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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.

Sec	tion A. Governing Body and Management				_	
					Yes	No
1a	Enter the number of voting members of the governing body	1a	1			
þ	Enter the number of voting members that are independent	1b	_1	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e dırec	t supervision	ł		
	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 Fo	rm 990	was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's asset	ts?		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 me	embers	of the		<b>,,</b>	
	governing body?			7a	X	37
_	Are any decisions of the governing body subject to approval by members, stockholders, or other per			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during	the year			
	by the following:				v	
a	The governing body?			8a	X	
ь	Each committee with authority to act on behalf of the governing body?			_8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	icnea a	t the	9		х
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		Codol	9	1	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	C00e.)		Yes	No
1 <b>1</b> 12	Does the organization have local chapters, branches, or affiliates?			10a	165	X
	If "Yes," does the organization have written policies and procedures governing the activities of such	chante	rs affiliates	100		
•	and branches to ensure their operations are consistent with those of the organization?	onapid	ro, armacoo,	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	lina the	form?	11	Х	
11A						
12a				12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ıld give	rise	**		
	to conflicts?	_		12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes," (	describe			
	ın Schedule O how this is done			12c	X	
13	Does the organization have a written whistleblower policy?			13	Х	
14	Does the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approve	al by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a		X
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.)					
Tga	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment w	ith a	40.		Х
	taxable entity during the year?	1 4 4		16a		
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva					
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization with respect to such arrangements?	anızanı	лгэ	16b	•	
500	exempt status with respect to such arrangements? tion C. Disclosure			1 100		Ь——
<u>3ec</u> 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	(501/6	·)(3)s only) availab	le for		
10	public inspection. Indicate how you make these available. Check all that apply.	100110	nois only availab	10 101		
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, c	onflict	of interest policy	and fina	ıncıal	
. •	statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books at	nd reco	ords of the organiz	ation:	•	
	DAVID SEPAROVICH - (916)808-7000					
	216 O STREET, SACRAMENTO, CA 95814					

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

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 employees."
- 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.

X Check this box if the organization did (A) Name and Title	(B) Average			(C Pos	<b>)</b> Ition	1		<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	hours per week	Individual trustee or director	hechtuttonal trustæe	c all 1	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
STEVE MILLS										
PRESIDENT	10.00	X		X		<u> </u>		0.	0.	0.
CAROL BERRY										
VICE PRESIDENT	10.00	X	<u> </u>	X	<u> </u>	<u> </u>		0.	0.	0.
MIKE GENOVESE		l				ļ				
TREASURER	10.00	X	ļ	X	ļ			0.	0.	0.
SUSAN WILLOUGHBY			Ŀ		ł					_
SECRETARY	10.00	X		Х		<u> </u>		0.	0.	0.
DAN CROSBIE		١	İ					_	_	
PAST PRESIDENT	10.00	X		_		<u> </u>		0.	0.	0.
EDE BRANDENBURGER	1.0.00	l						_	0	
DIRECTOR	10.00	X		ļ	ļ			0.	0.	0.
OLETA LAMBERT	10.00	١						_	_	_
DIRECTOR	10.00	X	<u> </u>	ļ	<u> </u>	-	ļ	0.	0.	0.
KAY LEHR	10.00	١.,			1			_	_	_
DIRECTOR	10.00	X		ļ		├-	_	0.	0.	0.
BOB SLOBE	10.00	.,						0.	0.	^
DIRECTOR	10.00	X	<u> </u>	ļ		-			<u> </u>	0.
SOFIA TSAKOPOULOS	10.00	<sub>v</sub>						0.	0.	0.
DIRECTOR	10.00	X	├		┝	+		U •	<u> </u>	0.
TOM WEBORG	10.00	U		į				0.	0.	0.
DIRECTOR	10.00	^			-	<del> </del>	_		<u> </u>	
LIAL JONES	5.00		ł	х				0.	199,999.	14,686.
EXECUTIVE DIRECTOR	3.00	<del> </del>	<del> </del>	^	-	$\vdash$		0.	199,900.	14,000.
DAVID SEPAROVICH	5.00			х				0.	87,229.	7,690.
DIRECTOR OF FINANCE	3.00							0.	01,223.	7,030
					-					
		-			_	-				

Par	t VII Section A. Officers, Directors, Tru	stees, Key E	mplo	yee	s, a	nd ł	High	est	Compensated Employ	ees (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average			Pos				Reportable	Reportable			limate	
		hours per		heck T	all	that	app	ly)	compensation from	compensation from related	1		ount o other	of
		week	ractor						the	organizations			omensa	tion
			eord	18			Sated		organization	(W-2/1099-MIS			om the	
			Individual frustee or director	Institutional trustee	1	8	Highest compensated employee		(W-2/1099-MISC)			_	anızatı	
			vdual	at to	×	Key employee	loyee C						i relat nızatı	
			Ē	15	E S	<u>ş</u>	3.2	퉏				J. <b>.</b> .		
			<u> </u>	<u> </u>			<u> </u>							
		-	<del>                                     </del>	-	-	_	┢	_	· 		-+			
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			Щ.				Ļ	L	0.	287,22	<del>-</del>	2 '	2,3	76
1b 2	Total Total number of individuals (including but n	at limited to th		linte	- d o	bov	ابد اه		<del></del>	·		2.	2,3	70.
_	compensation from the organization	or minited to ti	1036	IISIC	o a	500	C) WI	10 1	eceived more man wroc	,,000 iii reportable				(
	componential from the organization												Yes	No
3	Did the organization list any former officer,	director or tru	stee	, ke	y en	plo	yee,	or t	highest compensated er	nployee on				,,,,,,,,
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4	For any individual listed on line 1a, is the su	•							•	the organization			v	
_	and related organizations greater than \$150											4	X	
5	Did any person listed on line 1a receive or a the organization? If "Yes," complete Sched	•			rom	any	/ uni	elat	ted organization for serv	ices rendered to		5	- 1	X
Sec	tion B. Independent Contractors	ule o for sucri	pers	011								<u> </u>		:-
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of comp	pensat	ion fi	rom	
	the organization. NONE	<u> </u>	•											
	(A)								(B)		•	(C		
	Name and business	address						_	Description of s	services		mper	satio	n
					_			Ī		T				
		<del> </del>						_						
	Total number of independent contractors (i	neludine but s	ot i	mito	d to	tho	ا مو	l	t above) who received a	ore than				
-	\$100,000 in comparation from the organi		. J. 11		J (U		) ()	٠.٠٠	. 25010) WHO ISSENTED II					

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Schedule R (Form 990) 2009 CROCKER ART MUSEUM FOUNDATION

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total Income		(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing e partner?
						į					
Part IV Identification of Related Orgonizations treated as a cor	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	oration or year.)	<b>Trust</b> (Complete If t	the organization	on answered "	Yes" to F	orm 990, Part	IV, line 34	because It	had one or mor	related
(a) Name, address, and EIN of related organization	Z.c	Pn	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income		(g) Share of Fend-of-year assets	(h) Percentage ownership
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Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36)

the state of the s		-	⊢	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				٠
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		1a		×
b Giff grant or capital contribution to other organization(s)		4	×	
		5		×
		7		×
d Loans or loan guarantees to or for other organization(s)		2	†	4 ;
e Loans or loan guarantees by other organization(s)		1e	+	×
f Sale of assets to other organization(s)		11		×
a Purchase of assets from other organization(s)		19		×
		÷	_	×
n Exchange of assets		:	$\dagger$	د >
i Lease of facilities, equipment, or other assets to other organization(s)		=	+	<b>4</b>
				1
i Lease of facilities, equipment, or other assets from other organization(s)		į,		×
k Performance of services or membership or fundraising solicitations for other organization(s)		+	<u>~</u>	
Description of contract or anomalous of the property of the pr		=	_	×
		£	×	
m Sharing of facilities, equipment, mailing lists, or other assets			; >	
n Sharing of paid employees		5	4	
			-	1
o Reimbursement paid to other organization for expenses		10	×	
		1p		×
		-	-	[
A Other transfer of cash or property to other organization(s)		2		×
		-		×
1	tion thresholds.			
1	-	3		
(a) Name of other organization(s)	(b) Transaction A	(c) Amount involved	olved	73
	type (ari)			
(1)				
6				
		E		
(4)				
(5)				
(9)				
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Schedule R (Form 990) 2009 CROCKER ART MUSEUM FOUNDATION

Part Vi Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Schedule R (Form 990) 2009 General or managing partner? Yes No Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) 6 Disproportionate Yes Share of end-of-year assets e Are all partners section 501(c)(3) organizations? Yes No 9 Legal domicile (state or foreign country) Primary activity Name, address, and EIN of entity