ξ							
	Ξ							
	(ii)			3 3				
	(1)							
	(ii)							
	(i)							
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	Θ							
	(ii)			-				
	Ξ							
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	(II)			+ +				
	Θ							
	(ii)							
	Ξ							
	Ξ							
	Ξ							
	(ii)							
							Schedul	Schedule J (Form 990) 2009

SCHEDULE 0

(Form 990) ·

Supplemental Information to Form 990 Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

AMERICAN ASSOCIATION OF MUSEUMS

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. Name of the organization

Employer identification number 53-0205889

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROFESSIONAL RESEARCH AND PUBLICATION AS WELL AS FOSTER THE CONTINUED
IMPROVEMENT OF THE MUSEUM PROFESSION THROUGH THE DEVELOPMENT AND
OBSERVANCE OF HIGH STANDARDS OF ETHICS. IN PROMOTING ITS PURPOSES, THE
ASSOCIATION WILL USE MEETINGS, REPORTS, PAPERS, DISCUSSIONS,
PUBLICATIONS, AND OTHER MEDIA OF PUBLICITY AND COMMUNICATION SO AS TO
INCREASE AND DIFFUSE KNOWLEDGE OF ALL MATTERS PERTAINING TO MUSEUMS AND
ENCOURAGE COOPERATION AMONG MUSEUMS, MUSEUM PROFESSIONALS, MUSEUM
USERS, AND THE GENERAL PUBLIC.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
ASSESSMENT PROGRAM (MAP) IS ALSO A FEDERALLY FUNDED PROGRAM HELPING TO
MAINTAIN AND IMPROVE OPERATIONS IN MUSEUMS THROUGH A CONFIDENTIAL,
CONSULTATIVE PROCESS OF ASSISTING IN RESOURCE ALLOCATION, DOCUMENTING
NEEDS TO IMPROVE FUNDING REQUESTS, MEETING AND ESTABLISHING PRIORITIES
AND UNDERSTANDING AND IMPLEMENTING BEST PRACTICES IN THE INDUSTRY.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
PUBLICATION
EXPENSES \$ 562099. INCLUDING GRANTS OF \$ 0. REVENUE \$ 235462.
BUSINESS ENTERPRISES
EXPENSES \$ 550526. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
ADVOCACY
EXPENSES \$ 518832. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
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SCHEDULE O

Internal Revenue Service

(Form 990) .

Department of the Treasury

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ➤ Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

AMERICAN ASSOCIATION OF MUSEUMS

Employer identification number 53-0205889

CENTER FOR FUTURE MUSEUMS

EXPENSES \$ 419362. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6: THE ASSOCIATION SHALL BE COMPOSED INDIVIDUAL AND INSTITUTIONAL MEMBERS IN SUCH MEMBERSHIP CATEGORIES AS THE BOARD OF DIRECTORS SHALL DETERMINE.

INDIVIDUAL MEMBERSHIP SHALL BE OPEN TO MUSEUM STAFF, NON-PROFIT ORGANIZATION STAFF, STUDENTS, NON-PAID MUSEUM STAFF, RETIRED MUSEUM STAFF, INDEPENDENT PROFESSIONALS, MUSEUM TRUSTEES, AND SUCH OTHER CATEGORIES OF INDIVIDUAL MEMBERSHIP AS THE BOARD OF DIRECTORS MAY ESTABLISH FROM TIME TO TIME. ALL INDIVIDUAL MEMBERS OF THE ASSOCIATION IN GOOD STANDING ARE ENTITLED TO VOTE AT MEETINGS OF THE ASSOCIATION AND ARE ELIGIBLE FOR ELECTION AS OFFICERS AND BOARD MEMBERS-AT-LARGE, PROVIDED THEY MEET THE ADDITIONAL REQUIREMENTS OUTLINED IN ARTICLES IV AND V OF THE CONSTITUTION.

INSTITUTIONAL MEMBERSHIP SHALL BE OPEN TO MUSEUMS, NON-PROFIT ORGANIZATIONS THAT OPERATE MUSEUMS, OTHER MUSEUM-RELATED NON-PROFIT ORGANIZATIONS LIBRARIES, UNIVERSITIES, GOVERNMENT AGENCIES, AND SUCH OTHER CATEGORIES OF INSTITUTIONAL MEMBERSHIP AS THE BOARD OF DIRECTORS MAY ESTABLISH FROM TIME TO TIME. ALL INSTITUTIONAL MEMBERS OF THE ASSOCIATION IN GOOD STANDING ARE ENTITLED TO VOTE AT MEETINGS OF THE ASSOCIATION, BUT ARE NOT ELIGIBLE FOR ELECTION AS OFFICERS OR BOARD MEMBERS-AT-LARGE.

HONORARY OR LIFETIME MEMBERSHIP MAY BE GRANTED TO INDIVIDUALS AND

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Schedule O (Form 990) 2009

SCHEDULE 0

(Form 990),

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

AMERICAN ASSOCIATION OF MUSEUMS	53-0205889
INSTITUTIONS AT THE DISCRETION OF THE BOARD AND IN RECOGN	ITION OF EXEMPLARY
AND SELFLESS SERVICE TO THE ASSOCIATION OR THE FIELD. HON	ORARY MEMBERS AND
LIFETIME MEMBERS MAY NOT VOTE AT MEETINGS OF THE ASSOCIAT	ION AND ARE NOT
ELIGIBLE FOR ELECTION AS OFFICERS OR BOARD MEMBERS-AT-LAR	GE.
FORM 990, PART VI, SECTION A, LINE 7A: A NOMINATING COMMI	TTEE, WHICH SHALL
CONSIST OF THE IMMIDIATE PAST CHAIR, ONE REGIONAL PRESIDE	NT, ONE STANDING
PROFESSIONAL COMMITTEE CHAIR, THREE MEMBERS OF THE BOARD	OF DIRECTORS AND
ONE INDIVIDUAL MEMBER TO BE SELECTED BY THE BOARD OF DIRE	CTORS, IS
RESPONSIBLE FOR ELECTING MEMBERS OF THE GOVERNING BODY.	
FORM 990, PART VI, SECTION A, LINE 7B: CERTAIN CHANGES IN	THE
ASSOCIATION'S GOVERNING DOCUMENTS REQUIRE APPROVAL BY THE	MEMBERS.
 · · · · · · · · · · · · · · · · ·	
FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S	FINANCIAL
MANAGEMENT TEAM REVIEWS THE FEDERAL FORM 990 BEFORE IT IS	FILED.
FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD OF DIRE	CTORS HAS THE
RESPONSIBILITY FOR REVIEWING AND SETTING THE PRESIDENT'S	COMPENSATION
PACKAGE. THE BOARD REVIEWS MARKET DATA ALONG WITH THE PRE	SIDENT'S
PERFORMANCE IN DETERMINING WHAT AN EQUITABLE COMPENSATION	PACKAGE SHOULD
BE.	
IN TURN, THE PRESIDENT IS CHARGED WITH PREPARING EVALUATION	ONS FOR THE
ORGANIZATION'S SENIOR MANAGEMENT TEAM BASED ON EACH INDIV	IDUAL'S
PERFORMANCE DURING THE CURRENT YEAR. THIS DATA IS THEN US	ED BY THE

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932211 02-03-10

Schedule O (Form 990) 2009

SCHEDULE O

(Form 990) .

Supplemental Information to Form 990

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

Attach to Form 990.

OMB No 1545-0047

2009
Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

AMERICAN ASSOCIATION OF MUSEUMS

Employer identification number 53-0205889

PRESIDENT IN SETTING COMPENSATION PACKAGES FOR THE SENIOR MANAGEMENT TEAM.
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AK, AZ, AR, CT, FL, IL, KS, KY, ME, MD, MA, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI SC, TN, UT, VA, WA, WV, WI
FORM 990, PART VI, SECTION C, LINE 19: THE ASSOCIATION'S ANNUAL REPORT IS
AVAILABLE ON ITS WEBSITE. THE ASSOCIATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE ON A PER REQUEST BASIS.

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932211
02-03-10

Schedule O (Form 990) 2009