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#### DLN: 93493073001282

Department of the Treasury

# **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

2010

OMB No 1545-0047

Open to Public

A Fo	r the	2010 ca	lendar year, or tax year beginning 10-01-2010 and ending 09-30-2011				
		pplicable	C Name of organization		D Employer	identification number	
_	dress cl		ASSOCIATION OF CHILDREN'S MUSEUMS INC		95-4087	882	
┌ Na	me cha	inge	Doing Business As		E Telephone	number	
┌ Init	ıal retu	ırn	Number and street (or P O box if mail is not delivered to street address)	Room/suite	-		
Г Те	mınate	ed	2711 JEFFERSON DAVIS HIGHWAY NO 600	Room/ suite	(703) 22		
☐ Am		return n pending	City or town, state or country, and ZIP + 4 ARLINGTON, VA 22202		<b>G</b> Gross receip	ots \$ 9/8,2/5	
			F Name and address of principal officer	11/->		ıates?	
			JANET RICE ELMAN	H(a) Isthisag	group return for affil	ıates?	
			2711 JEFFERSON DAVIS HIGHWAY	<b>H(b)</b> Are all a	ffiliates included	I?	
			ARLINGTON, VA 22002	•		t (see instructions)	
I Ta	x-exen	npt status	▼ 501(c)(3)	H(c) Group	exemption n	umber ►	
J W	ebsit	e: 🕨 WW	/W CHILDRENSMUSEUMS ORG				
<b>K</b> For	n of or	ganızatıon	✓ Corporation  Trust  Association  Other ►	L Year of form	nation 1962	<b>M</b> State of legal domicile UT	
Pa	rt I	Sum	mary				
Governance		THE MIS	escribe the organization's mission or most significant activities SSION OF THE ASSOCIATION OF CHILDRENS MUSEUMS IS TO STR GH LEADERSHIP, ADVOCACY, PROFESSIONAL DEVELOPMENT AND ENTIAL COMMUNITY RESOURCES WHERE PLAY INSPIRES CREATIV	SERVICE A	LL CHILDRE	N'S MUSEUMS WILL	
E E							
<u> </u>	2	———— Check th	nis box 🔭 if the organization discontinued its operations or disposed of	more than 25	% of its net	assets	
			of voting members of the governing body (Part VI, line 1a)		з	16	
Activities &			of independent voting members of the governing body (Part VI, line 1b)		4	16	
Ĕ			mber of individuals employed in calendar year 2010 (Part V, line 2a)		5	11	
ş			mber of volunteers (estimate if necessary)		6	100	
-			related business revenue from Part VIII, column (C), line 12		7a	0	
			lated business taxable income from Form 990-T, line 34		7b	0	
				Prior	Year	Current Year	
enueve	8	Contri	butions and grants (Part VIII, line 1h)		722,383	614,589	
	9	Progra	ım service revenue (Part VIII, line 2g)	321,464	360,737		
	10	Invest	tment income (Part VIII, column (A), lines 3, 4, and 7d)	2,655	2,949		
ř	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	0	
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		1.046.500	070 275	
					1,046,502	978,275	
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		180,000	135,000	
	14		ts paid to or for members (Part IX, column (A), line 4)		0	0	
83	15	Salarie 10)	es, other compensation, employee benefits (Part IX, column (A), lines 5-	-	529,338	572,408	
Š	16a	•	sional fundraising fees (Part IX, column (A), line 11e)		0	0	
<b>⊕</b>	ь	Total fu	ndraising expenses (Part IX, column (D), line 25) •69,529				
ш	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		393,387	382,671	
Expenses Re	18		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,102,725	1,090,079	
	19		ue less expenses Subtract line 18 from line 12		-56,223		
8 6 8 8				Beginning Ye	II	End of Year	
Not Assets or Expenses each fund Balances	20	Totala	assets (Part X, line 16)		1,229,281	1,138,229	
	21		labilities (Part X, line 26)		172,835	193,587	
2 2 3 3 3	22		sets or fund balances Subtract line 21 from line 20		1,056,446	944,642	
Pai			ature Block		, ,	,	
Unde know	r pena	Ities of po and belie	erjury, I declare that I have examined this return, including accompanying sch f, it is true, correct, and complete. Declaration of preparer (other than officer				
		****		201	2-03-12		
Sign		Signa	ature of officer	Date	e		
Here	е		T RICE ELMAN EXECUTIVE DIRECTOR or print name and title				
		Print/Type			heck if self-	PTIN	
Paid		preparer's	CPA CPA	er	mployed 🕨 🦵		
Prep	arer		me ▶ THOMPSON GREENSPON & CO P C CPA'S			Firm's EIN	
Use	T I	Fırm's add	dress 4035 RIDGE TOP RD SUITE 700			Phone no 🕨 (703) 385-	
			FAIRFAX, VA 22030			8888	

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . .

orm	990	(201	.0)

age	2
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Par					III	
1	Briefly describe th	e organization's mission				
		CHILDRENS MUSEUMS			OREN'S MUSEUMS THROUG	GH LEADERSHIP,
2						┌ Yes ┌ No
	If "Yes," describe t	hese new services on Sc	hedule O			
3				WILL STRENGTHEN ALL CHILDREN'S MUSEUMS THROUGH LEADERSHIP, ND SERVICE  t program services during the year which were not listed on		
	If "Yes," describe t	hese changes on Schedu	ıle O			
4	Section 501(c)(3)	and 501(c)(4) organizat	ions and secti	on 4947(a)(1) trust	s are required to report the	
4a	(Code	) (Expenses \$	270,400	ıncludıng grants of \$	) (Revenue	12,679 )
					HE FIELD, PROFESSIONAL PRACTIO	CES, FUNDING & FUNDING
4b	(Code	) (Expenses \$	391,027	ıncludıng grants of \$	) (Revenue :	\$ 348,058 )
		ERENCES - VARIOUS MEETING MENT & CHILDREN'S MUSEUM		NUAL CONFERENCE WI	TH MEMBER SEMINARS BY RECOGI	NIZED LEADERS IN THE FIELDS OF
	(Code	) (Expenses \$	97.341	including grants of \$	90.000 ) (Revenue	\$ )
-10	`	, , , ,	,	3 3 ,		
	Other program se	rvices (Describe in Sch	rpose achievements for each of the organization's three largest program services in the organization of the organization's three largest program services in the organizations and section 4947 (a)(1) trusts are required to report the area total expenses, and revenue, if any, for each program service reported  (a) (Expenses \$ 270,400 including grants of \$ ) (Revenue \$ DES MEMBERS WITH INFORMATION ABOUT DEVELOPMENTS IN THE FIELD, PROFESSIONAL PRACTICE OF DIRECT ACCESS TO TRAINING & PUBLICATIONS  (b) (Expenses \$ 391,027 including grants of \$ ) (Revenue \$ ES - VARIOUS MEETINGS INCLUDING ANNUAL CONFERENCE WITH MEMBER SEMINARS BY RECOGNI & CHILDREN'S MUSEUMS  (c) (Expenses \$ 97,341 including grants of \$ 90,000) (Revenue \$ PROGRAM TO TRAVEL ASIAN EXHIBITS TO MUSEUMS TO ENHANCE KNOWLEDGE OF ASIAN CULTURES (Describe in Schedule O) See also Additional Data for Description 160,952 including grants of \$ 45,000) (Revenue \$ 45,000) (Revenue \$ 160,952 including grants of \$ 45,000) (Revenue \$ 160,952 including grants of \$ 160,000 including grants of \$ 160,000 including grants of \$ 160,000 including grants of \$ 160,0			
	(Expenses \$	•	•		this Part III	
4e	Total program sei	vice expenses►\$	919,72	20		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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 credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
Ь	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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(II)$ ? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
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 U S ? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV .	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
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		No
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			
		28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
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		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
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		Νο
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νο
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (	2010)
Part V	Statements Regarding Other IRS Filings and Tax Compliance

a i	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter - 0 - if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c		
	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
	return			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	<b>Note.</b> 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	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
	If "Yes," enter the name of the foreign country			
	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?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N c
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
	organization solicit any contributions that were not tax deductible?			1110
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N.
	If "Yes," indicate the number of Forms 8282 filed during the year	,,		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	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 cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
	Sponsoring organizations maintaining donor advised funds.	8		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states			
	in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Vec." has it filed a Form 720 to report these nayments? If "Ne " provide an explanation in Schedule O	1.45		

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

Se	ection 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			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
KE	evenue Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
	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	Yes	
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	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b		No
	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		No.
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			'''
_	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17				
	List the States with which a copy of this Form 990 is required to be filed IL, MA, MN, NY, UT, PA, VA			

Section 6104 requires an organization to make its Form 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

Own website Another's website Vpon request

- 19 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 See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
  THE ORGANIZATION
  2711 JEFFERSON DAVIS HIGHWAY
  ARLINGTON, VA 22202

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

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

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

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

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

Check this box if neither the organiza	ation nor any re	lated or	ganız	atıo	n co	mpen	sate	d any current office	er, director, or trust	ee
<b>(A)</b> Name and Title	(B) Average hours	Posi <sup>†</sup>	tion ( hat a	che		ll .		( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) NEIL H GORDON PAST PRESIDENT	2 50	х						0	0	0
(2) JANE WERNER VP OF GOVERNANCE	2 50	Х		Х				0	0	0
(3) MARILEE JENNINGS VP OF PROGRAMS	2 50	х		х				0	0	0
(4) BARRY A VAN DEMAN VP OF MARKETING	2 50	х		х				0	0	0
(5) JULIA BLAND PRESIDENT	2 50	Х		х				0	0	0
(6) LORETTA YAJIMA SECRETARY	2 50	Х		х				0	0	0
(7) SHERIDAN TURNER TREASURER	2 50	х		х				0	0	0
(8) DEBBIE GILPIN MEMBER	2 50	х						0	0	0
(9) BRYN PARCHMAN MEMBER	2 50	х						0	0	0
(10) TANYA ANDREWS MEMBER	2 50	Х						0	0	0
(11) RUTH SHELLY MEMBER	2 50	Х						0	0	0
(12) JENNIFER FARRINGTON MEMBER	2 50	Х						0	0	0
(13) GEORGINA NGOZI MEMBER	2 50	Х						0	0	0
(14) LEIGH ANNE STRADESKI MEMBER	2 50	х						0	0	0
(15) MARK WRIGHT MEMBER	2 50	Х						0	0	0
(16) BERTA MACGREGOR MEMBER	2 50	Х						0	0	0

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

(A) Name and Title		(B) Average hours per	that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estima amount of compens		ated fother
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	or	from rganizat relat organiza	the ion and ed
	JANET RICE ELMAN UTIVE DIRECTOR	40 00					х		129,145		0		23,87
											+		
								$\vdash$			+		
								$\vdash$			+		
											-		
1b	Sub-Total					٠.		<b>F</b>					
С	Total from continuation sheet						<b>-</b>						
d	Total (add lines 1b and 1c) .							<b>▶</b>	129,145	0			23,872
2	Total number of individuals (ind \$100,000 in reportable compe	-				ted	above	) who	received more tha	n			
													NI-
3	Did the organization list any <b>fo</b>	r <b>mer</b> officer, dire	ctorort	ruste	e. k	ev e	mplov	ee.o	or highest compensa	ated employee		Yes	No
	on line 1a? If "Yes," complete Se							•			3		No
4	For any individual listed on line organization and related organi										_	V	
5	Did any person listed on line 1: services rendered to the organ		-				-		-	r individual for	5	Yes	No
	-									L			140
	ection B. Independent Co												
1	Complete this table for your fiv \$100,000 of compensation fro			ndep	ende	ent o	ontra	ctors	that received more	e than			
	Na	(A) ame and business ad	dress						Descri	(B) ption of services		(C Comper	
	140	ame una business du	u1033						Descri	Priori or Services		Солірсі	.SGCIOII
									i				

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 **F**0

Form 9		· · · · · · · · · · · · · · · · · · ·					Р	age <b>9</b>
Part \	<u> </u>	Statement of Revenu	ue		(A)	(B)	(C)	(D)
					Total revenue		Unrelated business	Revenue
						exempt		exclude
						function		from tax
						revenue		under
								sections
								512,
								513, or 514
42.02	1a	Federated campaigns	1a	6,309				314
Contributions, gifts, grants and other similar amounts		Membership dues		301,277				
₽Š								
# चुरू	С	Fundraising events	1c					
⊋ੱ≣	d	Related organizations	. 1d					
뜻등	е	Government grants (contributions)	1e					
美量	f	All other contributions, gifts, grants	, and <b>1f</b>	307,003				İ
皇吉	_	similar amounts not included above Noncash contributions included in li						
돌	-				614 500			
O 4	h	Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·		614,589			
a⊒				Business Code				
Program Service Revenue	2a	CONFERENCE FEES		900099	348,058			
<u>æ</u>	b c	PUBLICATION SALES		511190	12,679	12,679		
AC6		-						
38	d							
Ē	e							
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1	All other program service rev	venue					
Ě	g	Total. Add lines 2a-2f			360,737			
	3	Investment income (includin	ıg dıvıdends, ınterest					
		and other similar amounts)			2,949			2,94
	4	Income from investment of tax-ex	empt bond proceeds 🕨					
	5	Royalties						
			(ı) Real	(II) Personal				
		Gross Rents						
	_	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		•				
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of						
		assets other than inventory						
	ь	Less cost or						
		other basis and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)		_				
e E	8a	Gross income from fundraisii	ng events					
Other Revenue		(not including \$						
é		of contributions reported on						
<u>.</u>		See Part IV, line 18	а					
Ě	h	Less direct expenses						
0		Net income or (loss) from fur						
			ctivities See Part IV, line 19 . a					
				,				
		Net income or (loss) from ga						
	-	Gross sales of inventory, les						
		returns and allowances .						
	.		a					
		Less cost of goods sold .						
		Net income or (loss) from sa Miscellaneous Revenue	ies of inventory	Business Code				
	11a			Dusiliess Code				
	b							
	C .	-	<u></u>					
		All other revenue	•					
	e	: <b>Total.</b> Add lines 11a-11d .						
	12	Total revenue. See Instruction	ons					
		. Jean revenue. Jee Histiucti	·		070 275	260 727	۰ ۱	1 204

# Part IX Statement of Functional Expenses

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

Δ	Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	( <b>A</b> ) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	125,000	125,000							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22									
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	10,000	10,000							
4	Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees	153,017	153,017							
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	349,603	272,781	7,301	69,521					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,588	7,588							
9	Other employee benefits	23,881	23,881							
10	Payroll taxes	38,319	38,319							
а	Fees for services (non-employees) Management									
b	Legal									
С	Accounting	8,000		8,000						
d	Lobbying	29,150	29,150							
е	Professional fundraising services See Part IV, line 17									
f	Investment management fees									
g	Other	56,653	55,468	1,185						
12	Advertising and promotion									
13	Office expenses	23,011	16,659	6,352						
14	Information technology	31,474	19,048	12,426						
15	Royalties									
16	Occupancy	48,503	516	47,987						
17	Travel	3,983	3,940	35	8					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	136,914	136,914							
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	7,191		7,191						
23	Insurance	3,726	1,377	2,349						
24	Other expenses Itemize expenses not covered 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	PUBLICATION PRINTING	14,761	14,761							
b	HONORARIA	5,500	5,500							
c	SUPPLIES	4,968	2,571	2,397						
d	BUSINESS LICENSE	4,650		4,650						
e	REASEARCH & EVALUATION	3,230	3,230							
f	All other expenses	957		957						
25	Total functional expenses. Add lines 1 through 24f	1,090,079	919,720	100,830	69,529					
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									

Part X Balance Sheet (B) (A) Beginning of year End of year 306 306 1 1.034.168 2 983.721 2 107,452 55,357 3 3 10,533 4 4,370 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 8 8 Prepaid expenses and deferred charges . . . . 600 9 2,967 10a Land, buildings, and equipment cost or other basis Complete 200.124 10a Part VI of Schedule D 10b 135.842 ь Less accumulated depreciation . . . . . 48.996 10c 64.282 11 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 22,572 22,572 14 Intangible assets . . . . . . . . 14 4,654 4,654 15 15 16 1,229,281 16 1,138,229 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 17 27,046 17 46.792 Accounts payable and accrued expenses . 18 18 145.789 19 19 146.795 20 20 Liabilities 21 21 Escrow or custodial account liability  $Complete\ Part\ IV\ of\ Schedule\ D$  . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 25 Other liabilities Complete Part X of Schedule D . . . . . 26 172.835 26 193.587 Total liabilities. Add lines 17 through 25 . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . 891,446 27 862,642 Temporarily restricted net assets . . . . . 165,000 82,000 28 28 Fund 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds . . . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 1,056,446 944,642 33 Total net assets or fund balances . . . . 33 34 Total liabilities and net assets/fund balances . . . . . 1,229,281 1,138,229 34

Ра	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			.୮	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		Ġ	978,27
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,0	090,07
3	Revenue less expenses Subtract line 2 from line 1	3			111,80
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			056,44
5	Other changes in net assets or fund balances (explain in Schedule O)	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		ġ	944,64
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			৮	•
				Yes	No
1	Accounting method used to prepare the Form 990 Cash 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		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain i				
	Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ıssued			
	▼ Separate basis				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ie	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	required	3b		

#### DLN: 93493073001282

OMB No 1545-0047

Inspection

#### SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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

**Public Charity Status and Public Support** 

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

**Employer identification number** 

ASSOCIATION OF CHILDREN'S MUSEUMS INC 95-4087882 Reason for Public Charity Status (All organizations must complete this part.) See instructions organization is not a private foundation because it is (For lines 1 through 11, check only one box ) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I **b** Type II c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizat col (i) lis your gove docume	e ion in ted in rning	(v) Did you not organizat col (i) of suppor	ion in your	(vi) Is the organizati col (i) orga in the U	on in anized	(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
									_
Total									

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

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

	dider rate III. If the	organización i	ans to quanty t	maci die tests	iisted below, pic	case complet	c raic III.
S	ection A. Public Support		_				
Cale	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from						
Ü	line 4						
S	ection B. Total Support	1				I	
	endar year (or fiscal year beginning						
Cur	in) ►	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
-	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV )						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activities	es, etc (See inst	ructions )			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,
	check this box and <b>stop here</b>	_	r		•	. , . , -	<b>▶</b> ┌॔
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2010	(lıne 6 column (	f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15	
							<del> </del>
16a	<b>33 1/3% support test—2010.</b> If the				line 14 is 33 1/3%	or more, chec	
	and <b>stop here.</b> The organization qua	•				2.2.4.204	<b>▶</b> [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor کد	. <del>-</del>
17-	box and <b>stop here.</b> The organization				12 16 1C	handler - 4.4	▶
r/a	10%-facts-and-circumstances test-						ın.
	is 10% or more, and if the organization made			•			
	in Part IV how the organization mee	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F
<b>L</b>	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1
ט	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		<u>-</u>	clv
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	ETY ▶ ¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1
	instructions	a.a not ender		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		<b>▶</b> □

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 qualify under the tests listed below, please complete Part II.)

	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	<b>(d)</b> 2009	<b>(e)</b> 2	010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do no include any "unusual grants")	682,178	526,301	1,508,304	722,383		614,589	4,053,755
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	471,579	416,635	417,175	321,464		360,737	1,987,590
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0						
6	Total. Add lines 1 through 5	1,153,757	942,936	1,925,479	1,043,847		975,326	6,041,345
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons	55,936	116,677	1,005,183	230,452		120,357	1,528,605
Ь	A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	7,828	30,065	31,084	29,535		21,651	120,163
_	amount on line 13 for the year Add lines 7a and 7b	63,764	146,742	1,036,267	259,987		142,008	1,648,768
8	Public Support (Subtract line 7c	03,701	110,712	1,030,207	233,307		112,000	
	from line 6 )							4,392,577
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	<b>(e)</b> 20	10	(f) Total
9	A mounts from line 6	1,153,757	942,936	1,925,479	1,043,847		975,326	6,041,345
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	57,273	55,319	18,793	2,655		2,949	136,989
b	sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b	57,273	55,319	18,793	2,655		2,949	136,989
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	6,167	1,008	1,536				8,711
13	<b>Total support</b> (Add lines 9, 10c, 11 and 12)	1,217,197	999,263	1,945,808	1,046,502		978,275	6,187,045
14	First Five Years If the Form 990 is check this box and stop here	for the organizatio	n's first, second,	thırd, fourth, or f	fth tax year as a	section5	01(c)(3	) organization, <b>►</b>
Se	ction C. Computation of Pub							
15	Public Support Percentage for 201	0 (line 8 column (f)	divided by line	13 column (f))		15		71 000 %
16	Public support percentage from 20	09 Schedule A, Pa	rt III, line 15			16		61 650 %
Se	ection D. Computation of Inv	estment Incor	ne Percenta	je				
17	Investment income percentage for				(f))	17		2 210 %
18	Investment income percentage fro	m <b>2009</b> Schedule A	, Part III, line 1	7		18		2 300 %

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

#### **Additional Data**

Software ID: Software Version:

**EIN:** 95-4087882

Name: ASSOCIATION OF CHILDREN'S MUSEUMS INC

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program se	rvices							
(Code	) (Expenses \$	778 including grants of \$	) (Revenue \$					
		E THE HEALTH AND WELLNESS OF FAM ERS IN PROMOTING HEALTHY CHOIC		RTING				
(Code	) (Expenses \$	74,093 including grants of \$	45,000 ) (Revenue \$	)				
	CE AWARDS - RECOGNIZE TICES THAT SUPPORT CE	ES INNOVATIVE & CREATIVE PRACTION REATIVE PROGRAMMING	CES IN CHILDREN'S MUSEUMS &	PROMOTES				
(Code	) (Expenses \$	56,638 including grants of \$	) (Revenue \$	)				
		S AND RATIOS BENCHMARKING CALCU ROFESSIONALS TO PRODUCE ON-DEM		SER-				
(Code	) (Expenses \$	20,798 including grants of \$	) (Revenue \$	)				
FAMILIES BY PROVI	ARLY CHILDHOOD - PROGRAM TO SERVE THE NEEDS AND INTERESTS OF INFANTS, TODDLERS, PRESCHOOLERS AND THEIR AMILIES BY PROVIDING INFORMATION AND RESOURCES TO CHILDREN'S MUSEUMS ABOUT NEW RESEARCH AND BEST RACTICES IN SERVING YOUNG CHILDREN AND FAMILIES							
(Code	) (Expenses \$	8,645 including grants of \$	) (Revenue \$	)				
MEMBER PROJECT - KITS THROUGH MUS	PROJECT WITH CHILDREN EUM AND LIBRARY PARTN	N'S MUSEUM OF HOUSTON TO DELIVE NERSHIPS	R MULTI-LINGUAL LEARNING AN	D LITERACY				

DLN: 93493073001282

# OMB No 1545-0047

# **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.

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), ◆ 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

♣ Se  If th	ection 501(c)(3) organizations tha	t have filed Form 5768 (election under t have NOT filed Form 5768 (election s," to Form 990, Part IV, Line 5 (F	under section 501	(h)) Complete Part II-B Do n	ot complete Part II-A
N a	ime of the organization	·		Employer iden	tification number
AS:	SOCIATION OF CHILDREN'S MUSEUMS II	NC		95-4087882	
Par	t I-A Complete if the or	ganization is exempt under	section 501(		organization.
1	Provide a description of the or	ganization's direct and indirect polit	ıcal campaıan act	tivities in Part IV	
2	Political expenditures	<b>3</b>		<b></b>	\$
3	Volunteer hours			·	¥
	<u> </u>	ganization is exempt under			
1	•	e tax incurred by the organization ui			\$
2		e tax incurred by organization mana		n 4955 <b>-</b>	\$
3		section 4955 tax, did it file Form 47	20 for this year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Pai	-	ganization is exempt under	_		l(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	ection 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing of exempt funtion activities	organization's funds contributed to c	ther organization:	s for section 527 ►	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	20-POL, line 17b	\$
4	Did the filing organization file I	Form 1120-POL for this year?			
5	organization made payments l amount of political contribution	nd employer identification number (l For each organization listed, enter t ns received that were promptly and political action committee (PAC) I	he amount paid fro directly delivered	om the filing organization's f to a separate political orga	unds Also enter the nızatıon, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

Sc	hedule C (Form 990 or 990-EZ) 2010						Page <b>2</b>
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c	)(3) and fi	led Form 5768	
A B	Check   If the filing organization belongs to a Check   If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying E (The term "expenditures" means a			)		<b>(a)</b> Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public o						
b	Total lobbying expenditures to influence a legisl	atıve b	ody (direct lobby	ıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	Lobbying nontaxable amount Enter the amount columns	from th	e following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:			
	Not over \$500,000	20%	of the amount on lin	e 1e			
	Over \$500,000 but not over \$1,000,000	\$100	,000 plus 15% of the	excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		havè to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> Total				
2a	Lobbying non-taxable amount									
b	Lobbying ceiling amount (150% of line 2a, column(e))									
С	Total lobbying expenditures									
d	Grassroots non-taxable amount									
e	Grassroots ceiling amount (150% of line 2d, column (e))									
f	Grassroots lobbying expenditures									

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)).

	(election under section 501(h)).					
		(:	a) 	-	(b)	
		Yes	No	4	A mou	nt
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					
а	Volunteers?		No	1		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo	1		
c	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?		Νo			
е	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?	Yes				29,150
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo			
i	Other activities? If "Yes," describe in Part IV		Νo			
j	Total lines 1c through 1:					29,150
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any tax incurred under section 4912			1		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c	)(5),	or s	ectio	n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
	tIII-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 Part I answered "Yes".	II-À,			ectio	'n
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
	Current year	2a				
	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
P	art IV Supplemental Information	1				

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier Return Reference Explanation DLN: 93493073001282

OMB No 1545-0047

Open to Public Inspection

# **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.

Name of the organization **Employer identification number** ASSOCIATION OF CHILDREN'S MUSEUMS INC 95-4087882 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" to Form 99	0, Part IV, line 6.			'
		(a) Donor advised funds	(	( <b>b)</b> Funds and oth	ner accounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the		or advı	sed	┌ Yes
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit				┌ Yes ┌ No
Pa	t II Conservation Easements. Complete	ıf the organızatıon answered "Yes" to	o Forn	n 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat				
2	Complete lines 2a-2d if the organization held a quali	fied conservation contribution in the form	of a co	onservation	
	easement on the last day of the tax year	Γ		Held at the F	nd of the Year
а	Total number of conservation easements	ľ	2a	Heid at the L	ild of the real
b	Total acreage restricted by conservation easements		2b		
c	Number of conservation easements on a certified his	toric structure included in (a)	2c		
d	Number of conservation easements included in (c) ac	` ,	2d		
		· · · · ·			
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	a by th	ie organization di	uring
	the taxable year ▶				
4	Number of states where property subject to conserve	ition easement is located 🛌			
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of	violations, and	┌ Yes
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents d	uring the year 🛌	
7	A mount of expenses incurred in monitoring, inspection	ng, and enforcing conservation easements	during	g the year ► \$	
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$ ?	(d) above satisfy the requirements of sec	tıon		┌ Yes ┌ No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financial			
Par	<b>TIII</b> Organizations Maintaining Collection Complete if the organization answered '		or Otl	her Similar A	ssets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or researc	h ın fu		
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research ir			
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$	
	(ii) Assets included in Form 990, Part X			<b>►</b> \$	
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		r finan	cıal gaın, provide	e the
а	Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$	
ь	Assets included in Form 990, Part X			<b>►</b> \$	

Part	Organizations Maintaining Co	llections of Art	<u>t, His</u>	tori	<u>cal Tr</u>	easu	res, or O	the	<u>r Similar</u>	<u>Asset</u>	S (co	ntınued)
	Using the organization's accession and other items (check all that apply)	records, check an	y of th	ne foll	owing t	that are	a significa	int us	se of its coll	ection		
а	Public exhibition		d	Γ	Loan	orexch	ange progr	ams				
b	Scholarly research		e	$\vdash$	Other	-						
c	Preservation for future generations											
	Provide a description of the organization's co Part XIV	ollections and expla	aın hov	ν the ∙	y furthe	er the o	rganızatıon	's ex	empt purpo	se in		
	During the year, did the organization solicit cassets to be sold to raise funds rather than t			,					ılar	Гν	'es	┌ No
Part	Part IV, line 9, or reported an an						answere	d "Ye	es" to Forr	n 990,		
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	edıary	for c	ontrıbu	itions o	r other ass	ets n	iot	<b>┌</b> \	es	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	/ıng ta	able		Г			A mour	nt	
c	Beginning balance							1c				
d	Additions during the year						r	1d				
e	Distributions during the year						 	1e				
f	Ending balance						F	1f				
2a	Did the organization include an amount on Fo	orm 990. Part X. lin	ie 21?				L				'es	┌ No
	If "Yes," explain the arrangement in Part XIV		·							' '		,
Par			n ans	were	ed "Ye	s" to F	orm 990.	Pari	t IV, line 1	0.		
	Enact in a later to improve	(a)Current Year		Prior \			Years Back		hree Years Ba		our Ye	ears Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance		<u> </u>									
2	Provide the estimated percentage of the year	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment											
С	Term endowment ►											
	Are there endowment funds not in the posses	ssion of the organiz	ation	that a	are held	d and ac	dministered	for	the	=		
	organization by								_		Yes	No
	(i) unrelated organizations			•				•	_	3a(i)		
	(ii) related organizations								[	Ba(ii)		
	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the	·						•		3b		
- Part						90 Pa	rt X line	10				
	<u>,                                     </u>	, and Equipme			a) Cost o		(b)Cost or		(c) Accumu	lated		
	Description of investment				sis (inve		basis (oth		depreciat		( <b>d</b> ) Bo	ook value
	and		•	<u> </u>								
	Buildings		•	<u> </u>								
	easehold improvements		•	<u> </u>								
d E	quipment		-				20	0,124	1	35,842		64,282
										ı		
	) ther		•	上					▶			64,282

Investments—Other Securities. See	roi ili 990, Pait X, ilile 12		
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)	(2)20011 10100	Cost or end-of-year market v	alue
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
		12	
Part VIII Investments—Program Related. See	: гогиг ээо, rait x, ime . T		
(a) Description of investment type	(b) Book value	(c) Method of valuation	ماليم
		Cost or end-of-year market v	aiue
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, In	e 15.		
(a) Descrip	tion	(b) Book v	alue
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
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Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	, line 25.		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	, line 25.		

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	978,275
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,090,079
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-111,804
4	Net unrealized gains (losses) on investments	4	
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 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-111,804
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Reti	•
1	Total revenue, gains, and other support per audited financial statements	1	978,275
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		•
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	978,275
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	978,275
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial statements	1	1,090,079
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,090,079
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,090,079
	rt XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		THE ASSOCIATION HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AND NO INTEREST AND PENALTIES HAVE BEEN RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS RELATED TO UNCERTAIN TAX POSITIONS

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493073001282

OMB No 1545-0047

2010

Open to Public Inspection

# SCHEDULE F (Form 990)

Department of the Treasury

Complete if the organization answered "Yes" to Form 990,
 Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.
 ► See separate instructions.

**Statement of Activities Outside the United States** 

Internal Revenue Service

Name of the organization

Employer identification number

ASS	OCIATION OF CHILDREN'S MUS	SEUMS INC			95-4087882	
Pa	rt I General Information "Yes" to Form 990, Par			ne United States. Co		zation answered
1	For grantmakers. Does the cassistance, the grantees' eligible the grants or assistance?	organization m Jibility for the	naıntaın record grants or assıs	tance, and the selecti	on criteria used to aw	ard
2	<b>For grant makers.</b> Describe in Pa United States	rt V the organız	atıon's procedur	es for monitoring the use	e of grant funds outside t	he
3	Activites per Region (Use Part \	/ ıf addıtıonal s	pace is needed )			
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	Sub-total  Total from continuation sheets		0			0
	to Part I  Totals (add lines 3a and 3b)		0			0

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	( <b>d)</b> Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	2011 PROMISING PRACTICE AWARD	10,000	ELECTRONIC WIRE TRANSFER			
			listed above that are ro tee or counsel has pro					1

Part III	Grants and Ot	her Assistance to	Individuals	Outside the Unit	ed States. Complete	ıf the organızatıon a	nswered "Yes" to Form 9	990, Part IV, line 16.
	Use Part V if ad	ditional space is ne-	eded.					

(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash	(g) Description of non-cash	(h) Method of valuation
					assistance	assistance	(book, FMV, appraisal, other)
			<u> </u>			1	
			<u>.                                    </u>		!		
			<u>.                                    </u>				
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
					!		
			1		,		

### Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	⊽	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Γ	Yes	r	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	r	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	্	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	⊽	Νo

Schedule F (Form 990) 2010

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE US		SCHEDULE F, PART I, LINE 2 WHEN A GRANT IS AWARDED TO ACM, A PROJECT DIRECTOR IS ASSIGNED FROM THE STAFF THE PROJECT DIRECTOR IS IN CHARGE OF ALL ASPECTS OF THE GRANT THE PROJECT DIRECTOR COORDINATES WITH ALL VENDORS, CONTRACTORS AND MUSEUMS DESIGNATED FOR RE-GRANT AWARDS THE PROJECT DIRECTOR ALLOCATES PAYMENTS AND EXPENSES AS OUTLINED IN THE GRANT AWARD PACKAGE AND BUDGET ALL ACM PROCEDURES ARE FOLLOWED WHEN PROCESSING PAYMENTS TO VENDORS, CONTRACTORS OR FOR RE-GRANTS THE PROJECT DIRECTOR FILLS OUT ACM CHECK REQUEST FORMS AND PROVIDES PROPER BACK-UP DOCUMENTATION THE CHECK REQUEST IS THEN REVIEWED AND APPROVED BY THE EXECUTIVE DIRECTOR THE DIRECTOR OF FINANCE THEN PROCESSES THE APPROVED CHECK REQUEST COPIES ARE KEPT IN THE DIRECTOR OF FINANCE ACCOUNTS PAYABLE FILES GRANT AWARD CHECKS RECEIVED BY ACM FOLLOW OUR CASH/CHECK HANDLING PROCEDURES ALL CHECKS ARE RECEIVED BY THE ASSOCIATION COORDINATOR AND PROCESSED THROUGH OUR IMIS DATABASE THE CHECKS ARE MARKED FOR DEPOSIT ONLY AND DEPOSITED WITH OUR WEEKLY REMOTE DEPOSIT THE DEPOSITS ARE THEN RECORDED IN QUICKBOOKS BY OUR DIRECTOR OF FINANCE AND RECONCILED MONTHLY WITH THE BANK STATEMENT A COPY OF GRANT AWARD CHECKS ARE SCANNED AND SENT TO THE PROJECT DIRECTOR TO SAVE INTO THE CORRESPONDING GRANT FILE ALL REQUIRED GRANT REPORTING IS THE RESPONSIBILITY OF THE PROJECT DIRECTOR THE PROJECT DIRECTOR PREPARES ALL REPORTS AND COORDINATES WITH ANY VENDORS, CONTRACTORS OR AWARD RECIPIENTS TO PROVIDE ALL NECESSARY INFORMATION AND FOLLOW-UP FOR THE GRANT REPORTS ONCE GRANT REPORTS ARE PREPARED THE EXECUTIVE DIRECTOR REVIEWS AND APPROVES THE REPORTS

Schedule F (Form 990) 2010

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Part I General Information on Grants and Assistance

Schedule I (Form 990)

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

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

Attach to Form 990

OMB No 1545-0047

2010

DLN: 93493073001282

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
ASSOCIATION OF CHILDREN'S MUSEUMS INC

Employer identification number

95-4087882

	/, line 21 for any	o Governments and recipient that received eded.	d more than \$5,000	. Check this box if i		eived more than_\$5,	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
.) MINNESOTA HILDREN'S MUSEUM10 W EVENTH STREET T PAUL,MN 55102	41-1354181	501(C)(3)	50,000				A SIA N EXHIBIT REFURBISHMENT
2) CHILDREN'S MUSEUM F HOUSTON1500 BINZ TREET OUSTON,TX 77004	74-2178563	501(C)(3)	40,000				A SIA N EXHIBIT REFURBISHMENT
3) KIDZONE MUSEUM 1711 DONNER PASS OAD RUCKEE, CA 96161	94-3156964	501(C)(3)	10,000				PPA AWARD WINNE
) MADISON CHILDREN'S USEUM100 N HAMILTON TREET ADISON, WI 53703	39-1383497	501(C)(3)	10,000				PPA AWARD WINNE
S) STEPPING STONES USEUM FOR CHILDREN 03 WEST AVE ORWALK,CT 06850	22-3199269	501(C)(3)	10,000				PPA AWARD WINNERPPA AWARI WINNER
5)							2010 PROMISING PRACTICE AWARDF AWARD

	·
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
PROCEDURE FOR	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 WHEN A GRANT IS AWARDED TO ACM, A PROJECT DIRECTOR IS ASSIGNED FROM THE
MONITORING GRANTS		STAFF THE PROJECT DIRECTOR IS IN CHARGE OF ALL ASPECTS OF THE GRANT THE PROJECT DIRECTOR
IN THE U S		COORDINATES WITH ALL VENDORS, CONTRACTORS AND MUSEUMS DESIGNATED FOR RE-GRANT AWARDS THE
		PROJECT DIRECTOR ALLOCATES PAYMENTS AND EXPENSES AS OUTLINED IN THE GRANT AWARD PACKAGE AND
		BUDGET ALL ACM PROCEDURES ARE FOLLOWED WHEN PROCESSING PAYMENTS TO VENDORS, CONTRACTORS OR
		FOR RE-GRANTS THE PROJECT DIRECTOR FILLS OUT ACM CHECK REQUEST FORMS AND PROVIDES PROPER
		BACK-UP DOCUMENTATION THE CHECK REQUEST IS THEN REVIEWED AND APPROVED BY THE EXECUTIVE
		DIRECTOR THE DIRECTOR OF FINANCE THEN PROCESSES THE APPROVED CHECK REQUEST COPIES ARE KEPT IN
		THE DIRECTOR OF FINANCE ACCOUNTS PAYABLE FILES GRANT AWARD CHECKS RECEIVED BY ACM FOLLOW OUR
		CASH/CHECK HANDLING PROCEDURES ALL CHECKS ARE RECEIVED BY THE ASSOCIATION COORDINATOR AND
		PROCESSED THROUGH OUR IMIS DATABASE THE CHECKS ARE MARKED FOR DEPOSIT ONLY AND DEPOSITED
		WITH OUR WEEKLY REMOTE DEPOSIT THE DEPOSITS ARE THEN RECORDED IN QUICKBOOKS BY OUR DIRECTOR
		OF FINANCE AND RECONCILED MONTHLY WITH THE BANK STATEMENT A COPY OF GRANT AWARD CHECKS ARE
		SCANNED AND SENT TO THE PROJECT DIRECTOR TO SAVE INTO THE CORRESPONDING GRANT FILE ALL
		REQUIRED GRANT REPORTING IS THE RESPONSIBILITY OF THE PROJECT DIRECTOR THE PROJECT DIRECTOR
		PREPARES ALL REPORTS AND COORDINATES WITH ANY VENDORS, CONTRACTORS OR AWARD RECIPIENTS TO
		PROVIDE ALL NECESSARY INFORMATION AND FOLLOW-UP FOR THE GRANT REPORTS ONCE GRANT REPORTS ARE
		PREPARED THE EXECUTIVE DIRECTOR REVIEWS AND APPROVES THE REPORTS

DLN: 93493073001282

**Employer identification number** 

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**Compensation Information** For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

ASS	OCIATION OF CHILDREN'S MUSEUMS INC					
			95-408788	2		
Pa	rt I Questions Regarding Compensati	ion				
					Yes	Νο
1a	Check the appropriate box(es) if the organization p 990, Part VII, Section A, line 1a Complete Part I					
	First-class or charter travel	Г				
	Travel for companions	i i	Payments for business use of personal residenc			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the reimbursement orprovision of all the expenses de			1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executi			2		
3	Indicate which, if any, of the following the organization's CEO/Executive Director Check all		•			
	Independent compensation consultant	  -	Compensation survey or study			
	Form 990 of other organizations	<u>ام</u>	Approval by the board or compensation committee	taa		
	1 offin 990 of other organizations	14	Approval by the board of compensation committee	.ee		
4	During the year, did any person listed in Form 990 or a related organization	D, Part VII	, Section A , line $f 1a$ with respect to the filing orga	ınızatıon		
а	Receive a severance payment or change-of-contr	ol paymer	t from the organization or a related organization?	4a		No
ь	Participate in, or receive payment from, a supplen	nental non	qualified retirement plan?	4b		Νο
с	Participate in, or receive payment from, an equity	-based co	mpensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and					
	Only 501(c)(3) and 501(c)(4) organizations only i	must com	elete lines 5-9.			
5	For persons listed in form 990, Part VII, Section a compensation contingent on the revenues of	A, line 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section a compensation contingent on the net earnings of	A, line 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,			7		No
8	Were any amounts reported in Form 990, Part VII subject to the initial contract exception described	, paid or a	ccured pursuant to a contract that was			
	ın Part III			8		No
9	If "Yes" to line 8, did the organization also follows section 53 4958-6(c)?	the rebutt	able presumption procedure described in Regulati	ions <b>9</b>		

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

For each individual whose compensation must be reported 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

(A) Name		(P) Brookdown of	W-2 and/or 1099-MI	SC companyation	(C) Deturement and	(D) Nontavahla	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	( <b>D)</b> Nontaxable benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
ELMAN	(1) (11)	129,145 0	0	_	2,894 0	20,978 0		0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
( 10 )								
(11)								
( 12 )								
( 13 )								
( 14 )								
( 15 )								
( 16 )								

Schedule J (Form 990) 2010 Page **3** 

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2010

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DLN: 93493073001282

OMB No 1545-0047

2010

Department of the Treasury
Internal Revenue Service

**SCHEDULE 0** 

(Form 990 or 990-EZ)

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

Supplemental Information to Form 990 or 990-EZ

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization
ASSOCIATION OF CHILDREN'S MUSEUMS INC

Employer identification number
95-4087882

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE ASSOCIATION OF CHILDREN'S MUSEUMS, INC (THE ASSOCIATION), IS A UTAH NON-STOCK CORPORATION INCORPORATED IN 1988 WITH THE PRIMARY PURPOSE OF IMPROVING COMMUNICATIONS AMONG CHILDREN'S MUSEUMS, PROMOTING AND IMPROVING THE YOUTH MUSEUM FIELD, AND FOSTERING PUBLIC UNDERSTANDING AND AWARENESS OF CHILDREN'S MUSEUMS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		ASSOCIATION MEMBERS HAVE VOTING RIGHTS TO VOTE FOR BOARD OF DIRECTORS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		MEMEBERS VOTE ON THE BOARD OF DIRECTORS AND ANY BYLAW CHANGES

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		FORM 990 IS POSTED ON A SECURE BOARD INTRANET SITE FOR REVIEW BY THE BOARD

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY COVERS ALL MEMBERS OF THE BOARD, ITS COMMITTEES AND ALL OFFICERS, AND IS MONITORED BY HAVING ON AN ANNUAL BASIS ALL OFFICERS, DIRECTORS OR TRUSTEES AND KEY EMPLOYEES ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY, DISCLOSE ANY CONFLICTS OR POTENTIAL CONFLICTS AND SIGN THE FORM THIS IS REVIEWED AND MAINTAINED BY THE BOARD ANY REPORTED CONFLICTS ARE REVIEWED BY THE EXECUTIVE DIRECTOR AND THE BOARD PRESIDENT THE ACTIVITY OCCURS IN SEPTEMBER OF EACH YEAR THE ENTIRE BOARD REVIEWS EACH TRANSACTION TO COME BEFORE THE BOARD FOR POTENTIAL OR ACTUAL CONFLICTS OF INTERST IF POTENTIAL OR ACTUAL CONFLICTS ARE IDENTIFIED THE PERSON DETERMINTED TO HAVE A CONFLICT IS RECUSED FROM DELIBERATIONS AND VOTING THE IDENTIFIED CONFLICTS OF INTEREST AND APPROPRIATE RECUSALS ARE DOCUMENTED IN THE MINUTES OF BOARD MEETING

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	THE PROCESS FOR DETERMINING COMPENSATION OF THE FOLLOWING PERSONS INCLUDES A REVIEW AND APPROVAL BY INDEPENDENT MEMBERS OF THE ENTIRE BOARD COMPARABILITY DATA USED IN THE REVIEW PROCESS IS OBTAINED FROM PEER GROUPS THE DELIBERATIONS AND DECISIONS ARE DOCUMENTED IN THE MINUTES OF THE BOARD MEETING THE COMPENSATION DETERMINATION PROCESS APPLIES TO THE FOLLOWING POSITION AND THE MOST RECENT YEAR FOR WHICH THIS PROCESS WAS UNDERTAKEN FOR EACH IS IDENTIFIED OFFICE/TITLE YEAR OF MOST RECENT REVIEW/APPROVAL JANET ELMAN, EXECUTIVE DIRECTOR 2010

Identifie	Return Reference	Explanation								
	FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE FINANCIAL STATEMENTS ARE INCLUDED IN THE ANNUAL REPORT, WHICH IS AVAILABLE ON THE ASSOCIATION'S WEBSITE								

ldentifier	Return Reference	Explanation						
	FORM 990, PART XI, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR						

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**Depreciation and Amortization** 

(Including Information on Listed Property)

DLN: 93493073001282

OMB No 1545-0172

Department of the Treasury

Form 4562

Attachment

See separate instructions. Attach to your tax return. Sequence No 67 Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates **Identifying number** ASSOCIATION OF CHILDREN'S MUSEUMS INC FORM 990 PAGE 10 95-4087882 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Maximum amount See the instructions for a higher limit for certain businesses 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,000,000 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 **15** Property subject to section 168(f)(1) election **16** Other depreciation (including ACRS) 7,191 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2010 17 18 If you are electing to group any assets placed in service during the tax year into one or more . 📂 general asset accounts, check here Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method period property deduction service use only—see instructions) 19a 3-year property **b** 5-year property c 7 - year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L 27 5 yrs ММ S/L h Residential rental property 27 5 yrs мм S/L 39 yrs мм S/L i Nonresidential real property ΜМ S/L Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year ММ S/L 40 yrs Part IV **Summary** (see instructions) 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 7,191 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

		24a, 24b, CC														
Section A—Depre	ciation a	<u>nd Other Ir</u>	<u>ıforma</u>	tion (C	<u>aution</u>	: See	<u>the i</u>	<u>instrบ</u>	ctic	ons for I	imits	for pa	sseng	er au	<u>ıtomol</u>	biles.)
24a Do you have evider	nce to support t	the business/inv	estment u	use claimed	d? ┌ Yes	⊢ No			24b	If "Yes,"	s the e	/ idence	written?	, 厂 <sub>Y</sub> ,	ᇙ┌╻	o
(a) Type of property (list vehicles first)	(b) Business/ (c) Date placed in investment Cost of		(e) Basis for depreciation (business/investment use only)			ation	(f) Recov perio	'	(g) Method/ Convention		<b>(h)</b> Depreciation/ deduction			(i) Elected section 179 cost		
<b>25</b> Special depreciation allo 50% in a qualified busi	•		rty placed	ın service (	during the	tax year	and u	ısed m	ore t	:han <b>25</b>						
<b>26</b> Property used more	e than 50%	ın a qualified l	business	use												
· · · · · · · · · · · · · · · · · · ·		%														
		%							$\perp$							
<b>27</b> Property used 50%	 	%	IDAGG HG	•												
27 Floperty used 50%	O OI IESS III a	quanned bus	illess us	е				I	Is	/L -	Т			$\neg$		
		%							_	/L -						
		%							S	/L -				ᆚ		
28 Add amounts in co	olumn (h), lır	ies 25 throug	h 27 En	ter here a	and on lir	ne 21,	page	1		28						
29 Add amounts in co	olumn (ı), lın	e 26 Enterhe	ere and c	n line 7,	page 1							29				
		Sed	ction B	—Infor	mation	on U	se c	of Ve	hic	eles						
Complete this section If you provided vehicles to														ca vahi	clos	
i you provided verticles to	your employee	es, mist answer ti	ne questio		a)	T	b)	III EXCE		(c)		d)		e)		(f)
<b>30</b> Total business/investment miles driven during the year ( <b>do not</b> include commuting miles)				Vehi		Vehicle 2		Vehicle 3		٠ ١	Vehicle 4		Vehicle 5		V ehicle 6	
31 Total commuting i	miles driven	during the ye	ar .													
32 Total other persor	nal(noncomm	nuting) miles (	drıven													
33 Total miles driven during the year Add lines 30 through 32																
34 Was the vehicle a		ersonal use		Yes	No	Yes	No	Y	es	No	Yes	No	Yes	No	Yes	No
during off-duty ho	urs?									1				†		+
<b>35</b> Was the vehicle upowner or related p	sed primarily	by a more th	ian 5%													
36 Is another vehicle			e? .													1
<b>Section</b> Answer these question one of the section	ns to determ	•	et an exc												not mo	re thai
<b>37</b> Do you maıntaın a	written polic	y statement	that prob	nibits all	personal	use of	vehi	cles,	ncl	udıng cor	nmutır	ng, by y	our	\ \ \ \	es	No
employees? .							•	•				•	•			
<b>38</b> Do you maintain a employees? See t																
<b>39</b> Do you treat all us	se of vehicles	by employee	es as pei	rsonal us	e? .											
<b>40</b> Do you provide movehicles, and reta	ore than five	vehicles to y	our empl			rmatio	n fror	m you	rer	nployees	about	the us	e of th	e 🗀		
<b>41</b> Do you meet the r				automobi	le demor	• nstratio	n us	e? (S	• ee 11	nstructio	ns )					
<b>Note:</b> If your answ	ver to 37, 38	, 39, 40, or 4	1 is "Ye	s," do no	t comple	te Sect	ion E	3 for t	he c	overed v	ehicle	S				
Part VI Amo	rtization														•	
(a) (b) Date Description of costs amortization			(c) A mortizable amount			C	Code A mort			d or	zation A mori			<b>(f)</b> tization for is year		
		begins								perce	ntage					
<b>42</b> A mortization of co	sts that beg	ıns durıng yo	ur 2010	tax year	(see ins	truction	1s)					1				
											1					
<b>43</b> A mortization of co	sts that beg	an before you	ır 2010 t	tax year		•	•				43					

44 Total. Add amounts in column (f) See the instructions for where to report

44