

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493133024116

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

2015

Open to Public Inspection

			lendar year, or tax year beginn  C Name of organization	ning 01-01-2015 , and ending 12-31-201	5	1		
		applicable	AMERICAN ASSOCIATION OF MUSI	EUMS		D Emplo	yer ider	ntification number
	lress ch	_			53-02	205889	e	
	me cha	-	Doing business as AMERICAN ALLIANCE OF MUSEUM	S				
	ıal retu	ım	Number and street (or P.O. box if	mail is not delivered to street address) Room/sui	te .	E Telepho	one num	ber
Final		mınated	2451 CRYSTAL DRIVE NO 1005		(202)	289-1	818	
_ Am	ended	return	City or town, state or province, co	ountry, and ZIP or foreign postal code				
_ <sub>Арр</sub>	olication	n pending	ARLINGTON, VA 22202			<b>G</b> Gross r	eceipts \$	5 15,231,538
			<b>F</b> Name and address of pi	rincipal officer	<b>H(a)</b> Is th	J us a group	return	for
			LAURA LOTT	·		rdinates?		Yes <b>\</b> No
			2451 CRYSTAL DRIVE NO ARLINGTON, VA 22202	7 1005	H(b) Are		ınates	□Yes □No
						ıded? o." attach	ı a lıst	(see instructions)
<b>I</b> Ta	x-exem	npt status	<b>▽</b> 501(c)(3) <b>┌</b> 501(c)() <b>◄</b>	(insert no ) 4947(a)(1) or 527	H(c) Gro			
J W	ebsite	e:► WW	/W A A M - U S O R G					
<b>K</b> Forr	n of or	rganızatıon	Corporation Trust Associate	tion Cother ►	<b>L</b> Year of fo	ormation 19	906 <b>M</b>	State of legal domicile DC
Pa	rt I	Sum	mary		•		•	
	<b>1</b> Bı	riefly des	scribe the organization's missi	on or most significant activities				
	<u> </u>	O ENHA	NCE THE VALUE OF MUSEUR	MS TO THEIR COMMUNITIES THROUG	H LEADERS	HIP, ADV	OCAC	Y, AND SERVICE
క	-							
厦	_							
Governance	2	Check th	is box 🚩 if the organization o	liscontinued its operations or disposed of	more than 2	5% of its	net ass	sets
ŝ						ı	_ 1	
<b>න්</b> ග්	l			rning body (Part VI, line 1a)		1	3	26
ĕ	l		· · · · · · · · · · · · · · · · · · ·	s of the governing body (Part VI, line 1b) a calendar year 2015 (Part V, line 2a).		1	5	26
Activities &			nber of individuals employed in mber of volunteers (estimate if		6	61 350		
ď	l			Part VIII, column (C), line 12			7a	701,244
				rom Form 990-T, line 34		`.'	7b	117,590
						or Year		Current Year
	8	Contri	butions and grants (Part VIII,	2,937		659	2,877,543	
			3 ,					2,011,010
	9	Progra		line 2g)		6,863,	386	
en newe	9 10	Invest	am service revenue (Part VIII, tment income (Part VIII, colur	nn (A), lines 3, 4, and 7d)		6,863, 146,		6,861,388 435,916
Revenue	10 11	Invest Other	am service revenue (Part VIII, tment income (Part VIII, colur revenue (Part VIII, column (A	nn (A), lines 3, 4, and 7d) ), lines 5, 6d, 8c, 9c, 10c, and 11e)			023	6,861,388 435,916 727,637
Revenue	10	Invest Other Total I	am service revenue (Part VIII, tment income (Part VIII, colur revenue (Part VIII, column (A	nn (A), lines 3, 4, and 7d)		146,	023	6,861,388 435,916 727,637
Revenue	10 11	Invest Other Total ( 12)	am service revenue (Part VIII, tment income (Part VIII, colur revenue (Part VIII, column (A revenue—add lines 8 through 1	nn (A), lines 3, 4, and 7d) ), lines 5, 6d, 8c, 9c, 10c, and 11e) .1 (must equal Part VIII, column (A), line		146, 446, 10,393,	023 257 325	6,861,388 435,916 727,637 10,902,484
Revenue	10 11 12	Invest Other Total ( 12) Grants	am service revenue (Part VIII, tment income (Part VIII, colur revenue (Part VIII, column (A revenue—add lines 8 through 1 s and similar amounts paid (Pa	nn (A), lines 3, 4, and 7d) ), lines 5, 6d, 8c, 9c, 10c, and 11e)		146, 446,	023 257 325	6,861,388 435,916 727,637 10,902,484
	10 11 12	Invest Other Total ( 12) Grants Benefi	am service revenue (Part VIII, tment income (Part VIII, colum revenue (Part VIII, column (A revenue—add lines 8 through 1 and similar amounts paid (Part spaid to or for members (Part es, other compensation, emplo	nn (A), lines 3, 4, and 7d) ), lines 5, 6d, 8c, 9c, 10c, and 11e) .1 (must equal Part VIII, column (A), line rt IX, column (A), lines 1-3)		146, 446, 10,393, 958,	023 257 325 096	6,861,388 435,916 727,637 10,902,484 1,023,065
	10 11 12 13 14 15	Invest Other Total ( 12) Grants Benefi Salar( 5-10)	am service revenue (Part VIII, tment income (Part VIII, colur revenue (Part VIII, column (A revenue—add lines 8 through 1 and similar amounts paid (Part paid to or for members (Part es, other compensation, emplo	nn (A), lines 3, 4, and 7d)		146, 446, 10,393,	023 257 325 096 0	6,861,388 435,916 727,637 10,902,484 1,023,065 0 4,422,789
	10 11 12 13 14 15	Invest Other Total (12) Grants Benefi Salarie 5-10) Profes	am service revenue (Part VIII, tment income (Part VIII, colum revenue (Part VIII, colum (A revenue—add lines 8 through 1 and similar amounts paid (Part spaid to or for members (Part es, other compensation, emplo) assional fundraising fees (Part I	nn (A), lines 3, 4, and 7d)		146, 446, 10,393, 958,	023 257 325 096	6,861,388 435,916 727,637 10,902,484 1,023,065 0 4,422,789
Expenses Revenue	10 11 12 13 14 15 16a b	Invest Other Total (12) Grants Benefi Salario 5-10) Profes	am service revenue (Part VIII, tment income (Part VIII, colum revenue (Part VIII, colum (A revenue—add lines 8 through 1 and similar amounts paid (Part s paid to or for members (Part es, other compensation, emplo) assional fundraising fees (Part I indraising expenses (Part IX, column (	nn (A), lines 3, 4, and 7d)		146, 446, 10,393, 958,	023 257 325 096 0 808	6,861,388 435,916 727,637 10,902,484 1,023,065 0 4,422,789
	10 11 12 13 14 15	Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Other	am service revenue (Part VIII, tment income (Part VIII, colum revenue (Part VIII, colum (A revenue—add lines 8 through 1 and similar amounts paid (Part spaid to or for members (Part es, other compensation, emplo) assional fundraising fees (Part I indraising expenses (Part IX, column (A expenses (Part IX,	nn (A), lines 3, 4, and 7d)		146, 446, 10,393, 958, 4,493,	023 257 325 096 0 808 0	6,861,388 435,916 727,637 10,902,484 1,023,065 0 4,422,789
	10 11 12 13 14 15 16a b	Invest Other Total ( 12) Grants Benefi Salar( 5-10) Profes Total fu Other	am service revenue (Part VIII, tment income (Part VIII, colum revenue (Part VIII, colum (A revenue—add lines 8 through 1 and similar amounts paid (Part signal to or for members (Part es, other compensation, emplo) assional fundraising fees (Part I indraising expenses (Part IX, column (A) expenses Add lines 13–17 (members expenses Add lines 13–17 (mexpenses (Part IX, column (A))	nn (A), lines 3, 4, and 7d)		146, 446, 10,393, 958,	023 257 325 096 0 808 0	6,861,388 435,916 727,637 10,902,484 1,023,065 0 4,422,789 0 4,761,933 10,207,787
Expenses	10 11 12 13 14 15 16a b 17 18	Invest Other Total ( 12) Grants Benefi Salar( 5-10) Profes Total fu Other	am service revenue (Part VIII, tment income (Part VIII, colum revenue (Part VIII, colum (A revenue—add lines 8 through 1 and similar amounts paid (Part signal to or for members (Part es, other compensation, emplo) assional fundraising fees (Part I indraising expenses (Part IX, column (A) expenses Add lines 13–17 (members expenses Add lines 13–17 (mexpenses (Part IX, column (A))	nn (A), lines 3, 4, and 7d)		146, 446, 10,393, 958, 4,493, 4,556, 10,008, 385,	023 257 325 096 0 808 0 356 260	6,861,388 435,916 727,637 10,902,484 1,023,065 0 4,422,789 0 4,761,933 10,207,787
Expenses	10 11 12 13 14 15 16a b 17 18 19	Invest Other Total (12) Grants Benefi Salarie 5-10) Profes Total fu Other Total (1) Reven	am service revenue (Part VIII, tment income (Part VIII, colum revenue (Part VIII, colum (A revenue—add lines 8 through 1 and similar amounts paid (Part signal to or for members (Part es, other compensation, emplo) assional fundraising fees (Part I andraising expenses (Part IX, column (A sexpenses Add lines 13–17 (mue less expenses Subtract lines)	mn (A), lines 3, 4, and 7d)		146, 446, 10,393, 958, 4,493, 4,556, 10,008, 385,	023 257 325 096 0 808 0 356 260 065 <b>Year</b>	6,861,388 435,916 727,637 10,902,484 1,023,065 0 4,422,789 0 4,761,933 10,207,787 694,697 End of Year
Expenses	10 11 12 13 14 15 16a b 17 18 19	Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Other Total o Reven	am service revenue (Part VIII, the timent income (Part VIII, column (A revenue — add lines 8 through 1 and similar amounts paid (Part s paid to or for members (Part es, other compensation, emplo) assional fundraising fees (Part I indraising expenses (Part IX, column (A expenses Add lines 13–17 (mue less expenses Subtract lines assets (Part X, line 16)	mn (A), lines 3, 4, and 7d)	Beginning	146, 446, 10,393, 958, 4,493, 4,556, 10,008, 385, of Current 5,382,	023 257 325 096 0 808 0 356 260 065 <b>Year</b>	6,861,388 435,916 727,637 10,902,484 1,023,065 0 4,422,789 0 4,761,933 10,207,787 694,697 End of Year 6,473,237
Expenses	10 11 12 13 14 15 16a b 17 18 19	Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Other Total a Reven	am service revenue (Part VIII, the timent income (Part VIII, column (A revenue (Part VIII, column (A revenue—add lines 8 through 1 and similar amounts paid (Part s paid to or for members (Part es, other compensation, emplo) assional fundraising fees (Part I andraising expenses (Part IX, column (A expenses (Part IX, column (A expenses Add lines 13–17 (mue less expenses Subtract lines assets (Part X, line 16)	mn (A), lines 3, 4, and 7d)	Beginning	146, 446, 10,393, 958, 4,493, 4,556, 10,008, 385, of Current 5,382, 4,042,	023 257 325 096 0 808 0 356 260 065 <b>Year</b> 080 458	6,861,388 435,916 727,637 10,902,484 1,023,065 0 4,422,789 0 4,761,933 10,207,787 694,697 End of Year 6,473,237 4,846,894
Not Assets or Expenses Fund Balances	10 11 12 13 14 15 16a b 17 18 19	Invest Other Total (12) Grants Benefi Salarie 5-10) Profes Total fu Reven  Total (1) Total (2) Total (3)	am service revenue (Part VIII, the timent income (Part VIII, column (A revenue (Part VIII, column (A revenue—add lines 8 through 1 and similar amounts paid (Part s paid to or for members (Part es, other compensation, emplo) assional fundraising fees (Part I andraising expenses (Part IX, column (A expenses (Part IX, column (A expenses Add lines 13–17 (mue less expenses Subtract lines assets (Part X, line 16)	mn (A), lines 3, 4, and 7d)	Beginning	146, 446, 10,393, 958, 4,493, 4,556, 10,008, 385, of Current 5,382,	023 257 325 096 0 808 0 356 260 065 <b>Year</b> 080 458	6,861,388 435,916 727,637 10,902,484 1,023,065 0 4,422,789 0 4,761,933 10,207,787 694,697 End of Year 6,473,237
Not Assets or Expenses a Fund Balances	10 11 12 13 14 15 16a b 17 18 19	Invest Other Total (12) Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven  Total i Net as  Sign alties of [	am service revenue (Part VIII, the timent income (Part VIII, column (A revenue (Part VIII, column (A revenue—add lines 8 through 1 and similar amounts paid (Part signal to or for members (Part es, other compensation, emplo) assional fundraising fees (Part I indraising expenses (Part IX, column (A expenses (Part IX, column (A expenses Add lines 13–17 (mue less expenses Subtract lines (Part X, line 16)	nn (A), lines 3, 4, and 7d)	Beginning  ving schedul	146, 446, 10,393, 958, 4,493, 4,556, 10,008, 385, of Current 5,382, 4,042, 1,339, es and sta	0 2 3 2 5 7 3 2 5 0 9 6 0 8 0 8 0 8 0 0 6 5 Year 0 8 0 4 5 8 6 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6,861,388 435,916 727,637 10,902,484 1,023,065 0 4,422,789 0 4,761,933 10,207,787 694,697 End of Year 6,473,237 4,846,894 1,626,343
Met Assets or Expenses of Fund Balances	10 11 12 13 14 15 16a b 17 18 19	Invest Other Total (12) Grants Benefi Salarie 5-10) Profes Total fu Other Total (2) Reven  Total (3) Net as  Sign alties of () dge and ()	am service revenue (Part VIII, the timent income (Part VIII, column (A revenue (Part VIII, column (A revenue—add lines 8 through 1 and similar amounts paid (Part signal to or for members (Part es, other compensation, emplo) assional fundraising fees (Part I indraising expenses (Part IX, column (A expenses (Part IX, column (A expenses Add lines 13–17 (mue less expenses Subtract lines (Part X, line 16)	mn (A), lines 3, 4, and 7d)	Beginning  ving schedul	146, 446, 10,393, 958, 4,493, 4,556, 10,008, 385, of Current 5,382, 4,042, 1,339, es and sta	0 2 3 2 5 7 3 2 5 0 9 6 0 8 0 8 0 8 0 0 6 5 Year 0 8 0 4 5 8 6 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6,861,388 435,916 727,637 10,902,484 1,023,065 0 4,422,789 0 4,761,933 10,207,787 694,697 End of Year 6,473,237 4,846,894 1,626,343
Mot Assets of Expenses of Fund Balances	10 11 12 13 14 15 16a b 17 18 19	Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Other Total of Reven  Total a Sign alties of j dge and l as any kr	am service revenue (Part VIII, the the time of	nn (A), lines 3, 4, and 7d)	Beginning  ving schedul	146, 446, 10,393, 958, 4,493, 4,556, 10,008, 385, of Current 5,382, 4,042, 1,339, es and sta	0 2 3 2 5 7 3 2 5 0 9 6 0 8 0 8 0 8 0 0 6 5 Year 0 8 0 4 5 8 6 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6,861,388 435,916 727,637 10,902,484 1,023,065 0 4,422,789 0 4,761,933 10,207,787 694,697 End of Year 6,473,237 4,846,894 1,626,343
Met Assets of Expenses of Land Balances Expenses	10 11 12 13 14 15 16a b 17 18 19 20 21 22 -t III r penanowled rer ha	Invest Other Total (12) Grants Benefi Salarie 5-10) Profes Total fu Other Total (2) Reven  Total (3) Ret as  Sign alties of [ dge and [ dge and [ dge any kr	am service revenue (Part VIII, the	nn (A), lines 3, 4, and 7d)	Beginning  ying schedul an officer) is	146, 446, 10,393, 958, 4,493, 4,556, 10,008, 385, of Current 5,382, 4,042, 1,339, es and sta based on	0 2 3 2 5 7 3 2 5 0 9 6 0 8 0 8 0 8 0 0 6 5 Year 0 8 0 4 5 8 6 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6,861,388 435,916 727,637 10,902,484 1,023,065 0 4,422,789 0 4,761,933 10,207,787 694,697 End of Year 6,473,237 4,846,894 1,626,343
Signature of the state of the s	10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III r pena	Invest Other Total (12) Grants Benefi Salarie 5-10) Profes Total fu Other Total (2) Reven  Total (3) Net as  Sign alties of [dge and I as any kr	am service revenue (Part VIII, the	nn (A), lines 3, 4, and 7d)	Beginning  ying schedul an officer) is	146, 446, 10,393, 958, 4,493, 4,556, 10,008, 385, of Current 5,382, 4,042, 1,339, es and state based on	0 2 3 2 5 7 3 2 5 0 9 6 0 8 0 8 0 8 0 0 6 5 Year 0 8 0 4 5 8 6 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6,861,388 435,916 727,637 10,902,484 1,023,065 0 4,422,789 0 4,761,933 10,207,787 694,697 End of Year 6,473,237 4,846,894 1,626,343
Signature of the state of the s	10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III r pena	Invest Other Total (12) Grants Benefi Salaria 5-10) Profes Total fu Other Total (2) Reven  Total (3) Reven  Sign alties of   dge and   as any kr	am service revenue (Part VIII, the	nn (A), lines 3, 4, and 7d)	Beginning  ying schedul an officer) is	146, 446, 10,393, 958, 4,493, 4,556, 10,008, 385, of Current 5,382, 4,042, 1,339, es and sta based on	0 2 3 2 5 7 3 2 5 0 9 6 0 8 0 8 0 8 0 0 6 5 Year 0 8 0 4 5 8 6 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6,861,388 435,916 727,637 10,902,484 1,023,065 0 4,422,789 0 4,761,933 10,207,787 694,697 End of Year 6,473,237 4,846,894 1,626,343
Signature State of Expenses Expenses Expenses Expenses Expenses of Expenses	10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III r pena	Invest Other Total (12) Grants Benefi Salarie 5-10) Profes Total fu Other Total (2) Reven  Total (3) Reven  Sign alties of [dge and I as any kr Signa LAUR Type	am service revenue (Part VIII, the the time of tim	nn (A), lines 3, 4, and 7d)	Beginning  ying schedul an officer) is	146, 446, 10,393, 958, 4,493, 4,556, 10,008, 385, of Current 5,382, 4,042, 1,339, es and stabased on	0 2 3 2 5 7 3 2 5 0 9 6 0 8 0 8 0 8 0 0 6 5 7	6,861,388 435,916 727,637 10,902,484 1,023,065 0 4,422,789 0 4,761,933 10,207,787 694,697 End of Year 6,473,237 4,846,894 1,626,343 ts, and to the best of rmation of which
Met Assets of A by and Balances Expenses	10 11 12 13 14 15 16a b 17 18 19 20 21 22 1 III r penanowled or er ha	Invest Other Total (12) Grants Benefi Salarie 5-10) Profes Total fu Other Total (2) Reven  Total (3) Reven  ***** Signal LAUR Type	am service revenue (Part VIII, the the time of tim	nn (A), lines 3, 4, and 7d)	Beginning  ying schedul an officer) is  2 Chate 016-05-11 Ch	146, 446, 10,393, 958, 4,493, 4,556, 10,008, 385, of Current 5,382, 4,042, 1,339, es and stabased on	0 2 3 2 5 0 9 6 0 0 8 0 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6,861,388 435,916 727,637 10,902,484 1,023,065 0 4,422,789 0 4,761,933 10,207,787 694,697 End of Year 6,473,237 4,846,894 1,626,343 ts, and to the best of rmation of which

Firm's address  $\blacktriangleright$  1899 L STREET NW SUITE 850

WASHINGTON, DC 20036
May the IRS discuss this return with the preparer shown above? (see instructions)

Preparer

**Use Only** 

Phone no (202) 822-5000

. ▼Yes □No

4a

4b

Part III	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in

	_		
Check if Schedule O	contains a response or	r note to any line in this Part III	

Briefly describe the organization's mission 1

THE AMERICAN ALLIANCE OF MUSEUMS (THE ALLIANCE) IS DEDICATED TO PROMOTING EXCELLENCE WITHIN THE MUSEUM COMMUNITY THE ALLIANCE SUPPORTS MUSEUM STAFF, BOARDS AND VOLUNTEERS ACROSS THE COUNTRY IN BETTER SERVING THE PUBLIC THE ALLIANCE WILL SUPPORT OPPORTUNITIES FOR SOUND PROFESSIONAL PREPARATION, PROVIDE OUTLETS FOR PROFESSIONAL RESEARCH AND PUBLICATION AS WELL AS FOSTER THE CONTINUED IMPROVEMENT OF THE MUSEUM PROFESSION THROUGH THE DEVELOPMENT AND OBSERVANCE OF HIGH STANDARDS OF ETHICS IN PROMOTING ITS PURPOSES. THE ALLIANCE USES MEETINGS, REPORTS, PAPERS, DISCUSSIONS, PUBLICATIONS, AND OTHER MEDIA OF PUBLICITY AND COMMUNICATION SO AS TO INCREASE AND DIFFUSE KNOWLEDGE OF ALL MATTERS PERTAINING TO MUSEUMS AND ENCOURAGE COOPERATION AMONG MUSEUMS. MUSEUM PROFESSIONALS, MUSEUM USERS, AND THE GENERAL PUBLIC

2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	⊤Yes ▼No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	⊤Yes ▼No

- Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others.
- the total expenses, and revenue, if any, for each program service reported
  - ) (Expenses \$ 3,141,448 including grants of \$ 967,325 ) (Revenue \$ 346,324) (Code FIELD-WIDE SERVICES STRENGTHENS MUSEUMS THROUGH PROFESSIONAL ASSESSMENT AND OPPORTUNITIES FOR EXCHANGE AND COLLABORATION THE CONTINUUM OF EXCELLENCE PROGRAMS-INCLUDING THE FEDERALLY FUNDED MUSEUMS ASSESSMENT PROGRAM (MAP)- FOSTER EXCELLENCE AND OFFER TACTICAL STRATEGIES TO BETTER FULFILL MUSEUMS' PUBLIC SERVICE, COLLECTIONS STEWARDSHIP AND EDUCATIONAL ROLES THE ALLIANCE'S ACCREDITATION PROGRAM IS THE FIELD'S PRIMARY VEHICLE FOR QUALITY ASSURANCE, SELF-REGULATION AND PUBLIC ACCOUNTABILITY THROUGH THE FEDERALLY FUNDED INTERNATIONAL EXCHANGE PROGRAM MUSEUMS CONNECT. MUSEUMS COLLABORATE WITH COMMUNITIES AND PARTNERS ABROAD TO TACKLE TIMELY SOCIAL ISSUES, ADVANCING CROSS-CULTURAL DIALOGUE
  - (Code ) (Expenses \$ 3,063,164 including grants of \$ 18,911 ) (Revenue \$ 2,516,983) MEETINGS AND PROFESSIONAL EDUCATION BRINGS TOGETHER AUTHORITATIVE VOICES AND INFORMATION PIONEERS TO DELIVER WORLD-CLASS EDUCATIONAL AND PROFESSIONAL DEVELOPMENT EXPERIENCES FOR THE MUSEUM FIELD. INCLUDING YEAR-ROUND SEMINARS AND WORKSHOPS, ONLINE PROGRAMS. LEADERSHIP TRAINING AND THE AAM ANNUAL MEETING, THE LARGEST GATHERING OF MUSEUM PROFESSIONALS IN THE WORLD
- 4c (Code ) (Expenses \$ 1,082,479 including grants of \$ 30,125 ) (Revenue \$ 3,264,327) MEMBERSHIP PROVIDES INDISPENSABLE RESOURCES FOR THE INSTITUTIONS AND INDIVIDUALS THAT MAKE UP THE DIVERSE MUSEUM FIELD THE ALLIANCE'S 22 PROFESSIONAL NETWORKS OFFER MEMBERS RELEVANT INFORMATION FOR CAREER SUCCESS, OPPORTUNITIES FOR PEER-TO-PEER NETWORKING AND INTERDISCIPLINARY EXCHANGE OF BEST PRACTICES AND INNOVATIVE IDEAS

6,704 ) (Revenue \$

See Additional Data

- 4d Other program services (Describe in Schedule O ) (Expenses \$ 2,062,349 including grants of \$
- Total program service expenses ►
  - 9,349,440

827,029)

	990 (2015)			Page
Par	t 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	NO
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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 $I$	3		Νo
4	Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		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? <i>If "Yes," complete Schedule D, Part V</i> 🚨	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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI.  I	11a	Yes	
	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
	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
	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		Νo
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
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	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	Yes	
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 $11e^{2}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
	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
	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		No
Ь	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? If "Yes," complete Schedule L,			
	Part IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	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? If "Yes," complete Schedule N, Part II	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? <i>If "Yes," complete Schedule R, Part I</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	<b>Section 501(c)(3) organizations.</b> 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?	38	Yes	

	990 (2015)			Page
Pai	TTV Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 151  Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		V	
2a	gaming (gambling) winnings to prize winners?	1c	Yes	
24	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?	За	Yes	
b	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
b	If "Yes," enter the name of the foreign country •  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?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
b	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 were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
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		No
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?	8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	9b		
	Initiation fees and capital contributions included on Part VIII, line 12   10a			-
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b			
	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
-	To the community of the second to the second second to the second			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
L	If "Vee " has it filed a Form 7.20 to report these payments 2 If "No " provide an evaluation in Schedule O	1.41-	1	1

Part VI	Governance.	Management,	and	Disclosu
	OCT CHILDING	, manayement,	ana	DISCIUSA

Section A. Governing Body and Management
Check if Schedule O contains a response or note to any line in this Part VI
describe the circumstances, processes, or changes in Schedule O. See instructions.
For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below,

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	2 6			
	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					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	2 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No
4	Did the organization make any significant changes to its governing documents since filed?	e the p	rior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation's assets? .	5		No
6	Did the organization have members or stockholders?			6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?			, 7b	Yes	
8	Did the organization contemporaneously document the meetings held or written activear by the following	ons ur	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No
Se	ection B. Policies (This Section B requests information about policies not	requi	ired by the Internal F	Reven		e.)
		requi	red by the Internal F		ue Cod Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		
10a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the aca affiliates, and branches to ensure their operations are consistent with the organization	 tıvıtıe: on's e	s of such chapters, xempt purposes?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	tivitie: on's e ts gov	s of such chapters, xempt purposes? erning body before filing	10a 10b		No
10a b 11a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization to review this form?	tivities on's e ts gov	s of such chapters, xempt purposes? erning body before filing	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	tivitie on's e ts gov  Form 9	s of such chapters, xempt purposes? erning body before filing	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	tivities on's e ts gov  Form 9	s of such chapters, xempt purposes? erning body before filing	10a 10b 11a 12a 12b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this Form Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.	tivities on's e ts gov  Form 9	s of such chapters, xempt purposes? erning body before filing	10a 10b 11a 12a 12b	Yes Yes	No
110a b 111a b 12a b c	Did the organization have local chapters, branches, or affiliates?	tivities on's e ts gov  Form 9	s of such chapters, xempt purposes? erning body before filing	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes Yes	No
110a b 111a b 12a b c	Did the organization have local chapters, branches, or affiliates?	tivities on's e ts gov	s of such chapters, xempt purposes? erning body before filing	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	tivities on's e ts gov  form 9  ly inte the p	s of such chapters, xempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	tivities on's e ts gov  form 9  ly inte  the p  the p  tiew an	s of such chapters, xempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	tivities on's e ts gov  form 9  ly inte  the p  the p  tiew an	s of such chapters, xempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	tivities on's e ts gov  form 9  its inthe p  the p  tiew and the deli	s of such chapters, xempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990 to all members of it the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization	tivities on's e ts gov  form 9  ily inte  in the p  ilew an ne deli  or sim	s of such chapters, xempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	tivities on's e ts gov  form 9  ily inte in the p  ilew an ne deli  or sim ilzation e step	s of such chapters, xempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No No

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

- 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
- 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
- State the name, address, and telephone number of the person who possesses the organization's books and records ►KYLE ANGE 2451 CRYSTAL DRIVE NO 1005 ARLINGTON, VA 22202 (202) 289-1818

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

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

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

- ◆ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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)					i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(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)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
										Form <b>990</b> (2015)

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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han on is a dire	ne l both	an d	officer stee)	Former	(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 related organizations
		ă:	Trustee			nsated				
See Additional Data Table										
1b Sub-Total			•						<u> </u>	
<ul><li>c Total from continuation sheet</li><li>d Total (add lines 1b and 1c) .</li></ul>	s to Part VII, So			٠.	٠.			1,164,653	0	126,289
2 Total number of individuals (in \$100,000 of reportable compe	cluding but not l	ımıted t	to the	sel		d abov	e) wł	no received more th	nan	

			Yes
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee		
	on line 1a? If "Yes," complete Schedule J for such individual	3	
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 I 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	

	Yes	No
3		Νo
4	Yes	
5		No

## **Section B. Independent Contractors**

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) Name and business address	(B) Description of services	(C) Compensation
	AUDIOVISUAL	176,126
PO BOX 905897		
CHARLOTTE, NC 28290		
APTIFY CORPORATION	SOFTWARE DEVELOPMENT	165,622
7900 WESTPARK DRIVE 5TH FLOOR TYSONS CORNER, VA 22102		
CALLAWAY TRANSPORTATION	TRANSPORTATION	127,951
7564 MAIN STREET 2ND FLOOR SYKESVILLE, MD 21784		
CREATIVE EVENT EXPERIENCE	OUTSOURCED SALES/COMMISSION	124,124
1802 NORTH UNDERWOOD STREET ARLINGTON, VA 22205	FEES	
ATLANTA MARRIOTT MARQUIS	HOTEL	113,873
265 PEACHTREE CENTER ATLANTA, GA 30303		

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

Part V	/##1	Statement of						
	10		ile O contains a respon	ise or note to any iir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इ इ	1a	Federated camp						
ons, Giffs, Grants Similar Amounts	Ь	Membership du	es <b>1b</b>					
٦	С	Fundraising eve	ents <b>1c</b>					
Giffs, iilar A	d	Related organiz	ations <b>1d</b>					
9.E	e	Government grants	(contributions) <b>1e</b>	1,663,285				
Sii	f	All other contributio	ons, gifts, grants, and <b>1f</b>	1,214,258				
tributio Other	'	sımılar amounts no						
ξŏ	g	Noncash contribution 1a-1f \$	ons included in lines					
Contributions, and Other Sim	h	Total. Add lines	1a-1f	🕌	2,877,543			
				Business Code				
Ę	2a	MEMBERSHIP DUES	5	900099	3,264,327	3,264,327		
es Se	ь	EXHIBIT FEES		900099	1,372,349	1,372,349		
e E	c	REGISTRATIONS		900099	1,160,200	1,160,200		
Š	d	ADVERTISING INCO	DME	541800	701,244		701,244	
ð ⊆	e	ACCREDITATION FE	EES	900099	338,308	338,308	, , , , , , , , , , , , , , , , , , ,	
Program Serwce Revenue	f	All other progra	m service revenue		24,960	24,960		
Š	g	Total Add lines	;2a-2f	<u> </u>	6,861,388			
	3		ome (including divident		0,801,388			
		and other simila	aramounts)		60,877			60,877
	4		tment of tax-exempt bond p	oroceeds 🕨	161.625			161 625
	5	Royalties	() 5	· · · •	161,625			161,625
	6a	Gross rents	(1) Real 136,760	(II) Personal				
	Oa	GIOSS TEIRS						
	ь	Less rental expenses	166,692					
	c	Rental income or (loss)	-29,932					
	d		me or (loss)		-29,932			-29,932
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	4,422,878					
	ь	Less cost or	4.047.020					
		other basis and sales expenses	4,047,839					
	C	Gain or (loss)	375,039		275 020			275 020
enne	8a	Net gain or (los Gross income fr events (not incl \$	om fundraising		375,039			375,039
Other Revenue			reported on line 1c) e 18 a					
ŏ	Ь		oenses <b>b</b>					
	c 9a			events 🛌				
		Loop done	a					
	b c		oenses <b>b</b>   loss)from gaming activ	/ities ►				
		Gross sales of i	Г					
		returns and allo	wances .					
	_		<b>a</b>	207,798				
	b	Less cost of go	L	114,523	02.275	93,275		
	С	Net income or ( Miscellaneous	loss) from sales of inve		93,275	93,2/5		
	11a	RELOCATION		Business Code 900099	351,572			351,572
				900099	151,097			151,097
		OTHERINCOM	<u> </u>	300079	131,037			131,037
	, c	All other revers						
	d e	All other revenu	ie	🛌				
				.  -	502,669			
	12	iotal revenue.	See Instructions	· · · · •	10,902,484	6,253,419	701,244	1,070,278

Form	990 (2015)				Page <b>10</b>
Part	•				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiza	tions must com	plete column (A)	
	Check if Schedule O contains a response or note to any line in t	this Part IX			<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	791,165	791,165		
2	Grants and other assistance to domestic individuals See Part IV, line 22	30,125	30,125		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	201,775	201,775		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	602,995		557,581	45,414
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	3,144,401	2,211,853	716,809	215,739
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	136,422	98,155	28,929	9,338
9	Other employee benefits	279,680	179,762	80,304	19,614
10	Payroll taxes	259,291	155,056	86,168	18,067
11	Fees for services (non-employees)				
а	Management				
b	Legal	52,345	15,981	36,364	
c	Accounting	36,000		36,000	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	13,767		13,767	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,421,040	1,014,850	358,986	47,204
12	Advertising and promotion				
13	Office expenses	879,350	608,649	262,508	8,193
14	Information technology	129,427	65,403	64,024	
15	Royalties	6,207		6,207	
16	Occupancy	743,355	9,975	733,380	
17	Travel	426,040	381,375	35,019	9,646
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	440,718	417,851	20,158	2,709
20	Interest	188		188	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	273,962		273,962	
23	Insurance	40,082	10,423	29,659	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	UBI TAX	42,000		42,000	
b	DISPOSAL-PROPERTY/EQUIP	182,302		182,302	
c	PROF DEVELOPMENT	52,920	36,251	12,397	4,272
d	MISCELLANEOUS EXPENSES	22,230	22	22,208	
e	All other expenses		3,120,769	-3,298,549	177,780
25	Total functional expenses. Add lines 1 through 24e	10,207,787	9,349,440	300,371	557,976
26	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)				

Form 990 (2015) Page 11 Part X **Balance Sheet** (A) (B) Beginning of year End of year 470,529 416,045 1 1 2 151.604 2 139.628 Savings and temporary cash investments . . . . Pledges and grants receivable, net . . . . . 192,815 187,998 3 3 237.881 350.514 4 4 5 Loans and other receivables from current and former officers, directors, trustees. key employees, and highest compensated employees. Complete Part II of 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 7 323,605 8 238,263 8 222,148 266.670 9 9 Prepaid expenses and deferred charges . . . . . 10a Land, buildings, and equipment cost or other basis 4,199,735 Complete Part VI of Schedule D 10a b 10b 2.259.341 880,687 10c 1,940,394 Less accumulated depreciation . . . . 2.902.811 11 2.933.725 11 12 12 Investments—other securities See Part IV, line 11 . . . . . 13 13 Investments—program-related See Part IV, line 11 . 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . 5.382.080 16 6,473,237 445,254 561,518 17 17 18 18 2,742,486 19 2.813.450 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . \_iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 150,000 23 Secured mortgages and notes payable to unrelated third parties . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 704,718 1,471,926 25 4.042.458 26 4.846.894 26 **Total liabilities.**Add lines 17 through 25 . . . Organizations that follow SFAS 117 (ASC 958), check here ► 🔽 and complete Balance lines 27 through 29, and lines 33 and 34. 691,766 361,770 27 27 706,537 663,262 28 28 Fund 271,315 271,315 29 29 Permanently restricted net assets . . . . . . . . . Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. ö 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . Retained earnings, endowment, accumulated income, or other funds 32 32 ž

Total liabilities and net assets/fund balances . . . . . . . . . . .

33

1,626,343

6.473.237

1,339,622

5.382.080

33

34

	330 (2013)				aye 12
Par	t XI Reconcilliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI	· · ·	•	• • •	<u>.</u>
_					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		10,9	02,484
2	Total expenses (must equal Part IX, column (A), line 25)				
_		2		10,2	207,787
3	Revenue less expenses Subtract line 2 from line 1	3		6	94,697
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
_		4		1,3	39,622
5	Net unrealized gains (losses) on investments	5		- 4	107,976
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,				
Door	column (B))	10		1,6	26,343
Par	<b>t XII</b> Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII				
	Oncold in Concession Concession and Concession and Concession in Concession and C			Yes	No
1	Accounting method used to prepare the Form 990				
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
2-	Schedule O  Ware the expansion of financial statements compiled or reviewed by an independent accountant?		2a		Νo
Za	Were the organization's financial statements compiled or reviewed by an independent accountant?  If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revi	awad an	Za		NO
	a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
U	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep	arate	20	163	
	basis, consolidated basis, or both				
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig	ıht			
_	of the audit, review, or compilation of its financial statements and selection of an independent accountant		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	he	3a	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 - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	959,294	including grants of \$	610 ) (Revenue \$	787,124 )
PUBLICATIONS AND	BUSINESS ENTERPRISES	PUBLISHE	S TITLES OF INTEREST T	TO THE MUSEUM FIELD AND MAI	NTAINSA
BOOKSTORE FOR DI	STRIBUTION OF MUSEUM	RELATED B	OOKS TO MUSEUM PROF	ESSIONALS, STUDENTS, LIBRAF	RIES, AND
OTHER AUDIENCES	AAM ALSO CONNECTS MU	JSEUM PRO	FESSIONALS WITH RELE	VANT SERVICE PROVIDERS THE	ROUGH
ADVERTISEMENTS,	PROGRAMMING AND DISC	OUNT OPPO	ORTUNITIES		
(Code	) (Expenses \$	749,142	ıncludıng grants of \$	0 ) (Revenue \$	0)
<b>'</b>	, (	,	3 3	0 ) (Revenue \$ RSTANDING OF THE CRITICAL	0)
ADVOCACY UNITES	S THE DIVERSE MUSEUM F	IELD TO PR	OMOTE A DEEPER UNDE	, ,	- ,
ADVOCACY UNITES EDUCATIONAL, ECO	S THE DIVERSE MUSEUM FI	IELD TO PR JE OF MUSE	OMOTE A DEEPER UNDE EUMS WITH POLICYMAKE	RSTANDING OF THE CRITICAL	C THE

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

(Code ) (Expenses \$ 353,913 including grants of \$ 6,094) (Revenue \$ 39,905) 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 ANNUAL TRENDS 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 Ind		ntracto						I	I	ı ı		
<b>(A)</b> Name and Title	(A) Name and Title A verage hours per week (list any hours		tion (d han o	ne b	ox,ι an o	ınless fficer		Reportable compensation from the organization (W-	pensation compensation of othe pm the from related compensation (W- organizations (W- 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		
KAYWIN FELDMAN CHAIR	2 00	x		х				0	0	0		
WILLIAM T HARRIS	2 00											
VICE CHAIR & SECRETARY		X		Х				0	0	0		
MEME OMOGBAI	2 00	v		,					0			
IMMEDIATE PAST CHAIR		X		Х				0	0	0		
GEORGE G JOHNSON TREASURER	2 00	х		х				0	0	0		
KIPPEN DE ALBA CHU	2 00											
DIRECTOR		×						0	0	0		
ELLEN CHARLES	2 00	×						0	0	0		
DIRECTOR		ļ	<u> </u>									
ROBERT M DAVIS	2 00	×						0	0	0		
DIRECTOR  BERIT N DURLER	2 00											
DIRECTOR		х						0	0	0		
MARK EDWARD	2 00											
DIRECTOR		х						0	0	0		
DAVID ELLIS	2 00	x						0	0	0		
DIRECTOR								· ·				
JOEL HOFFMAN	2 00	x						0	0	0		
DIRECTOR	2 00											
NIK HONEYSETT  DIRECTOR		х						0	0	0		
DOUGLAS S JONES DIRECTOR	2 00	х						0	0	0		
ELIZA BENINGTON KOZLOWSKI DIRECTOR	2 00	х						0	0	0		
LISA YUN LEE	2 00											
DIRECTOR		X						0	0	0		
CINNAMON CATLIN LEGUTKO DIRECTOR	2 00	×						0	0	0		
JUDITH MARGLES DIRECTOR	2 00	х						0	0	0		
TONYA MATTHEWS	2 00	х						0	0	0		
DIRECTOR	2 00	-										
TEY MARIANNA NUNN DIRECTOR (UNTIL 5/2015)		х						0	0	0		
PATTY ORTIZ DIRECTOR	2 00	х						0	0	0		
LAWRENCE PIJEAUX	2 00	<b> </b>						0	0	0		
DIRECTOR		Х						0	0	0		
VAN A ROMANS  DIRECTOR	2 00	x						0	0	0		
RUTH SHELLY	2 00	1										
DIRECTOR		Х						0	0	0		
SILVIA SINGER DIRECTOR	2 00	х						0	0	0		
STEPHANIE STEBICH	2 00											
DIRECTOR		X						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) A verage hours per week (list any hours for related organizations below dotted line)	os the constant of the constan	ion (d ian oi n is b	ne be oth a ctor/	ox, u an of trus	inless ficer tee)	(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 related organizations
CARLOS TORTOLERO DIRECTOR	2 00	х					0	0	0
MARSHALL TURNER DIRECTOR (UNTIL 05/2015)	2 00	х					0	0	0
JOHN WETENHALL DIRECTOR	2 00	х					0	0	0
LAURA LOTT COO (UNTIL 05/2015), PRESIDENT & CEO	40 00			х			271,124	0	19,971
FORD BELL PRESIDENT & CEO (UNTIL 05/2015)	40 00			х			148,706	0	14,341
KYLE ANGE VP OF FINANCE & OPERATIONS	40 00			х			134,522	0	14,331
JANET VAUGHAN  VP OF MEMBERSHIP & EXCELLENCE	40 00					х	128,961	0	19,241
GAIL RAVNITZKY SILBERGLIED  VP OF GOVERNMENT RELATIONS	40 00					х	128,349	0	7,905
ELIZABETH MERRITT  VP OF STRATEGIC FORESIGHT	40 00					х	121,302	0	16,860
BRENT MUNDT  VP OF DEVELOPMENT	40 00					х	115,225	0	17,498
CANAN ABAYAN  DIRECTOR OF IT & BUSINESS STRATEGY	40 00					х	116,464	0	16,142

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133024116

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

		ne organization					Employer identifica	ition number			
AMER	ICAN AS	SSOCIATION OF MUSEUMS									
- Da	rt I	Passan for Bubli	- Charity S	Status (All organiza	tions must co	malata this i	53-0205889				
							•	115.			
	organı:	zation is not a private fo			= -						
1	<u> </u>	A church, convention	· ·			<del>-</del>					
2	Γ	A school described in									
3	Γ	A hospital or a cooper	atıve hospital	service organization d	lescribed in <b>sec</b>	tion 170(b)(1)	)(A)(iii).				
4	Γ	A medical research or hospital's name, city,	and state	_	•						
5	_	An organization opera 170(b)(1)(A)(iv). (Co	ated for the be omplete Part I		,		-	lescribed in <b>section</b>			
6	Г	A federal, state, or loc	:al government	t or governmental unit	described in $s\epsilon$	ection 170(b)(:	L)(A)(v).				
7	굣	An organization that n described in <b>section 1</b>				om a governme	ental unit or from the g	eneral public			
8	Γ	A community trust des	scribed in <b>sect</b>	ion 170(b)(1)(A)(vi)	(Complete Par	tII)					
9	Γ	receipts from activitie	es related to it	ves (1) more than 33: ts exempt functions—s unrelated business tax	ubject to certai	in exceptions,	and (2) no more than 3	331/3% of its support			
				ee <b>section 509(a)(2).</b> (							
10		An organization organi	ızed and opera	ated exclusively to tes	t for public safe	ety See <b>sectio</b> r	n 509(a)(4).	509(a)(4).			
11	Γ	An organization organi one or more publicly s	upported orga	nızatıons described in	section 509(a)	)(1) or section	509(a)(2) See <b>sectio</b>	on <b>509(a)(3).</b> Check			
а	Γ	the box in lines 11a th <b>Type I.</b> A supporting o supported organization organization <b>You mus</b>	organization op n(s) the power	perated, supervised, or to regularly appoint o	controlled by i r elect a majorit	its supported o	rganization(s), typical	lly by giving the			
b	Γ	Type II. A supporting management of the su must complete Part IV	organization s ipporting orgar	supervised or controlle nization vested in the s	d ın connection						
c	Γ	Type III functionally i	•		n operated in c	onnection with	, and functionally integ	grated with, its			
		supported organization	n(s) (see instr	ructions) <b>You must co</b> i	mplete Part IV,	, Sections A , D,	, and E.	-			
d		Type III non-function									
		not functionally integra					ement and an attentive	eness requirement			
_	_	(see instructions) You					T Tune II T	······································			
е	ı	Check this box if the o integrated, or Type III					s a Type I, Type II, T	ype III functionally			
f	Ento	r the number of support									
	Elite	• •	-				· · · · · · · —				
g		Provide the following in	וווטווומנוטוו מטנ	out the supported orga	mzation(s)						
		(i)	(ii)EIN	(iii)	(iv)		(v)	(vi)			
Name of supported organizati				Type of organization (described on lines 1-9 above (see instructions))	Is the organ listed in your docume	nızatıon governıng	A mount of monetary support (see instructions)	A mount of other support (see instructions)			
					Yes	No	1				

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 **(e)**2015 (f)Total (or fiscal year beginning in) 🟲 1 Gifts, grants, contributions, and 2,424,939 2,720,687 2,382,498 2,937,659 2,877,543 13,343,326 membership fees received (Do not include any unusual grants ) 2 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 2,424,939 2,720,687 2,382,498 2,937,659 2,877,543 13,343,326 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included 720,074 on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 12,623,252 from line 4 Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 🟲 2,424,939 2,720,687 2,382,498 2,937,659 2,877,543 13,343,326 Amounts from line 4 Gross income from interest. dividends, payments received on 558,893 567,921 531,922 544,924 359,262 2,562,922 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or 142,617 109,564 98,686 106,501 118,590 575,958 not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 24,382 9,339 17,069 502,669 553,459 capital assets (Explain in Part VI) Total support. Add lines 7 17,035,665 through 10 12 Gross receipts from related activities, etc (see instructions) 12 32,608,392 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. Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 14 74 100 % Public support percentage for 2014 Schedule A, Part II, line 14 15 15 73 680 % 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test – 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported  $\vdash$ organization b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (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 vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning 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 nurnose 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 (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, 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 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 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. 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

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

## 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

Section A. All Supporting Organizations			
I, complete Sections A and D, and complete	te Part V )		
11b of Part I, complete Sections A and C	If you checked 11c of Part I, com	iplete Sections A , D , and E If y	ou checked 11d of Par

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> 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		ı
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 <b>Part VI</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
<b>4</b> a	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		ı
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	4b		
c	by or in connection with its supported organizations.  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 $(2)$ ?  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	<b>Type I or Type II only.</b> 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		ı
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 <b>Part VI</b> .	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 <b>Part VI</b> .	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? If "Yes," provide detail in <b>Part VI</b> .	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 <b>Part VI</b> .	9c		
0a	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		l
	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		<u> </u>
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		_ <del></del>

Pai	Supporting Organizations (continued)			
Se	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 <b>Part VI</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below			
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 <b>Part VI identify those supported organizations and explain</b> 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		
Ŀ	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 <b>Part VI</b> 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	Parent of Supported Organizations Answer (a) and (b) below.			
	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? <i>Provide details in Part VI</i> .	3a		
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			

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

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	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)	6		
,	Other expenses (see instructions)	7		
1	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	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		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
<b>i</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	rganızatıon (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	pt purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instru	uctions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
<b>d</b> From 2013			
e From 2014			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<ul> <li>Carryover from 2010 not applied (see instructions)</li> </ul>			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
<b>c</b> Excess from 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			

### Part VI 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

Return Reference	Explanation
EXPLANATION OF OTHER INCOME	OTHER INCOME - 2011 AMOUNT \$ 24,382 2012 AMOUNT \$ 0 2013 AMOUNT \$ 9,339 2014 AMOUNT \$ 17,069 2015 AMOUNT \$ 151,097 RELOCATION INCENTIVE - 2011 AMOUNT \$ 0 2012 AMOUNT \$ 0 2013 AMOUNT \$ 0 2014 AMOUNT \$ 0 2015 AMOUNT \$ 351,572

Schedule A (Form 990 or 990-EZ) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493133024116

## **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

OMB No 1545-0047 2015

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.

Open to Public Inspection

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

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

If the organization answered "Yes" on 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 Il- · Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h))   Complete Pa	•
	he organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructi	•
	e 35c (Proxy Tax) (see separate instructions), then	
_	Section 501(c)(4), (5), or (6) organizations Complete Part III  ame of the organization Emple	oyer identification number
	MERICAN ASSOCIATION OF MUSEUMS	
1-	rt I-A Complete if the organization is exempt under section 501(c) or is a section	205889
<b>∕</b> €1	Complete if the organization is exempt under section 501(c) or is a section	on 527 organization.
1 2	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
olı	itical expenditures	
	L.	
		\$
3		Ψ
olı'	unteer hours	
Pa:	rt I-B Complete if the organization is exempt under section 501(c)(3).	
1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
_	<b>▶</b>	Ψ
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a		
	s a correction made?	
vas	s a correction made.	
- <sub>Y</sub>	Yes No	
	If "Yes," describe in Part IV	
Pai	rt I-C Complete if the organization is exempt under section 501(c), except sec	tion 501(c)(3).
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	es \$
2	•	
nte	er the amount of the filing organization's funds contributed to other organizations for section 527 empt function activities	
Þ	•	
-		\$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	
•	•	\$
4		
old	the filing organization fileForm 1120-POL for this year?	
- <sub>Y</sub>	Yes No	
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organization made payments. For each organization listed, enter the amount paid from the filing organization of political contributions received that were promptly and directly delivered to a separate political separate segregated fund or a political action committee (PAC). If additional space is needed, provide	zation's funds Also enter the tical organization, such as a
	(2)	

res   No								
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.								
(a) Name	(b) A ddress	<b>(c)</b> EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-				
Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Cat No 50084S Schedule C (Form 990 or 990-EZ) 2015								

Schedule C (F	OIIII 990 01 990-L2) 2013	age 🗷
Part II-A	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election	n
<u> </u>	under section 501(h)).	

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

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

(The t	erm '	'exper	nditures"	means	amour	its paid or	incurred.)
							The state of the s

**Limits on Lobbying Expenditures** 

(a) Filing organization's totals

(b) Affiliated group totals

Total lobbying expenditures to influence public opinion (grass roots

1a lobbying)

Total lobbying expenditures to influence a legislative body (direct lobbying)

f c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

Total exempt purpose expenditures (add lines 1c and 1d)  ${f e}$ 

f Lobbying nontaxable amount Enter the amount from the following table in both columns

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

Grassroots nontaxable amount (enter 25% of line 1f)

Subtract line 1g from line 1a If zero or less, enter -0-

Subtract line 1f from line 1c If zero or less, enter -0-

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 i reporting section 4911 tax for this year?

#### 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

	Lobbying Expenditures builing 4- real Averaging Period							
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> Total		
2a	Lobbying nontaxable amount	674,978	595,480	656,176	645,424	2,572,058		
ь 	Lobbying ceiling amount (150% of line 2a, column(e))					3,858,087		
_с	Total lobbying expenditures	111,851	61,606	85,545	100,626	359,628		
d	Grassroots nontaxable amount	168,745	148,870	164,044	161,356	643,015		
е —	Grassroots ceiling amount (150% of line 2d, column (e))					964,523		
f	Grassroots lobbying expenditures							
	Schedule C (Form 990 or 990-EZ) 2015							

100,626

100,626

9,807,846 9,908,472

645,424

161,356

	Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	(a)	(b)
or each "Yes" r ctivity.	esponse on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	No	Amount
legislatio	ne year, did the filing organization attempt to influence foreign, national, state or local on, including any attempt to influence public opinion on a legislative matter or referendum, the use of	Yes	
<b>a</b> olunteers?		1 1	ı
	I		
<b>b</b> Paid staf	J ff or management (include compensation in expenses reported on lines 1c through 1i)?		
<b>c</b> ledia advertis	ements?		
	<u> </u>		
<b>d</b> lailings to me	mbers, legislators, or the public?		
I			
<b>e</b> Publicati	ions, or published or broadcast statements?		
<b>f</b> Grants to	o other organizations for lobbying purposes?		
<b>g</b> Direct co			1
<b>h</b> Rallies, o	demonstrations, seminars, conventions, speeches, lectures, or any similar means?		
<b>i</b> ther activitie	s?		
I			
j otal Add line	s 1c through 1:		
	activities in line 1 cause the organization to be not described in section 501(c)(3)?		4
	enter the amount of any tax incurred under section 4912  enter the amount of any tax incurred by organization managers under section 4912		L
•	ng organization incurred a section 4912 tax, did it file Form 4720 for this year?		
Part III-A	Complete if the organization is exempt under section 501(c)(4), section	501(c)(5)	or section
dicili A	501(c)(6).		Yes No
<b>1</b> Were sub	ostantially all (90% or more) dues received nondeductible by members?		1
2 Did the o	organization make only in-house lobbying expenditures of \$2,000 or less?		2
3 Did the o	organization agree to carry over lobbying and political expenditures from the prior year?		3
Part III-B	Complete if the organization is exempt under section $501(c)(4)$ , section $501(c)(6)$ and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."		
<b>1</b> ues, assessn	nents and similar amounts from members		
1			
	162(e) nondeductible lobbying and political expenditures (do not include amounts of political s for which the section 527(f) tax was paid).		
<b>a</b> urrent year			
2a			
ь			
arryover from	last year		
C C			
otal .			
<b>2c</b>   <b>3</b> Aggregat	te amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess		
oes the organ	ization agree to carryover to the reasonable estimate of nondeductible lobbying and diture next year?		
<b>4</b> Taxable	amount of lobbying and political expenditures (see instructions)	5	
Part IV	Supplemental Information		
Provide the d	escriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gr	oup list), Part	II-A, lines 1 and
	ctions), and Part II-B, line 1 Also, complete this part for any additional information  eurn Reference Explanation		
	·		90 or 990EZ) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493133024116

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

Internal Revenue Service

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

**Supplemental Financial Statements** 

► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

	me of the organization ERICAN ASSOCIATION OF MUSEUMS		Empl	oyer identification number
HITE	ERICAN ASSOCIATION OF MUSEUMS		53-0	205889
Pa	<b>Organizations Maintaining Donor</b> Complete if the organization answere	Advised Funds or Other Similar F ed "Yes" on Form 990, Part IV, line 6.	unds c	or Accounts.
		(a) Donor advised funds	(b)	Funds and other accounts
	Total number at end of year			
	Aggregate value of contributions to (during year)			
;	Aggregate value of grants from (during year)			
	Aggregate value at end of year			
;	Did the organization inform all donors and donor a funds are the organization's property, subject to t		nor advis	red Yes No
	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or donor advisor, or for a	ny other	Yes No
'a	<u> </u>	ete if the organization answered "Yes" o	on Forn	1 990, Part IV, line 7.
	Purpose(s) of conservation easements held by th  Preservation of land for public use (e.g., recre		n historii	cally important land area
	Protection of natural habitat			historic structure
	Preservation of open space			
!	Complete lines 2a through 2d if the organization leasement on the last day of the tax year	neld a qualified conservation contribution in	the form	of a conservation
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easeme		2b	
С	Number of conservation easements on a certified	` '	2c	
d	Number of conservation easements included in (c historic structure listed in the National Register		2d	
}	Number of conservation easements modified, trai	nsferred, released, extinguished, or terminate	ed by the	e organization during the
	tax year ►			
-	Number of states where property subject to cons	ervation easement is located ►		
;	Does the organization have a written policy regar violations, and enforcement of the conservation e		dling of	┌ Yes
,	Staff and volunteer hours devoted to monitoring, year	nspecting, handling of violations, and enforc	ing cons	ervation easements during the
	<b>-</b>			
,	A mount of expenses incurred in monitoring, inspe	ecting, handling of violations, and enforcing c	onserva	tion easements during the year
	<b>►</b> \$			
}	Does each conservation easement reported on III (B)(I) and section $170(h)(4)(B)(II)$ ?			☐ Yes ☐ No
)	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financia		
ar	<b>Complete of the organization answers</b>	tions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8.	or Oth	er Similar Assets.
a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	assets held for public exhibition, education,	or resea	arch in furtherance of public
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, education,		
(	(i) Revenue included on Form 990, Part VIII, line 1		<b>►</b> \$_	
(i	ii) Assets included in Form 990, Part X			
	If the organization received or held works of art, he following amounts required to be reported under S		or financ	
а	Revenue included on Form 990, Part VIII, line 1			<b>▶</b> \$
	•			

**b** Assets included in Form 990, Part X

Par	t III	Organizations Maintaining (continued)	Collections of A	Art, Hi	storic	al T	reasures, o	r Ot	her Similar <i>i</i>	Asse	ets	
3		g the organization's acquisition, acc ction items (check all that apply)	ession, and other red	cords, c	heck a	ny of	the following t	nat ar	e a significant u	se of	its	
а	┌ P	ublic exhibition		d	Γ	Loan	or exchange p	rogra	ms			
b	Гѕ	scholarly research		е	Γ	Othe	er					
С		reservation for future generations										
4	Provid Part X	de a description of the organization' KIII	s collections and ex	plaın ho	w they	furth	er the organiza	tıon's	exempt purpos	e ın		
5	Durin	g the year, did the organization soli	cit or receive donati	ons of a	rt, hist	orica	l treasures or o	ther	sımılar			
	asset	s to be sold to raise funds rather th	an to be maintained							s	No	
Pai	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		n Form	990,	Part	IV, line 9, or	repo	orted an amou	nt o	n Forr	n 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other intei	rmedıar	y for co	ntrıb	utions or other	asse	ts not <b>Ye</b>	s	□ No	
b	If"	'Yes," explain the arrangement in P	art XIII and complet	te the fo	llowing	tabl	e		Aı	noun	t	
С	Beg	ginning balance						1c				
d	A d	ditions during the year						1d				
e	Dis	tributions during the year						1e				
f	End	ding balance						1f				
2a	Did th	ne organization include an amount o	n Form 990, Part X,	line 21	, for es	row	or custodial ac	count	liability?   Ye	s	No.	
h						_		_				_
Da	rt V	es," explain the arrangement in Part  Endowment Funds. Comple										
FG	1 C V	Endowment Funds. Comple	(a)Current year		or year		<b>b (c)</b> Two years be		d)Three years back		)Four ye	ars back
	Begin	nning of year balance	412,842	. ,	413,	_	388,	<del>-</del>	450,896	+ ·	, ,	461,240
b	C ontr	ributions				140		120	310			225
c	Net ır Iosse	nvestment earnings, gains, and is	-43,700		20,	622	46,	540	43,034	ŀ		-10,569
d	Grant	ts or scholarships				_						
е		r expenditures for facilities rograms	20,642		21,	729	21,	779	105,612	2		
f	A dmı	nistrative expenses										
g		f year balance	348,500		412,	842	413,	309	388,628	3		450,896
2	Provid	de the estimated percentage of the	current year end bal	ance (lı	ne 1g,	colur	nn (a)) held as					_
а	Board	l designated or quasi-endowment ►	22 150 %									
b	Perma	anent endowment ► 77 850 %										
c	-	orarily restricted endowment Fercentages on lines 2a, 2b, and 2c	should equal 100%									
За	A re th	here endowment funds not in the pos	ssession of the orga	nızatıon	that a	e he	ld and adminis	ered	for the			
	_	ization by							Г		Yes	No
		related organizations								a(i) a(ii)		No No
ь		elated organizations es" on 3a(ii), are the related organiz								3b		
4		ribe in Part XIII the intended uses (									·	
Par	rt VI	Land, Buildings, and Equip									_	
		Complete if the organization and Description of property	answered 'Yes' to		(a Cost or ot	) her ba	(b) asis Cost or other	r basıs	Accumulated	П		k value
	Land				(ınvest	ment)	othei (othei	,		$\dashv$		
	Buildin			. <u>`</u> . -						$\dashv$		
		nold improvements					1.2	98,876	20,9	928		 1,277,948
		nent		.				53,532	<u> </u>			188,121
			<u></u>					47,327	<del> </del>	_		474,325
		lines 1a through 1e <i>(Column (d) mus</i>			ımn (B)	, lıne	10(c).)					1,940,394
									Schedule	• D (I	Form 9	90) 2015

See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)		<b>(b)</b> Book value	(c)Method of valuati Cost or end-of-year mark	
(1)Financial derivatives			,	
(2)Closely-held equity interests				
(3) O ther				
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII  Investments—Program Related.	<u> </u>			
Complete if the organization answered	Yes' on Form 990	, Part IV, line 11c. <sub>Se</sub>	ee Form 990. Part X. line 1	3.
(a) Description of investment		(b) Book value	(c) Method of valuati	on
			Cost or end-of-year mark	et value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	<b>F</b>			
Part IX Other Assets. Complete if the organization	answered 'Yes' on F	orm 990, Part IV, line		15
			(b) Book value	
(a) Descrip	otion		(B) Book value	
(a) Descrip	otion		(b) Book value	
(a) Descrip	octon		(b) Book value	
(a) Descrip	ction		(B) Book value	
(a) Descrip	ction		(b) Book value	
(a) Descrip	DETOR		(b) Book value	
(a) Descrip	ction		(b) Book value	
(a) Descrip	DETOR		(b) Book value	
(a) Descrip	ction		(b) Book value	
(a) Descrip	ction		(b) Book value	
(a) Descrip	DETOR		(b) Book value	
(a) Descrip	ction		(b) Book value	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. Complete if the organ	.)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.	.)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.	.)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  1. (a) Description of liability	.)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  DEFERRED RENT AND LEASEHOLD INCENTIVE	.) nızatıon answered	'Yes' on Form 990,		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  DEFERRED RENT AND LEASEHOLD INCENTIVE	.)	'Yes' on Form 990,		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  DEFERRED RENT AND LEASEHOLD INCENTIVE LIABILITY	.) nızatıon answered	'Yes' on Form 990,		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  DEFERRED RENT AND LEASEHOLD INCENTIVE LIABILITY	.) nization answered  (b) Book value	'Yes' on Form 990,		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  DEFERRED RENT AND LEASEHOLD INCENTIVE LIABILITY	.) nization answered  (b) Book value	'Yes' on Form 990,		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  DEFERRED RENT AND LEASEHOLD INCENTIVE LIABILITY	.) nization answered  (b) Book value	'Yes' on Form 990,		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.	.) nization answered  (b) Book value	'Yes' on Form 990,		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  DEFERRED RENT AND LEASEHOLD INCENTIVE LIABILITY	.) nization answered  (b) Book value	'Yes' on Form 990,		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  DEFERRED RENT AND LEASEHOLD INCENTIVE LIABILITY	.) nization answered  (b) Book value	'Yes' on Form 990,		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  DEFERRED RENT AND LEASEHOLD INCENTIVE LIABILITY	.) nization answered  (b) Book value	'Yes' on Form 990,		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  DEFERRED RENT AND LEASEHOLD INCENTIVE LIABILITY	.) nization answered  (b) Book value	'Yes' on Form 990,		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  DEFERRED RENT AND LEASEHOLD INCENTIVE LIABILITY	.) nization answered  (b) Book value	'Yes' on Form 990,		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  DEFERRED RENT AND LEASEHOLD INCENTIVE LIABILITY	.) nization answered  (b) Book value	'Yes' on Form 990,		

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue   Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	10,579,654
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a -407,976		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-309,063
3	Subtract line <b>2e</b> from line <b>1</b>	3	10,888,717
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 13,767		
b	Other (Describe in Part XIII)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	13,767
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	10,902,484
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	10,292,933
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	98,913
3	Subtract line <b>2e</b> from line <b>1</b>	3	10,194,020
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 13,767		
b	Other (Describe in Part XIII)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	13,767
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18 )	5	10,207,787

### Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	THE ALLIANCE'S ENDOWMENT CONSISTS OF DONOR-RESTRICTED FUNDS AND BOARD-DESIGNATED MATCHING FUNDS CONTRIBUTED TO THE ALLIANCE IN SUPPORT OF ITS ACCREDITATION PROGRAM AND OTHER PROFESSIONAL STANDARDS INITIATIVES
PART X, LINE 2	THE ALLIANCE PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED DECEMBER 31, 2015, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS
PART XI, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD 114,523 RENTAL EXPENSES 166,692 LOSS ON DISPOSAL OF PROPERTY AND EQUIPMENT -182,302
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD 114,523 RENTAL EXPENSES 166,692 LOSS ON DISPOSAL OF PROPERTY AND EQUIPMENT -182,302

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133024116

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

## **Statement of Activities Outside the United States**

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

► Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization AMERICAN ASSOCIATION OF MUSEUMS						Employer identification number				
\ I · I L	RICAN ASSOCIATION OF MOS	LOMS			53-020588	39				
Pa	rt I General Informatio Complete if the organ				14b.					
1	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?									
2	<b>For grantmakers.</b> 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	3 table can be d	uplicated if additional spa	ice is needed )					
	(a) Region	<b>(b)</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) program service, descri specific type of service(s) in region					
(1)	See Add'l Data		-							
( 2)										
( 3)										
(4)										
( 5)										
3a	Sub-total	0	0			201,775				
Ŀ	Total from continuation sheets to Part I	0	0			0				
	Totals (add lines 3a and 3h)	l n	l n	1		201 775				

organization	section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, othe
(1)		SOUTH AMERICA	SUPPORT OF THE MUSEUM SYMPOSIUM	148,255	WIRE			
( 2)								
(3)								
(4)								

Part II Grants and Other Assistance to Organizations or Entities Outside the United States.

Schedule F (Form 990) 2015

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. (d) A mount of (e) Manner of cash (a) Type of grant or (b) Region (c) Number of (f) A mount of (g) Description (h) Method of cash grant of non-cash valuation assistance recipients disbursement non-cash assistance assistance (book, FMV, appraisal, other) (1) SCHOLARSHIP AND 15,169 CHECK 5 SOUTH ASIA AWARDS (2) SCHOLARSHIP AND 11,421 CHECK LEAST ASIA AND THE 4 AWARDS PACIFIC (3) SCHOLARSHIP AND SOUTH AMERICA 3 8,117 CHECK AWARDS (4) SCHOLARSHIP AND 6,617 CHECK RUSSIA AND 2 NEIGHBORING AWARDS STATES (5) SCHOLARSHIP AND FUROPE 6,096 CHECK 2 AWARDS KINCLUDING ICELAND & GREENLAND) (6) SCHOLARSHIP AND 1 3,463 CHECK MIDDLE EAST AND AWARDS NORTH AFRICA (7) SCHOLARSHIP AND CENTRAL AMERICA 1 2,637 CHECK ANDTHE AWARDS CARIBBEAN (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

# Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	굣	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, 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	⊽	No
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	굣	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	<u> ~</u>	No
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)	Γ	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	<b>√</b>	No

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015 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 EAPPLICANT 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 ALLINACES ANNUAL MEETING A SMALL CASH STIPEND IS PROVIDED ON SITE TO COVER IN CIDENTAL 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	0	_	GRANTS TO RECIPIENTS LOCATED IN REGION		156,372
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		15,169
EAST ASIA AND THE PACIFIC	0		GRANTS TO RECIPIENTS LOCATED IN REGION		11,421

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					
RUSSIA AND NEIGHBORING STATES	0		GRANTS TO RECIPIENTS LOCATED IN REGION		6,617					
EUROPE (INCLUDING ICELAND & GREENLAND)	0		GRANTS TO RECIPIENTS LOCATED IN REGION		6,096					
MIDDLE EAST AND NORTH AFRICA	0		GRANTS TO RECIPIENTS LOCATED IN REGION		3,463					

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				
CENTRAL AMERICA AND THE CARIBBEAN	0	_	GRANTS TO RECIPIENTS LOCATED IN REGION		2,637				

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |
Schedule I

(Form 990)

Department of the

Treasury

DLN: 93493133024116

OMB No 1545-0047

Open to Public

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

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

Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

nternal Revenue Service							
lame of the organization						Employer identification	on number
AMERICAN ASSOCIATION OF MUSE	UMS					53-0205889	
Part I General Information	on Grants and	Assistance				•	
<ul> <li>Does the organization maintain returned the selection criteria used to awa</li> <li>Describe in Part IV the organizat</li> <li>Part II Grants and Other Assistar</li> </ul>	ard the grants or ass tion's procedures fo	r monitoring the use	of grant funds in the Un	nited States		·	Yes No
that received more than \$				prete il the organization	unswered res on re		., for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
	<del>                                     </del>						
	-						
				+		<u> </u>	
2 Enter total number of section 50:		_					14
3 Enter total number of other organ	iizations listed in th	e line 1 table .     .				🟲	0

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

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> 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	40	30,125			
Part IV Supplemental Informa	tion Droude the infe	rmation required in D	art I line 2 Dart III	column (h) and any other	additional information

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) 2015

Software ID: Software Version:

**EIN:** 53-0205889

Name: AMERICAN ASSOCIATION OF MUSEUMS

Form 990,Schedule I, Par	•	Other Assistance				ents.	T
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> Amount 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
JANE ADDAMS HULL- HOUSE MUSEUM 809 SOUTH MARSHFIELD AVE M/C 551 CHICAGO,IL 60612	37-6000511	501(C)(3)	95,000				TEENS IN CHICAGO AND PHNOM PENH WILL ENGAGE IN VARIOUS JUSTICE PRACTICES, INCLUDING ADVANCED TRAINING FOR YOUTH PEACE- BUILDERS, PRODUCTION OF A DOCUMENTARY FILM, AND A YOUTH PEACE SUMMIT IN PHNOM PENH, TO ADVANCE SOCIAL EQUALITY AND COMMUNITY HEALING
PEARLS BUCK INTERNATIONAL INC 520 DUBLIN ROAD PERKASIE,PA 18944	23-1637212	501(C)(3)	84,434				USING PEARLS BUCK AS INSPIRATION, HIGH SCHOOL STUDENTS WILL UNEARTH STEREOTYPES AND PREJUDICES THAT PERSIST TODAY BETWEEN THE TWO CULTURES IN THE MEDIA AND POPULAR CULTURE, PARTICIPATE IN YOUTH LEADERSHIP TRAINING ABOUT CREATIVE PROBLEMSOLVING, GLOBAL VISION UNDERSTANDING, AND STRATEGIC DECISION-MAKING, AND INITIATE A COMMUNITY SERVICE PROJECT TO CHAMPION BUCK'S IDEALS
ACADEMY OF NATURAL SCIENCES OF DREXEL UNIVERSITY 1900 BENJAMIN FRANKLIN PARKWAY PHILADELPHIA, PA 19103	23-1352000	501(C)(3)	80,189				THE MODEL WINS (WOMEN IN NATURAL SCIENCES) PROGRAM AT THE ACADEMY OF NATURAL SCIENCES WILL SERVE AS A LAUNCHING POINT TO EMPOWER HIGH SCHOOL GIRLS IN PHILADELPHIA AND ULAANBAATAR, WORKING IN PARTNERSHIP WITH SCIENTISTS, TO ENGAGE IN A DEEPER UNDERSTANDING OF CLIMATE EDUCATION THROUGH SCIENTIFIC RESEARCH, DISCOVERY, AND ENRICHMENT, DEVELOP AN AFTER- SCHOOL PROGRAM CURRICULUM ABOUT CLIMATE CHANGE, AND WILL GUIDE THE VISITOR EXPERIENCE AS EXPLAINERS IN BOTH 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>(b)</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 grant or assistance
PATRICIA AND PHILLIP FROST MUSEUM OF SCIENCE 3280 SOUTH MIAMI AVENUE MIAMI,FL 33129	59-0854960	501(C)(3)	77,500				THROUGH AN EXPLORATION, WITH LOCAL SCIENTIST, OF COMMON ENVIRONMENTAL ISSUES SUCH AS INVASIVE SPECIES, SEA-LEVEL RISE, URBAN SPRAWL, AND CLIMATE CHANGE, HIGH SCHOOL STUDENTS IN JAMAICA AND MIAMI WILL ENGAGE IN URBAN HABITAT RESTORATION AND CONSERVATION PRACTICES TO EARN DIGITAL BADGES FOR COMPLETED ASSIGNMENTS AND ACTIVITIES
JAMES FORD BELL MUSEUM OF NATURAL HISTORY 2221 UNIVERSITY AVE SE 100 MINNEAPOLIS, MN 55414	41-6007513	501(C)(3)	74,868				STORIES FROM THE HOME PLANET INVITES TEACHERS, THEIR K-THROUGH- 12 STUDENTS, AND THE LARGER LOCAL COMMUNITIES TO MAP BILINGUAL PLANETARIUM PROGRAMMING AND DEVELOP A CURRICULUM FOCUSING ON THE WAYS IN WHICH ASTRONOMY CAN FORETELL STORIES ON ENVIRONMENTAL CHANGE AND IMPACT
THE FABRIC WORKSHOP AND MUSEUM 1214 ARCH STREET PHILADELPHIA, PA 19107	23-2018929	501(C)(3)	68,500				COLLEGE STUDENTS IN MOROCCO AND PHILADELPHIA WILL DOCUMENT ORAL HISTORIES FROM FEMALE EMBROIDERY ARTISTS AND QUILT- MAKERS IN THE AU GRAIN DE SESAME COLLECTIVE IN MOROCCO AND THE QUILTERS OF COLOR COLLECTIVE IN BROOKLYN, NEW YORK TO WEAVE STORIES AND PRESERVE A LEGACY OF UNIQUE TEXTILE TRADITIONS THROUGH AN ONLINE CATALOGUE OF THE TEXTILE ARTISTS' WORK, AN EXHIBITION TO BE DISPLAYED IN BOTH LOCATIONS, AND A JOINT TEXTILE PROJECT THAT IS A SYMBOLIC TAPESTRY OF COMMON ORIGINS IN THESE DISTINCT TEXTILE ART FORMS

Form 990,Schedule I, Par (a) Name and address of organization or government	rt II, Grants and (b) EIN	(c) IRC section If applicable	e to Domestic Orga (d) Amount of cash grant	(e) A mount of non-	omestic Governme (f) Method of valuation (book, FMV, appraisal, other)	(h) Purpose of grant or assistance
CHABOT SPACE AND SCIENCE CENTER 10000 SKYLINE BOULEVARD OAKLAND, CA 94619	94-3146233	501(C)(3)	62,894			ACCORDING TO THE UNITED NATIONS, THE EARTH'S POPULATION IS EXPECTED TO REACH NINE BILLION BY 2050 THIS POPULATION GROWTH WILL INEVITABLY IMPACT THE WAYS IN WHICH HUMAN BEINGS MANAGE RESOURCES AND ADAPT TO ENVIRONMENTAL CHANGES THE PURPOSE OF THIS PROJECT IS TO BRING TOGETHER 16 STUDENTS AGES 15- 18 IN THE UNITED STATES AND INDIA TO GENERATE POTENTIAL STRATEGIES FOR ENVIRONMENTAL SUSTAINABILITY ON EARTH BY FOCUSING ON THE LESSONS LEARNED FROM ATTEMPTED SPACE TRAVEL MANY TECHNOLOGIES DEVISED FOR THE PURPOSE OF SPACE EXPLORATION HAVE BEEN ADAPTED TO MEET NEEDS ON EARTH, INCLUDING MEDICAL DEVICES, SOLAR PANELS AND WATER PURIFICATION SYSTEMS, TO NAME A FEW EXAMPLES THIS PROJECT WILL ENCOURAGE STUDENTS IN BOTH COUNTRIES TO DEVELOP PROJECTS FOCUSING ON USING SPACE TRAVEL TECHNOLOGY TO ADDRESS SUSTAINABILITY ON EARTH PARTICIPANTS WILL CREATE WORKSHOPS FOR MUSEUMS VISITORS AND A WEB SITE TO DEMONSTRATE THE APPLICABILITY OF SPACE TRAVEL INNOVATIONS TO ADDRESS VISITORS AND A WEB SITE TO DEMONSTRATE THE APPLICABILITY OF SPACE TRAVEL INNOVATIONS TO ADDRESSING THE ISSUE OF ENVIRONMENTAL SU
FRIENDS OF THE NORTH CAROLINA MUSEUM OF NATURAL SCIENCES DBA NORTH CAROL 11 WEST JONES STREET RALEIGH, NC 27601  CLAY CENTER FOR THE ARTS AND SCIENCES OF WEST VIRGINIA INC ONE CLAY SQUARE CHARLESTON, VA 25301	56-1240806	501(C)(3)	53,000			E-MAMMAL INTERNATIONAL UNITES 6TH, 7TH AND 8TH GRADE STUDENTS IN A GLOBAL-CITIZEN- SCIENTIST COMPARATIVE STUDY IN MEXICO, INDIA, AND NORTH CAROLINA THAT WILL EMPLOY CAMERA TRAPS IN SCHOOLS TO DOCUMENT ANIMAL POPULATION PATTERNS, AND HABITAT USE AND USE THE RESULTS TO INFORM AN E- MAMMAL WEBSITE ACCESSIBLE TO A NETWORK OF SCIENTISTS WORLDWIDE IN ORDER TO ILLUMINATE UNIVERSAL UNDERSTANDING OF BIODIVERSITY COMMON NOTES DELVES INTO THE ROOTS OF FOLK MUSIC IN ROMANIA AND WEST VIRGINIA TO ENRICH THE LIVES OF TEENS THROUGH THE TRANSCENDENT POWER OF MUSIC, A LANGUAGE THAT HAS NO BOUNDARIES, AND INSPIRE AN ONLINE MUSICAL MASH-UP, A SYNTHESIS OF THE ASSONANCE OF THEIR MUSIC, AS WELL AS PUBLIC CONCERTS

Form 990,Schedule I, Par  (a) Name and address of organization or government	t II, Grants and	(c) IRC section If applicable	e to Domestic Orga (d) Amount of cash grant	(f) Method of valuation (book, FMV, appraisal, other)	(h) Purpose of grant or assistance
	95-1855640	501(C)(3)	32,906		YOUNG PEOPLE IN AMERICA AND MEXICO EXPERIENCE VIOLENCE OR THE THREAT OF VIOLENCE IN THEIR COMMUNITIES, A SIGNIFICANT SOCIAL ISSUE THAT IMPACTS OUR COUNTRIES AND COMMUNITIES IN PROFOUND WAYS THIS PROJECT ENABLES YOUTH TO FIND MEANING AND EXPRESSION THROUGH THE POWER OF THE ARTS AND EMPOWERS THEM TO ENVISION SOLUTIONS THROUGH CREATIVE INTERVENTIONS THIS PROJECT WILL CONNECT 40 TEENS (20 IN EACH COUNTRY) FROM UNDERSERVED AREAS AROUND SAN DIEGO AND MEXICO CITY WITH SOCIAL PRACTICE ARTISTS WHO SPECIALIZE IN FILM AND PHOTOGRAPHY AND HAVE EXPERIENCE WORKING WITH TEENS WHILE ADDRESSING ISSUES OF SOCIAL AND POLITICAL VIOLENCE THE PROJECTS THAT THE YOUTH PRODUCE WILL EXAMINE THE IMPACT OF VIOLENCE ON TEEN LIVES THE TEENS THEMSELVES WILL
AS220 INC 95 MATHEWSON STREET 204 PROVIDENCE,RI 02903	22-2754566	501(C)(3)	27,505		SELECT A THEME WITHIN VIOLENCE, SUCH AS INTRA- FAMILIAL VIOLENCE, DATING VIOLENCE, GANGS AND CARTELS OR GUN USE AS THE FOCUS OF THEIR ARTISTIC WORK THEY ALSO WILL CREATE A SHORT DOCUMENTARY FILM AND MOUNT A PUBLIC EXHIBITION IN BOTH COUNTRIES  THIS PROJECT WILL BRING UKRAINIAN YOUTH WHO HAVE BEEN AFFECTED BY CONFLICT IN THEIR COUNTRY TO GETHER WITH DISADVANTAGED RHODE ISLAND YOUTH TO EXPLORE HOW THE USE OF YOUTH-ORIENTED MEDIA CAN CHANNEL THEIR EXPERIENCES IN A POSITIVE AND EMPOWERING WAY AT A SUMMER LAB INTENSIVE WORKSHOP, PARTICIPANTS WILL LEARN NEW MEDIA TECHNIQUES, SUCH AS 3D MODELING, GAME DESIGN, LASER CUTTING AND SMALL SCALE MODEL BUILDING THE PROJECT WILL RESULT IN A WEBSITE, AS WELL AS EXHIBITIONS IN BOTH CITIES THAT WILL BE CREATED AND INSTALLED BY THE PARTICIPANTS TEN STUDENTS, AGES 16 TO 18, FROM EACH COUNTRY WILL PARTICIPATE, AND FOUR UNIVERSITY STUDENTS, AGES 20 - 25, WILL SERVE AS MENTORS THROUGHOUT THE
NEW BEDFORD WHALING MUSEUM 18 JOHNNY CAKE HILL NEW BEDFORD, MA 02740	04-2104805	501(C)(3)	26,584		DESPITE THEIR SOCIAL AND CULTURAL DIFFERENCES, STUDENTS IN NEW BEDFORD AND HUSAVIK COME FROM SIMILAR COASTAL COMMUNITIES WITH MARITIME ECONOMIES BOTH SHARE A DEEP HISTORY OF TIES TO WHALES AS ECONOMIC GENERATORS AND CULTURAL SYMBOLS IN THIS PROJECT, TEENAGERS IN HUSAVIK AND NEW BEDFORD WILL EXPLORE THEIR MUTUAL ECONOMIC AND CULTURAL HERITAGE WITHIN THE CONTEXT OF THEIR OCEAN ENVIRONMENTS THE STUDENTS WILL ORGANIZE COMMUNITY AND SCHOOL EVENTS TO CELEBRATE WHALES IN THEIR LOCAL WATERS AND SHARE POINTS OF VIEW ABOUT PROTECTING THE OCEAN AND THE CREATURES LIVING IN IT, WHILE ALSO DEBATING WHALE- BASED TOURISM AND HARVESTING WHALE- BASED TOURISM AND HARVESTING WHALES FOR ECONOMIC PURPOSES HIGH SCHOOL STUDENTS AGES 15-18 IN EACH COUNTRY (18 IN THE US AND NINE IN ICELAND) WILL FORM AN "OCEAN CREW" THEY WILL RECEIVE INSTRUCTION IN WHALE SCIENCE, BIOLOGY AND OCEAN ECOLOGY THE STUDENTS WILL CREATE PUBLIC PROGRAMS, INCLUDING A "WHALE READATHON" FOR CHILDREN, A FAMILY- CENTERED "WHALE CELEBRATION DAY, AND A PROJECT WEBSITE FEA

Form 990,Schedule I, Par (a) Name and address of organization or government	rt II, Grants and (b) EIN	I Other Assistance (c) IRC section If applicable	e to Domestic Org (d) Amount of cash grant	(e) A mount of non-	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of	(h) Purpose of grant or assistance
	76-0217152	501(C)(3)		assistance		NOTE CASH ASSISTANCE	SPACE IS A GLOBAL ENTERPRISE SPACE SCIENCE AND TECHNOLOGY BRING TOGETHER PEOPLE, RESOURCES, IDEAS AND TALENTS FROM MANY DIFFERENT COUNTRIES AND CULTURES FROM ALL OVER THE WORLD FIFTY DISADVANTAGED STUDENTS EACH FROM HOUSTON, TEXAS, TOULOUSE, FRANCE, AND SINGAPORE, AGES 15-16 WILL COLLABORATE TO PLAN A MISSION TO ESTABLISH A HUMAN BASE ON MARS THEY WILL INVESTIGATE THE CULTURAL REQUIREMENTS FOR SUSTAINING HUMAN LIFE ON MARS, DEVELOP A "CHART OF LIFE ON MARS, AND TRAIN ON THE BASICS OF MARS SCIENCE IN ORDER TO DESIGN SPECIFIC PRODUCTS OR PROCESSES FOR PROVIDING THE AIR, WATER, ENERGY AND NUTRITION NEEDED TO SUPPORT HUMAN LIFE ON MARS IN THE PROCESS, THEY WILL DISCOVER PARALLELS BETWEEN SUSTAINING LIFE ON MARS AND ON EARTH BY TARGETING DISADVANTAGED YOUTH AND GIRLS, THE PROJECT AIMS TO EXPOSE NEW AUDIENCES TO THE FASCINATION OF OUTER SPACE THE STUDENTS WILL
							COLLABORATE THROUGHOUT THE YEAR AND PARTICIPATE IN A THREE WEEK STEM COURSE CONSISTING OF ENGAGING LESSONS AND ACTIVITIES, VIDE
CARIBBEAN CULTURAL CENTER AFRICAN DIASPORA INSTITUTE 1825 PARK AVENUE 602 NEWYORK, NY 10035	13-3054001	501(C)(3)	21,900				THE FORMATION OF THE AFRICAN DIASPORA RESULTANT FROM SLAVERY TRAGICALLY ERASED THE HISTORY OF ENTIRE PEOPLES THIS PROJECT AIMS TO RECOVER AND PRESERVE THE DIASPORIC HISTORY ASSOCIATED WITH THE RURAL COMMUNITY OF NONSUCH, JAMAICA AND THE URBAN COMMUNITY OF SAN JUAN HILLS IN MANHATTAN, NEW YORK THROUGH CREATIVE DISCUSSIONS AND LEARNING ABOUT THE HISTORICAL CONDITIONS THAT DISADVANTAGED THESE TWO COMMUNITIES, THE 30-40 MIDDLE SCHOOL STUDENTS PARTICIPATING IN THIS PROJECT WILL RECLAIM A HISTORY THAT HAS BEEN SUBMERGED OVER TIME AND RECONNECT WITH THEIR PAST AS A MEANS OF BETTER UNDERSTANDING THE PRESENT AND EMPOWERING THEIR FUTURES THE TEENS WILL LEARN HOW TO USE ARCHIVAL SOURCES AND CONDUCT INTERVIEWS WITH ELDERLY RESIDENTS IN THEIR RESPECTIVE COMMUNITIES AS THEY DEVELOP COMPELLING DIGITAL VIDEOS AND ART WORKS THEY WILL LEARN HOW TO USE ARCHIVAL SOURCES AND CONDUCT INTERVIEWS WITH ELDERLY RESIDENTS IN THEIR RESPECTIVE COMMUNITIES AS THEY DEVELOP COMPELLING DIGITAL VIDEOS AND ART WORKS THEY WILL CREATE EXHIBITIONS IN THEIR RESPECTIVE COMMUNITIES TO DISPLAY THE RESULTS OF THEIR WORK THEY WILL CREATE A BOUND WRITTEN TEXT OF THE HISTORY THAT THEY WILL RECOVER THROUGH

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493133024116

OMB No 1545-0047

#### Schedule J (Form 990)

Department of the Treasury

## Compensation Information

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

► Complete if the organization answered "Yes" on 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

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

53-0205889 **Questions Regarding Compensation** No Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) Discretionary spending account If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Participate in, or receive payment from, an equity-based compensation arrangement? **4**c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Νo 5b Any related organization? Νo If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo 6b Any related organization? Νo If "Yes," on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

### 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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) 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-MIS	SC compensation	(C) Retirement and	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(1)-(D)	<b>(F)</b> Compensation in column(B) reported as deferred on prior Form 990
		Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation			
1 LAURA LOTT COO (UNTIL 05/2015),	(i)	271,124	0	0	13,556	6,415	291,095	0
PRESIDENT & CEO	(ii)	0	0	0	0	0	0	0
2 FORD BELL PRESIDENT & CEO (UNTIL	(i)	148,706	0	0	7,435	6,906	163,047	0
05/2015)	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2015

### 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

Schedule J (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493133024116

OMB No 1545-0047

2015

Open to Public Inspection

## **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

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

Name of the organization **Employer identification number** AMERICAN ASSOCIATION OF MUSEUMS 53-0205889

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	INDIVIDUAL MEMBERSHIP SHALL BE OPEN TO MUSEUM STAFF, NON-PROFIT ORGANIZATION STAFF, STUDENTS, NON-PAID MUSEUM STAFF, RETIRED MUSEUM STAFF, INDEPENDENT PROFESSIONALS, MUSEUM TRUSTEES, AND SUCH OTHER CATEGORIES OF INDIVIDUAL MEMBERSHIP AS THE BOARD OF DIRECTORS MAY ESTABLISH FROM TIME TO TIME. 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
FORM 990, 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 INDIVIDUAL OR INSTITUTIONAL MEMBERS IN GOOD STANDING, NOT MORE THAN 50 PERCENT OF WHOM ARE FROM ANY ONE REGION

Return Reference	Explanation
FORM 990, PART 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
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS HAS THE RESPONSIBILITY FOR REVIEWING AND SETTING THE PRESIDENT & CEO 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 & CEO 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. THE LAST COMPENSATION REVIEW FOR THE PRESIDENT & CEO WAS PERFORMED IN MAY 2015. THE LAST COMPENSATION REVIEW FOR OTHER KEY STAFF OF THE ALLIANCE WAS PERFORMED IN MARCH 2015.

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
IX, LINE 11G	CONSULTANTS & CONTRACTORS PROGRAM SERVICE EXPENSES 1,014,850 MANAGEMENT AND GENERAL EXPENSES 329,481 FUNDRAISING EXPENSES 47,204 TOTAL EXPENSES 1,391,535 EXECUTIVE SEARCH PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 29,505 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 29,505