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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 2	2014 cal	lendar year, or tax year beginnin	g 01-01-2014 , and ending 12-31-20	14				
		pplicable	C Name of organization			D Emplo	yer iden	tification number	
┌ Add	ress ch	ange	AMERICAN ASSOCIATION OF MUSEC	פויינס		53-02	205889		
┌ Na	me chai	nge	Doing business as						
┌ Init	ıal retu	rn	AMERICAN ALLIANCE OF MUSEUMS			E Tolonia			
_ Fin				nail is not delivered to street address) Room/	suite		one numb		
ret	urn/terr	nınated	1575 EYE STREET NW NO 400			(202)	289-1	818	
☐ Am	ended	return	City or town, state or province, cou WASHINGTON, DC 200051105	ntry, and ZIP or foreign postal code		6 6		12.072.200	
☐ App	olication	pending	WASHINGTON, DC 200031103			G Gross	eceipts \$	12,073,368	
			F Name and address of pri	ncıpal officer	H(a) Is th	■ is a group	return	for	
			FORD BELL 1575 EYE STREET NW NO	400	subo	rdinates?		┌ Yes 🗸 No	
			WASHINGTON, DC 20005		H(b) Are a	all subord	ınatac	┌ Yes ┌ No	
						ded?	illates	1 1651 110	
I Ta	x-exem	pt status	5 √ 501(c)(3) √ 501(c)() ◄ (insert no) 4947(a)(1) or 527	If "N	o," attach	ı a lıst ((see instructions)	
J W	ebsite	: :► WV	WW AAM-US ORG		H(c) Grou	up exempt	ion num	nber ►	
<u></u>				C out b	1				
	n of org rt I		n 🔽 Corporation 🗌 Trust 🗍 Association	on Other -	L Year of fo	mation 19	906 M	State of legal domicile DC	
Ра									
			describe the organization's mission HANCE THE VALUE OF MUSEUI	on or most significant activities MS TO THEIR COMMUNITIES THRO	UGH LEADER	SHIP.AD	VOCAC	Y. AND SERVICE	
φ	-				0 011 22110 211	01111 / 110		,	
Ě	_								
Ě									
Governance	2 (Check t	this box 🔰 if the organization di	scontinued its operations or disposed	of more than 2	25% of its	net ass	sets	
భ శ	 3	Number	of voting members of the govern	ing body (Part VI, line 1a)		_	3	26	
20 ()				of the governing body (Part VI, line 1			4	26	
Activities			· -	calendar year 2014 (Part V, line 2a)	•		5	48	
ŧ				necessary)			6	225	
ď.	1		•	art VIII, column (C), line 12			7a	619,668	
				rom Form 990-T, line 34			7b	105,501	
	-					or Year	1 /5	Current Year	
	8	Contr	abutions and grants (Part VIII li	ne 1 h)		2,382,	498	2,937,659	
ā	9 Progra			ervice revenue (Part VIII, line 2g)		6,701,		6,863,386	
Rayenue				:income (Part VIII, column (A), lines 3, 4, and 7d)			206	146,023	
Ξ.	11			III, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			825	446,257	
	12			(must equal Part VIII, column (A), li	ne -	303,	023	110,237	
						9,760,	672	10,393,325	
	13	Grant	s and sımılar amounts paıd (Part	IX, column (A), lines 1-3)		637,	082	958,096	
	14	Benef	fits paid to or for members (Part 1	X, column (A), line 4)			0	0	
	15			ee benefits (Part IX, column (A), lines	:	4,048,123		4,493,808	
Expenses	16-	5-10	,			<u> </u>			
ğ	16a			column (A), line 11e)	•		0	0	
ਲੋ	b	Total fu	undraising expenses (Part IX, column (D), line 25) • 548,899					
	17	Other	r expenses (Part IX, column (A),	lines 11a-11d, 11f-24e)		4,475,	350	4,556,356	
	18	Total	expenses Add lines 13-17 (mu	st equal Part IX, column (A), line 25)		9,160,555		10,008,260	
	19	Rever	nue less expenses Subtract line	18 from line 12		600,	117	385,065	
\$ \$						g of Curre	nt	End of Year	
D T					<u> </u>	/ear			
Net Assets or Fund Balances	20		assets (Part X, line 16)			5,237,		5,382,080	
# E	21					4,319,		4,042,458	
	22			line 21 from line 20		917,	934	1,339,622	
	rt II	_	nature Block						
				amined this return, including accompa nplete Declaration of preparer (other					
			cnowledge	inplete Declaration of preparer (other	tilali ollicer) is	Dased on	all IIII0I	mation of which	
		· 1.	<u>-</u>						
		****				015-05-05			
Sign		Signa	nature of officer		D	ate			
Here	е		D BELL PRESIDENT AND CEO						
		<u> </u>	e or print name and title	Draparode eggstives	Data		LDTIN		
. .			Print/Type preparer's name FRANK H SMITH	Preparer's signature FRANK H SMITH		eck lif f-employed	PTIN P00639	053	
Paid			Firm's name F RAFFA PC	-		n's EIN 🕨 5	2-151127	5	
	pare		Firm's address ► 1899 L STREET NW SU	TTF 900	Dhe	one no (202) 822-E0	00	
Use	∖ ()nl	IV I'	3 GGG1633 F 1077 L 31KLLI NVV 30	>00	I FIIC	110 (202	., 522.30		

WASHINGTON, DC 20036

✓ Yes ☐ No

Form	990 (2014)				Page
Par	Statement of Program S Check if Schedule O contains			III	
1	Briefly describe the organization's m	ssion			
COM SERV OUT MUS PUR PUB	AMERICAN ALLIANCE OF MUSEUMS IMUNITY THE ALLIANCE SUPPORTS /ING THE PUBLIC THE ALLIANCE W LETS FOR PROFESSIONAL RESEARC EUM PROFESSION THROUGH THE D POSES, THE ALLIANCE USES MEETI LICITY AND COMMUNICATION SO / ENCOURAGE COOPERATION AMOI	S MUSEUM STAFF, VILL SUPPORT OP CH AND PUBLICAT DEVELOPMENT AN NGS, REPORTS, P AS TO INCREASE	, BOARDS AND VOLU PORTUNITIES FOR S FION AS WELL AS FOI ID OBSERVANCE OF I APERS, DISCUSSION AND DIFFUSE KNOW	NTEERS ACROSS THE COUN OUND PROFESSIONAL PREI STER THE CONTINUED IMP HIGH STANDARDS OF ETHIO S, PUBLICATIONS, AND OT LEDGE OF ALL MATTERS PE	NTRY IN BETTER PARATION, PROVIDE ROVEMENT OF THE CS IN PROMOTING ITS HER MEDIA OF RTAINING TO MUSEUMS
2	Did the organization undertake any si the prior Form 990 or 990-EZ? .	gnıficant program s	services during the yea	r which were not listed on	
	If "Yes," describe these new services	on Schedule O			
3	Did the organization cease conductin services?		=	onducts, any program	
	If "Yes," describe these changes on 9	Schedule O			
4	Describe the organization's program sexpenses Section 501(c)(3) and 503 the total expenses, and revenue, if ar	1 (c)(4) organizatioi	ns are required to repo		
4a	(Code) (Expenses \$	3,147,348	3 including grants of \$	870,684) (Revenue \$	249,915)
	FIELD-WIDE SERVICES STRENGTHENS MUS CONTINUUM OF EXCELLENCE PROGRAMS-IN TACTICAL STRATEGIES TO BETTER FULFILL I PROGRAM IS THE FIELD'S PRIMARY VEHICLE INTERNATIONAL EXCHANGE PROGRAM MUSI ISSUES, ADVANCING CROSS-CULTURAL DIAL	ICLUDING THE FEDERAI MUSEUMS' PUBLIC SERV E FOR QUALITY ASSURA EUMS CONNECT, MUSE	LLY FUNDED MUSEUMS ASS VICE, COLLECTIONS STEWAI NCE, SELF-REGULATION AN	ESSMENT PROGRAM (MAP)- FOSTER RDSHIP AND EDUCATIONAL ROLES T D PUBLIC ACCOUNTABILITY THROUG	EXCELLENCE AND OFFER THE ALLIANCE'S ACCREDITATION GH THE FEDERALLY FUNDED
4b	(Code) (Expenses \$	5 2,805,824	Including grants of \$) (Revenue \$	2,295,186)
	MEETINGS AND PROFESSIONAL EDUCATION AND PROFESSIONAL DEVELOPMENT EXPERIE LEADERSHIP TRAINING AND THE AAM ANNU.	BRINGS TOGETHER AU	JTHORITATIVE VOICES AND M FIELD, INCLUDING YEAR-	INFORMATION PIONEERS TO DELIVE ROUND SEMINARS AND WORKSHOP	R WORLD-CLASS EDUCATIONAL
	(Code) (Expenses \$	1,330,490) including grants of \$	87,412) (Revenue \$	3,321,742)
	MEMBERSHIP PROVIDES INDISPENSABLE RI PROFESSIONAL NETWORKS OFFER MEMBER INTERDISCIPLINARY EXCHANGE OF BEST PR	ESOURCES FOR THE INS S RELEVANT INFORMAT	STITUTIONS AND INDIVIDUATION FOR CAREER SUCCESS	ALS THAT MAKE UP THE DIVERSE MU	SEUM FIELD THE ALLIANCE'S 22
	See Additional Data				
	Other program services (Describe ii	Schedula O \			
u	(Expenses \$ 2,032,753	•	of\$) (Revenue \$	519,895)
4e	Total program service expenses 🕨	9,316,41	5		

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	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^{\bullet}	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? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 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? If "Yes," complete Schedule D, Part II	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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
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, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	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	Yes	
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 and XII	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 and XII 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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (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 hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV </i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
4	Entautha numbar reported in Boy 2 of Form 1006 Entau 0 if not applicable 100		Yes	No
та b	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 109 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	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
h	If "Yes," enter the name of the foreign country			
ט	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
62	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 as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			INO
	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	7a		No
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
02	Did the sponsoring organization make any taxable distributions under section 4966?	8 9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	35		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13				
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
c	In which the organization is licensed to issue qualified health plans			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2014) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax 1a 26 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was Nο Did the organization become aware during the year of a significant diversion of the organization's assets? . Νo Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Yes Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes **b** Each committee with authority to act on behalf of the governing body? Yes 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 Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code 10a Did the organization have local chapters, branches, or affiliates? 10a Νo **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Yes 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Yes Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Yes 12c 13 13 Yes Did 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? The organization's CEO, Executive Director, or top management official 15a 15b Yes 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 16a Nο **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b **Section C. Disclosure** 17 List the States with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CT, FL, IL, KS, KY, ME, MD, MA, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

- 18 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 made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►KYLE ANGE

Form 990 (2014)	
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)		organization and related organizations

Form 990 (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					1	(D) Reportable compensation from the organization (W-	from related /- organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total			
С	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	1,078,634	0	92,514

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►10

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
WASHINGTON STATE CONVENTION CENTER 800 CONVENTION PLACE SEATTLE, WA 98101	MEETING HOST	273,960
APTIFY CORPORATION 7900 WESTPARK DRIVE 5TH FLOOR TYSONS CORNER, VA 22102	SOFTWARE DEVELOPMENT	236,687
CREATIVE EVENT EXPERIENCE LLC 1802 N UNDERWOOD STREET ARLINGTON, VA 22205	OUTSOURCED SALES - COMMISSION FEES	173,349
PRODUCTION RESOURCES GROUP PO BOX 905897 CHARLOTTE, NC 28290	AUDIOVISUAL SERVICES	141,490
SEATTLE SHERATON 1400 6TH AVENUE 4TH FLOOR SEATTLE, WA 98101	HOTEL	127,732
2 Total number of independent contractors (including but not limited to those listed above) who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \(\mathbb{F} 6 \)

Other Revenue	

Form 99		· ·						Page 9
Part V	/##1	Statement o	f Revenue ule O contains a respor	nse or note to any lin	ie in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated cam	paigns 1a					
Giffs, Grants ilar Amounts	ь	Membership du	es 1b					
90 110	c	Fundraising eve	ents 1c					
ffs, r A	d		rations 1d					
ĭa Eia		Government grants		1,733,755				
ns, Sirr	e							
er.	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	1,203,904				
년 된	g		ons included in lines	10,151				
Contributions, Gifts, Grants and Other Similar Amounts	h	1a-1f \$ Total. Add lines	: 1a-1f		2,937,659			
<u>ہ ت</u>	₩"	Total. Add lines			_,,			
ē E	22	MEMBERCHIR DUE	c	Business Code	2 224 742	2 224 742		
ven	2a	MEMBERSHIP DUES	<u> </u>	900099	3,321,742	3,321,742		
2 <u>4</u>	b	EXHIBIT FEES REGISTRATIONS		900099	1,373,413	1,373,413	44 740	
Program Serwoe Revenue	d	ADVERTISING INCO		900099	1,313,397	1,298,648	14,749	
Š	e e	ACCREDITATION F		541800	604,919	240.045	604,919	
Ē	f		am service revenue	900099	249,915	249,915		
īo L	'							
	g		s 2a – 2f		6,863,386			
	3		ome (including dividendar amounts)		78,409			78,409
	4		tment of tax-exempt bond	<u> </u>				
	5	Royalties			287,709			287,709
			(ı) Real	(II) Personal				
	6a	Gross rents	178,806					
	b	Less rental expenses	202,374					
	С	Rental income or (loss)	-23,568					
	d	, ,	me or (loss)		-23,568			-23,568
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	1,464,841					
	b	Less cost or other basis and	1,397,227					
		sales expenses						
	С	Gain or (loss)	67,614		67,614			67,614
	d 8a	Gross income f	rom fundraising		07,014			07,014
Other Revenue		events (not inc \$	luding reported on line 1c)					
Jer	ь	less directev	penses b					
₹	c		(loss) from fundraising	events 🛌				
	9a		rom gaming activities					
	Ь	less director	a penses b					
			(loss) from gaming acti	vities				
		Gross sales of returns and allo	inventory, less owances .	223,462				
	Ь	less cost of a	a oods sold b	80,442				
			(loss) from sales of inve		143,020	143,020		
		Miscellaneous		Business Code	•	·		
	11a	SUBSCRIPTIO		900099	22,027			22,027
	ь	OTHER INCOM	_	900099	17,069			17,069
	С							
	d	All other reven	ue					
	e	Total. Add lines		🕨	39,096			
	12	Total revenue.	See Instructions .	💺	·	_		
					10,393,325	6,386,738	619,668	449,260

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) 굣 Check if Schedule O contains a response or note to any line in this Part IX . (B) (D) Do not include amounts reported on lines 6b. (A) Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 870,684 870,684 Grants and other assistance to domestic individuals See Part IV, line 22 29,500 29.500 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 57,912 57,912 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 512,169 479,670 32,499 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 3,269,083 2,166,759 871,013 231,311 Pension plan accruals and contributions (include section 401(k) 94,466 37,052 and 403(b) employer contributions) 141,654 10,136 Other employee benefits 299,128 182,887 95,096 21,145 271,774 157,328 95,450 18,996 10 Fees for services (non-employees) 11 Management Legal 47,457 20,525 18,691 8,241 30,000 Accounting 30,000 Lobbying Professional fundraising services See Part IV, line 17 Investment management fees . . 23,912 23,912 Other (If line 11g amount exceeds 10% of line 25, column (A) 1,014,035 723,949 273,804 amount, list line 11g expenses on Schedule O) 16,282 12 Advertising and promotion 13 Office expenses 932,384 623,570 297,593 11.221 132,072 82,830 49,227 14 Information technology . . . 15 15 Royalties . . 10,336 10,336 706,085 16 839,718 133,633 524,364 463,466 50,722 17 10,176 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 491,500 473,956 13,505 4,039 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 281,645 281,645 37,923 28,376 9,547 Other expenses Itemize expenses not covered above (List 24 miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) OTHER EXPENSES 119,881 114,413 5.468 PROF DEVELOPMENT 64,526 29,904 29,352 5,270 6,603 c UBITAXES 6,603 d OVERHEAD EXPENSES 3,081,086 -3,260,654 179,568 e All other expenses Total functional expenses. Add lines 1 through 24e 25 10,008,260 9,316,415 142,946 548,899 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Fai	L X	Check if Schedule O contains a response or note to any line in t	hıs Par	tx			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			300		340
	2	Savings and temporary cash investments			758,514	2	621,793
	3	Pledges and grants receivable, net			169,524	3	192,815
	4	Accounts receivable, net			218,258	4	237,881
	5	Loans and other receivables from current and former officers, demployees, and highest compensated employees Complete Paschedule L	rectors	s, trustees, key		5	
Assets	6	Loans and other receivables from other disqualified persons (a: 4958(f)(1)), persons described in section 4958(c)(3)(B), and and sponsoring organizations of section 501(c)(9) voluntary erorganizations (see instructions) Complete Part II of Schedule	contribu mployee	iting employers		6	
82	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use			311,523	8	323,605
	9	Prepaid expenses and deferred charges			192,887	9	222,148
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1 1	4,573,991	102,007		222,140
	ь	Less accumulated depreciation	10b	3,693,304	1,106,291	10c	880,687
	11	Investments—publicly traded securities			2,480,457	11	2,902,811
	12	Investments—other securities See Part IV, line 11		•	, ,	12	· ·
	13	Investments—program-related See Part IV, line 11				13	_
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34).			5,237,754	16	5,382,080
	17	Accounts payable and accrued expenses			607,268		595,254
	18	Grants payable			331,233	18	333,231
	19	Deferred revenue			2,959,213		2,742,486
	20	Tax-exempt bond liabilities			2,000,210	20	2,742,400
	21	Escrow or custodial account liability Complete Part IV of Sche				21	
lities	22	Loans and other payables to current and former officers, directively employees, highest compensated employees, and disquality	ors, trus			21	
Liabiliti		persons Complete Part II of Schedule L				22	
∺	23	Secured mortgages and notes payable to unrelated third partie				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related and other liabilities not included on lines 17-24) Complete Pa	ted thire	d parties,			
		D	753,339	25	704,718		
	26	Total liabilities. Add lines 17 through 25			4,319,820	26	4,042,458
ses		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	⊽ and o	complete			
G G	27	Unrestricted net assets			135,974	27	361,770
<u> </u>	28	Temporarily restricted net assets			510,785	28	706,537
귤	29	Permanently restricted net assets			271,175	29	271,315
r Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	ere ► 「	and			
s or	30	Capital stock or trust principal, or current funds				30	
Ř	31	Paid-in or capital surplus, or land, building or equipment fund				31	_
Assets	32	Retained earnings, endowment, accumulated income, or other f				32	
Net	33	Total net assets or fund balances			917,934	33	1,339,622
Z	34	Total liabilities and net assets/fund balances			5,237,754	34	5,382,080
	1				1 2,23. ,. 34	- 1	

Pai	TEXT Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		10,3	393,325
2	Total expenses (must equal Part IX, column (A), line 25)	2		10,0	08,260
3	Revenue less expenses Subtract line 2 from line 1	3			 885,065
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			917,934
5	Net unrealized gains (losses) on investments	5			36,623
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1.3	39,622
Par	t XII Financial Statements and Reporting			•	
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	1e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
За	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?	9	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes	

Additional Data

Software ID: Software Version:

EIN: 53-0205889

Name: AMERICAN ASSOCIATION OF MUSEUMS

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	1,032,277	including grants of \$) (Revenue \$	519,895)
PUBLICATIONS AND B	USINESS ENTERPRIS	SES PUBLIS	HES TITLES OF INTEREST TO T	HE MUSEUM FIELD AND MAI	INTAINSA
BOOKSTORE FOR DIST	RIBUTION OF MUSE	UM RELATED	D BOOKS TO MUSEUM PROFESS	SIONALS, STUDENTS, LIBRAF	RIES, AND
OTHER AUDIENCES A	AM ALSO CONNECTS	MUSEUM P	ROFESSIONALS WITH RELEVAN	NT SERVICE PROVIDERS THE	ROUGH
ADVERTISEMENTS, PRO	OGRAMMING AND DI	SCOUNT OF	PPORTUNITIES		
(Code) (Expenses \$	706,770	including grants of \$) (Revenue \$)
•	, , , ,	,	including grants of \$ PROMOTE A DEEPER UNDERST	, ,)
ADVOCACY UNITEST	HE DIVERSE MUSEU DMIC AND SOCIAL V	M FIELD TO ALUE OF MU	PROMOTE A DEEPER UNDERST JSEUMS WITH POLICYMAKERS,	ANDING OF THE CRITICAL THE PRESS AND THE PUBLI	
ADVOCACY UNITES T EDUCATIONAL, ECONO ALLIANCE OFFERS EXT	HE DIVERSE MUSEU DMIC AND SOCIAL V ENSIVE ADVOCACY	M FIELD TO ALUE OF MU TRAINING	PROMOTE A DEEPER UNDERST	ANDING OF THE CRITICAL THE PRESS AND THE PUBLI	

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 293,706 including grants of \$) (Revenue \$)
CENTER FOR THE FUTURE OF MUSEUMS FORECASTS GLOBAL MEGATRENDS AND RESEARCHES HOW THOSE TRENDS WILL
AFFECT MUSEUMS THE ALLIANCE'S THINK TANK AND RESEARCH LAB, CFM HELPS MUSEUMS EXPLORE THE CULTURAL,
EDUCATIONAL, POLITICAL AND ECONOMIC CHALLENGES FACING SOCIETY AND DEVISE STRATEGIES TO SHAPE A BETTER
TOMORROW CFM PRODUCES AN ANNUAL TREND REPORTS, PROVIDES TRAINING AND CONSULTING SERVICES RELATED TO
FORECASTING AND FUTURE STUDIES, RUNS A FELLOWSHIP PROGRAM DEVOTED TO EMERGING ISSUES AND IMPLEMENTS
PROJECTS RESPONDING TO IMPORTANT TRENDS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and		
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	2/1033 MISC)	2/1033 14130)	related organizations
(1) KAYWIN FELDMAN	2 00	х		Х				0	0	0
CHAIR (1) WILLIAM T HARRIS	2 00									
VICE CHAIR & SECRETARY		X		Х				0	0	0
(2) MEME OMOGBAI	2 00	х		Х				0	0	0
IMMEDIATE PAST CHAIR (3) GEORGE JOHNSON	2 00									
TREASURER (STARTING 05/21/14)		Х		х				0	0	0
(4) JOHN WETENHALL	2 00							_	_	_
DIRECTOR, TREASURER (THRU 05/21/14)		×		Х				0	0	0
(5) KIPPEN DE ALBA CHU DIRECTOR	2 00	x						0	0	0
(6) ELLEN CHARLES	2 00	х						0	0	0
DIRECTOR (7) ROBERTA CONNER	2 00							_	_	
DIRECTOR (THRU 05/21/14)		X						0	0	0
(8) ROBERT M DAVIS	2 00	х						0	0	0
DIRECTOR (9) BERIT N DURLER	2 00									
DIRECTOR		Х						0	0	0
(10) MARK EDWARD	2 00	х						0	0	0
DIRECTOR (11) DAVID ELLIS	2 00	x						0	0	0
DIRECTOR (12) JAMES HACKNEY	2 00									
DIRECTOR		х						0	0	0
(13) JOEL HOFFMAN	2 00	х						0	0	0
DIRECTOR (14) NIK HONEYSETT	2 00									
DIRECTOR		Х						0	0	0
(15) DOUGLAS JONES	2 00	x						0	0	0
(16) ELIZA BENINGTON KOZLOWSKI DIRECTOR	2 00	х						0	0	0
(17) LISA YUN LEE	2 00	x						0	0	0
DIRECTOR (18) JUDITH MARGLES	2 00									
DIRECTOR		х						0	0	0
(19) TONYA MATTHEWS DIRECTOR	2 00	х						0	0	0
(20) DOUGLAS MYERS	2 00	x						0	0	0
DIRECTOR (THRU 05/21/14) (21) TEY MARIANNA NUNN	2 00	^								
DIRECTOR		х						0	0	0
(22) PATTY ORTIZDIRECTOR	2 00	х						0	0	0
(23) LAWRENCE PIJEAUX	2 00	×						0	0	0
DIRECTOR (24) VAN A ROMANS	2 00									
DIRECTOR		х						0	0	0
		-								

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations	
(26) SILVIA SINGER	2 00	х						0	0	0	
DIRECTOR			<u> </u>					-		-	
(1) CARLOS TORTOLERO	2 00	x						0	0	0	
DIRECTOR		^						<u> </u>	<u> </u>		
(2) MARSHALL TURNER	2 00	X						0	0	0	
DIRECTOR		_ ^ _						U	U	0	
(3) FORD BELL	40 00		[202.027		22.051	
PRESIDENT & CEO				Х				302,937	0	22,051	
(4) LAURA LOTT	40 00							170.006	0	16.275	
C00				Х				170,906	0	16,275	
(5) JANET VAUGHAN	40 00					$\lceil \ \ \rceil$		124 400		14.261	
VP OF MEMBERSHIP & EXCELLENCE						Х		124,488	0	14,261	
(6) JOHN STRAND	40 00					х		123,368	0	6,162	
PUBLISHER								123,300		0,102	
(7) GAIL RAVNITZKY SILBERGLIED	40 00			'				120 750		7.460	
VP OF GOVERNMENT RELATIONS						Х		120,758	0	7,460	
(8) KYLE ANGE	40 00		[[110 722		12.251	
CONTROLLER						Х		119,733	0	13,251	
(9) ELIZABETH MERRITT	40 00							116 444	0	12.054	
DIRECTOR, CFM		<u></u> !				Х		116,444	0	13,054	

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As Filed Data -

DLN: 93493125014165

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	Name of the organization NMERICAN ASSOCIATION OF MUSEUMS						Employer Identification number					
AITEK.	ICAN A	SSOCIATION OF PROSECUES					53-0205889					
Pa	rt I	Reason for Publi	c Charity S	tatus (All organiza	itions must co	mplete this p		ons.				
The	organı	zation is not a private fo	oundation beca	ause it is (For lines 1	through 11, ch	eck only one bo	ox)					
1	Γ	A church, convention	of churches, o	r association of churc	hes described i	n section 170(t	o)(1)(A)(i).					
2	\sqcap	A school described in	section 170(b)(1)(A)(ii). (Attach S	chedule E)							
3	Г	A hospital or a cooper	atıve hospıtal	service organization (described in sec	tion 170(b)(1)	(A)(iii).					
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state										
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		section 170(b)(1)(A)	(iv). (Complet	e Part II)								
6	Г	A federal, state, or loc	al governmen	t or governmental unit	described in se	ection 170(b)(1	.)(A)(v).					
7	<u> </u>	An organization that n described in section 1	ormally receiv	es a substantial part	of its support fr			general public				
8	\sqcap	A community trust de				tII)						
9		An organization that n					butions, membership	fees, and gross				
		receipts from activitie										
		its support from gross										
		acquired by the organ										
10	Г	An organization organ										
11		An organization organ	•	•	•	•		out the purposes of				
	•	one or more publicly s										
	_	the box in lines 11a th										
а	ı	Type I. A supporting of										
		supported organizatio organization You mus			-	ty of the directi	ors or trustees of the	supporting				
b	Γ	Type II. A supporting				with its suppo	rted organization(s), l	by having control or				
		management of the su	ipporting organ	nization vested in the	same persons t	hat control or r	nanage the supported	organization(s) You				
	_	must complete Part I	•									
C	ı	Type III functionally supported organizatio						grated with, its				
d	Г	Type III non-function						ianization(s) that is				
		not functionally integr										
	_	(see instructions) Yo										
е	ı	Check this box if the o					s a Type I, Type II, T	ype III functionally				
f		integrated, or Type II Enter the number of s		•								
g g		Provide the following i										
9		Trovide the following f	mormation ab	out the supported orge	11112411011(3)							
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	ganization	(v) A mount of	(vi) A mount of				
		organization	(11)	organization (described on lines	listed in your docume	governing	monetary support (see instructions)	other support (see instructions)				
				1-9 above or IRC section (see				,				
				ınstructions))								
					Yes	No						

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.)

	ection A. Public Support							
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2	014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,512,422	2,424,939	2,720,687	2,382,498	2	2,937,659	12,978,205
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							
4	Total. Add lines 1 through 3	2,512,422	2,424,939	2,720,687	2,382,498	2	2,937,659	12,978,205
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							874,356
	amount shown on line 11, column							
6	(f) Public support. Subtract line 5 from line 4							12,103,849
	ection B. Total Support	T						
Cale	endar year (or fiscal year beginning in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 20)14	(f) Total
7	Amounts from line 4	2,512,422	2,424,939	2,720,687	2,382,498	2	,937,659	12,978,205
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	485,328	558,893	567,921	531,922		544,924	2,688,988
9	Net income from unrelated business activities, whether or not the business is regularly carried on	145,636	142,617	109,564	98,686		106,501	603,004
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	30,678	42,534	15,301	30,809		39,096	158,418
11	Total support Add lines 7 through 10							16,428,615
12	Gross receipts from related activiti	es, etc (see ınstı	ructions)	•	•	12		33,070,259
13	First five years. If the Form 990 is organization, check this box and st)
	ection C. Computation of Pul							
14	Public support percentage for 2014		•	11, column (f))		14		73 680 %
15	Public support percentage for 2013	Schedule A, Par	t II, line 14			15		71 530 %
	33 1/3% support test—2014. If the and stop here. The organization qua 33 1/3% support test—2013. If the	alıfıes as a publıcl	y supported orgai	nızatıon				► ✓
	box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization meeting Part VI how the organization meeting the stop of the organization meeting the stop of the organization meeting the stop of the organization meeting th	n qualifies as a pu — 2014. If the orga tion meets the "fa	iblicly supported of anization did not c acts-and-circums	organization heck a box on lin tances" test, che	e 13, 16a, or 16 ck this box and s	b, and lin stop here	e 14 . Explain	rted
b	organization 10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part VI how the organiza supported organization	nization meets the tion meets the "fa	e "facts-and-circu acts-and-circums	ımstances" test, tances" test The	check this box a e organization qua	nd stop h alıfıes as	n ere. a publici	▶ ¯
18	Private foundation. If the organizations	ion did not check	a box on line 13,	16a, 16b, 17a, c	or 17b, check this	s box and	see	▶ □

Schedule A (Form 990 or 990-EZ) 2014 Page 3 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

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

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

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

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

Section C - Distributable Amount

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

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year					
1 Amounts paid to supported organizations to accom	1 Amounts paid to supported organizations to accomplish exempt purposes					
2 Amounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in				
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons				
4 Amounts paid to acquire exempt-use assets						
5 Qualified set-aside amounts (prior IRS approval rec	nured)					
6 Other distributions (describe in Part VI) See instru	JCTIONS					
7 Total annual distributions. Add lines 1 through 6						
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide				
9 Distributable amount for 2014 from Section C, line	6					
10 Line 8 amount divided by Line 9 amount						
		(::)	(:::)			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014			
1 Distributable amount for 2014 from Section C, line 6						
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)						
3 Excess distributions carryover, if any, to 2014						
a From 2009						
b From 2010						
c From 2011						
d From 2012						
e From 2013						
f Total of lines 3a through e						
g Applied to underdistributions of prior years						
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)						
j Remainder Subtract lines 3g, 3h, and 3i from 3f						
4 Distributions for 2014 from Section D, line 7 \$						
A pplied to underdistributions of prior years						
b Applied to 2014 distributable amount						
c Remainder Subtract lines 4a and 4b from 4						
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)						
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)						
7 Excess distributions carryover to 2015. Add lines 3j and 4c						
8 Breakdown of line 7						
a From 2010						
b From 2011						
c From 2012						
d From 2013						

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test	
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Return Reference	Explanation
·	OTHER INCOME - 2010 AMOUNT \$ 12,504 2011 AMOUNT \$ 24,382 2013 AMOUNT \$
EXPLANATION OF OTHER	9,339 2014 AMOUNT \$ 17,069 SUBSCRIPTIONS - 2010 AMOUNT \$ 18,174 2011 AMOUNT
INCOME	\$ 18,152 2012 AMOUNT \$ 15,301 2013 AMOUNT \$ 21,470 2014 AMOUNT \$ 22,027

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493125014165

OMB No 1545-0047

Inspection

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. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** AMERICAN ASSOCIATION OF MUSEUMS Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ┌ Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2014

section 4911 tax for this year?

┌ Yes ┌ No

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

Check	▶	ıf the filing	organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, E	ĪN,
		expenses	and share of excess lobbying expenditures)	

B Check ► T if the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	85,545	
c	Total lobbying expenditures (add lines 1a and 1	o)	85,545	
d	Other exempt purpose expenditures		10,037,977	
е	Total exempt purpose expenditures (add lines 1	c and 1d)	10,123,522	_
f	Lobbying nontaxable amount Enter the amount columns	rom the following table in both	656,176	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lir	ne 1f)	164,044	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-	0	
i	Subtract line 1f from line 1c If zero or less, ente	r-0-	0	
j	If there is an amount other than zero on either lii	ne 1h or line 1i, did the organization file Form 4720) reporting	□ Ves □ No

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2011 **(b)** 2012 (c) 2013 (d) 2014 (e) Total beginning in) 681,691 674,978 595,480 656,176 2,608,325 Lobbying nontaxable amount Lobbying ceiling amount 3,912,488 (150% of line 2a, column(e)) 105,337 85,545 Total lobbying expenditures 111,851 61,606 364,339 Grassroots nontaxable amount 170,423 168,745 148,870 164,044 652,082 Grassroots ceiling amount 978,123 (150% of line 2d, column (e)) Grassroots lobbying expenditures

or e	filed Form 5768 (election under section		(a	a)	(b)
ctiv	r each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying tivity.		Yes	No	Am	ount
L	During the year, did the filing organization attempt to influence legislation, including any attempt to influence public opinion through the use of					
a b		s reported on lines 1c through 1i)?			_	
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government offici	als, or a legislative body?				
h i	Rallies, demonstrations, seminars, conventions, speeches, le Other activities?	ectures, or any similar means?				
j	Total Add lines 1c through 1:					
a	Did the activities in line 1 cause the organization to be not do	escribed in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section	4912				
C	If "Yes," enter the amount of any tax incurred by organization	n managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it fil	•				
ar	rt III-A Complete if the organization is exempt 501(c)(6).	under section 501(c)(4), section	501(c))(5), d	or sec	tion
					Y	es
	Were substantially all (90% or more) dues received nondedu	ctible by members?		Γ	1	
2	Did the organization make only in-house lobbying expenditure	es of \$2,000 or less?			2	
3	Did the organization agree to carry over lobbying and politica	ıl expenditures from the prior year?			3	
ar	rt III-B Complete if the organization is exempt 501(c)(6) and if either (a) BOTH Part II line 3, is answered "Yes."					
	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expendit expenses for which the section 527(f) tax was paid).	ures (do not include amounts of political				
а	,		2a			
b	,		2b			
С			2c			
	Aggregate amount reported in section 6033(e)(1)(A) notices		3			
ŀ	If notices were sent and the amount on line 2c exceeds the a does the organization agree to carryover to the reasonable es					
	political expenditure next year?	stillate of holideductible lobbying and	4			
5 Taxable amount of lobbying and political expenditures (see instructions)						
	Part IV Supplemental Information					
Pa	rovide the descriptions required for Part I-A, line 1, Part I-B, line (see instructions), and Part II-B, line 1 Also, complete this par		up lıst),	Part II	-A, line	es 1 a
or o	(see instructions), and rait in D, line I Also, complete this par					
ro	Return Reference	Explanation				
ro		Explanation				
ro		Explanation				

1 490					
Part IV Supplemental Inf	ormation (continued)				
Return Reference	Explanation				
·	_				

Schedule C (Form 990 or 990EZ) 2014

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DLN: 93493125014165

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. **Inspection** Internal Revenue Service Name of the organization **Employer identification number** AMERICAN ASSOCIATION OF MUSEUMS 53-0205889 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Γ Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included in Form 990, Part VIII, line 1

Cat No 52283D

Schedule D (Form 990) 2014

Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art, H	listorical Tr	easures, or O	ther Similar As	sets (continued)			
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records,		_	-	of its			
а	Public exhibition	C	i	r exchange progr	ams				
b	Scholarly research	•	e Γ Other						
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain h	now they furthe	r the organization	's exempt purpose II	n			
5	During the year, did the organization solicit								
Dar	assets to be sold to raise funds rather than to take to be sold to raise funds rather than to take to be sold to raise funds rather than to take the sold to be sold to raise funds rather than to be sold to				•	Yes No			
Fai	Part IV, line 9, or reported an an				u res to roilli 9				
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	ian or other intermedia	ary for contribut	cions or other ass		Yes No			
b	If "Yes," explain the arrangement in Part XII	I and complete the fol	lowing table	Г					
				-		ount			
с	Beginning balance			-	1c				
d	Additions during the year			-	1d				
e f	Distributions during the year				1e				
f	Ending balance		4 6	L	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	1, for escrow o	custodial accou	nt liability?	Yes No			
ь	If "Yes," explain the arrangement in Part XII					<u> ' </u>			
Pai	t V Endowment Funds. Complete					(e)Four years back			
1a	Beginning of year balance	413,809	388,628	450,896	 	408,820			
b	Contributions	140	420	310	225	150			
С	Net investment earnings, gains, and losses	20,622	46,540	43,034	-10,569	52,270			
d	Grants or scholarships								
е	Other expenditures for facilities and programs	21,729	21,779	105,612					
f	Administrative expenses	412.042	412.000	200 (20	450.000	461 240			
g	End of year balance	412,842	413,809	388,628	450,896	461,240			
2	Provide the estimated percentage of the cur		(line 1g, columi	n (a)) held as					
а	Board designated of quasi-endownent F	23 340 %							
b	Permanent endowment ► 65 720 %								
C	Temporarily restricted endowment \blacktriangleright 10 $^\circ$ The percentages in lines 2a, 2b, and 2c sho	940 % uld equal 100%							
3a	Are there endowment funds not in the posse	ssion of the organizatio	on that are held	and administered	d for the				
	organization by				2-/	Yes No			
	(i) unrelated organizations(ii) related organizations				3a(i				
b	If "Yes" to 3a(II), are the related organization		n Schedule R?						
4	Describe in Part XIII the intended uses of the	·							
Par	t VI Land, Buildings, and Equipme		organization	answered 'Yes	' to Form 990, Pa	rt IV, line			
	11a. See Form 990, Part X, line Description of property	10.	(a) Cost or	other (b)Cost or o	other (c) Accumulated	d (d) Book value			
	Description of property		basis (invest			(d) book value			
1 a l	and								
b E	Buildings								
c l	easehold improvements		ı	I 74	2,992 549,3	94 193,598			
	ceasenoia improvements			74	-,	173,370			
	Equipment			1,35	0,901 1,223,70	66 127,135			
_ e (·			1,35 2,48		66 127,135			

Part VII Investments—Other Securities. Co	mplete if the organization	answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	
Part VIII Investments—Program Related. C	omplete if the organizatio	n answered 'Yes' to Form 990, Part IV, line 11c
See Form 990, Part X, line 13.		T
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of that of year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization	an answered 'Ves' to Form 000), Part IV, line 11d See Form 990, Part X, line 15
(a) Desc		(b) Book value
	·	
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15.)	
Part X Other Liabilities. Complete if the org		
Form 990, Part X, line 25.		22 27 220 01 2211 000
1 (a) Description of liability	(b) Book value	
Federal income taxes		
DEFERRED RENT AND LEASEHOLD INCENTIVE		
LIABILITY	664,218	
SECURITY DEPOSITS	40,500	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	704710	
2 Labelle for an action by most equal to the post of t	704,718	ha annon makanda ƙwan and akakamanka khataa a aka kha

PART XI, LINE 2D - OTHER

PART XII, LINE 2D - OTHER

ADJUSTMENTS

ADJUSTMENTS

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue the organization answered 'Yes' to Form 990, Part IV, line 12a.	e per	Return Complete If
1	Total revenue, gains, and other support per audited financial statements	1	10,811,352
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a 36,6	23	
b	Donated services and use of facilities	00	
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII)	16	
e	Add lines 2a through 2d	. 2e	441,939
3	Subtract line 2e from line 1	. з	10,369,413
4	Amounts 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 23,9	12	
b	Other (Describe in Part XIII)		
C	Add lines 4a and 4b	. 4 c	23,912
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	= - / /
Part	Reconciliation of Expenses per Audited Financial Statements With Expense if the organization answered 'Yes' to Form 990, Part IV, line 12a.	ses pe	r Return. Complete
1	Total expenses and losses per audited financial statements	1	10,389,664
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	00	
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)	16	
e	Add lines 2a through 2d	. 2e	405,316
3	Subtract line 2e from line 1	. 3	9,984,348
4	Amounts 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 23,9	12	
b	Other (Describe in Part XIII)............... 4b		
c	Add lines 4a and 4b	. 4 c	23,912
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	10,008,260
Par	t XIII Supplemental Information		
Part	vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and t V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this par rmation		ıde any addıtıonal
	Return Reference Explanation		
PART	THE ALLIANCE'S ENDOWMENT CONSISTS OF DONOR-RESTRICT DESIGNATED MATCHING FUNDS CONTRIBUTED TO THE ALLIAN ACCREDITATION PROGRAM AND OTHER PROFESSIONAL STANI	ICE IN S	SUPPORT OF ITS
PART	THE ALLIANCE PERFORMED AN EVALUATION OF UNCERTAIN TO SENDED DECEMBER 31, 2014, AND DETERMINED THAT THERE WE WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMEN REFERCT ON ITS TAX-EXEMPT STATUS	RE NO	MATTERS THAT

COST OF GOODS SOLD 80,442 RENTAL EXPENSES 202,374

COST OF GOODS SOLD 80,442 RENTAL EXPENSES 202,374

Jenedale 2 (1 01111 330) 2013		r age 3		
Part XIII Supplemental Information	on (continued)			
Return Reference	Explanation			
-				

Schedule D (Form 990) 2014

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DLN: 93493125014165

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Internal Revenue Service

► Attach to Form 990. ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public

TRESTIGN T TO VOLIGO CONTION								
Name of the organization AMERICAN ASSOCIATION OF MUSE				Employer identi	fication number			
AMERICAN ASSOCIATION OF MUSE	= U M S			53-0205889				
Part I General Information "Yes" to Form 990, Par			ne United States. Co	omplete if the organiza	ation answered			
and other assistance, the gra	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?							
	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.							
3 Activites per Region (The follow	ing Part I, line 3	table can be du	iplicated if additional spa	ace is needed)				
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region			
(1) See Add'l Data		_						
(2)								
(3)								
(4)								
(5)								
3a Sub-total	0	0			57,912			
b Total from continuation sheets to Part I	0	0			0			
c Totals (add lines 3a and 3b)	0	0			57.912			

Schedule F (Form 990) 2014

Pa				i zations or Entitie ived more than \$5,0		•	9		to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
2				ed above that are ro or counsel has pro					
3	Enter total num	nber of other or	ganizations or ent	ities					

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(4) SCHOLARSHIP AND AWARDS AND THE CARIBBEAN ANTIGON A SUBMINATION AWARDS AND THE SUBMINATION AWARDS AND AWARDS AND AWARDS AND AWARDS ARE SUBMINATION AWARDS AWARDS ARE SUBMINATION AWARDS AWARDS AWARDS ARE SUBMINATION AWARDS	(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
AWARDS AUSTRALIA, BRUNEI, BURMA, CAMBODIA, BRUNEI, BURMA, BRUNEI, BURMA, BRUNEI, BURMA, BRUNEI, BURMA, AMBODIA, BURDEAST AND AWARDS AUSTRALIA, BARRAIN, BURDEAST AND ALGENTIA, BURDEAST, BURDEA	AWARDS	AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,		·				
AWARDS A GERIA, BARNAIN DIBOUTI, ECYPT, DIBOUTI, ECUPT,		PACIFIC - AUSTRALIA, BRUNEI, BURMA,	4	11,064	CHECK			
(4) SCHOLARSHIP AND AFRICA AGRENTINA, BOLIVIA, BRAZIL, CHECK AWARDS (5) SCHOLARSHIP AND AWARDS (6) SCHOLARSHIP AND AWARDS (6) SCHOLARSHIP AND AWARDS (7) SCHOLARSHIP AND AWARDS (7) SCHOLARSHIP AND AWARDS (8) CENTRAL AMERICA AWERICA AWARDS (8) CENTRAL AMERICA AWARDS (9) CENTRAL AMERICA AWARDS (10) CENTRAL AMERICA AWARDS (11) CENTRAL AMERICA AWARDS (12) CENTRAL AMERICA AWARDS (13) CENTRAL AMERICA AWARDS (14) CENTRAL AWERICA AWARDS (15) CHECK AWARDS (16) CENTRAL AWERICA AWARDS (17) SCHOLARSHIP AND AWARDS (18) CENTRAL AWERICA AWARDS (19) CENTRAL AWERICA AWARDS (10) CENTRAL AWERICA AWARDS (11) CENTRAL AWERICA AWARDS (11) CENTRAL AWERICA AWARDS (11) CENTRAL AWERICA AWARDS (12) CENTRAL AWERICA AWARDS (13) CENTRAL AWERICA AWARDS (14) CENTRAL AWERICA AWARDS (15) CHECK AWARDS (16) CHECK AWARDS (17) SCHOLARSHIP AND AWARDS (18) CHECK AWARDS (18) CHECK AWARDS (19) CHECK AWARDS (10) CHECK AWARDS (11) CHECK AWARDS (12) CHECK AWARDS (13) CHECK AWARDS (14) CHECK AWARDS (15) CHECK AWARDS (16) CHECK AWARDS (17) CHECK AWARDS (18) CHECK AWARDS (18) CHECK AWARDS (18) CHECK AWARDS (19) CHECK AWARDS (19) CHECK AWARDS (10) CHECK AWARDS (10) CHECK AWARDS (11) CHECK AWARDS (12) CHECK AWARDS (13) CHECK AWARDS (14) CHECK AWARDS (15) CHECK AWARDS (16) CHECK AWARDS (17) CHECK AWARDS (18) CHECK AWARDS	AWARDS	MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN,						
SCHOLARSHIP AND ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR, AWARDS SUB-SAHARAN AWARDS AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO, AWARDS CRITAL AMERICA AND THE CARIBBEAN 1		SUB-SAHARAN	2	8,143	CHECK			
AWARDS AFRICA - ANGOLA, BENIN, BOTSWANA, BENIN, BOTSWANA, BURKINA, FASO, OLARSHIP AND CENTRAL AMERICA AND THE CARIBBEAN (8) (9) (10) (11) (12) (13) (14) (15) (16)	A WA RDS	SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,		·				
AWARDS AND THE CARIBBEAN (8) (9) (10) (11) (12) (13) (14) (15) (16) (17)	AWARDS	AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,		·				
(9) (10) (11) (12) (13) (14) (15) (16)	A WA RDS	AND THE	1	2,615	CHECK			
(10) (11) (12) (13) (14) (15) (16) (17)			-		<u> </u>		 	
(11) (12) (13) (14) (15) (16) (17)			-		<u> </u>		 	
(13) (14) (15) (16) (17)			-		<u> </u>			
(14) (15) (16) (17)	(12)	-						
(15) (16) (17)	(13)	+						
(16)	(14)	+			1			
(17)	(15)	+						
		1		-				
(18)	(17)	1			1			
	(18)				1			

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	<u> </u>	No
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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Г	Yes	<u>\</u>	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)	Г	Yes	<u> </u>	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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	⊽	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; do not file with Form 990)	Г	Yes	<u> </u>	Νo

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page 5

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	GRANTS AND SCHOLARSHIPS ARE AWARDED TO CITIZENS BASED ON THE FOLLOWING CRITERIA 1 MUSEUM EMPLOYEE, FULL-TIME GRADUATE OR PH D STUDENT IN A MUSEUM-RELEVANT FIELD OUTSIDE OF THE U S 2 CITIZEN OF A COUNTRY WITH AN EMERGING ECONOMY 3 NOT PREVIOUSLY A RECIPIENT OF ANY OF THE ALLIANCE FELLOWSHIPS TO ATTEND THE ANNUAL MEETING (INTERNATIONAL, DIVERSITY, EMERGING MUSEUM PROFESSIONAL, OR MID-CAREER PROFESSIONAL NETWORK) 4 MEETING IS RELEVANT TO HIS/HE R CAREER PATH AND IT HAS BEEN ARTICULATED AS TO HOW ATTENDING THIS MEETING COULD ASSIST THE APPLICANT PROFESSIONALLY 5 THERE IS EVIDENCE OF THE IMPORTANCE AND UNIQUENESS OF PARTIC IPATION IN THE ALLIANCE ANNUAL MEETING 6 THERE IS EVIDENCE OF COMMITMENT TO MUSEUMS AND/O R THE LOCAL MUSEUM COMMUNITY, AND IT IS CLEAR AS TO HOW THE APPLICANT CAN BRING NEW INFORM ATION AND SKILLS BACK TO BENEFIT THE LOCAL MUSEUM OR MUSEUM COMMUNITY AND HOW THESE WILL B E APPLIED THE MAJORITY OF THE FUNDS ARE PAID ON BEHALF OF THE RECIPIENTS FOR THEIR ATTENDA NCE AT THE ORGANIZATION'S ANNUAL MEETING A SMALL CASH STIPEND IS PROVIDED ON SITE TO COVE R INCIDENTAL EXPENSES

Additional Data

Software ID: Software Version:

EIN: 53-0205889

Name: AMERICAN ASSOCIATION OF MUSEUMS

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0	GRANTMAKING		19,219
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	GRANTMAKING		11,064
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	GRANTMAKING		9,719

Form 990 Schedule F Part I - Activities Outside The United States									
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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				
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	GRANTMAKING		8,143				
RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS,	0	0	GRANTMAKING		3,898				
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	GRANTMAKING		3,254				

<u>Form 990 Schedule F F</u>	Form 990 Schedule F Part I - Activities Outside The United States										
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(d) is a program service, describe specific type of service	(f) Total expenditures for region						
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		2,615						

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the selection criteria used to award the grants or assistance?

(Form 990)

See Additional Data Table

DLN: 93493125014165

OMB No 1545-0047

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

Open to Public

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990. Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number AMERICAN ASSOCIATION OF MUSEUMS 53-0205889 Part I General Information on Grants and Assistance

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States											
Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) 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				

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	14
3	Enter total number of other organizations listed in the line 1 table	0

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

(a)Type of grant or assistance	(b) Number of recipients	(c) 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
(1) SCHOLARSHIPS AND AWARDS	39	29,500			

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.									
Return Reference	Explanation								
· · · · · · · · · · · · · · · · · · ·	THE ALLIANCE RECEIVES A SIGNED IMPLEMENTATION AGREEMENT STATING THE SUBRECIPIENT WILL KEEP AUDITABLE RECORDS OF ALL GRANT PROCEEDS THE ALLIANCE RECEIVES SIGNED FINANCIAL STATEMENTS QUARTERLY OF BOTH GRANT AND COST-SHARE FUNDS AND REVIEWS TO ENSURE COMPLIANCE WITH THE GRANT AGREEMENT THE ALLIANCE DISBURSES FUNDS QUARTERLY BASED ON THE RECIPIENT'S CASH NEEDS THE ALLIANCE RECEIVES A SIGNED FINAL FINANCIAL REPORT AT THE CLOSE OF THE GRANT								

Schedule I (Form 990) 2014

Additional Data

Software ID:

Software Version:

EIN: 53-0205889

Name: AMERICAN ASSOCIATION OF MUSEUMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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 grant or assistance
MINNESOTA HISTORICAL SOCIETY 345 KELLOGG BLVD WEST ST PAUL, MN 55102	41-0713907	501(C)(3)	105,058				THIS PROGRAM FOCUSED ON TEXTILES AND HOW THEY REFLECT PERSONAL PREFERENCE, CULTURAL NORMS, GENDER ROLES AND TECHNOLOGICAL INNOVATIONS FOR TEEN GIRLS IN EAST JERUSALEM AND IN MINNEAPOLIS/ST PAUL THE TEENS CREATED GARMENTS TO EXPRESS THEIR CULTURAL IDENTITIES AND DREW ON HISTORICAL RESEARCH IN THE TEXTILES COLLECTIONS OF THE MINNESOTA HISTORICAL SOCIETY AND THE PALESTINIAN HERITAGE MUSEUM THE PROJECT CULMINATED IN TWO FASHION SHOWS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable cash valuation non-cash assistance or assistance grant assistance (book, FMV, appraisal, or government other) 91-6001537 501(C)(3) 82,144 BURKE MUSEUM OF THE BURKE MUSEUM NATURAL HISTORY & AND PALAWAN CULTURE4333 BROOKLYN STATE UNIVERSITY AVENUE MUSEUM WORKED TO SEATTLE, WA 98195 CONNECTA COMMUNITY ON PUGET SOUND AND ONE WITH SHORELINES ON BOTH THE SULU SEA AND THE SOUTH CHINA SEA THAT SHARE COMMON INTERESTS IN PROTECTING THEIR FRAGILE MARINE ENVIRONMENT, PRESERVING THEIR ARCHAEOLOGICAL HERITAGE AND REVITALIZING TRADITIONAL CULTURAL PRACTICES RESIDENTS OF SUQUAMISH, WASHINGTON AND EL NIDO, PALAWAN EXPLORED THE ARCHAEOLOGICAL PAST OF THEIR HOMETOWNS TO GAIN NEW INSIGHTS INTO THE HISTORY OFTHEIR RESPECTIVE COMMUNITIES THEY EXPLORED AND DOCUMENTED WAYS OF LIFE AND PRACTICES THAT HAVE EVOLVED OVER TIME, WITH A FOCUSON PRACTICES RELATED TO FISHING, GATHERING, FARMING AND MEDICINE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ZOOLOGICAL SOCIETY OF SAN DIEGOPO BOX 120551 SAN DIEGO,CA 92112	95-1648219	501(C)(3)	79,104				THIS PROGRAM ADDRESSED THE GLOBAL BIODIVERSITY CRISIS AND INCREASING RATES OF ENDANGERMENT AND EXTINCTION AND THE ROLES MUSEUMS AND ZOOS CAN PLAY IN CONNECTING PEOPLE TO WILDLIFE AND CONSERVATION THE GOAL WAS TO CREATE NEW MODELS IN CONSERVATION EDUCATION TO MEANINGFULLY ENGAGE COMMUNITIES IN CONSERVATION BEYOND MUSEUM GROUNDS THE FOREST GUARDIANS PROJECT ENGAGED SCHOOLS IN HAWAII AND PERU TO BUILD ECOLOGICAL LITERACY, CULTURAL KNOWLEDGE, AND ENVIRONMENTAL STEWARDSHIP VITAL FOR THE LONG-TERM PRESERVATION OF CULTURAL AND BIOLOGICAL DIVERSITY			

Form 990,Schedule I, Pai	rt II, Grants an	d Other Assistance	e to Domestic Org	anizations and Do	mestic Governme	nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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 grant or assistance
CHILDREN'S MUSEUM OF PITTSBURGH10 CHILDRENS WAY PITTSBURGH, PA 15212	25-1379704	501(C)(3)	78,416				THE CHILDREN'S MUSEUM OF PITTSBURGH AND THE INTERACTIVE SCIENCE MUSEUM IN QUITO, ECUADOR COLLABORATED ON A PROGRAM FOR TEENAGERS, AGED 14-17, TO EXPLORE THE MANY WAYS FOOD SYSTEMS IMPACT BOTH LOCAL AND GLOBAL COMMUNITIES THE TEENS CONSIDERED SOLUTIONS TO THE HEALTH AND ENVIRONMENTAL CHALLENGES FACING THEIR COMMUNITIES, AND CREATED DESIGNS FOR PLANTERS THAT COULD HOST EDIBLES FOR RESIDENTS WITH LITTLE ACCESS TO FRESH FOOD OR GREEN SPACES

Form 990,Schedule I, Pa	rt II, Grants ar	nd Other Assistance	e to Domestic Org	anizations and Do	mestic Governme	nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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 grant or assistance
SOMARTS CULTURAL CENTER934 BRANNAN ST SAN FRANCISCO, CA 94103	94-2655955	501(C)(3)	77,173				YOUTH FROM MUSLIM, INTERCULTURAL, REFUGEE AND IMMIGRANT COMMUNITIES IN KUALA LUMPUR AND SAN FRANCISCO INTERPRET FLAGS AND CULTURAL INSIGNIA THROUGH HANDS-ON ART PRODUCTION AND STORYTELLING, CREATE NEW VISUAL AND MULTIMEDIA REPRESENTATIONS OF NATIONAL, PERSONAL AND CULTURAL IDENTITY, AND PRESENT PUBLIC ARTWORKS IN TARGET COMMUNITY LOCATIONS

Form 990,Schedule I, Pa	rt II, Grants aı	nd Other Assistanc	e to Domestic Org	janizations and Do	omestic Governme	ents.	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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 grant or assistance
QUEENS MUSEUM OF ART QUEENS BLDG FLUSHING MEADOWS CORONA PARK QUEENS,NY 11368	11-2278998	501(C)(3)	72,869				THE PRIMARY GOAL OF THE PARENT AMBASSADORS PROGRAM WAS TO FORM A BI- NATIONAL NETWORK OF PARENT ADVOCATES, GIVING PARENTS OF CHILDREN WITH AUTISM IN BOTH QUEENS, NY AND MADRID, SPAIN THE RESOURCES TO EFFECT INSTITUTIONALIZED CHANGE IN BOTH COUNTRIES THE PARENT AMBASSADORS PROGRAM GAVE PARENTS THE TOOLS THEY NEEDED TO REQUEST STRONGER PROGRAMMING FOR THE INCLUSION OF THEIR CHILDREN'S LEARNING STYLE IN COMMUNITY PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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 grant or assistance				
PRINCE GEORGE'S AFRICAN-AMERICAN MUSEUM4519 RHODE ISLAND AVE BRENTWOOD, MD 20722	52-2150703	501(C)(3)	70,402				IN CELEBRATION AND EXPLORATION OF THE AFRICAN AMERICAN EXPERIENCE THROUGHOUT THE AMERICAS, TEAMS OF HIGH SCHOOL STUDENTS, TEACHER LIAISONS AND TEACHING ARTISTS COMPARE AND CONTRAST THE HISTORY AND IMPACT OF THE AFRICAN DIASPORA IN SAO PAULO AND MARYLAND'S PRINCE GEORGE'S COUNTY AND COLLABORATE ON MURAL PROJECTS AND EXHIBITS IN EACH LOCATION TO SHOWCASE THEIR FINDINGS IN THEIR COMMUNITIES				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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 grant or assistance				
MONTEREY COUNTY AGRICULTURALRURAL LIFE MUSEUMPO BOX 1160 KING CITY,CA 93930	94-2495649	501(C)(3)	65,000				TO NURTURE KNOWLEDGE OF CONSERVATION, 9 - 11 YEAR OLDS, TEACHERS AND COMMUNITY SERVICE ORGANIZATIONS IN HONDURAS AND CALIFORNIA PLAN AND CARE FOR AN ORGANIC GARDEN TO FORGE COMMON BONDS AROUND A GRICULTURAL HERITAGE, CULTIVATE AN APPRECIATION OF THE ENVIRONMENT AND EDUCATE CHILDREN ABOUT THEIR ATTENDANT				

RESPONSIBILITIES

Form 990,Schedule I, Pai	rt II, Grants ar	nd Other Assistanc	e to Domestic Org	anizations and Do	mestic Governme	nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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 grant or assistance
GUADALUPE CULTURAL ARTS CENTER1300 GUADALUPE STREET SAN ANTONIO,TX 78207	74-2036976	501(C)(3)	61,342				USING TABLES AS A METAPHOR FOR BRINGING PEOPLE AND CULTURES TOGETHER WHETHER TO EAT, CREATE OR RESOLVE DIFFERENCESHIGH SCHOOL STUDENTS FROM MERIDA, MEXICO AND SAN ANTONIO ALONG WITH LOCAL ARTISTS EXPLORE THEIR COMMUNITIES' CULTURAL MOVEMENTS AND ADAPTATIONS OVER TIME THROUGH COMMUNITY MEETINGS AND WORKSHOPS AS WELL AS ORAL HISTORY COLLECTION AND PRESENT THEIR ARTISTIC INTERPRETATIONS OF COMMUNITY CHANGE THROUGH LOCAL AND VIRTUAL EXHIBITIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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 grant or assistance				
PHIPPS CONSERVATORY AND BOTANICAL GARDEN ONE SCHENLEY PARK PITTSBURGH,PA 15213	25-1492587	501(C)(3)	54,300				HIGH SCHOOL STUDENTS LEARN ABOUT NUTRITION, COOKING AND CULTURAL FOOD TRADITIONS BY FOLLOWING LOCAL FOOD FROM FARM TO TABLE AND CREATING RECIPE BOOKS THAT REFLECT THE TRADITIONAL RECIPES OF THEIR REGIONS AND CULTURES				

Form 990,Schedule I, Pai	rt II, Grants ar	nd Other Assistanc	e to Domestic Org	janizations and Do	omestic Governme	nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable		(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN MUSEUM OF NATURAL HISTORY CENTRAL PARK WEST AT 79TH STREET NEW YORK, NY 10024	13-6162659	501(C)(3)	52,546				THE PARTNER MUSEUMS IN NEW YORK AND SAMOA ADDRESSED CHALLENGES TO HOME AND HOME LANDS FROM THE INCREASING SEVERITY OF CLIMATE-CHANGED WEATHER SYSTEMS A GROUP OF SAMOANS AND NEW YORKERS WITH HOMES IN COASTAL AREAS IMPACTED BY HURRICANES COLLABORATED TO SHARE AND LEARN FROM THEIR PERSONAL EXPERIENCES OF CLIMATE CHANGE WORKSHOPS EXPLORED HOW HOUSES DEFINE US, EITHER SUCCEED OR FAIL IN SHELTERING US AND HOW THEY MIGHT ADAPT IN THE FUTURE

Form 990,Schedule I, Par	t II, Grants an	d Other Assistance	to Domestic Orga	anizations and Do	mestic Governme	nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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 grant or assistance
THE FABRIC WORKSHOP AND MUSEUM1214 ARCH STREET PHILADELPHIA,PA 19107	23-2018929	501(C)(3)	25,000				COLLEGE STUDENTS IN MORROCCO AND PHILADELPHIA DOCUMENT ORAL HISTORIES FROM FEMALE EMBROIDERY ARTISTS AND QUILT-MAKERS IN MORROCCO AND NEW YORK TO WEAVE STORIES AND PRESERVE A LEGACY OF UNIQUE TEXTILE TRADITIONS THROUGH AN ONLINE CATALOGUE OF THE TEXTILE ARTISTS' WORK, AN EXHIBITION IN BOTH COUNTRIES AND A JOINT TEXTILE PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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 grant or assistance				
CLAY CENTER FOR THE ARTS AND SCIENCES1 CLAY SQUARE CHARLESTON, WV 25301	55-0702401	501(C)(3)	25,000				THIS PROGRAM DELVES INTO THE ROOTS OF FOLK MUSIC IN ROMANIA AND WEST VIRGINIA TO ENRICH THE LIVES OF TEENS THROUGH MUSIC AND INSPIRE AN ONLINE MUSICAL MASH-UP, A SYNTHESIS OF THE ASSONANCE AND DISSONANCE OF THEIR MUSIC AND PUBLIC CONCERTS				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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 grant or assistance				
PEARL S BUCK INTERNATIONAL520 DUBLIN ROAD PERKASIE,PA 18944	23-1637212	501(C)(3)	22,330				HIGH SCHOOL STUDENTS UNEARTH MODERN STEREOTYPES AND PREJUDICES IN OUR TWO CULTURES, PARTICIPATE IN YOUTH LEADERSHIP TRAINING ABOUT CREATIVE PROBLEM- SOLVING, GLOBAL VISION UNDERSTANDING AND INITIATE A COMMUNITY SERVICE PROJECT TO CHAMPION BUCK'S IDEALS				

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DLN: 93493125014165

OMB No 1545-0047

Compensation Information

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization AMERICAN ASSOCIATION OF MUSEUMS **Employer identification number**

53-0205889

Pa	rt I Questions Regarding Compensation		·			
					Yes	No
1a	Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to p					
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	\Box	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	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 organi reimbursement or provision of all of the expenses descri			1b		
2	Did the organization require substantiation prior to reimb directors, trustees, officers, including the CEO/Executiv			2		
3	Indicate which, if any, of the following the filing organizat organization's CEO/Executive Director Check all that a used by a related organization to establish compensatio	ppl	y Do not check any boxes for methods			
	Compensation committee	\Box	Written employment contract			
	Independent compensation consultant	~	Compensation survey or study			
	Form 990 of other organizations		Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part or a related organization	VI	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payr	mer	nt?	4a	Yes	
b	Participate in, or receive payment from, a supplemental	nor	nqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-based	l co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provid	e th	ne applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	s m	ust complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line compensation contingent on the revenues of					
а	The organization?			5a		No
	Any related organization?			5b		No
_	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, line compensation contingent on the net earnings of	1 a	a, did the organization pay or accrue any			
а	The organization?			6a		No
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 A, line payments not described in lines 5 and 6? If "Yes," desc			7		No
8	Were any amounts reported in Form 990, Part VII, paid	ora	accured pursuant to a contract that was			
	subject to the initial contract exception described in Reg					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the reb section 53 $4958-6(c)$?	utt	able presumption procedure described in Regulations	9		

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)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
1 FORD BELL, PRESIDENT & CEO	(i)	302,937	0	0	12,691	9,360	324,988	0
	(ii)	0	0	0	0	0	0	0
2 LAURA LOTT, COO	(i)	170,906	0	0	8,838	7,437	187,181	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2014

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 4A	JOHN STRAND RECEIVED \$56,173 IN 2014 AS A SEVERANCE PAYMENT

Schedule J (Form 990) 2014

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As Filed Data -

DLN: 93493125014165

OMB No 1545-0047

2014

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

AMERICAN ASSOCIATION OF MUSEUMS

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identific

Employer identification number
53-0205889

Return Reference	Explanation
FORM 990,	INDIVIDUAL MEMBERSHIP SHALL BE OPEN TO MUSEUM STAFF, NON-PROFIT ORGANIZATION STAFF, STUDENTS, NON-PAID
PART VI,	MUSEUM STAFF, RETIRED MUSEUM STAFF, INDEPENDENT PROFESSIONALS, MUSEUM TRUSTEES, AND SUCH OTHER
SECTION A,	CATEGORIES OF INDIVIDUAL MEMBERSHIP AS THE BOARD OF DIRECTORS MAY ESTABLISH FROM TIME TO TIME
LINE6	HONORARY OR LIFETIME MEMBERSHIP MAY BE GRANTED TO INDIVIDUALS AND INSTITUTIONS AT THE DISCRETION OF THE
	BOARD OF DIRECTORS AND IN RECOGNITION OF EXEMPLARY AND SELFLESS SERVICE TO THE ALLIANCE OF THE FIELD
	HONORARY MEMBERS AND LIFETIME MEMBERS MAY NOT VOTE AT MEETINGS OF THE ALLIANCE AND ARE NOT ELIGIBLE
	FOR ELECTION AS OFFICERS OR BOARD MEMBERS-AT-LARGE

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	ALL INDIVIDUAL MEMBERS OF THE ALLIANCE IN GOOD STANDING ARE ENTITLED TO VOTE AT MEETINGS OF THE ALLIANCE AND ARE ELIGIBLE FOR ELECTION AS OFFICERS AND BOARD MEMBERS-AT-LARGE, PROVIDED THEY MEET THE ADDITIONAL REQUIREMENTS OUTLINED IN ARTICLES IV AND V OF THE CONSTITUTION ALL INSTITUTIONAL MEMBERS OF THE ALLIANCE IN GOOD STANDING ARE ENTITLED TO VOTE AT MEETINGS OF THE ALLIANCE, BUT ARE NOT ELIGIBLE FOR ELECTION AS OFFICERS OR BOARD MEMBERS-AT-LARGE. A NOMINATING COMMITTEE, WHICH SHALL CONSIST OF THE IMMEDIATE PAST CHAIR, ONE REGIONAL PRESIDENT, ONE STANDING PROFESSIONAL COMMITTEE CHAIR, THREE MEMBERS OF THE BOARD OF DIRECTORS, IS RESPONSIBLE FOR ELECTING MEMBERS OF THE GOVERNING BODY

Return Reference	Explanation
PART VI, SECTION A, LINE 7B	AMENDMENTS TO THE CONSTITUTION MAY BE RECOMMENDED BY THE BOARD OF DIRECTORS, OR PROPOSED TO THE CHAIR IN WRITING SIGNED BY NO FEWER THAN 3 PERCENT OF INDIVIDUAL OR INSTITUTIONAL MEMBERS IN GOOD STANDING, NOT MORE THAN 50 PERCENT OF WHOM ARE FROM ANY ONE REGION AMENDMENTS TO THE BY LAWS MAY BE RECOMMENDED BY THE BOARD OF DIRECTORS OR PROPOSED TO THE CHAIR IN WRITING, SIGNED BY NO FEWER THAN ONE HUNDRED PERCENT INDIVIDUAL OR INSTITUTIONAL MEMBERS IN GOOD STANDING, NOT MORE THAN 50 PERCENT OF WHOM ARE FROM ANY ONE REGION

Return Reference	Explanation
VI, SECTION B, LINE 11	THE INFORMATION FOR THE FEDERAL FORM 990 IS PREPARED BY THE ACCOUNTING STAFF ONCE THE PUBLIC ACCOUNTING FIRM DELIVERS THE DRAFT FEDERAL FORM 990, THE AUDIT COMMITTEE REVIEWS IT, AND IT IS THEN FORWARDED ON TO THE ENTIRE BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL THE PRESIDENT AND CEO ALSO REVIEWS THE FEDERAL FORM 990 PRIOR TO SIGNING THE ELECTRONIC AUTHORIZATION FORM TO AUTHORIZE THE PUBLIC ACCOUNTING FIRM TO E-FILE WITH THE INTERNAL REVENUE SERVICE

FORM 990, PART VI, PART VI, SECTION B, LINE 12C THE ALLIANCE STAFF, BOARD OF DIRECTORS, AND VOLUNTEERS ACT IN THE BEST INTEREST OF THE ALLIANCE RATHER THAN IN FURTHERANCE OF PERSONAL INTERESTS OR THE INTERESTS OF THIRD PARTIES, SUCH AS FRIENDS AND FAMILY DECISIONS ABOUT THE ALLIANCE AND THE USE OR DISPOSITION OF ITS ASSETS ARE MADE SOLELY IN TERMS OF THE BENEFITS TO THE ALLIANCE AND ARE NEITHER INFLUENCED NOR APPEAR TO BE INFLUENCED, BY ANY PRIVATE PROFIT, PERSONAL GAIN, OR OUTSIDE BENEFIT FOR STAFF, BOARD OF DIRECTORS, AND VOLUNTEERS, THEIR FRIENDS AND FAMILY MEMBERS, OR ANY ORGANIZATION OR COMPANY WITH WHICH THEY ARE AFFILIATED ON AN ANNUAL BASIS, ALL OFFICERS, BOARD OF DIRECTORS, AND KEY EMPLOYEES SHALL BE PROVIDED WITH A COPY OF THE CONFLICT OF INTEREST POLICY AND REQUIRED TO COMPLETE AND SIGN AN ACKNOWLEDGEMENT AND DISCLOSURE FORM PREPARED BY THE BOARD OF DIRECTORS IF A CONFLICT ARISES IN REGARDS TO A BOARD MEMBER, THE MEMBER IMMEDIATELY NOTIFIES THE CHAIR THAT MEMBER WILL THEN RECUSE HIMSELF OR HERSELF FROM ANY VOTING ON A RELATED ISSUE, AND WILL ALSO NOT BE COUNTED TOWARDS A QUORUM ON A RELATED ISSUE FOR OFFICERS AND KEY EMPLOYEES, A CONFLICT WOULD IMMEDIATELY BE REPORTED TO MANAGEMENT AND APPROPRIATE ACTION WOULD BE TAKEN DEPENDING ON THE INDIVIDUAL ISSUE.	Return Reference	Explanation
· ·	PART VI, SECTION B,	THAN IN FURTHERANCE OF PERSONAL INTERESTS OR THE INTERESTS OF THIRD PARTIES, SUCH AS FRIENDS AND FAMILY DECISIONS ABOUT THE ALLIANCE AND THE USE OR DISPOSITION OF ITS ASSETS ARE MADE SOLELY IN TERMS OF THE BENEFITS TO THE ALLIANCE AND ARE NEITHER INFLUENCED NOR APPEAR TO BE INFLUENCED, BY ANY PRIVATE PROFIT, PERSONAL GAIN, OR OUTSIDE BENEFIT FOR STAFF, BOARD OF DIRECTORS, AND VOLUNTEERS, THEIR FRIENDS AND FAMILY MEMBERS, OR ANY ORGANIZATION OR COMPANY WITH WHICH THEY ARE AFFILIATED ON AN ANNUAL BASIS, ALL OFFICERS, BOARD OF DIRECTORS, AND KEY EMPLOYEES SHALL BE PROVIDED WITH A COPY OF THE CONFLICT OF INTEREST POLICY AND REQUIRED TO COMPLETE AND SIGN AN ACKNOWLEDGEMENT AND DISCLOSURE FORM PREPARED BY THE BOARD OF DIRECTORS IF A CONFLICT ARISES IN REGARDS TO A BOARD MEMBER, THE MEMBER IMMEDIATELY NOTIFIES THE CHAIR THAT MEMBER WILL THEN RECUSE HIMSELF OR HERSELF FROM ANY VOTING ON A RELATED ISSUE, AND WILL ALSO NOT BE COUNTED TOWARDS A QUORUM ON A RELATED ISSUE FOR OFFICERS AND KEY EMPLOYEES, A CONFLICT WOULD IMMEDIATELY BE REPORTED TO MANAGEMENT AND APPROPRIATE ACTION WOULD BE TAKEN

Return Reference	Explanation
PART VI,	THE BOARD OF DIRECTORS HAS THE RESPONSIBILITY FOR REVIEWING AND SETTING THE PRESIDENT AND OTHER KEY STAFF'S COMPENSATION PACKAGE. THE BOARD OF DIRECTORS REVIEWS MARKET DATA ALONG WITH THE PRESIDENT AND OTHER KEY STAFF'S PERFORMANCE IN DETERMINING WHAT AN EQUITABLE COMPENSATION PACKAGE SHOULD BE IN TURN, THE PRESIDENT IS CHARGED WITH PREPARING EVALUATIONS FOR THE ALLIANCE'S SENIOR MANAGEMENT TEAM BASED ON EACH INDIVIDUAL'S PERFORMANCE DURING THE CURRENT YEAR. THIS DATA IS THEN USED BY THE PRESIDENT AND CEO IN SETTING COMPENSATION PACKAGES FOR THE SENIOR MANAGEMENT TEAM

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ALLIANCE'S MOST RECENT ANNUAL REPORT AND IRS FORM 990 ARE AVAILABLE ON ITS WEBSITE. THE ALLIANCE'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE ON A PER REQUEST BASIS

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONSULTANTS & CONTRACTORS PROGRAM SERVICE EXPENSES 723,949 MANAGEMENT AND GENERAL EXPENSES 273,804 FUNDRAISING EXPENSES 16,282 TOTAL EXPENSES 1,014,035