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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)

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

OMB No. 1545-0047 2010

Open to Public Inspection

A .	COL (U	2010 calendar year, or tax year beginning and and	i enaing		
В	Check If applicable	C Name of organization		D Employer identific	cation number
	Addre	AMERICAN ASSOCIATION OF MUSEUMS			
L	Name chang	Doing Business As		53-0	205889
F	tnitial return Termi		Room/suite	E Telephone number	
늗	ated لب	1575 EIE SIREEI, NW	400		289-1818 13,317,085.
누	Amen return Applic			G Gross receipts \$	```
<u> </u>	Applic tion pendi			H(a) Is this a group re	Yes X No
		F Name and address of principal officer: FORD BELL SAME AS C ABOVE		for affiliates?	
_			or 527	H(b) Are all affiliates inc	
		empt status: LX 501(c)(3)	01 321	H(c) Group exemption	list. (see instructions)
		organization: X Corporation Trust Association Other	I Year		State of legal domicile: DC
	art I	Summary		orientation, as a sign	Totale of logal dominions.
<u> </u>	7-	Briefly describe the organization's mission or most significant activities: TO	NHANCE	THE VALUE	OF MUSEUMS
人以引 Activities & Governance	'	TO THEIR COMMUNITIES THROUGH LEADERSHIP,	ADVOC	ACY, AND SE	RVICE.
2	2	Check this box if the organization discontinued its operations or disposit			
Ş	3	Number of voting members of the governing body (Part VI, line 1a)	1	3	23
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	i	4	23
88	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	,	. 5	64
	6	Total number of volunteers (estimate if necessary)	ſ.	AAV 7 . 6	0
⊃ 5	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	.) '	7a	668,213.
-6		Net unrelated business taxable income from Form 990-T, line 34	<u>!</u>	7b	144,636.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		1,733,844.	2,512,422.
Sevenue evenue	9	Program service revenue (Part VIII, line 2g)	<u> </u>	7,384,654.	7,101,536.
ۇ` ش	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<199,250.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		522,295.	734,540.
Ž_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,441,543.	10,459,782.
SCANNED EXPENSES	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	·	280,963.	641,770.
ඊ	14	Benefits paid to or for members (Part IX, column (A), line 4)	·	0.	U.
លនិល	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	· -	4,991,125.	4,440,375.
ē	16a	Professional fundraising fees (Part IX, column (A), line 11e)	17 A -	0.	<u> </u>
ă	b	Total fundraising expenses (Part IX, column (D), line 25) 633,0	1/4.	5,519,253.	5,659,852.
_	1/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u> </u>	10,791,341.	10,741,997.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	· ·	<1,349,798.	
	19	Revenue less expenses. Subtract line 18 from line 12	· · ·	ainning of Current Year	
Net Assets or		T. I	100	5,178,257.	End of Year 4,981,907.
SSE	20	Total assets (Part X, line 16)		4,522,429.	4,432,630.
<u>e</u>	21	Total liabilities (Part X, line 26)		655,828.	549,277.
Ē	art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		033,0201	31372771
		alties of perjury, Loeclare that I have examined this return, including accompanying schedul	es and statem	ents, and to the best of my	v knowledge and belief, it is
		ct, and compage. Declaration of prepared (other than officer) is based on all information of w			,,,,,
_		XXU ZEV	•	5/11/1	1
Sig	ın	Signature of officer		Date	
He		Ford W. Bell Hesident			
	_	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	id	FRANK H. SMITH		S	ed
	parer	Firm's name RAFFA, PC		Firm's EIN	
Us	e Only	Firm's address 1899 L STREET NW, SUITE 900			
_		WASHINGTON, DC 20036		Phone no. 2	02-822-5000
Ma	y the i	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

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िख	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	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
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	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
4a	(Code:) (Expenses \$ 3,503,061. including grants of \$ 52,700.) (Revenue \$ 1,156,537.)
	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.
4b	(Code:) (Expenses \$ 2,161,604. including grants of \$ 589,070.) (Revenue \$ 538,065.)
	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
4c	(Code:) (Expenses \$ 1,183,524. Including grants of \$) (Revenue \$ 3,683,751.
	MEMBERSHIP: AAM REPRESENTS MORE THAN 15,000 INDIVIDUAL MUSEUM
	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 \$ 2,210,444 · including grants of \$) (Revenue \$ 35,693 ·)
4e	Total program service expenses ▶ 9,058,633.

	n 990 (2010) AMERICAN ASSOCIATION OF MUSEUMS 53-0205 rt IV Checklist of Required Schedules	889	Р	age 3
Ра	TOTAL CHECKLIST OF REquired Schedules			T
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		w	
_	If "Yes," complete Schedule A	1	X	-
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
_	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	١.	v	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_	NT /	,
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	N/	<u>~</u>
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			_v
_	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?	1		
	If "Yes," complete Schedule D, Part V	10	Х	ļ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable			
а	3.,	l	v	
	Part VI	11a	<u> </u>	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			.
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	١.,		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
а	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	ا ا		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	_
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		X	
_	Schedule D, Parts XI, XII, and XIII	12a	Δ.	-
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		<u> </u>
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	446		x
46		14b		
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, Parts II and IV	4-		х
46		15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	40		x
47	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u>├</u> ^
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
~ -	complete Schedule G, Part III Did the organization operate one or more bosoitals? If "Yes." complete Schedule H	19		X
202	DIO THE ORGANIZATION ODERATE ONE OF MORE DOSDITAIS CIT. LES. COMDIETE SCREOUIE EL	l 201a l	i	

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20b

b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that

operate one or more hospitals must attach audited financial statements (see instructions)

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Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	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	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		<u> </u>
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			Х
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or 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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31	-	
32	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?	-		
	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)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		_X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	ا ۔ ا	v	
	Note. All Form 990 filers are required to complete Schedule O	_38_	X	0015
		Form	33U (2010)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			-3-
	Check if Schedule O contains a response to any question in this Part V			
-			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 75	,		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	•	1	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2 a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,		1	
	filed for the calendar year ending with or within the year covered by this return 2a 64	•		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	L
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
D	If "Yes," enter the name of the foreign country:	- 1		
E.	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	~		
	any contributions that were not tax deductible?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			7,
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	^ 1		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966? N/A	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter.	, a, '	, in	
а				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities N/A 10b	اقتی مینود س	1	
11	Section 501(c)(12) organizations. Enter:	7.8	独训	₹ 24
	Gross income from members or shareholders	42	ان د، دم	l. i
b	Gross income from other sources (Do not net amounts due or paid to other sources against	4.1	4 - 5	
10-	amounts due or received from them.)	4.7.3	۳٠٤	<u>`\</u>
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a	· ₹ •	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	w.\$\$. *	اب د
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.		7.32	-
b	Enter the amount of reserves the organization is required to maintain by the states in which the	- '	"	į i
_	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	, [. 1	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		L
		Form	990 (2010)

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AMERICAN ASSOCIATION OF MUSEUMS 53-0205889 Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI

sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 23			
b	Enter the number of voting members included in line 1a, above, who are independent 23			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant 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	X	
b	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	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	
10a	Does the organization have local chapters, branches, or affiliates?	10a	<u> </u>	X
_	The state of the s		1	

10a	Does the organization have local chapters, branches, or affiliates?	10a		<u> X</u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	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 rise			
	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
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 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	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)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," 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			

Section C. Disclosure

exempt status with respect to such arrangements?

17	List the states with which a copy of this Form 990 is required to	be filed ►AL	, AK , AZ , AR	,CT,F	L,IL,KS	, KY, ME	, MD , MA

- Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website X Upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial
- statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: LAURA LOTT - 202-289-1818

1575 EYE STREET, NW, SUITE 400, WASHINGTON, DC 20005-1105

Form 990 (2010)

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(((D)	(E)	(F)
Name and Title	Average	Position						Reportable	Reportable compensation from related organizations	Estimated amount of other compensation
	hours per week (describe	or director	(check all th					compensation from the		
	hours for related organizations in Schedule	ual trustee	Institutional trustee	Ja:	Key employee	Highest compensated employee	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
	O)	횰	II SE	Officer	Key	돌	퉏			organizationi
DOUGLAS G. MYERS		Π								
CHAIR	2.00	X		X				0.	0.	0
LYNDEL KING										
VICE CHAIR AND SECRETARY	2.00	Х		X				0.	0.	0
CARL R. NOLD										
IMMEDIATE PAST CHAIR	2.00	X		X				0.	0.	0
JOHN WETENHALL										-
TREASURER	2.00	X		X				0.	0.	0
TED BEATTIE										
DIRECTOR	2.00	X						0.	0.	0
MELISSA CHIU										
DIRECTOR	2.00	X						0.	0.	0
BOBBIE CONNER										
DIRECTOR	2.00	X						0.	0.	0
GEORGIANNA CONTIGUGLIA										
DIRECTOR UNTIL 5/10	2.00	X						0.	0.	0
KINSHASHA HOLMAN CONWILL										
DIRECTOR	2.00	X						0.	0.	0
DAVID ELLIS										
DIRECTOR	2.00	X	l	_				0.	0.	0
KAYWIN FELDMAN										
DIRECTOR	2.00	X						0.	0.	0
RON FORMAN										
DIRECTOR UNTIL 5/10	2.00	X	l					0.	0.	0
LAURA H. FOSTER										
DIRECTOR	2.00	X	l					0.	0.	0
JIM HANKEN										
DIRECTOR UNTIL 5/10	2.00	X						0.	0.	0
WILLIAM T. HARRIS		Π							·-	
DIRECTOR	2.00	X			L		L	0.	0.	0
GAIL M. HARRITY		П								
DIRECTOR UNTIL 5/10	2.00	X						0.	0.	0
STEVE HIGH		Π					Ì			
DIRECTOR UNTIL 5/10	2.00	X						0.	0.	0
032007 12-21-10										Form 990 (2010

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F)											
	t .								(E)		
Name and title	Average	Average Position hours per (check all that apply)					h.A	Reportable	Reportable	Estimated	
	week	L' ^(c)			III	app	יעי	compensation from	compensation from related	amount of other	
	(describe	director						the	organizations	compensation	
	hours for	튵	_			<u>a</u>		organization	(W-2/1099-MISC)	from the	
	related	trustee or	ustee			ES ES		(W-2/1099-MISC)	(organization	
	organizations	ig i	institutional trustee		Key employee	Highest compensated employee		, ,		and related	
	ın Schedule	Individual	trtutio	Officer	dwa	ploye	Former			organizations	
	O)	르	Ins	<u></u> ₩0	Key	풀통	ফ্র				
IRENE Y. HIRANO											
DIRECTOR UNTIL 5/10	2.00	X						0.	0.	0	
NIK HONEYSETT											
DIRECTOR	2.00	X						0.	0.	0	
ALLYN LORD											
DIRECTOR	2.00	X						0.	0.	0.	
LAURIE NORTON MOFFAT											
DIRECTOR	2.00	X						0.	0.	0 .	
JUANITA MOORE											
DIRECTOR	2.00	X						0.	0.	0	
TEY MARIANNA NUNN											
DIRECTOR	2.00	Х						0.	0.	0 .	
MEME OMOGBAI											
DIRECTOR	2.00	X						0.	0.	0.	
BONNIE PITTMAN											
DIRECTOR UNTIL 5/10	2.00	X						0.	0.	0 .	
CRISTIAN SAMPER											
DIRECTOR	2.00	X						0.	0.	0 .	
1b Sub-total								0.	0.	0 .	
c Total from continuation sheets to Pa	art VII, Section A					\blacktriangleright		660,521.	0.	104,169	
d Total (add lines 1b and 1c)								660,521.	0.	104,169	

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

Yes No

X

4

- 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
	EXHIBIT AND	Compensation
THE TOWNSEND GROUP, 2 WISCONSIN CIRCLE,		
SUITE 900, CHEVY CHASE, MD 20815	ADVERTISING	285,888.
BDO, 7101 WISCONSIN AVENUE, SUITE 800,		
BETHESDA, MD 20814-4827	ACCOUNTING	199,111.
THE MEETING MANAGER		
9 MARCONI RD., IRVINE, CA 92618	TRANSPORTATION	162,304.
THE EXPO GROUP	EXHIBITION HALL	
10332 MAIN ST., #327, FAIRFAX, VA 22030	SETUP	150,251.
MARRIOTT BUSINESS SERVICES		
PO BOX 402642, ATLANTA, GA 30384-2642	HOTEL SERVICES	149,734.
2 Total number of independent contractors (including but not limited to those	listed above) who received more than	,
\$100,000 in compensation from the organization 10		. '

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2010)

Pa	rt VII	Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
돌된	1 a	Federated campaigns	1a					1
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b					}
B, C	С	Fundraising events	1c					
FP.	d	Related organizations	1d					i
ξĒ	е	Government grants (contribut	tions) 1e 1,	312,753.				
흉킯	f	All other contributions, gifts, gran						
듗칅		similar amounts not included abo	ve 1f 1 ,	199,669.				ļ
盲	g	Noncash contributions included in lines	3 1a-1f \$	_				
0 @	h	Total. Add lines 1a-1f			2,512,422.			
			_	Business Code				
8	2 a		<u> </u>	900099	3,683,751.	3,683,751.		
출회	b			900099	1,327,150.	4 4 5 6 5 5 5 5		1327150.
E E	С				1,156,537.		660 013	
<u> ĕ</u> ā	d			541800	703,906.		668,213.	
Program Service Revenue	е	ACCREDITATION E		900099	230,192.	230,192.		
٦		All other program service reve	enue	<u> </u>	7,101,536.			F
\dashv		Total. Add lines 2a-2f			7,101,556.			
	3	Investment income (including other similar amounts)	aividenas, intere	est, and	89,339.			89,339.
	4	Income from investment of ta	v-evemnt hond r	proceeds	03,333.			05,555.
l	5	Royalties	x-exempt bond p	noceeds -	341,989.			341,989.
ĺ		rioyanies	(ı) Real	(ii) Personal	0 == , , , , ,			0 1 2 7 9 0 9 1
	6 a	Gross Rents	(71.00.	(ii) i Gradinai				ļ :
l	b				1			
ŀ	c	5			1			į
		Net rental income or (loss)	<u> </u>	•			l	
ŀ	7 a	Gross amount from sales of	(i) Securities	(II) Other				
ľ		assets other than inventory	2713685.					ļ
	b	Less. cost or other basis						
		and sales expenses	2691740.					į.
	C	Gain or (loss)	21,945.			·		
	d	Net gain or (loss)			21,945.			21,945.
Other Revenue	8 a	Gross income from fundraisin including \$	g events (not of					,
۾		contributions reported on line	1c). See					
-		Part IV, line 18	а					
됩		Less: direct expenses	b	L				
_		Net income or (loss) from fund	-	_ _				
	9 a	Gross income from gaming ac	ctivities See					
		Part IV, line 19	а					r L
l		Less: direct expenses	. ь	L				
İ		Net income or (loss) from gan		<u> </u>				
	10 a	Gross sales of inventory, less		473,436.				
		and allowances		165,563.				
		Less: cost of goods sold		103,303.	307,873.	307,873.		<u>'</u>
ł	C	Net income or (loss) from sale Miscellaneous Revenu		Business Code	337,373.	307,073		, , , ,
ŀ	11 2	RENTAL INCOME		900099	54,000.			54,000.
	ıı a b	GUD GOD T DOT ONG		900099	18,174.			18,174.
	c	OTHER		900099	12,504.			12,504.
	ď	All other revenue			,			<u> </u>
		Total. Add lines 11a-11d	- *		84,678.			
	12	Total revenue. See instructions.	•		10459782.	5,414,046.	668,213.	1865101.
03200	9							Form QQO (2010)

Form 990 (2010) AMERICAN ASSO Part IX Statement of Functional Expenses

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

tations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		. ,		<u> </u>
	organizations in the U.S. See Part IV, line 21	589,070.	589,070.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	52,700.	52,700.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				•
	trustees, and key employees	306,396.		275,756.	30,640
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages .	3,468,849.	2,044,475.	1,146,959.	277,415
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	152,055.		152,055.	
9	Other employee benefits	305,013.	268,848.		36,165
10	Payroll taxes	208,062.	154,815.	32,326.	20,921
11	Fees for services (non-employees):				
а	Management	66 550		44	
b	Legal	66,579.	38,939.	11,720.	15,920
C	Accounting	212,404.	9,000.	203,404.	
d	Lobbying				=
е	Professional fundraising services. See Part IV, line 17	0.5.000		05.000	
f	Investment management fees	27,982.	1 405 261	27,982.	<u> </u>
g	Other	1,617,834.	1,497,361.	62,078.	58,395
12	Advertising and promotion	1 250 145	000 010	210 401	24 046
13	Office expenses	1,259,145.	923,818.	310,481.	24,846
14	Information technology	208,204.	21,984.	184,851.	1,369
15	Royalties	828,076.	7,750.	920 226	• · ·
16	Occupancy	496,294.	455,728.	820,326. 38,035.	2,531
17	Travel	490,494.	455,720.	30,033.	2,531
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	541,769.	503,566.	25 102	3,010
19	Conferences, conventions, and meetings	11,484.	303,300.	35,193. 11,484.	3,010
20	Interest	11,404.		11,404.	
21	Payments to affiliates	144,783.		144,783.	
22 ~~	Depreciation, depletion, and amortization	29,219.	15,384.	13,835.	
23	Insurance Other expenses, Itemize expenses not covered	43,413.	13,304.	13,033.	
24	above. (List miscellaneous expenses in trovered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
а	OVERHEAD EXPENSES	0.	2,441,699.	<2,602,660.>	160,961
b	UN. BUS. INCOME TAX	84,000.		84,000.	· · · · · · · · · · · · · · · · · · ·
c	OTHER	67,756.	320.	67,411.	25
d	PROFESSIONAL DEV.	62,127.	33,176.	28,075.	876
e	BAD DEBT	2,196.	•	2,196.	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	10,741,997.	9,058,633.	1,050,290.	633,074
26	Joint costs. Check here If following SOP		-		-
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
) 12-21-10				Form 990 (201

Pa	rt 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	625,368.	2	554,624.
	3	Pledges and grants receivable, net	332,774.	3	248,344.
	4	Accounts receivable, net	74,962.	4	156,140.
	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)), persons described in section 4958(c)(3)(B), and contributing			
ø,		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use	332,212.	8	339,345.
	9	Prepaid expenses and deferred charges	254,396.	9	281,066.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 3,473,885.			
	b	Less: accumulated depreciation 10b 2,752,296.	725,187.	10c	721,589.
	11	Investments - publicly traded securities	2,833,058.	11	2,680,499.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	F 150 055	15	4 001 000
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,178,257.	16	4,981,907.
	17	Accounts payable and accrued expenses	784,252.	17	672,442.
	18	Grants payable	2 000 027	18	2 622 240
	19	Deferred revenue	2,888,937.	19	2,632,248.
	20	Tax-exempt bond liabilities		20	140,125.
ties	21	Escrow or custodial account liability. Complete Part IV of Schedule D	· · · · · · · · · · · · · · · · · · ·	21	140,125.
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
Ë		highest compensated employees, and disqualified persons. Complete Part II			
		of Schedule L		22	
	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties	250,000.	23 24	250,000.
	25	Other liabilities. Complete Part X of Schedule D	599,240.	25	737,815.
	26	Total liabilities. Add lines 17 through 25	4,522,429.	26	4,432,630.
_	20	Organizations that follow SFAS 117, check here	1,022,1231	_20_	- 1/132/0301
S		lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets	<145,794.	>27	<497,057.
alai	28	Temporarily restricted net assets	531,552.	28	776,114.
E E	29	Permanently restricted net assets	270,070.	29	270,220.
Ē		Organizations that do not follow SFAS 117, check here			•
ρ		complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
SSG	31	Paid-in or capital surplus, or land, building, or equipment fund		31	····
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	655,828.	33	549,277.
	34	Total liabilities and net assets/fund balances	5,178,257.	34	4,981,907.

Form **990** (2010)

1 FECOEIO 706702

Form	990 (2010) AMERICAN ASSOCIATION OF MUSEUMS	53	-0205889	Pa	ge 12
	t XI Reconciliation of Net Assets				90
	Check if Schedule O contains a response to any question in this Part XI				X
			40.45		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,45		
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,74		
3	Revenue less expenses. Subtract line 2 from line 1	3	<28	2,2	15.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	65	5,8	28.
5					
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	54	9,2	77.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
ь	Were the organization's financial statements audited by an independent accountant?		2b	X	1
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	se audr			
•	review, or compilation of its financial statements and selection of an independent accountant?	ic dadi	`` 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	odulo			
a	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	;u on a			l

EEENEIN

separate basis, consolidated basis, or both.

Act and OMB Circular A-133?

Separate basis Consolidated basis Both consolidated and separate basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

X

X

Form 990 (2010)

За

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2010

Open to Public Inspection

Employer identification number

			N ASSOCIATIO						5	3-0205889	
Part I			ity Status (All organiz				-	tructions.			
he organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	oox.)				-
1 🖳	A church, co	nvention of churche	s, or association of chur	ches desc	rıbed ın se	ection 170	(b)(1)(A)(i)).			
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E)							
3 🖳	A hospital or	a cooperative hospi	tal service organization (described	ın section	170(b)(1)	(A)(iii).				
4 📖	A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(ii	ii). Enter t	the hospital's name,	
	city, and stat										_
5 🗀	section 170	(b)(1)(A)(iv). (Comple	•			-		mental uni	t describ	ed in	
6	•		ent or governmental unr								
7 LX	-	· · · · · · · · · · · · · · · · · · ·	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general	public described in	
	-	b)(1)(A)(vi). (Comple	·	<i>.</i> .	5						
<u>8</u> H	-		section 170(b)(1)(A)(vi).	•	-						
9 🗀			eives. (1) more than 33							-	
		·	nctions - subject to certa	•		•				•	Ĺ
			axable income (less sect	tion 511 ta	x) trom bu	isinesses a	acquirea b	y the orga	inization	aπer June 30, 1975.	
		509(a)(2). (Complete	•	at far mulal			- F00/-V	• \			
10	-	-	perated exclusively to te	•	•			•	v out the	numases of one or	
·· —	-		perated exclusively for that tons described in secti		•				•	•	
		• • •	organization and compl		•) See sec	Jeoe non-	a)(3). On	eck the box that	
	a Type		¬ ·	Typ	_		egrated		a 🗀	Type III - Other	
\Box			at the organization is not	• • •		•	•	r more die	aualified		
·		•	han one or more publicly		•		-		•	•	
f		=	ten determination from t		-				σ(α)(1) σι	000(011 000(0)(2).	
•		rganization, check th				po ., .,po	, 0 , p.				-
g		-	organization accepted ar	nv aift or c	ontribution	from anv	of the follo	owina per	sons?		
J	-		lirectly controls, either al			-		• .		Yes No	_
			upported organization?	•		•		`,		11g(i)	-
	-		n described in (i) above?	1						11g(ii)	
	(iii) A 35% (controlled entity of a	person described in (i) o	or (II) above	e?					11g(iii)	-
h	Provide the f	ollowing information	about the supported or	ganization	(s).						_
		•		•							
	of supported anization	(ii) EIN	(lil) Type of organization (described on lines 1-9 above or IRC section	n col. (i) li	organization sted in your document?	-	ion in col.	(vi) Is organizatio (i) organiz U.S	on in col. ed in the	(vii) Amount of support	
			(see Instructions))	Yes	No	Yes	No	Yes	No		
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Form 990 or 990-EZ.

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Schedule A (Form 990 or 990-EZ) 2010

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and	-					
	membership fees received. (Do not						
	include any "unusual grants.")	1120308.	1338615.	604,307.	1733844.	2487422.	7284496.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1120308.	1338615.	604,307.	1733844.	2487422.	7284496.
5	The portion of total contributions	3					
	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)						54,906.
6	Public support. Subtract line 5 from line 4						7229590.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	1120308.	1338615.	604,307.	1733844.	2487422.	7284496.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	426,667.	460,594.	189,134.	398,153.	431,328.	1905876.
9	Net income from unrelated business						_
	activities, whether or not the						
	business is regularly carried on			33,115.	213,217.	197,483.	443,815.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)	3,953.		1,271.	30,587.	84,678.	120,489.
11	Total support. Add lines 7 through 10		<u></u>				9754676.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 34	,056,014.
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ıx year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publ	ic Support Per	rcentage			<u> </u>	
14	Public support percentage for 2010 (I	ine 6, column (f) di	vided by line 11, o	olumn (f))		14	74.11 %
	Public support percentage from 2009					15	72.98 %
16a	33 1/3% support test - 2010. If the o	rganızatıon dıd not	check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				ightharpoons
b	33 1/3% support test - 2009.If the o	rganızation dıd not	check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	ıs box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2010. If the orga	inization did not cl	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% (or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Par	t IV how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	organization		▶Ĺ⊥
b	10% -facts-and-circumstances test	t - 2009 .If the orga	ınızatıon dıd not cl	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	10% or
	more, and if the organization meets the				•		,
	organization meets the "facts-and-circ		-	•	• • • •	•	▶∐
18	Private foundation. If the organization	n did not check a l	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s ▶ └

Schedule A (Form 990 or 990-EZ) 2010 Part'III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Calendar year (or fixed year teglinaling in) Gifts, grants, contributions, and membership fees received (Do not include any nursusal grants -) Circos receipts from admissions, formation of the company of the c	Sec	ction A. Public Support	siow, piease com	piete r art ii.)				
Girds, grants, contributions, and membership feet received, (Do not mickude any Yunusual grants, *) 2 Gross receipts from admission, merchandise sold or services performed, or facilities furnished in any activity that is related to the organizations travewarpt purpose 3. Gross receipts from activities that are not an unrelated trade or business under section 513. 4. Tax revenues level for the organization is surveined to the organization in the organization of ins behalf 5. The value of services performed, or facilities furnished by a governmental unit to the organization without change 6. Total. Add lines 1 through 5. The value of services or facilities furnished by a governmental unit to the organization without change 6. Total. Add lines 1 through 5. A mounts included on lines 1.2, and 3 received from disqualified persons by Amounts without on line 2 and 1 exceed from the services of the servi	Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
2. Gross receipts from admissions, merchandes sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3. Gross receipts from activities that are not an unrelated trade or business under section 513 4. Tax revenues levied for the organization's breath and either pad to or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization without charge of Total. Add inset 1 through 5. Tax Amounts included on lines 1.2, and 3 received from disqualified persons. In the facilities of the persons of the facilities of the persons of the facilities of the persons. In the persons of the facilities of the persons of the persons of the facilities of the persons of t	1	membership fees received. (Do not						
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azation's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Announts included on lines 1,2, and 3 received from disqualified persons b Announts included on lines 2 and 3 received exceed the gradient of \$5,000 or 10 of the exceeding the state of \$5,000 or 10 of the	3	are not an unrelated trade or bus-						
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3 received from disqualified persons b Amounts included on lines 2 and 3 received them disputed parasons that send on the disputed parasons that send of the 13 for the disputed parasons that send of the 13 for the disputed parasons that send of the 13 for th	6	Total. Add lines 1 through 5				<u> </u>	_	
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			r did flot check a	LUON OF THE 14, 18	a, or 190, CHECK to	•		0 or 990. 57\ 2040

Schedule A (Form 990 or 990-EZ) 2010 AMERICAN ASSOCIATION OF MUSEUMS Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line	53-0205889 Page 4
Part'IV Supplemental Information. Complete this part to provide the explanations required by Part II, line	10; Part II, line 17a or 17b;
and Part III, line 12. Also complete this part for any additional information. (See instructions).	
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:	
	<u> </u>
OTHER INCOME	
RENTAL INCOME	
SUBSCRIPTIONS	
	·
	<u>.</u>
	
	

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 See separate instructions.

OMB No 1545-0047

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	ations: Complete Part III.			
Nan	ne of organization			Empl	oyer identification number
		N ASSOCIATION OF			53-0205889
Pé	art I-A Complete if the or	ganization is exempt und	der section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organi Political expenditures Volunteer hours	zation's direct and indirect politi	cal campaign activities		
Pź	art I-B Complete if the or	ganization is exempt une	der section 501(c)	(3)	
	Enter the amount of any excise tax	*		► \$	
	Enter the amount of any excise tax	• •		_	
	If the organization incurred a section	, ,	-	•	Yes No
	Was a correction made?		,		Yes No
t	o If "Yes," describe in Part IV.				
Pa	art I-C Complete if the or	ganization is exempt und	der section 501(c)	, except section 501(c)(3).
1	Enter the amount directly expende	d by the filing organization for se	ection 527 exempt fund	ction activities > \$	
2	Enter the amount of the filing organ	nization's funds contributed to o	ther organizations for s	ection 527	
	exempt function activities			▶ \$	
3	Total exempt function expenditure	s. Add lines 1 and 2. Enter here	and on Form 1120-POL	- ,	
	line 17b			▶ \$	
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and e	mployer identification number (E	EIN) of all section 527 pe	olitical organizations to whic	h the filing organization
	made payments. For each organiza	•	• •		•
	contributions received that were pi	• •		•	te segregated fund or a
	political action committee (PAC). If	additional space is needed, pro	vide information in Part	t IV.	T
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
	•				

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

Schedule C (Form 990 or 990-EZ) 2010

032041 02-02-11

Schedule C (Form 990 or 990-EZ) 2010	AMERICAN A	SSOCIATION	OF MUSEUMS	53-0	205889 Page 2
Part II-A Complete if the org		mpt under sectio	n 501(c)(3) and fi	led Form 5/68	
(election under sec					
	tion belongs to an af	• .			
B Check ► L if the filing organiza	tion checked box A a	ind "limited control" pro	ovisions apply.	,	
	ts on Lobbying Expe ditures" means amo	enditures unts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infli	uence public opinion	(grass roots lobbying)			
b Total lobbying expenditures to infli	uence a legislative bo	dy (direct lobbying)		104,071.	
c Total lobbying expenditures (add l	nes 1a and 1b)			104,071.	
d Other exempt purpose expenditure	es			10,716,997.	
e Total exempt purpose expenditure	s (add lines 1c and 1	d) .		10,821,068.	
f Lobbying nontaxable amount. Ent	er the amount from th	e following table in bot	h columns.	691,053.	
If the amount on line 1e, column (a) o	or (b) is: The lol	obying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e	<u></u>		
Over \$500,000 but not over \$1,000	0,000 \$100,0	00 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,5	00,000 \$175,0	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000 \$225,0	00 plus 5% of the exce	ess over \$1,500,000		
Over \$17,000,000	\$1,000	,000.			
g Grassroots nontaxable amount (er	nter 25% of line 1f)			172,763.	
h Subtract line 1g from line 1a If zer	o or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zero	o or less, enter -0-			0.	
j If there is an amount other than ze	ro on either line 1h oi	line 1, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	year?			[Yes No
, ,	ations that made a	eraging Period Under section 501(h) election ne instructions for line	n do not have to com	•	
			<u>_</u>	age 4.,	
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount	672,295	329,103.	678,815.	691,053.	2,371,266.
b Lobbying ceiling amount					
(150% of line 2a, column(e))					3,556,899.
c Total lobbying expenditures	37,735.	35,338.	113,161.	104,071.	290,305.
d Grassroots nontaxable amount	168,074.	82,276.	169,704.	172,763.	592,817.
e Grassroots ceiling amount (150% of line 2d, column (e))					889,226.
	1	1	1	ı	

Schedule C (Form 990 or 990-EZ) 2010

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2010 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)).

	1				
	Yes	No	•	Am	nount
1 During the year, did the filing organization attempt to influence foreign, national, state or					
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of:	<u> </u>	<u> </u>			
a Volunteers?	<u></u>	ļ			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?]		
c Media advertisements?		ļ			
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?		ļ			
f Grants to other organizations for lobbying purposes?		ļ			
g Direct contact with legislators, their staffs, government officials, or a legislative body?		ļ			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		ļ			
i Other activities? If "Yes," describe in Part IV		ļ			
j Total Add lines 1c through 1i		<u> </u>			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		<u> </u>			
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		<u> </u>	\dashv		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	501/a	\ <u> </u>			
	on autic	ງ(ວງ, ບ	rse	Cuon	
art III-A Complete if the organization is exempt under section 501(c)(4), section					
				Yes	Τ
art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).			1	Yes	E
art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?			1 2	Yes	
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Par	ion 501(c		2 3 r se	ction	
art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pair "Yes."	ion 501(c		2 3 r se	ction	
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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
2010
Open to Public

Open to Public Inspection

Name of the organization **Employer identification number** AMERICAN ASSOCIATION OF MUSEUMS 53-0205889 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (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) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 year > Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2010

		N ASSOCIAT					05889	
Par			•					
3	Using the organization's acquisition, accessi	ion, and other record	s, check any of the	following that are	a significant	use of its	collection	items
	(check all that apply):							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е	U Other				_	
C	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explair	n how they further t	he organization's o	exempt purp	ose ın Par	t XIV.	
5	During the year, did the organization solicit of	or receive donations of	of art, historical trea	sures, or other sin	nılar assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?			Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Comple	te if the organization	n answered "Yes"	to Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod	ian or other intermed	ary for contribution	ns or other assets	not included		_	_
	on Form 990, Part X?					L	Yes	X No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table.					
							Amount	<u> </u>
c	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?			X	Yes	☐ No
	If "Yes," explain the arrangement in Part XIV							
Pai	t V Endowment Funds. Complete	f the organization an	swered "Yes" to Fo	rm 990, Part IV, Iir	ie 10.			
		(a) Current year	(b) Prior year	(c) Two years bac		years back	(e) Four	years back
1a	Beginning of year balance	408,820.	336,447.	386,76			`	
b	Contributions	150.	100.	· ' '			1	-
С	Net investment earnings, gains, and losses	52,270.	77,273.	<62,04	8.Þ.	رت (مرو او کا مرو	, - 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1	
d	Grants or scholarships					(2) A	ANAL CO	
е	Other expenditures for facilities							- "
	and programs		5,000.	5,75	8.		3	>-
f	Administrative expenses					·	V	
g	End of year balance	461,240.	408,820.	336,44	7.	· · ·	· ·	
2	Provide the estimated percentage of the year		s:					
	Board designated or quasi-endowment	16.62	_%					
	Permanent endowment ► 58.59	<u></u> %						
		.%						
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	ind administered f	or the organi	zation	_	
	by.							Yes No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
Ь	If "Yes" to 3a(ii), are the related organizations						3b	
4	Describe in Part XIV the intended uses of the			-				
Pai		T	1					
	Description of investment	(a) Cost or of basis (investing	1	or other (c (other)) Accumulate depreciation		(d) Book	. value
1a	Land							
b	Buildings							
С	Leasehold improvements		74	2,992.	281,2	22.	461	L,770.
d	Equipment .							
e	Other		2,73	0,893. 2	,471,0	74.		819.
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line 1	10(c).)			721	L,589.

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. Securities.	e Form 990, Part X, line	12.		
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua	
(1) Financial derivatives				
(2) Closely-held equity interests			•	
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
<u>(F)</u>				
(G)	_			
(H)		<u> </u>		
(I) Tatal (Col (h) must squal Form 000, Plant V, and (P) (no. 12.)	·-·			<u> </u>
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶ Part VIII Investments - Program Related. Se	on Form 000 Book V. line	- 10		
			(c) Method of valua	tion
(a) Description of investment type	(b) Book value		st or end-of-year mar	
(1)		-		
(2)				
(3)	· .			
(4)				
(5) (6)				
(7)		_		
(8)	- <u>-</u>			
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	15.			
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)		 		
(9)		-· · · · · · · · · · · · · · · · · · ·		
(10)	45)			-
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X,			<u>▶</u>	
(a) December of behilds	iine 25.	(b) Amount		
· · · · · · · · · · · · · · · · · · ·		(b) Allouit		
(1) Federal income taxes (2) DEFERRED RENT AND LEASEHO	T.D			
(3) INCENTIVE LIABILITY		737,815.		
(4)		73770131		
(5)				
(6)				
(7)				
(8)	·			
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	25.)	737,815.		
2. FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the tootnote to	the organization shinancial sta	tements that reports the organiz	cation's liability for uncertain	n tax positions under
032053 12-20-10			Scho	edule D (Form 990) 2010

SCITE	dule D (Form 990) 2010 AMERICAN ASSOCIATION OF MUS	PEOM	.ప			<u> </u>	<u>0205889</u>	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ted Finar	icial S	State	men		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			10,459	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			10,741	,997.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3			<282	,215.
4	Net unrealized gains (losses) on investments			4			175	,664.
5	Donated services and use of facilities			5				
6	Investment expenses			6				
7	Prior period adjustments			7				
8	Other (Describe in Part XIV.)			8				
9	Total adjustments (net). Add lines 4 through 8			9			175	,664.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	19		10			<106	,551.
Pai	t XII Reconciliation of Revenue per Audited Financial Statemer		ith Reve	nue p	er R	etur	1	
1	Total revenue, gains, and other support per audited financial statements					1	10,773	,027.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains on investments	2a	17	75,6	64.			
b	Donated services and use of facilities	2b				1		
C	Recoveries of prior year grants	2c				1		
d	Other (Describe in Part XIV.)	2d	16	55,5	63.	1 1		
е	Add lines 2a through 2d					2e	341	,227.
3	Subtract line 2e from line 1					3	10,431	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							·
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2	27,9	82.			
b	Other (Describe in Part XIV.)	4b				1		
	Add lines 4a and 4b	<u> </u>				4c	27	,982.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)					5	10,459	
Pai	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents V	With Expe	enses	per	Retu		•
1	Total expenses and losses per audited financial statements					1	10,879	,578.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
а	Donated services and use of facilities	2a						
b	Prior year adjustments	2b						
	Other losses	2c				1		
	Other (Describe in Part XIV.)	2d	16	55,5	63.	1		
	Add lines 2a through 2d					2e	165	,563.
3	Subtract line 2e from line 1					3	10,714	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.						•	<u>- </u>
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1 2	27,9	82.			
	Other (Describe in Part XIV.)	4b		•		1		
	Add lines 4a and 4b					4c	27	,982.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)					5	10,741	
	t XIV Supplemental Information						•	
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	, lines '	1a and 4; Pa	art IV, II	nes 1	b and	2b; Part V, line	4: Part
X, lin	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl	lete thi	s part to pro	ovide ai	ny ado	ditiona	l information.	
PAI	RT IV, LINE 2B: THE ASSOCIATION IS INVOLVED) IN	AN AC	ENC	Ϋ́T	RAN	SACTION	
WHI	REBY IT RECEIVES FOREIGN DUES ON BEHALF OF	TH	E INTE	RNA	TIO	NAL	COUNCI	L OF
MUS	SEUMS (ICOM). ACCORDINGLY, THESE DUES ARE	REC	ORDED	AS	FUN	DS :	HELD ON	
BEI	ALF OF OTHERS IN THE ACCOMPANYING STATEMEN	T O	F FINA	NCI.	AL	POS	ITION UI	NTIL
SIIC	TH TIME THAT THE DUES ARE FORWARDED TO ICOM	ſ.						
	2011							
			_					
PAI	RT V, LINE 4: THE ASSOCIATION'S ENDOWMENT C	ONS	ISTS C	F				
DOI	OR-RESTRICTED FUNDS AND BOARD-DESIGNATED M	IATC	HING F	מאטי	s c	ONT	RIBUTED	то
03205- 12-20-						Sched	lule D (Form 9	90) 2010

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

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

OMB No 1545-0047

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

Open to Public Inspection

Name of the organization AMERICAN ASSOCIATION	ASSOCIATI	ON OF MUSEUMS	MS				Employer identification number 53-0205889
Part I General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount of the	o substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	ne grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion
criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use	tance? cedures for mon		of grant funds in the United States.	J States.			X Yes No
ᆵ	3overnments an	d Organizations in the	United States. C	omplete if the orga	inization answered "Y	es" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	5,000 Check the	s box if no one recipien	t received more th	an \$5,000. Part II	can be duplicated if a	idditional space is nee	ded Ped
1 (a) Name and address of organization or government	(a) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							NOT JUST ANOTHER BRICK IN
LOUISIANA SCIENCE CENTER							THE WALL: ENGAGING
820 CLYDE FANT PARKWAY							ITALIAN AND AMERICAN
SHREVEPORT, LA 71101	72-1136273	501(C)(3)	77,228.	0			TEENS HARNESSED THE
							WITH THE HELP OF MUSEUMS
CINCINNATI MUSEUM CENTER							AND LOCAL COMMUNITY
1301 WESTERN AVENUE							MEMBERS, CHILDREN IN
CINCINNATI, OH 45203	31-1212634	501(C)(3)	75,000.	0.			CINCINNATI AND LAMU LEARN
							TO PRESERVE AND PROMOTE
BURKE MUSEUM OF NATURAL HISTORY		_					TRADITIONAL CULTURAL
UNIVERSITY OF WASHINGTON, BOX 35301							KNOWLEDGE FOR FUTURE
SEATTLE, WA 98195	91-2151686	501(C)(3)	62,920.	0.			GENERATIONS ABOUT OCEANIC
							MEMBERS OF THREE
INTERNATIONAL COALITION							IMMIGRANT COMMUNITIES
333 SEVENTH AVE., 14TH FLOOR							SHARE THEIR EXPERIENCES
NEW YORK, NY 10001	20-4874389	501(C)(3)	62,612.	0.			OF IDENTITY,
							BUILDING A TRANSATLANTIC
WESTMORELAND MUSEUM OF AMERICAN							BRIDGE - TO COMPARE AND
ART - 221 N. MAIN ST							CONTRAST THEIR TWO
GREENSBURG, PA 15601	25-1014553	501(C)(3)	38,860.	.0			COMMUNITIES BY EXPLORING
ROGER EHNSTROM NATURE CENTER							WANTED THE TAXABLE
ETO	45-0392742	501(C)(3)	58 000	0			TIE THAT BINDS PROJECT
weither, as seen	77.700	121721		,			THE PLANT CALL
	nd government or	ganizations					14.
3 Enter total number of other organizations							0
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruct	ions for Form 990.					Schedule I (Form 990) (2010)

3 Enter total number of other organizations.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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Page 1

Schedule | (Form 990) AMERICAN ASSOCIATION OF MUSEUMS

ORAL AND AND VIDEO CONFERENCING TO ONCERN ABOUT THE AFFECTS IDEO CONFERENCING, THIRD IIGH SCHOOL STUDENTS FROM YORK AND ECUADOR USE ART SOUTH AFRICA EXPLORE THE SIVIL RIGHTS MOVEMENT IN IIDDLE SCHOOLERS IN NEW DIVERSE GROUP OF HIGH APPLICATIONS TO DISCUSS COLLABORATIONS PROJECT. IINORITY ETHNIC GROUPS EXPLORE THE CHALLENGES ESPONDING TO A SHARED COUTH FROM ALABAMA AND HEIR WINTER CULTURES, ND FOURTH GRADERS IN ARALLELS BETWEEN THE OUNG WOMEN FROM FOUR (h) Purpose of grant F CLIMATE CHANGE ON UTOBIOGRAPHIES, AND CHOOL STUDENTS FROM PGHANISTAN CAPTURED COUNTRIES USE SOCIAL OCAL MAJORITY AND or assistance CREATING COMMUNITY HILADELPHIA AND EDIA AND ONLINE REATED VISUAL, ISING ART, (g) Description of non-cash assistance Randil Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule | (Form 990), Part II.) appraisal, other) (f) Method of valuation (book, FMV, ٥. 0 0 ٥. ٥. ö ٥. ٥. (e) Amount of non-cash assistance (d) Amount of cash grant 35,224. 21,000, 45,000 25,559 25,500 11,000 10,000 41,167 (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 84-6000555 04-2741645 14-1783303 58-0965786 14-1811534 14-1811534 58-1892067 77-0007240 (p) EIN WORLD AWARENESS CHILDRENS' MUSEUM BIRMINGHAM CIVIL RIGHTS INSTITUTE EDUCATION - 1000 CHASTAIN ROAD -MUSEUM OF HISTORY AND HOLOCAUST UNIVERSITY OF COLORADO MUSEUM INTERNATIONAL MUSEUM OF WOMEN NATIONAL CONSTITUTION CENTER CA 94119-0038 (a) Name and address of organization or government 520 SIXTEENTH STREET NORTH PHILADELPHIA, PA 19106 GLENS FALLS, NY 12801 TUPPER LAKE, NY 12986 THE DISCOVERY MUSEUMS BIRMINGHAM, AL 35203 KENNESAW, GA 30144 DENVER, CO 80203 ACTON, MA 01720 45 MUSEUM DRIVE 525 ARCH STREET THE WILD CENTER SAN FRANCISCO, 1800 GRANT ST PO BOX 190038 89 WARREN ST 177 MAIN ST

Schedule I (Form 990)

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Page 2 (f) Description of non-cash assistance 53-0205889 (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. Part III can be duplicated if additional space is needed. STATING THE SUBRECIPIENT WILL KEEP AUDITABLE RECORDS OF ALL GRANT PROCEEDS. COST-SHARE FUNDS AND REVIEWS TO ENSURE COMPLIANCE WITH THE GRANT AGREEMENT. SCHEDULE I, PART I, LINE 2: AAM RECEIVES A SIGNED IMPLEMENTATION 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 AAM RECEIVES A SIGNED FINAL FINANCIAL REPORT AT THE CLOSE OF THE GRANT (d) Amount of non-cash assistance 0 AAM DISBURSES FUNDS QUARTERLY BASED ON RECIPIENT'S CASH NEEDS. 52,700. (c) Amount of cash grant AMERICAN ASSOCIATION OF MUSEUMS 74 (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2010) GRANTS TO INDIVIDUALS Part III

COLUMN (H): LINE 1, PART II, NAME OF ORGANIZATION OR GOVERNMENT: LOUISIANA SCIENCE CENTER

032102 01-13-11

Schedule I (Form 990) (2010)

(H) PURPOSE OF GRANT OR ASSISTANCE: NOT JUST ANOTHER BRICK IN THE WALL:

ENGAGING ITALIAN AND AMERICAN TEENS HARNESSED THE CREATIVITY OF GIFTED

HIGH SCHOOL STUDENTS IN CONJUNCTION WITH PARCO ASTRONOMICO INFINITO IN

PINO TORINESE, ITALY AND SCI-PORT: LOUISIANA'S SCIENCE CENTER IN

SHREVEPORT, LA TO CREATE A NEW PLANETARIUM ROCK OPERA VIA WEB-BASED MEDIA

AND FACE-TO-FACE EXCHANGES.

NAME OF ORGANIZATION OR GOVERNMENT: CINCINNATI MUSEUM CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: WITH THE HELP OF MUSEUMS AND LOCAL

COMMUNITY MEMBERS, CHILDREN IN CINCINNATI AND LAMU LEARN TO DOCUMENT ORAL

HISTORIES AND TRADITIONS WITH DIGITAL AND VIRTUAL TOOLS. AS THEY DISCOVER

MORE ABOUT THEIR OWN CULTURAL HERITAGE, THEY SHARE THEIR STORIES AND

LEARN FROM THOSE OF THEIR PEERS ABROAD.

NAME OF ORGANIZATION OR GOVERNMENT: BURKE MUSEUM OF NATURAL HISTORY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PRESERVE AND PROMOTE TRADITIONAL

CULTURAL KNOWLEDGE FOR FUTURE GENERATIONS ABOUT OCEANIC CANOES AND THE

IMPACT OF SALMON, WHALING, AND LANGUAGE ON THEIR TRIBES.

NAME OF ORGANIZATION OR GOVERNMENT: INTERNATIONAL COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: MEMBERS OF THREE IMMIGRANT

COMMUNITIES SHARE THEIR EXPERIENCES OF IDENTITY, ASSIMILATION, AND

DISCRIMINATION THROUGH DIALOGUE AND PUBLIC PROGRAMS WHILE AN INTERACTIVE

INSTALLATION AT EACH MUSEUM COLLECTS VISITORS' PERSONAL REFLECTIONS AND

OPINIONS ON IMMIGRATION.

NAME OF ORGANIZATION OR GOVERNMENT: WESTMORELAND MUSEUM OF AMERICAN ART

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILDING A TRANSATLANTIC BRIDGE - TO

Schedule I (Form 990) 2010

Part IV | Supplemental Information

COMPARE AND CONTRAST THEIR TWO COMMUNITIES BY EXPLORING THEIR PAST INDUSTRIAL MIGHT IN RELATION TO THEIR CURRENT POSITION IN THE WORLD.

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF COLORADO MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: HIGH SCHOOL STUDENTS FROM LOCAL

MAJORITY AND MINORITY ETHNIC GROUPS CREATED VISUAL, ORAL, AND LITERARY

COMPONENTS REPRESENTING THEIR PERSONAL EXPERIENCES WITH STEREOTYPING AND

PREJUDICE FOR A MULTIMEDIA ART EXHIBITION THAT TRAVELED TO ALL THREE

MUSEUMS.

NAME OF ORGANIZATION OR GOVERNMENT: WORLD AWARENESS CHILDRENS' MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: MIDDLE SCHOOLERS IN NEW YORK AND

ECUADOR USE ART AND VIDEO CONFERENCING TO EXPLORE THE CHALLENGES FACED BY

THEIR COMMUNITIES AND THEIR OWN ROLE IN ADDRESSING THEM. THE PARTNERS

WILL DEVELOP TRAVELING CULTURE KITS FILLED WITH ART, VIDEOS, AND AN

ASSOCIATED CURRICULUM TO BE EXCHANGED AND USED FOR THE MUSEUM'S OUTREACH

PROGRAMS IN OTHER MIDDLE SCHOOLS.

NAME OF ORGANIZATION OR GOVERNMENT: THE WILD CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: RESPONDING TO A SHARED CONCERN ABOUT
THE AFFECTS OF CLIMATE CHANGE ON THEIR WINTER CULTURES, LIFESTYLES, AND
ECONOMIES, MUSEUMS AND COMMUNITIES IN THE ADIRONDACKS AND FINLAND JOINED
FORCES TO INCREASE AWARENESS AND EXPLORE HOW THEY CAN WORK TO LIMIT THE
IMPACT OF THIS TREND.

NAME OF ORGANIZATION OR GOVERNMENT: THE DISCOVERY MUSEUMS

(H) PURPOSE OF GRANT OR ASSISTANCE: USING ART, AUTOBIOGRAPHIES, AND
VIDEO CONFERENCING, THIRD AND FOURTH GRADERS IN THESE TWO COUNTRIES LEARN

Schedule I (Form 990) 2010

PartiV Supplemental Information

ABOUT ONE ANOTHER'S CULTURES AND TRADITIONS, EXPLORE THE BIODIVERSITY OF THEIR REGIONS, AND EXPAND THEIR KNOWLEDGE OF THE ENVIRONMENTAL CONCERNS IN THEIR LOCAL COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL CONSTITUTION CENTER (H) PURPOSE OF GRANT OR ASSISTANCE: A DIVERSE GROUP OF HIGH SCHOOL STUDENTS FROM PHILADELPHIA AND AFGHANISTAN CAPTURED IMAGES REFLECTING THEIR INTERPRETATIONS OF CONCEPTS SUCH AS DISSENT, FREEDOM, AND DEMOCRACY IN THEIR COUNTRIES. THE PHOTOS TURNED INTO AN EXHIBITION THAT HIGHLIGHTED THE AMAZING SIMILARITIES THE STUDENTS FOUND BETWEEN CITIZENS OF THESE TWO VERY DIFFERENT MULTI-ETHNIC SOCIETIES.

NAME OF ORGANIZATION OR GOVERNMENT: INTERNATIONAL MUSEUM OF WOMEN (H) PURPOSE OF GRANT OR ASSISTANCE: YOUNG WOMEN FROM FOUR COUNTRIES USE SOCIAL MEDIA AND ONLINE APPLICATIONS TO DISCUSS THEIR PERSPECTIVES ON EVERYTHING FROM CAREERS AND WORK-LIFE BALANCE TO WEATHERING FINANCIAL HARDSHIP AND COMBATING GENDER DISCRIMINATION.

NAME OF ORGANIZATION OR GOVERNMENT: BIRMINGHAM CIVIL RIGHTS INSTITUTE (H) PURPOSE OF GRANT OR ASSISTANCE: YOUTH FROM ALABAMA AND SOUTH AFRICA EXPLORE THE PARALLELS BETWEEN THE CIVIL RIGHTS MOVEMENT IN BIRMINGHAM AND THE ANTI-APARTHEID STRUGGLE IN SOWETO, THE ROLE OF YOUTH IN PROMOTING SOCIAL CHANGE, AND THE IMPLICATIONS OF THEIR SOCIETIES' PAST ON CONTEMPORARY LIFE.

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.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

AMERICAN ASSOCIATION OF MUSEUMS

Employer identification number 53-0205889

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	X First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g , maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
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	X	
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	ŀ		
	Independent compensation consultant Compensation survey or study	ļ		
	Form 990 of other organizations Approval by the board or compensation committee	ļ		
		İ		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	ŀ		
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	ļ	Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
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 costion E01/oV2\ and E01/oV4\ expenientions must complete lines E.0			
5	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 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:		1	
а	The organization?	5a		X
h	Any related organization?	5b	\vdash	X
	If "Yes" to line 5a or 5b, describe in Part III.	الم		
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:			
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			
-	not described in lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	广		<u> </u>
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	Ť		<u> </u>
-	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2010

53-0205889

Page 2

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

AMERICAN ASSOCIATION OF MUSEUMS

Schedule J (Form 990) 2010

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	(C)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
	Ξ	271,453.	0	0	8,417.	26,526.	306,396.	0.
1 FORD BELL	(ii)			0	0	ı		0
DANIELLE ST.	(i)	141,218.		0	4,305.	14,863.	160,386.	0.
2 GERMAIN-GORDON	(E)			0	0		0	0.
	Ξ	146,14	0	0.	12,000.	16,212.	174,357.	0
3 KATHRYN IGOE	≞	0.	0	0.	0.	0	0	0
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ις.	€							
	18							
9								
	Ξ							
7	<u>(ii)</u>							
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Schedule J (Form 990) 2010

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Openitor Public

Name of the organization

AMERICAN ASSOCIATION OF MUSEUMS

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:
PUBLICATIONS
EXPENSES \$ 826,118. INCLUDING GRANTS OF \$ 0. REVENUE \$ 35,693.
ADVOCACY
EXPENSES \$ 525,066. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
BUSINESS ENTERPRISES
EXPENSES \$ 489,339. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

AMERICAN ASSOCIATION OF MUSEUMS

Employer identification number 53-0205889

CENTER FOR FUTURE MUSEUMS

EXPENSES \$ 369,921. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6: 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

INSTITUTIONS AT THE DISCRETION OF THE BOARD AND IN RECOGNITION OF EXEMPLARY

AND SELFLESS SERVICE TO THE ASSOCIATION OF THE FIELD. HONORARY MEMBERS AND

LIFETIME MEMBERS MAY NOT VOTE AT MEETINGS OF THE ASSOCIATION AND ARE NOT

ELIGIBLE FOR ELECTION AS OFFICERS OR BOARD MEMBERS-AT-LARGE.

Name of the organization

AMERICAN ASSOCIATION OF MUSEUMS

Employer identification number 53-0205889

A NOMINATING COMMITTEE, WHICH SHALL CONSIST OF THE IMMEDIATE PAST CHAIR,

ONE REGIONAL PRESIDENT, ONE STANDING PROFESSIONAL COMMITTEE CHAIR, THREE

MEMBERS OF THE BOARD OF DIRECTORS AND ONE INDIVIDUAL MEMBER TO BE SELECTED

BY THE BOARD OF DIRECTORS, IS RESPONSIBLE FOR ELECTING MEMBERS OF THE

GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 7A: 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

INSTITUTIONS AT THE DISCRETION OF THE BOARD AND IN RECOGNITION OF EXEMPLARY

AND SELFLESS SERVICE TO THE ASSOCIATION OF THE FIELD. HONORARY MEMBERS AND

LIFETIME MEMBERS MAY NOT VOTE AT MEETINGS OF THE ASSOCIATION AND ARE NOT

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Schedule O (Form 990 or 990-EZ) (2010)

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Name of the organization

AMERICAN ASSOCIATION OF MUSEUMS

Employer identification number 53-0205889

ELIGIBLE FOR ELECTION AS OFFICERS OR BOARD MEMBERS-AT-LARGE.

A NOMINATING COMMITTEE, WHICH SHALL CONSIST OF THE IMMEDIATE PAST CHAIR,
ONE REGIONAL PRESIDENT, ONE STANDING PROFESSIONAL COMMITTEE CHAIR, THREE
MEMBERS OF THE BOARD OF DIRECTORS AND ONE INDIVIDUAL MEMBER TO BE SELECTED
BY THE BOARD OF DIRECTORS, 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 INFORMATION FOR THE 990 IS

PREPARED BY THE ACCOUNTING STAFF. ONCE THE ACCOUNTING FIRM DELIVERS THE

DRAFT, THE AUDIT COMMITTEE REVIEWS IT, AND IT IS THEN FORWARDED ON TO THE

ENTIRE BOARD FOR THEIR REVIEW AND APPROVAL. THE PRESIDENT ALSO REVIEWS THE

990 PRIOR TO SIGNING.

FORM 990, PART VI, SECTION B, LINE 12C: AAM STAFF, BOARD MEMBERS, AND

VOLUNTEERS ACT IN THE BEST INTEREST OF THE ASSOCIATION RATHER THAN IN

FURTHERANCE OF PERSONAL INTERESTS OR THE INTERESTS OF THIRD PARTIES, SUCH

AS FRIENDS AND FAMILY. DECISIONS ABOUT THE ASSOCIATION AND THE USE OR

DISPOSITION OF ITS ASSETS ARE MADE SOLELY IN TERMS OF THE BENEFITS TO AAM

AND ARE NEITHER INFLUENCED NOR APPEAR TO BE INFLUENCED, BY ANY PRIVATE

PROFIT, PERSONAL GAIN, OR OUTSIDE BENEFIT FOR STAFF, BOARD MEMBERS, AND

VOLUNTEERS; THEIR FRIENDS AND FAMILY MEMBERS; OR ANY ORGANIZATION OR

COMPANY WITH WHICH THEY ARE AFFILIATED. ON AN ANNUAL BASIS, ALL OFFICERS,

DIRECTORS, AND KEY EMPLOYEES SHALL BE PROVIDED WITH A COPY OF THE CONFLICT

OF INTEREST POLICY AND REQUIRED TO COMPLETE AND SIGN AN ACKNOWLEDGEMENT AND

Schedule O (Form 990 or 990-EZ) (2010)

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Employer identification number 53-0205889

DISCLOSURE FORM PREPARED BY THE BOARD OF DIRECTORS. IF A CONFLICT ARISES IN REGARDS TO A BOARD MEMBER, THE MEMBER IMMEDIATELY NOTIFIES THE CHAIR. THAT MEMBER WILL THEN RECLUSE HIMSELF OR HERSELF FROM ANY VOTING ON A RELATED ISSUE, AND WILL ALSO NOT BE COUNTED TOWARD A QUORUM ON A RELATED ISSUE. FOR OFFICERS AND KEY EMPLOYEES, A CONFLICT WOULD IMMEDIATELY BE REPORTED TO MANAGEMENT AND APPROPRIATE ACTION WOULD BE TAKEN DEPENDING ON THE INDIVIDUAL ISSUE.

FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD OF DIRECTORS HAS THE RESPONSIBILITY FOR REVIEWING AND SETTING THE PRESIDENT'S COMPENSATION

PACKAGE. THE BOARD REVIEWS MARKET DATA ALONG WITH THE PRESIDENT'S

PERFORMANCE IN DETERMINING WHAT AN EQUITABLE COMPENSATION PACKAGE SHOULD

BE. IN TURN, THE PRESIDENT IS CHARGED WITH PREPARING EVALUATIONS FOR THE ORGANIZATION'S SENIOR MANAGEMENT TEAM BASED ON EACH INDIVIDUAL'S

PERFORMANCE DURING THE CURRENT YEAR. THIS DATA IS THEN USED BY THE 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.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:

175,664.

	N ASSOCIA								53-020	5889
Part VIII Section A. Officers, Directors, T	rustees, Key E	mple	oyee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours			Pos all t	C) ition	l		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC) 0. 0. 0. 0. 0. 0.	other compensation from the organization and related organizations
SILVIA SINGER	0.00									
DIRECTOR	2.00	X	_		_			0.	0.	0
KATHY DWYER SOUTHERN DIRECTOR UNTIL 5/10	2.00	_						0.	0	0
NANCY STUEBER	2.00	<u> </u>			\vdash			- 0.	0.	
DIRECTOR	2.00	۱ _۳						0.	n	0
HOWARD TAYLOR	2.00	 ^	┢		\vdash			0.	0.	- 0
DIRECTOR	2.00	$ _{\mathbf{x}}$						0.	0.	0
MARSHALL TURNER	1 - 1 - 1	 	\vdash		T				•	
DIRECTOR	2.00	X						0.	0.	0
DENNIS M. WINT										
DIRECTOR UNTIL 5/10	2.00	X						0.	0.	0
FORD BELL										
PRESIDENT AND CEO	35.00			X				271,453.	0.	34,943
DANIELLE ST. GERMAIN-GORDON										
VP OF DEV./MEMBERSHIP	35.00	 	<u> </u>		L	Х	_	141,218.	0.	19,168
KATHRYN IGOE EXECUTIVE VICE PRESIDENT	35.00					х		146,145.	0.	28,212
ELIZABETH MERRITT										
FOUNDING DIRECTOR, CFM	35.00				_	Х		101,705.	0.	21,846
			_	_	_					
						_	_			
							-		<u> </u>	<u> </u>
		<u> </u>	<u> </u>							
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Total to Part VII, Section A, line 1c						•		660,521.		104,169