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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2019

Open to Public Inspection

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

Check if applicable

☒ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

FRENCH AMERICAN MUSEUM EXCHANGE INC

Doing business as

FRAME

Number and street (or P O box if mail is not delivered to street address)

PO BOX 5

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

ESSEX, CT 06426

F Name and address of principal officer

LUISA ADRIANZEN-GUYER

PO BOX 18029

PORTLAND, OR 97128

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number

20-4343950

E Telephone number

(860) 581-8609

G Gross receipts \$ 643,426

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ◀(Insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.FRAMEMUSEUMS.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2006

M State of legal domicile VA

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

FRAME IS A COALITION OF 32 ART MUSEUMS DEDICATED TO PROMOTING FRENCH- AMERICAN COOPERATION IN THE CULTURAL ARENA CONCERNING MUSEUMS, THEIR COLLECTIONS, AND THEIR PROFESSIONAL STAFFS. IT FOSTERS PARTNERSHIPS, PROJECTS AND EXCHANGES OF INFORMATION, PERSONNEL, TECHNOLOGY AND RESOURCES. THE PROJECTS ARE BASED ON THE RESOURCES OF THE MUSEUMS AND RANGE FROM A SHARED WEBSITE TO JOINT EXHIBITIONS AND PUBLICATIONS. THEY SERVE THE CULTURAL NEEDS OF EACH COUNTRY AND EDUCATE A CONSTITUENCY OF GREAT SIZE, BREADTH AND DISTRIBUTION.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) . . . . .

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) . . . . .

6 Total number of volunteers (estimate if necessary) . . . . .

7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .

7b Net unrelated business taxable income from Form 990-T, line 39 . . . . .

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . .

9 Program service revenue (Part VIII, line 2g) . . . . .

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .

14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .

b Total fundraising expenses (Part IX, column (D), line 25) ▶9,126

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12 . . . . .

Net Assets or Fund Balances

20 Total assets (Part X, line 16) . . . . .

21 Total liabilities (Part X, line 26) . . . . .

22 Net assets or fund balances. Subtract line 21 from line 20 . . . . .

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

\*\*\*\*\*

Signature of officer

DAVIN STAATS, TREASURER

Type or print name and title

2020-07-02

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2020-07-02

Check ☒ if self-employed

PTIN P00609162

Firm's name ▶ STEVE WALLS & ASSOC PLLC

Firm's EIN ▶ 26-4555225

Firm's address ▶ 11541 NUCKOLS RD STE A

GLEN ALLEN, VA 23059

Phone no. (804) 270-0784

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2019)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐ ☒**1** Briefly describe the organization's mission

THE ORGANIZATION FOSTERS BILATERAL EXCHANGES OF INFORMATION, PERSONNEL, TECHNOLOGY AND RESOURCES BETWEEN A GROUP OF 32 NORTH AMERICAN AND FRENCH REGIONAL ART MUSEUMS

**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

If "Yes," describe these changes on Schedule O

**4** 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

**4a** (Code ) (Expenses \$ 266,083 including grants of \$ ) (Revenue \$ )  
See Additional Data

**4b** (Code ) (Expenses \$ 15,803 including grants of \$ ) (Revenue \$ )  
See Additional Data

**4c** (Code ) (Expenses \$ 49,130 including grants of \$ 49,130 ) (Revenue \$ )  
See Additional Data

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
FRAME'S WEBSITE IS THE PRIMARY TOOL FOR THE PRESENTATION OF ITS EXHIBITIONS, PUBLICATIONS, AND EDUCATION PROGRAMS

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **▶** 331,016

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                                                                                                                          | Yes            | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A                                                                                                                                                                              | <b>1</b> Yes   |    |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                                                                                                                                                                                                             | <b>2</b> Yes   |    |
| <b>3</b> 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                                                                                                                                                                                                            | <b>3</b>       | No |
| <b>4 Section 501(c)(3) organizations.</b> 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                                                                                                                                                                                                    | <b>4</b>       | No |
| <b>5</b> 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                                                                                                                                                                     | <b>5</b>       | No |
| <b>6</b> 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                                                         | <b>6</b>       | No |
| <b>7</b> 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                                                                                                | <b>7</b>       | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III                                                                                                                                                              | <b>8</b>       | No |
| <b>9</b> 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                  | <b>9</b>       | No |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V                                                                                                          | <b>10</b> Yes  |    |
| <b>11</b> 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                                                                                                                                                                                                                                                 |                |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI                                                                                                                                                                            | <b>11a</b>     | No |
| <b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                                                                                                          | <b>11b</b>     | No |
| <b>c</b> 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                                                                                                          | <b>11c</b> Yes |    |
| <b>d</b> 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                                                                                                                         | <b>11d</b>     | No |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                                                                                                                                      | <b>11e</b>     | No |
| <b>f</b> 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                                                             | <b>11f</b>     | No |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII                                                                                                                                                           | <b>12a</b> Yes |    |
| <b>b</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                                                                            | <b>12b</b>     | No |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                                                                                                                                                                              | <b>13</b>      | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                                                                                                                   | <b>14a</b> Yes |    |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  | <b>14b</b> Yes |    |
| <b>15</b> 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                                                                                                              | <b>15</b> Yes  |    |
| <b>16</b> 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                                                                                                        | <b>16</b>      | No |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)                                                                                                                                                                                  | <b>17</b>      | No |
| <b>18</b> 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                                                                                                                                                                                                                 | <b>18</b>      | No |
| <b>19</b> 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                                                                                                                                                                                                                                           | <b>19</b>      | No |
| <b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                                                                                                                                                                                                                                                                                   | <b>20a</b>     | No |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                                                                                                                    | <b>20b</b>     |    |
| <b>21</b> 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                                                                                             | <b>21</b> Yes  |    |

**Part IV Checklist of Required Schedules** (continued)

|                                                                                                                                                                                                                                                                                                                                                                                                       | Yes        | No  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|
| <b>22</b> 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 . . . . .                                                                                                                                                                                         | <b>22</b>  | No  |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .                                                                                                                              | <b>23</b>  | No  |
| <b>24a</b> 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 . . . . .                                                                                                   | <b>24a</b> | No  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .                                                                                                                                                                                                                                                                                  | <b>24b</b> |     |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                                                                                         | <b>24c</b> |     |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .                                                                                                                                                                                                                                                                            | <b>24d</b> |     |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .                                                                                                                                                                       | <b>25a</b> | No  |
| <b>b</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 . . . . .                                                                                                                | <b>25b</b> | No  |
| <b>26</b> Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II . . . . .                                                         | <b>26</b>  | No  |
| <b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . . | <b>27</b>  | No  |
| <b>28</b> 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)                                                                                                                                                                                                |            |     |
| <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .                                                                                                                                                                                                                               | <b>28a</b> | No  |
| <b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .                                                                                                                                                                                                                                                                                    | <b>28b</b> | No  |
| <b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .                                                                                                                                                                                                                                      | <b>28c</b> | No  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .                                                                                                                                                                                                                                                                          | <b>29</b>  | No  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .                                                                                                                                                                                                          | <b>30</b>  | No  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .                                                                                                                                                                                                                                                                | <b>31</b>  | No  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .                                                                                                                                                                                                                                              | <b>32</b>  | No  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .                                                                                                                                                                                              | <b>33</b>  | No  |
| <b>34</b> 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 . . . . .                                                                                                                                                                                                                                          | <b>34</b>  | No  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                                                                                    | <b>35a</b> | No  |
| <b>b</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 . . . . .                                                                                                                                                                  | <b>35b</b> |     |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .                                                                                                                                                                                                          | <b>36</b>  | No  |
| <b>37</b> 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 . . . . .                                                                                                                                                     | <b>37</b>  | No  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                                                                                                                               | <b>38</b>  | Yes |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

|                                                                                                                                                                             | Yes       | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .                                                                            | <b>1a</b> | 2  |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .                                                                          | <b>1b</b> | 0  |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | <b>1c</b> |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

|                                                                                                                                                                                                                                                            |                                                                                                                   |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|--|--|
| <b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .                                                          | <div style="border: 1px solid black; width: 100px; height: 30px; text-align: right; margin: 0 auto;">2a 0</div>   |  |  |  |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                | <div style="border: 1px solid black; width: 100px; height: 30px; text-align: right; margin: 0 auto;">2b</div>     |  |  |  |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .                                                                                                                                              | <div style="border: 1px solid black; width: 100px; height: 30px; text-align: right; margin: 0 auto;">3a No</div>  |  |  |  |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . .                                                                                                                                 | <div style="border: 1px solid black; width: 100px; height: 30px; text-align: right; margin: 0 auto;">3b</div>     |  |  |  |
| <b>4a</b> 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)? . . . | <div style="border: 1px solid black; width: 100px; height: 30px; text-align: right; margin: 0 auto;">4a Yes</div> |  |  |  |
| <b>b</b> If "Yes," enter the name of the foreign country ►FR<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)                                                                         |                                                                                                                   |  |  |  |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .                                                                                                                                      | <div style="border: 1px solid black; width: 100px; height: 30px; text-align: right; margin: 0 auto;">5a No</div>  |  |  |  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                  | <div style="border: 1px solid black; width: 100px; height: 30px; text-align: right; margin: 0 auto;">5b No</div>  |  |  |  |
| <b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .                                                                                                                                                                      | <div style="border: 1px solid black; width: 100px; height: 30px; text-align: right; margin: 0 auto;">5c</div>     |  |  |  |
| <b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .                                    | <div style="border: 1px solid black; width: 100px; height: 30px; text-align: right; margin: 0 auto;">6a No</div>  |  |  |  |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .                                                                                           | <div style="border: 1px solid black; width: 100px; height: 30px; text-align: right; margin: 0 auto;">6b</div>     |  |  |  |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                     |                                                                                                                   |  |  |  |
| <b>a</b> 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? . . . . .                                                                                         | <div style="border: 1px solid black; width: 100px; height: 30px; text-align: right; margin: 0 auto;">7a No</div>  |  |  |  |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .                                                                                                                                         | <div style="border: 1px solid black; width: 100px; height: 30px; text-align: right; margin: 0 auto;">7b</div>     |  |  |  |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .                                                                                                    | <div style="border: 1px solid black; width: 100px; height: 30px; text-align: right; margin: 0 auto;">7c No</div>  |  |  |  |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .                                                                                                                                                                       | <div style="border: 1px solid black; width: 100px; height: 30px; text-align: right; margin: 0 auto;">7d</div>     |  |  |  |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                   | <div style="border: 1px solid black; width: 100px; height: 30px; text-align: right; margin: 0 auto;">7e No</div>  |  |  |  |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .                                                                                                                                | <div style="border: 1px solid black; width: 100px; height: 30px; text-align: right; margin: 0 auto;">7f No</div>  |  |  |  |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .                                                                                                        | <div style="border: 1px solid black; width: 100px; height: 30px; text-align: right; margin: 0 auto;">7g No</div>  |  |  |  |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .                                                                                                      | <div style="border: 1px solid black; width: 100px; height: 30px; text-align: right; margin: 0 auto;">7h No</div>  |  |  |  |
|                                                                                                                                                                                                                                                            |                                                                                                                   |  |  |  |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .                                                 | <div style="border: 1px solid black; width: 100px; height: 30px; text-align: right; margin: 0 auto;">8</div>      |  |  |  |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                         |                                                                                                                   |  |  |  |
| <b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .                                                                                                                                                      | <div style="border: 1px solid black; width: 100px; height: 30px; text-align: right; margin: 0 auto;">9a</div>     |  |  |  |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .                                                                                                                                           | <div style="border: 1px solid black; width: 100px; height: 30px; text-align: right; margin: 0 auto;">9b</div>     |  |  |  |
| <b>10 Section 501(c)(7) organizations.</b> Enter                                                                                                                                                                                                           |                                                                                                                   |  |  |  |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .                                                                                                                                                                | <div style="border: 1px solid black; width: 100px; height: 30px; text-align: right; margin: 0 auto;">10a</div>    |  |  |  |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                                                                       | <div style="border: 1px solid black; width: 100px; height: 30px; text-align: right; margin: 0 auto;">10b</div>    |  |  |  |
| <b>11 Section 501(c)(12) organizations.</b> Enter                                                                                                                                                                                                          |                                                                                                                   |  |  |  |
| <b>a</b> Gross income from members or shareholders . . . . .                                                                                                                                                                                               | <div style="border: 1px solid black; width: 100px; height: 30px; text-align: right; margin: 0 auto;">11a</div>    |  |  |  |
| <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .                                                                                                             | <div style="border: 1px solid black; width: 100px; height: 30px; text-align: right; margin: 0 auto;">11b</div>    |  |  |  |
|                                                                                                                                                                                                                                                            |                                                                                                                   |  |  |  |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                      | <div style="border: 1px solid black; width: 100px; height: 30px; text-align: right; margin: 0 auto;">12a</div>    |  |  |  |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                                             | <div style="border: 1px solid black; width: 100px; height: 30px; text-align: right; margin: 0 auto;">12b</div>    |  |  |  |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                                 |                                                                                                                   |  |  |  |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . .<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O                                         | <div style="border: 1px solid black; width: 100px; height: 30px; text-align: right; margin: 0 auto;">13a</div>    |  |  |  |
| <b>b</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 . . . . .                                                                               | <div style="border: 1px solid black; width: 100px; height: 30px; text-align: right; margin: 0 auto;">13b</div>    |  |  |  |
| <b>c</b> Enter the amount of reserves on hand . . . . .                                                                                                                                                                                                    | <div style="border: 1px solid black; width: 100px; height: 30px; text-align: right; margin: 0 auto;">13c</div>    |  |  |  |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .                                                                                                                                            | <div style="border: 1px solid black; width: 100px; height: 30px; text-align: right; margin: 0 auto;">14a No</div> |  |  |  |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .                                                                                                                                   | <div style="border: 1px solid black; width: 100px; height: 30px; text-align: right; margin: 0 auto;">14b</div>    |  |  |  |
| <b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .<br>If "Yes," see instructions and file Form 4720, Schedule N                | <div style="border: 1px solid black; width: 100px; height: 30px; text-align: right; margin: 0 auto;">15 No</div>  |  |  |  |
| <b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . .<br>If "Yes," complete Form 4720, Schedule O                                                                                | <div style="border: 1px solid black; width: 100px; height: 30px; text-align: right; margin: 0 auto;">16 No</div>  |  |  |  |

**Part VI**

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

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

**Section A. Governing Body and Management**

|                                                                                                                                                                                                                  |                                                                                                                                                                                                                     | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b>                                                                                                                                                                                                        | Enter the number of voting members of the governing body at the end of the tax year                                                                                                                                 | 30  |    |
| 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>b</b>                                                                                                                                                                                                         | Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                  | 30  |    |
| <b>2</b>                                                                                                                                                                                                         | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?                                               |     | No |
| <b>3</b>                                                                                                                                                                                                         | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | Yes |    |
| <b>4</b>                                                                                                                                                                                                         | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                    | Yes |    |
| <b>5</b>                                                                                                                                                                                                         | Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                          |     | No |
| <b>6</b>                                                                                                                                                                                                         | Did the organization have members or stockholders?                                                                                                                                                                  | Yes |    |
| <b>7a</b>                                                                                                                                                                                                        | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?                                                                  | Yes |    |
| <b>b</b>                                                                                                                                                                                                         | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                           |     | No |
| <b>8</b>                                                                                                                                                                                                         | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                   |     |    |
| <b>a</b>                                                                                                                                                                                                         | The governing body?                                                                                                                                                                                                 | Yes |    |
| <b>b</b>                                                                                                                                                                                                         | Each committee with authority to act on behalf of the governing body?                                                                                                                                               | Yes |    |
| <b>9</b>                                                                                                                                                                                                         | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O        |     | No |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|                                                                                    |                                                                                                                                                                                                                                                                                              | Yes | No |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>10a</b>                                                                         | Did the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                           |     | No |
| <b>b</b>                                                                           | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?                                                                   |     |    |
| <b>11a</b>                                                                         | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                  |     | No |
| <b>b</b>                                                                           | Describe in Schedule O the process, if any, used by the organization to review this Form 990                                                                                                                                                                                                 |     |    |
| <b>12a</b>                                                                         | Did the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                                                                                                      | Yes |    |
| <b>b</b>                                                                           | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                          | Yes |    |
| <b>c</b>                                                                           | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done                                                                                                                                           | Yes |    |
| <b>13</b>                                                                          | Did the organization have a written whistleblower policy?                                                                                                                                                                                                                                    | Yes |    |
| <b>14</b>                                                                          | Did the organization have a written document retention and destruction policy?                                                                                                                                                                                                               |     | No |
| <b>15</b>                                                                          | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                                                         |     |    |
| <b>a</b>                                                                           | The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                       | Yes |    |
| <b>b</b>                                                                           | Other officers or key employees of the organization                                                                                                                                                                                                                                          |     | No |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) |                                                                                                                                                                                                                                                                                              |     |    |
| <b>16a</b>                                                                         | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                                                                                                                                        |     | No |
| <b>b</b>                                                                           | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? |     |    |

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed: DE

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
 ►PAM CHANFRAU ACP RESOURCES INC 14009 WHISPERING OAKS RD MIDLOTHIAN, VA 23112 (804) 744-0757

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

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

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

● 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

See instructions for the order in which to list the persons above

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

[illegible]

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

|                                                                |         |  |  |
|----------------------------------------------------------------|---------|--|--|
| <b>1b Sub-Total</b>                                            |         |  |  |
| <b>c Total from continuation sheets to Part VII, Section A</b> |         |  |  |
| <b>d Total (add lines 1b and 1c)</b>                           | 116,777 |  |  |

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

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

## Section B. Independent Contractors

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

| (A)                       | (B)                     | (C)          |
|---------------------------|-------------------------|--------------|
| Name and business address | Description of services | Compensation |
|                           |                         |              |
|                           |                         |              |
|                           |                         |              |
|                           |                         |              |

|   |                                                                                                                                                                    |  |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 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 ► |  |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|



**Part VIII Statement of Revenue**

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

|                                                                   |                                                                                                                                                |                                                         | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |       |         |        |
|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------|----------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------|-------|---------|--------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | <b>1a</b> Federated campaigns . . .                                                                                                            | <b>1a</b>                                               |                      |                                                    |                                         |                                                                    |       |         |        |
|                                                                   | <b>b</b> Membership dues . . .                                                                                                                 | <b>1b</b>                                               | 239,625              |                                                    |                                         |                                                                    |       |         |        |
|                                                                   | <b>c</b> Fundraising events . . .                                                                                                              | <b>1c</b>                                               |                      |                                                    |                                         |                                                                    |       |         |        |
|                                                                   | <b>d</b> Related organizations                                                                                                                 | <b>1d</b>                                               |                      |                                                    |                                         |                                                                    |       |         |        |
|                                                                   | <b>e</b> Government grants (contributions)                                                                                                     | <b>1e</b>                                               |                      |                                                    |                                         |                                                                    |       |         |        |
|                                                                   | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included<br>above                                                  | <b>1f</b>                                               | 127,500              |                                                    |                                         |                                                                    |       |         |        |
|                                                                   | <b>g</b> Noncash contributions included in<br>lines 1a - 1f \$                                                                                 | <b>1g</b>                                               |                      |                                                    |                                         |                                                                    |       |         |        |
|                                                                   | <b>h Total.</b> Add lines 1a-1f . . . . . ▶                                                                                                    |                                                         |                      | 367,125                                            |                                         |                                                                    |       |         |        |
| <b>Program Service Revenue</b>                                    |                                                                                                                                                |                                                         | Business Code        |                                                    |                                         |                                                                    |       |         |        |
|                                                                   | <b>2a</b>                                                                                                                                      |                                                         |                      |                                                    |                                         |                                                                    |       |         |        |
|                                                                   | <b>b</b>                                                                                                                                       |                                                         |                      |                                                    |                                         |                                                                    |       |         |        |
|                                                                   | <b>c</b>                                                                                                                                       |                                                         |                      |                                                    |                                         |                                                                    |       |         |        |
|                                                                   | <b>d</b>                                                                                                                                       |                                                         |                      |                                                    |                                         |                                                                    |       |         |        |
|                                                                   | <b>e</b>                                                                                                                                       |                                                         |                      |                                                    |                                         |                                                                    |       |         |        |
|                                                                   | <b>f</b> All other program service revenue                                                                                                     |                                                         |                      |                                                    |                                         |                                                                    |       |         |        |
|                                                                   | <b>g Total.</b> Add lines 2a-2f. . . . . ▶                                                                                                     |                                                         |                      |                                                    |                                         |                                                                    |       |         |        |
| <b>Other Revenue</b>                                              | <b>3</b> Investment income (including dividends, interest, and other<br>similar amounts) . . . . . ▶                                           |                                                         | 42,242               |                                                    |                                         | 42,242                                                             |       |         |        |
|                                                                   | <b>4</b> Income from investment of tax-exempt bond proceeds ▶                                                                                  |                                                         |                      |                                                    |                                         |                                                                    |       |         |        |
|                                                                   | <b>5</b> Royalties . . . . . ▶                                                                                                                 |                                                         |                      |                                                    |                                         |                                                                    |       |         |        |
|                                                                   | <b>6a</b> Gross rents                                                                                                                          | (i) Real                                                | (ii) Personal        |                                                    |                                         |                                                                    |       |         |        |
|                                                                   |                                                                                                                                                | <b>6a</b>                                               |                      |                                                    |                                         |                                                                    |       |         |        |
|                                                                   |                                                                                                                                                | <b>b</b> Less rental expenses                           | <b>6b</b>            |                                                    |                                         |                                                                    |       |         |        |
|                                                                   |                                                                                                                                                | <b>c</b> Rental income or (loss)                        | <b>6c</b>            |                                                    |                                         |                                                                    |       |         |        |
|                                                                   | <b>d</b> Net rental income or (loss) . . . . . ▶                                                                                               |                                                         |                      |                                                    |                                         |                                                                    |       |         |        |
|                                                                   | <b>7a</b> Gross amount from sales of<br>assets other than inventory                                                                            | (i) Securities                                          | (ii) Other           |                                                    |                                         |                                                                    |       |         |        |
|                                                                   |                                                                                                                                                | <b>7a</b>                                               | 225,394              |                                                    |                                         |                                                                    |       | 11,768  |        |
|                                                                   |                                                                                                                                                | <b>b</b> Less cost or other basis and<br>sales expenses | <b>7b</b>            |                                                    |                                         |                                                                    |       | 231,621 |        |
|                                                                   |                                                                                                                                                | <b>c</b> Gain or (loss)                                 | <b>7c</b>            |                                                    |                                         |                                                                    |       | -6,227  | 11,768 |
|                                                                   | <b>d</b> Net gain or (loss) . . . . . ▶                                                                                                        |                                                         |                      | 5,541                                              |                                         |                                                                    | 5,541 |         |        |
|                                                                   | <b>8a</b> Gross income from fundraising events<br>(not including \$ of<br>contributions reported on line 1c)<br>See Part IV, line 18 . . . . . |                                                         |                      |                                                    |                                         |                                                                    |       |         |        |
|                                                                   |                                                                                                                                                | <b>8a</b>                                               |                      |                                                    |                                         |                                                                    |       |         |        |
|                                                                   | <b>b</b> Less direct expenses . . . . .                                                                                                        | <b>8b</b>                                               |                      |                                                    |                                         |                                                                    |       |         |        |
|                                                                   | <b>c</b> Net income or (loss) from fundraising events . . . ▶                                                                                  |                                                         |                      |                                                    |                                         |                                                                    |       |         |        |
|                                                                   | <b>9a</b> Gross income from gaming activities<br>See Part IV, line 19 . . . . .                                                                |                                                         |                      |                                                    |                                         |                                                                    |       |         |        |
|                                                                   |                                                                                                                                                | <b>9a</b>                                               |                      |                                                    |                                         |                                                                    |       |         |        |
|                                                                   | <b>b</b> Less direct expenses . . . . .                                                                                                        | <b>9b</b>                                               |                      |                                                    |                                         |                                                                    |       |         |        |
|                                                                   | <b>c</b> Net income or (loss) from gaming activities . . . ▶                                                                                   |                                                         |                      |                                                    |                                         |                                                                    |       |         |        |
|                                                                   | <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . .                                                                      |                                                         |                      |                                                    |                                         |                                                                    |       |         |        |
| <b>10a</b>                                                        |                                                                                                                                                |                                                         |                      |                                                    |                                         |                                                                    |       |         |        |
| <b>b</b> Less cost of goods sold . . .                            | <b>10b</b>                                                                                                                                     |                                                         |                      |                                                    |                                         |                                                                    |       |         |        |
| <b>c</b> Net income or (loss) from sales of inventory . . . ▶     |                                                                                                                                                |                                                         |                      |                                                    |                                         |                                                                    |       |         |        |
| Miscellaneous Revenue                                             |                                                                                                                                                | Business Code                                           | -3,103               |                                                    |                                         | -3,103                                                             |       |         |        |
| <b>11a</b> FOREIGN EXCHANGE                                       |                                                                                                                                                |                                                         |                      |                                                    |                                         |                                                                    |       |         |        |
| <b>b</b>                                                          |                                                                                                                                                |                                                         |                      |                                                    |                                         |                                                                    |       |         |        |
| <b>c</b>                                                          |                                                                                                                                                |                                                         |                      |                                                    |                                         |                                                                    |       |         |        |
| <b>d</b> All other revenue . . . . .                              |                                                                                                                                                |                                                         |                      |                                                    |                                         |                                                                    |       |         |        |
| <b>e Total.</b> Add lines 11a-11d . . . . . ▶                     |                                                                                                                                                |                                                         | -3,103               |                                                    |                                         |                                                                    |       |         |        |
| <b>12 Total revenue.</b> See instructions . . . . . ▶             |                                                                                                                                                |                                                         | 411,805              |                                                    |                                         | 44,680                                                             |       |         |        |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>                                                                                                                                                               | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------------|------------------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.                                                                                                                                      | 24,130                       | 24,130                                 |                                               |                                    |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.                                                                                                                                                                 |                              |                                        |                                               |                                    |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.                                                                                                          | 25,000                       | 25,000                                 |                                               |                                    |
| <b>4</b> Benefits paid to or for members.                                                                                                                                                                                                           |                              |                                        |                                               |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees.                                                                                                                                                                  |                              |                                        |                                               |                                    |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).                                                                                             |                              |                                        |                                               |                                    |
| <b>7</b> Other salaries and wages.                                                                                                                                                                                                                  | 48,359                       | 36,269                                 | 9,672                                         | 2,418                              |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).                                                                                                                                       |                              |                                        |                                               |                                    |
| <b>9</b> Other employee benefits.                                                                                                                                                                                                                   | 41,125                       | 30,844                                 | 8,225                                         | 2,056                              |
| <b>10</b> Payroll taxes.                                                                                                                                                                                                                            |                              |                                        |                                               |                                    |
| <b>11</b> Fees for services (non-employees):                                                                                                                                                                                                        |                              |                                        |                                               |                                    |
| <b>a</b> Management.                                                                                                                                                                                                                                | 64,418                       | 48,313                                 | 12,884                                        | 3,221                              |
| <b>b</b> Legal.                                                                                                                                                                                                                                     |                              |                                        |                                               |                                    |
| <b>c</b> Accounting.                                                                                                                                                                                                                                | 14,812                       |                                        | 14,812                                        |                                    |
| <b>d</b> Lobbying.                                                                                                                                                                                                                                  |                              |                                        |                                               |                                    |
| <b>e</b> Professional fundraising services. See Part IV, line 17.                                                                                                                                                                                   |                              |                                        |                                               |                                    |
| <b>f</b> Investment management fees.                                                                                                                                                                                                                | 9,774                        | 9,774                                  |                                               |                                    |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)                                                                                                                                |                              |                                        |                                               |                                    |
| <b>12</b> Advertising and promotion.                                                                                                                                                                                                                |                              |                                        |                                               |                                    |
| <b>13</b> Office expenses.                                                                                                                                                                                                                          | 5,682                        |                                        | 5,682                                         |                                    |
| <b>14</b> Information technology.                                                                                                                                                                                                                   |                              |                                        |                                               |                                    |
| <b>15</b> Royalties.                                                                                                                                                                                                                                |                              |                                        |                                               |                                    |
| <b>16</b> Occupancy.                                                                                                                                                                                                                                |                              |                                        |                                               |                                    |
| <b>17</b> Travel.                                                                                                                                                                                                                                   | 24,633                       | 18,474                                 | 4,927                                         | 1,232                              |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.                                                                                                                                           |                              |                                        |                                               |                                    |
| <b>19</b> Conferences, conventions, and meetings.                                                                                                                                                                                                   | 115,326                      | 115,326                                |                                               |                                    |
| <b>20</b> Interest.                                                                                                                                                                                                                                 |                              |                                        |                                               |                                    |
| <b>21</b> Payments to affiliates.                                                                                                                                                                                                                   |                              |                                        |                                               |                                    |
| <b>22</b> Depreciation, depletion, and amortization.                                                                                                                                                                                                |                              |                                        |                                               |                                    |
| <b>23</b> Insurance.                                                                                                                                                                                                                                | 1,200                        |                                        | 1,200                                         |                                    |
| <b>24</b> 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.)                                         |                              |                                        |                                               |                                    |
| <b>a</b> GIVERNY                                                                                                                                                                                                                                    | 8,233                        | 8,233                                  |                                               |                                    |
| <b>b</b> PROFESSIONAL EXCHANGE                                                                                                                                                                                                                      | 7,570                        | 7,570                                  |                                               |                                    |
| <b>c</b> BOARD MEETINGS                                                                                                                                                                                                                             | 5,416                        | 2,708                                  | 2,708                                         |                                    |
| <b>d</b> MEALS & ENTERTAINMENT                                                                                                                                                                                                                      | 2,381                        | 1,786                                  | 476                                           | 119                                |
| <b>e</b> All other expenses                                                                                                                                                                                                                         | 3,004                        | 2,589                                  | 335                                           | 80                                 |
| <b>25</b> Total functional expenses. Add lines 1 through 24e.                                                                                                                                                                                       | 401,063                      | 331,016                                | 60,921                                        | 9,126                              |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.<br>Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                              |                                        |                                               |                                    |

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

|                                                                                      |                                                                                                                                                                                                                                | (A)<br>Beginning of year |            | (B)<br>End of year |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------|--------------------|
| <b>Assets</b>                                                                        | <b>1</b> Cash—non-interest-bearing . . . . .                                                                                                                                                                                   | 350,863                  | <b>1</b>   | 325,411            |
|                                                                                      | <b>2</b> Savings and temporary cash investments . . . . .                                                                                                                                                                      |                          | <b>2</b>   |                    |
|                                                                                      | <b>3</b> Pledges and grants receivable, net . . . . .                                                                                                                                                                          |                          | <b>3</b>   |                    |
|                                                                                      | <b>4</b> Accounts receivable, net . . . . .                                                                                                                                                                                    | 103,740                  | <b>4</b>   | 137,275            |
|                                                                                      | <b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .  |                          | <b>5</b>   |                    |
|                                                                                      | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .                                                           |                          | <b>6</b>   |                    |
|                                                                                      | <b>7</b> Notes and loans receivable, net . . . . .                                                                                                                                                                             |                          | <b>7</b>   |                    |
|                                                                                      | <b>8</b> Inventories for sale or use . . . . .                                                                                                                                                                                 |                          | <b>8</b>   |                    |
|                                                                                      | <b>9</b> Prepaid expenses and deferred charges . . . . .                                                                                                                                                                       | 3,462                    | <b>9</b>   |                    |
|                                                                                      | <b>10a</b> Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D                                                                                                                                  | <b>10a</b>               |            |                    |
|                                                                                      | <b>b</b> Less: accumulated depreciation                                                                                                                                                                                        | <b>10b</b>               | <b>10c</b> |                    |
|                                                                                      | <b>11</b> Investments—publicly traded securities . . . . .                                                                                                                                                                     |                          | <b>11</b>  |                    |
|                                                                                      | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                                                         |                          | <b>12</b>  |                    |
|                                                                                      | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                                                          | 1,146,741                | <b>13</b>  | 1,308,523          |
|                                                                                      | <b>14</b> Intangible assets . . . . .                                                                                                                                                                                          |                          | <b>14</b>  |                    |
|                                                                                      | <b>15</b> Other assets. See Part IV, line 11 . . . . .                                                                                                                                                                         |                          | <b>15</b>  |                    |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 1,604,806                                                                                                                                                                                                                      | <b>16</b>                | 1,771,209  |                    |
| <b>Liabilities</b>                                                                   | <b>17</b> Accounts payable and accrued expenses . . . . .                                                                                                                                                                      | 16,368                   | <b>17</b>  | 9,323              |
|                                                                                      | <b>18</b> Grants payable . . . . .                                                                                                                                                                                             |                          | <b>18</b>  |                    |
|                                                                                      | <b>19</b> Deferred revenue . . . . .                                                                                                                                                                                           |                          | <b>19</b>  |                    |
|                                                                                      | <b>20</b> Tax-exempt bond liabilities . . . . .                                                                                                                                                                                |                          | <b>20</b>  |                    |
|                                                                                      | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D                                                                                                                                                |                          | <b>21</b>  |                    |
|                                                                                      | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . |                          | <b>22</b>  |                    |
|                                                                                      | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                             |                          | <b>23</b>  |                    |
|                                                                                      | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                               |                          | <b>24</b>  |                    |
|                                                                                      | <b>25</b> 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                                              |                          | <b>25</b>  |                    |
|                                                                                      | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .                                                                                                                                                          | 16,368                   | <b>26</b>  | 9,323              |
| <b>Net Assets or Fund Balances</b>                                                   | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>                                                                                           |                          |            |                    |
|                                                                                      | <b>27</b> Net assets without donor restrictions . . . . .                                                                                                                                                                      | 588,438                  | <b>27</b>  | 761,886            |
|                                                                                      | <b>28</b> Net assets with donor restrictions . . . . .                                                                                                                                                                         | 1,000,000                | <b>28</b>  | 1,000,000          |
|                                                                                      | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>                                                                                                    |                          |            |                    |
|                                                                                      | <b>29</b> Capital stock or trust principal, or current funds . . . . .                                                                                                                                                         |                          | <b>29</b>  |                    |
|                                                                                      | <b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .                                                                                                                                            |                          | <b>30</b>  |                    |
|                                                                                      | <b>31</b> Retained earnings, endowment, accumulated income, or other funds                                                                                                                                                     |                          | <b>31</b>  |                    |
|                                                                                      | <b>32</b> <b>Total net assets or fund balances</b> . . . . .                                                                                                                                                                   | 1,588,438                | <b>32</b>  | 1,761,886          |
| <b>33</b> <b>Total liabilities and net assets/fund balances</b> . . . . .            | 1,604,806                                                                                                                                                                                                                      | <b>33</b>                | 1,771,209  |                    |

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

|           |                                                                                                               |           |           |
|-----------|---------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)                                                     | <b>1</b>  | 411,805   |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                      | <b>2</b>  | 401,063   |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1                                                             | <b>3</b>  | 10,742    |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | 1,588,438 |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                  | <b>5</b>  | 162,707   |
| <b>6</b>  | Donated services and use of facilities                                                                        | <b>6</b>  |           |
| <b>7</b>  | Investment expenses                                                                                           | <b>7</b>  |           |
| <b>8</b>  | Prior period adjustments                                                                                      | <b>8</b>  |           |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)                                          | <b>9</b>  | -1        |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 1,761,886 |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O                                                                                                                                                    |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | Yes |    |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?<br>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                                       |     | No |
| <b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O                                                                                |     |    |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?                                                                                                                                                                                                                                                                            |     | No |
| <b>b</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                                                                                                                                                                                                                 |     |    |

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 20-4343950  
**Name:** FRENCH AMERICAN MUSEUM EXCHANGE INC

Form 990 (2019)

**Form 990, Part III, Line 4a:**

IN 2019, THE ORGANIZATION SPONSORED THE FOLLOWING PROGRAMS "IN PRAISE OF EMOTION AND IN PRAISE OF SENSIBILITY" NANTES ARTS MUSEUM IN PRAISE OF SENSIBILITY FEBRUARY 15 - MAY 13, 2019 FINE ARTS MUSEUM OF RENNES IN PRAISE OF EMOTION AND IN PRAISE OF SENSIBILITY IS THE RESULT OF AN EXEMPLARY COOPERATION BETWEEN THE NANTES ARTS MUSEUM AND THE RENNES MUSEUM OF FINE ARTS THE EXHIBITION IS SET UP AS A DIPTYCH (AN EXHIBITION AT EACH MUSEUM) THAT ESTABLISHES A PERFECT DIALOGUE BETWEEN THE WORKS FROM THESE COMPLEMENTARY COLLECTIONS MANY OF THESE PAINTINGS ECHO OTHER WORKS HELD WITHIN THE FRAME NETWORK AND SHOW THE UNIVERSAL CULTURAL HERITAGE THAT CONSTITUTES THE COLLECTIONS OF HISTORICAL BRITTANY THE EXHIBITION'S MAIN PURPOSE IS TO PROVIDE A DISCOVERY OF THE ENTIRE PICTORIAL PRODUCTION IN THE AGE OF ENLIGHTENMENT THROUGH THE PRISM OF EMOTION AND SENSIBILITY RENNES' EXHIBITION FEATURES GREAT, ANCIENT, RELIGIOUS AND MYTHOLOGICAL HISTORY, WHILE NANTES FEATURES THE DIFFERENT GENRES, FROM GREAT FORMAL PORTRAITS TO DELICATE STILL LIVES "NAPOLEON POWER AND SPLENDOR" THE NELSON ATKINS MUSEUM OF ART OCTOBER 26, 2018 - THROUGH MARCH 3, 2019 THE MONTREAL MUSEUM OF FINE ARTS ORGANIZED AND CIRCULATED THIS MAJOR EXHIBITION THAT REVIVES THE SUMPTUOUS ATMOSPHERE OF NAPOLEON'S COURT SINCE HIS CORONATION, IN 1804, UNTIL HIS EXILE IN 1815, WITH THE PARTICIPATION OF THE NELSON ATKINS MUSEUM OF ART, THE MUSE NATIONAL DU CHTEAU DE FONTAINEBLEAU AND THE VIRGINIA MUSEUM OF FINE ARTS THE EXHIBITION BRINGS TOGETHER MORE THAN 400 WORKS AND OBJECTS OF ART FROM SOME 50 PRESTIGIOUS LENDERS, INCLUDING THE LOUVRE MUSEUM, THE CHTEAU FONTAINEBLEAU, THE MOBILIER NATIONAL DE FRANCE, THE NATIONAL MUSEUM OF CASTLES OF MALMAISON AND BOISPRAU, THE METROPOLITAN MUSEUM OF ART, THE J PAUL GETTY MUSEUM, THE HOUSTON MUSEUM OF FINE ARTS, AND THE ART INSTITUTE OF CHICAGO 2019 ANNUAL CONFERENCE, THE NELSON ATKINS MUSEUM OF ART IN KANSAS CITY, MO FRAME'S 20TH ANNUAL CONFERENCE WAS HELD ON OCTOBER 30, 2019 THROUGH NOVEMBER 1, 2019 AT THE NELSON ATKINS MUSEUM OF ART IN KANSAS CITY, MO AND WAS ATTENDED BY 75 MEMBER MUSEUM DIRECTORS, CURATORS, EDUCATORS AND OTHER INTERESTED PARTICIPANTS WORKSHOPS FOCUSED ON IDEAS FOR POTENTIAL NEW EXHIBITIONS, AND TURNKEY EXHIBITIONS SEEKING PARTNERS, AS WELL AS BEST PRACTICES PRESENTATIONS ON RESTORATION, AND OUTREACH TO TEEN AUDIENCES SIMULTANEOUS TRANSLATORS FACILITATED THE EXCHANGE OF VIEWS AMONG THE GLOBAL PARTICIPANTS 20TH ANNIVERSARY IN 2019, FRAME CELEBRATED ITS 20TH ANNIVERSARY BY PRODUCING A AND VIDEO AND A PUBLICATION TO DOCUMENT THE ORGANIZATION'S ACTIVITIES SINCE ITS INCEPTION FRAME ALSO HOSTED RECEPTIONS IN PARIS AND AT THE NELSON ATKINS MUSEUM OF ART IN KANSAS CITY, MO

**Form 990, Part III, Line 4b:**

FRAME FACILITATES EDUCATIONAL INITIATIVES BY MAKING THEIR RESOURCES AVAILABLE TO THE PUBLIC ON BOTH SIDES OF THE ATLANTIC. THE BI-LINGUAL FRAME INITIATIVES ARE INFORMED BY THE PERMANENT COLLECTIONS AT EACH OF THE MEMBER MUSEUMS. EDUCATIONAL PROGRAMS IN 2019, A TOTAL OF FOUR REGULAR EDUCATIONAL PROGRAMS WERE DEVELOPED BETWEEN FRAME MUSEUMS: CURATING A CULTURE OF RESPECT, A PROGRAM DEVELOPED SINCE 2014 WHOSE GOAL IS TO RAISE AWARENESS AND EVEN PREVENT VIOLENCE WHILE CONTRIBUTING TO BUILD RESPONSIBLE HUMAN BEHAVIOURS; THE MUSEUMS WHICH CONTRIBUTED TO THIS PROGRAM IN 2019 WERE THE WADSWORTH ATHENEUM MUSEUM OF ART, HARTFORD, THE PALAIS DES BEAUX-ARTS OF LILLE, THE MUSE FABRE IN MONTPELLIER, THE MUSEUMS OF STRASBOURG, THE STERLING AND FRANCINE CLARK ART INSTITUTE, WILLIAMSTOWN. THE ART OF INCLUSION, A PROGRAM DEVELOPED SINCE 2016 WHOSE GOAL IS TO PROMOTE SOCIAL COHESION AND HELP TO DEVELOP SELF-CONFIDENCE AMONG PARTICIPANTS; THE MUSEUMS WHICH CONTRIBUTED TO THIS PROGRAM IN 2019 WERE THE MUSE DES BEAUX-ARTS OF LYON, THE MUSE DES AUGUSTINS IN TOULOUSE. BRIDGES ACROSS BORDERS, A PROGRAM DEVELOPED SINCE 2015 THROUGH THE DISCOVERY AND KNOWLEDGE OF ART AND HERITAGE, THIS LANGUAGE PROGRAM GIVES THOUGHT TO GEOGRAPHICAL OR PSYCHOLOGICAL BORDERS BETWEEN COUNTRIES AND PEOPLE; THE MUSEUMS WHICH CONTRIBUTED TO THIS PROGRAM IN 2019 WERE THE MUSE DES BEAUX-ARTS OF BORDEAUX, THE VIRGINIA MUSEUM OF FINE ARTS, RICHMOND, THE MUSE DES BEAUX-ARTS OF TOURS. PLEASE TOUCH, A TOURING TACTILE GALLERY DEVELOPED IN 2017 BY THE MUSE FABRE IN MONTPELLIER AND ADAPTED IN 2019 TO OTHER FRENCH FRAME MUSEUMS. A MAJOR GOAL OF THIS EDUCATIONAL EXHIBITION IS TO FOSTER SOCIAL TIES FOR BLIND PEOPLE AND EXPERIMENT NEW WAYS OF APPROACHING COLLECTIONS, ESPECIALLY SCULPTURE, BASED ON THE EXPERIENCE OF VISUAL IMPAIRED PEOPLE. THIS EXPERIENCE WAS PRESENTED AT THE MUSE DES BEAUX-ARTS OF LYON FROM APRIL 13 TO SEPTEMBER 22, 2019. THE OTHER FRAME MUSEUMS WHICH COOPERATED WITH LYON TO BUILD EDUCATIONAL DEVICES FOR THE SHOW WERE THE MUSE DES BEAUX-ARTS OF BORDEAUX, THE PALAIS DES BEAUX-ARTS OF LILLE, THE MUSE D'ARTS IN NANTES, THE MUSEUMS OF ROUEN. IN ADDITION IN 2019, THE DALLAS MUSEUM OF ART, THE MONTREAL MUSEUM OF FINE ARTS AND THE PALAIS DES BEAUX-ARTS OF LILLE PARTNERED AND STARTED TO ELABORATE AN AUTISM SPECTRUM DISORDER PROTOCOL FOR MUSEUMS TO HOST THESE AUDIENCES IN THE BEST WAY. FRAME EDUCATION CONFERENCE IN MONTPELLIER: FRAME'S ANNUAL EDUCATORS CONFERENCE WAS HELD ON JUNE 30, 2019 THROUGH JULY 3, 2019 AT THE MUSE FABRE IN MONTPELLIER AND WAS ATTENDED BY 29 MEMBER MUSEUM EDUCATORS FROM FRANCE AND THE UNITED STATES AND OTHER INTERESTED PARTICIPANTS. THE CONFERENCE PROMOTED CONVERSATIONS AND BEST PRACTICES EXCHANGES BETWEEN FRENCH AND AMERICAN EDUCATORS. WORKSHOPS WERE ORGANIZED TO TAKE STOCK TOGETHER ABOUT ACTIVITIES WHICH HAD BEEN DEVELOPED IN EACH FRAME EDUCATION PROGRAMS AND TO DEFINE DIRECTION TO TAKE IN THE FUTURE. THE CONFERENCE WAS HELD AT THE SAME MOMENT AS AN EDUCATION SYMPOSIUM ORGANIZED BY THE FRENCH MINISTRY OF CULTURE. ON THIS OCCASION, TWO AMERICAN COLLEAGUES FROM THE CLARK ART INSTITUTE, WILLIAMSTOWN AND FROM NEWFIELDS, INDIANAPOLIS MUSEUM OF ART TOOK PART IN A ROUND TABLE ABOUT "MUSEUMS AS THIRD PLACES". GIVERNY FRAME'S ANNUAL GIVERNY CONFERENCE PROMOTED SCHOLARLY CONVERSATIONS, OPEN DISCUSSIONS AND INCREASED KNOWLEDGE OF MEMBER MUSEUMS' PROGRAMS AND COLLECTIONS AND WAS HELD MAY 21-23, 2019. A GROUP OF APPROXIMATELY 30 PARTICIPANTS ATTENDED THE CONFERENCE. THE GROUP PARTICIPATED IN A VARIETY OF BREAKOUT SESSIONS ABOUT FRAME EXHIBITIONS UNDER DEVELOPMENT AND NEW IDEAS FOR EXHIBITIONS.

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## Form 990, Part III, Line 4c:

THE MUSEUMS OF THE CITY OF MARSEILLE WAS AWARDED 12,000 IN GRANT FUNDS FOR TRAVEL AND RESEARCH FUNDING FOR "SURREALISM IN AMERICAN ART," A MAJOR EXHIBITION SLATED FOR JUNE 2020 AT THE CENTRE DE LA VIEILLE CHARIT. CURATOR OF THE PROJECT ERIC DE CHASSEY (PHD), PROFESSOR OF ART HISTORY, DIRECTOR OF THE FRENCH NATIONAL INSTITUTE OF ART HISTORY (INHA). THE EXHIBITION WILL OPEN IN MARSEILLE IN THE SUMMER OF 2020 IN COPRODUCTION WITH REUNION DES MUSEES NATIONAUX - GRAND PALAIS (RMN-GP). THE FOCUS OF THE EXHIBITION IS THE STORY OF HOW NEW YORK WAS INSPIRED BY THE MODERN ART OF PARIS. IN 1941-1942, MANY SURREALISTS HAD TO FLEE OUT OF EUROPE TO EVADE WWII. A GROUP OF EUROPEAN SURREALIST ARTISTS (MAX ERNST, WIFREDO LAM, ANDRE MASSON, ETC) ARRIVED FROM MARSEILLE AND PARTICIPATED IN THIS NEW ADVENTURE OF THE MIND. AMERICAN ART WAS PROVINCIAL UNTIL THE ARRIVAL OF EUROPEAN ARTISTS, IN PARTICULAR SURREALISTS. IMMIGRATING TO THE UNITED STATES, THEY FOSTERED THE EMERGENCE OF A NEW GENERATION OF LOCAL ARTISTS WHO BECAME THE FIRST REAL INTERNATIONAL AMERICAN ARTISTS, THE ABSTRACT EXPRESSIONISTS, AND THE FIRST GENERATION OF ABSTRACT EXPRESSIONISM WAS SUPERSEDED BY SUCCESSIVE MOVEMENTS - POP ART, MINIMAL ART, POST-MINIMAL ART AND CONCEPTUAL ART. THE EXHIBITION AIMS AT PROPOSING AN ALTERNATIVE HISTORY OF POSTWAR AMERICAN ART BY SHOWING HOW AMERICAN EXILE APPEARS MORE LIKE A NEW BEGINNING THAN THE END OF SURREALISM AND HOW SURREALISM CONTINUES TO EVOLVE THROUGH AMERICAN ABSTRACT WORKS. THIS JOINT PROJECT BETWEEN FRENCH AND AMERICAN MUSEUMS HIGHLIGHTS THE RICH HOLDINGS OF SURREALISM IN AMERICAN ART IN THESE MUSEUMS. THE EXHIBITION INVOLVED KEY LOANS FROM FRAME MEMBER MUSEUMS AND OTHER INSTITUTIONS, ALLOWING FOR VISUAL CONVERSATIONS BETWEEN IMPORTANT WORK FROM ACROSS THE US AND FRANCE. THE DENVER ART MUSEUM WAS AWARDED 10,630 TO SUPPORT ITS EXHIBITION "AMERICAN RESPONSES TO FRENCH ART 1850 - 1920," TO BE PRESENTED OCTOBER 2021 TO FEBRUARY 2022. CURATOR DR. TIMOTHY J. STANDRING, GATES FAMILY FOUNDATION CURATOR OF PAINTING & SCULPTURE. THE EXHIBITION EXPLORES THE MANNER IN WHICH AMERICAN ARTISTS COLLECTIVELY REACTED TO, ABSORBED, AND REJECTED FRENCH ARTISTIC APPROACHES WHILE LIVING AND WORKING IN FRANCE BETWEEN 1850 AND 1920. THIS SURVEY FOSTERS A THOROUGH INVESTIGATION OF THE RESPONSES THESE ARTISTS DEVELOPED FIRSTHAND IN A NOVEL SOCIAL AND CULTURAL MILIEU. BECAUSE OF IMPROVED TRANSPORTATION AND A DECLINE IN PROVINCIALISM IN THE U.S. AFTER THE AMERICAN CIVIL WAR, ARTISTS FLOCKED TO PARIS FOR THE CITY'S ANNUAL EXHIBITION OPPORTUNITIES, TO BE NOTICED BY CRITICS AND COLLECTORS, AND TO BENEFIT FROM THE OPPORTUNITY TO TRAIN AT THE ECOLE DES BEAUX-ARTS. MOREOVER, THE RENEWED APPRECIATION FOR SALON PAINTINGS SPREAD TO AMERICAN PATRONS WHO SOUGHT WORKS FROM AMERICAN MASTERS WHO EMULATED THEIR FRENCH CONTEMPORARIES. THE EXHIBITION FEATURES WORKS BY WHISTLER, SARGENT, AND CASSATT-ALL HIGHLY REGARDED BY THE FRENCH CRITICAL PRESS-AS WELL AS ARTISTS JOHN TWACHTMAN, THEODORE ROBINSON, WILLARD LEROY METCALF, CHARLES SPRAGUE PEARCE, HENRY OSSAWA TANNER, AND THOMAS HOVENDEN - ALL OF WHOM FREQUENTED GIVERNY, PONT-AVEN, AND CONCARNEAU, AS WELL AS ROBERT VONNOH, AMONG OTHERS, WHO HELD FORTH AT GREZ-SUR-LOING. AMERICAN FEMALE ARTISTS ELIZABETH JANE GARDNER, CECILIA BEAUX, HELEN CORSON, AND ELIZABETH NOURSE-ALL OF WHOM WORKED SIDE BY SIDE WITH THEIR MALE CONTEMPORARIES-OFFER YET ANOTHER STRAND IN THIS BRAIDED NARRATIVE OF AMERICANS' RESPONSE TO FRENCH ART. THESE ARTISTS APPROPRIATED TO VARYING DEGREES ASPECTS OF RURAL NATURALISM, REALISM, IMPRESSIONISM, AND TONALISM FOR THEIR PORTRAITS AND LANDSCAPES, AND THEIR PICTURES OF GENRE AND HISTORY SUBJECTS OVER THIS SEVEN-DECADE PERIOD. THIS PROJECT CONVENES CURATORIAL, EXHIBITION, AND INTERPRETIVE TEAMS AND FOSTERS PARTNERSHIP AMONG FRAME MEMBER MUSEUMS TO DEVELOP A MAJOR EXHIBITION. THE STERLING AND FRANCINE CLARK ART INSTITUTE WAS AWARDED 13,500 IN SUPPORT OF "FREE FORM," A PROGRAM DESIGNED FOR THE PRISON POPULATION. FREE FORM IS A CULTURAL EXCHANGE BETWEEN MUSEUM PROFESSIONALS, ARTISTS AND PEOPLE IN PRISON. FREE FORM IS AN INNOVATIVE PROGRAM MODEL ENGAGING NEW AUDIENCES IN THE ARTS ("DE-ELITIZING" OF THE ARTS) THAT DEMONSTRATES THE POWER OF THE ARTS TO IMPROVE LIVES FOR INDIVIDUALS AND COMMUNITIES. PROJECT LEADERS RONNA TULGAN OSTHEIMER - THE CLARK MUSEUM AND SOPHIE ONIMUS-CARRIAS - THE MUSEE DES BEAUX-ARTS IN LYON, THERE THE TRANSLATION OF THIS SHARED PROGRAM IS "RVES DE LIBERT". THE GRANT WAS FOR FUNDING TRAVELS FOR PROJECT LEADERS AND THEIR PARTNERS BOTH IN LYON (FIRST) AND WILLIAMSTOWN (SECOND) TO FOSTER INSPIRATION BETWEEN EACH OTHER ABOUT THIS PROGRAM. THROUGH ENGAGING WITH THE ARTS, PARTICIPANTS WILL EXPAND THEIR SENSE OF SELF (AND OTHER) AWARENESS AND SELF (AND OTHER) UNDERSTANDING, LEADING TO GREATER SELF-ESTEEM AND AN INCREASED ABILITY FOR SELF-DETERMINATION AND CONSTRUCTIVE INTERACTION WITH THE WORLD. MUSEUM EDUCATORS AND CONTRACTED ARTISTS WILL WORK WITH A GROUP OF PEOPLE FROM A LOCAL PRISON TO INTRODUCE THE ARTS AS A WAY TO CONTEMPLATE AND EXPLORE WHAT IT MEANS TO BE A HUMAN BEING AND THE CHOICES WE CAN MAKE IN OUR OWN LIVES. CONCEPTS WILL BE DEVELOPED THROUGH ENGAGING WITH IMAGES OF VISUAL ART FROM THE MUSEUM COLLECTIONS AT THE BEGINNING OF THE PROGRAM. DURING THE PROGRAM, PARTICIPANTS WILL IMAGINE AND EXPRESS THEIR STORIES AND DREAMS BY EXPERIMENTING WITH SPOKEN WORD POETRY, COLLAGE AND DANCE, DEVELOPING A CULMINATING PERFORMANCE AND BOOKLET. IT IS INTENDED THAT THE PERFORMANCE WILL BE PRESENTED AT BOTH THE PRISON AND AT THE INVOLVED MUSEUM AND THE BOOKLET WOULD BE DISTRIBUTED AT BOTH LOCATIONS. TIMELINE: PROGRAM DEVELOPMENT - SPRING 2019 THROUGH WINTER, 2020, PILOT PROGRAM PLANNED FOR APRIL OR MAY 2020. THE MUSEE D'ARTS DE NANTES WAS AWARDED 13,000, IN SUPPORT OF THE EXHIBITION, "UNITED STATES OF PARIS, AMERICAN ARTISTS IN FRANCE, 1946-1964 (WORKING TITLE)" FOR CENTURIES, FRANCE, AND IN PARTICULAR PARIS, HAS SERVED AS A MECCA FOR ARTISTS-AND BY THE 19TH CENTURY IT FUNCTIONED AS THE WORLD'S ARTISTIC CAPITAL. NOT UNTIL THE RISE OF ABSTRACT EXPRESSIONISM IN THE MID-20TH CENTURY DID NEW YORK CHALLENGE PARIS'S STATUS. WITH ARTISTS SUCH AS JACKSON POLLOCK AND WILLEM DE Kooning AT THE CORE, THE ESTABLISHED NARRATIVE OF POST-WORLD WAR II AMERICAN ART STILL PIVOTS ON THE NEW YORK SCHOOL'S FORMATION. PROPOSING AN ALTERNATIVE READING OF THE MIDCENTURY INTERNATIONAL ART SCENE, THE EXHIBITION WILL FEATURE WORKS BY ARTISTS WHO REJECTED THE INTENSE NATIONALISM THAT EMERGED AROUND THE NEW YORK SCHOOL. THE EXHIBITION WILL FEATURE SCULPTURE, PHOTOGRAPHY, AND INSTALLATION-BASED WORK IN ADDITION TO PAINTINGS - A REFRESHING COUNTERPOINT TO THE PRESTIGE ALLOTTED TO THE LATTER BY ABSTRACT EXPRESSIONISM. THIS EXHIBITION TAKES PART IN AN AMERICAN SEASON IN FRANCE WHICH INCLUDES THE EXHIBITION PREPARED BY THE MUSEUMS OF MARSEILLE ABOUT SURREALISM IN AMERICAN ART, AS WELL

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (A)<br>Name and Title                                                                                                                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|                                                                                                                                               |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| WILLIAM BEEKMAN<br>.....<br>CO-PRESIDENT                                                                                                      | 2 00<br>.....                                                                              | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| ANNE-SOLENE ROLLAND<br>.....<br>CO-PRESIDENT                                                                                                  | 2 00<br>.....                                                                              | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| DAVIN STAATS<br>.....<br>TREASURER                                                                                                            | 2 00<br>.....                                                                              | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| ZOE KAHR<br>.....<br>SECRETARY                                                                                                                | 2 00<br>.....                                                                              | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| PIERRE PROVROYEUR<br>.....<br>EXPERT DIREC                                                                                                    | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| SUSAN TALBOTT<br>.....<br>EXPERT DIREC                                                                                                        | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| CONSTANCE GOODYEAR BARON<br>.....<br>PHILANTHROPI                                                                                             | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| MICHEL DE LA CHENELIERE<br>.....<br>PHILANTHROPI                                                                                              | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| HELENE DAVID-WEILL<br>.....<br>PHILANTHROPI                                                                                                   | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| ALVA GREENBERG<br>.....<br>PHILANTHROPI                                                                                                       | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |



| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (A)<br>Name and Title                                                                                                                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|                                                                                                                                               |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| SAMUEL SEYMOUR<br>.....<br>PHILANTHROPI                                                                                                       | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| DOROTHY STAPLETON<br>.....<br>PHILANTHROPI                                                                                                    | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| ELISABETH WILMERS<br>.....<br>PHILANTHROPI                                                                                                    | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| GARY WOLFF<br>.....<br>PHILANTHROPI                                                                                                           | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| MARY WOLF<br>.....<br>PHILANTHROPI                                                                                                            | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| AURELIE ALBAJAR<br>.....<br>MUSEUM DIREC                                                                                                      | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| SYLVAIN AMIC<br>.....<br>MUSEUM DIREC                                                                                                         | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| NATHALIE BONDIL<br>.....<br>MUSEUMDIRECT                                                                                                      | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| BRUNO GIRVEAU<br>.....<br>MUSEUM DIREC                                                                                                        | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| CHRISTOPH HEINRICH<br>.....<br>MUSEUM DIREC                                                                                                   | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (A)<br>Name and Title                                                                                                                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|                                                                                                                                               |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| SOPHIE LEVY<br>.....<br>MUSEUM DIREC                                                                                                          | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| ALEX NYERGES<br>.....<br>MUSEUM DIREC                                                                                                         | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| RONNA TULGREN OSTHEIMER<br>.....<br>MUSEUM DIREC                                                                                              | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| XAVIER REY<br>.....<br>MUSEUM DIREC                                                                                                           | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| MARIE-CHRISTINE LABOURDETTE<br>.....<br>HONORARY DIR                                                                                          | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| PHILIPPE DE MONTEBELLO<br>.....<br>HONORARY DIR                                                                                               | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| PIERRE ROSENBERG<br>.....<br>HONORARY DIR                                                                                                     | 1 00<br>.....                                                                              | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| EMILIE VANHAESEBROUCKE<br>.....<br>EXEC DIRECTO                                                                                               | 40 00<br>.....                                                                             | X                                                                                                         |                       | X       |              |                              |        | 48,359                                                                | 0                                                                          | 0                                                                                             |
| PAM CHANFRAU<br>.....<br>CHIEF ACCOUN                                                                                                         | 5 00<br>.....                                                                              |                                                                                                           |                       | X       |              |                              |        | 4,000                                                                 | 0                                                                          | 0                                                                                             |
| LUISA ADRIANZEN-GUYER<br>.....<br>EXEC DIR-NA                                                                                                 | 32 00<br>.....                                                                             | X                                                                                                         |                       | X       |              |                              |        | 64,418                                                                | 0                                                                          | 0                                                                                             |

SCHEDULE A  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization  
FRENCH AMERICAN MUSEUM EXCHANGE INC

Employer identification number  
20-4343950

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ) )
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
|                                    |          |                                                                                | Yes                                                         | No |                                                   |                                                 |
|                                    |          |                                                                                |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                                |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                                |                                                             |    |                                                   |                                                 |
| Total                              |          |                                                                                |                                                             |    |                                                   |                                                 |

Part II

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

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

| Section A. Public Support                        |                                                                                                                                                                                                     |          |          |          |          |          |           |
|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year<br>(or fiscal year beginning in) ► |                                                                                                                                                                                                     | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1                                                | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")                                                                                                    | 194,289  | 244,447  | 368,785  | 386,185  | 367,125  | 1,560,831 |
| 2                                                | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                                     |          |          |          |          |          |           |
| 3                                                | The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                             |          |          |          |          |          |           |
| 4                                                | <b>Total.</b> Add lines 1 through 3                                                                                                                                                                 | 194,289  | 244,447  | 368,785  | 386,185  | 367,125  | 1,560,831 |
| 5                                                | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          |           |
| 6                                                | <b>Public support.</b> Subtract line 5 from line 4                                                                                                                                                  |          |          |          |          |          | 1,560,831 |

| Section B. Total Support                         |                                                                                                                                                                                                                    |          |          |          |          |          |           |
|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year<br>(or fiscal year beginning in) ► |                                                                                                                                                                                                                    | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 7                                                | Amounts from line 4                                                                                                                                                                                                | 194,289  | 244,447  | 368,785  | 386,185  | 367,125  | 1,560,831 |
| 8                                                | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                                     | 38,985   | 38,398   | 29,291   | 33,987   | 42,242   | 182,903   |
| 9                                                | Net income from unrelated business activities, whether or not the business is regularly carried on                                                                                                                 |          |          |          |          |          |           |
| 10                                               | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )                                                                                                                     |          |          |          |          |          |           |
| 11                                               | Total support. Add lines 7 through 10                                                                                                                                                                              |          |          |          |          |          | 1,743,734 |
| 12                                               | Gross receipts from related activities, etc (see instructions)                                                                                                                                                     |          |          |          |          | 12       |           |
| 13                                               | 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 . . . . . ► <input type="checkbox"/> |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage                                                                                                                                                                                                                                                                                                                                                                                  |           |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                                                     | <b>14</b> | 89 510 % |
| <b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                                                            | <b>15</b> | 88 410 % |
| <b>16a 33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>                                                                                                                                                               |           |          |
| <b>b 33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>                                                                                                                                                                       |           |          |
| <b>17a 10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>    |           |          |
| <b>b 10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> |           |          |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                              |           |          |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ►                                                                                                                                  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5                                                                                                                                             |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| <b>b</b> 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           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b                                                                                                                                                      |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)                                                                                                                          |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►                                                                                          | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6                                                                                                              |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b                                                                                                            |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)                                                                                  |          |          |          |          |          |           |

**14 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**

|                                                                                                  |           |  |
|--------------------------------------------------------------------------------------------------|-----------|--|
| <b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> |  |
| <b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15                      | <b>16</b> |  |

**Section D. Computation of Investment Income Percentage**

|                                                                                                              |           |  |
|--------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17                        | <b>18</b> |  |

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests—2018.** 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 ► ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes        | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>                                                                                                                                                                                                                | <b>1</b>   |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>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).</i>                                                                                                                                                                                                                                             | <b>2</b>   |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>                                                                                                                                                                                                                                                                                                                                                                                              | <b>3a</b>  |    |
| <b>b</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)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>                                                                                                                                                                                                                                                           | <b>3b</b>  |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>                                                                                                                                                                                                                                                                                                    | <b>3c</b>  |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>                                                                                                                                                                                                                                                                                                                                                | <b>4a</b>  |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>                                                                                                                                                                                                        | <b>4b</b>  |    |
| <b>c</b> 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)? <i>If "Yes," explain in <b>Part VI</b> 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.</i>                                                                                                                                                                           | <b>4c</b>  |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, 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).</i> | <b>5a</b>  |    |
| <b>b</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?                                                                                                                                                                                                                                                                                                                                                                         | <b>5b</b>  |    |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>5c</b>  |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                          | <b>6</b>   |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>                                                                                                                                                                                              | <b>7</b>   |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>                                                                                                                                                                                                                                                                                                                                                     | <b>8</b>   |    |
| <b>9a</b> 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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                                                                                                                                                                                                      | <b>9a</b>  |    |
| <b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                                                                                                                                                                                                                                                                                          | <b>9b</b>  |    |
| <b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                                                                                                                                                                                                                                                               | <b>9c</b>  |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>                                                                                                                                                                                                                                                     | <b>10a</b> |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>                                                                                                                                                                                                                                                                                                                                                          | <b>10b</b> |    |

Part IV

Supporting Organizations (continued)

|                                                                                                                                                                              | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?                                                                            |     |    |
| <b>a</b> 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? |     |    |
| <b>11a</b>                                                                                                                                                                   |     |    |
| <b>b</b> A family member of a person described in (a) above?                                                                                                                 |     |    |
| <b>11b</b>                                                                                                                                                                   |     |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>                                         |     |    |
| <b>11c</b>                                                                                                                                                                   |     |    |

Section B. Type I Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |    |
| <b>2</b> 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>                                                                                                                                                                                                                                                                              |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |    |

Section C. Type II Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                      | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                             |     |    |

Section D. All Type III Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>                                                                                                                      |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>                                                                                          |     |    |
| <b>3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |

Section E. Type III Functionally-Integrated Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)                                                                                                                                                                                                                                                                                                                                                                                               |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.                                                                                                                                                                                                                                                                                                                                                                                                                                |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.                                                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).                                                                                                                                                                                                                                                                                                                                                                       |     |    |
| <b>2</b> Activities Test. Answer (a) and (b) below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |    |
| <b>a</b> 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | Yes | No |
| <b>2a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |
| <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>                                                                                                                              |     |    |
| <b>2b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |    |
| <b>a</b> 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>                                                                                                                                                                                                                                                                                                                                |     |    |
| <b>3a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>                                                                                                                                                                                                                                                                                    |     |    |
| <b>3b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |

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

**1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

| <b>Section A - Adjusted Net Income</b>                                                                                                                                                                            |           | (A) Prior Year | (B) Current Year<br>(optional) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|--------------------------------|
| <b>1</b> Net short-term capital gain                                                                                                                                                                              | <b>1</b>  |                |                                |
| <b>2</b> Recoveries of prior-year distributions                                                                                                                                                                   | <b>2</b>  |                |                                |
| <b>3</b> Other gross income (see instructions)                                                                                                                                                                    | <b>3</b>  |                |                                |
| <b>4</b> Add lines 1 through 3                                                                                                                                                                                    | <b>4</b>  |                |                                |
| <b>5</b> Depreciation and depletion                                                                                                                                                                               | <b>5</b>  |                |                                |
| <b>6</b> 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) | <b>6</b>  |                |                                |
| <b>7</b> Other expenses (see instructions)                                                                                                                                                                        | <b>7</b>  |                |                                |
| <b>8</b> <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)                                                                                                                                       | <b>8</b>  |                |                                |
| <b>Section B - Minimum Asset Amount</b>                                                                                                                                                                           |           | (A) Prior Year | (B) Current Year<br>(optional) |
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)                                                                           | <b>1</b>  |                |                                |
| <b>a</b> Average monthly value of securities                                                                                                                                                                      | <b>1a</b> |                |                                |
| <b>b</b> Average monthly cash balances                                                                                                                                                                            | <b>1b</b> |                |                                |
| <b>c</b> Fair market value of other non-exempt-use assets                                                                                                                                                         | <b>1c</b> |                |                                |
| <b>d</b> <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                                                                                                  | <b>1d</b> |                |                                |
| <b>e</b> <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)                                                                                                                     |           |                |                                |
| <b>2</b> Acquisition indebtedness applicable to non-exempt use assets                                                                                                                                             | <b>2</b>  |                |                                |
| <b>3</b> Subtract line 2 from line 1d                                                                                                                                                                             | <b>3</b>  |                |                                |
| <b>4</b> Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)                                                                                                            | <b>4</b>  |                |                                |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)                                                                                                                                         | <b>5</b>  |                |                                |
| <b>6</b> Multiply line 5 by .035                                                                                                                                                                                  | <b>6</b>  |                |                                |
| <b>7</b> Recoveries of prior-year distributions                                                                                                                                                                   | <b>7</b>  |                |                                |
| <b>8</b> <b>Minimum Asset Amount</b> (add line 7 to line 6)                                                                                                                                                       | <b>8</b>  |                |                                |
| <b>Section C - Distributable Amount</b>                                                                                                                                                                           |           |                | Current Year                   |
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)                                                                                                                                    | <b>1</b>  |                |                                |
| <b>2</b> Enter 85% of line 1                                                                                                                                                                                      | <b>2</b>  |                |                                |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)                                                                                                                                   | <b>3</b>  |                |                                |
| <b>4</b> Enter greater of line 2 or line 3                                                                                                                                                                        | <b>4</b>  |                |                                |
| <b>5</b> Income tax imposed in prior year                                                                                                                                                                         | <b>5</b>  |                |                                |
| <b>6</b> <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)                                                                             | <b>6</b>  |                |                                |
| <b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)                                 |           |                |                                |



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

| <b>Section D - Distributions</b>                                                                                                                          | <b>Current Year</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes                                                                            |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity            |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations                                                            |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets                                                                                                        |                     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)                                                                                        |                     |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions                                                                               |                     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6                                                                                                |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions |                     |
| <b>9</b> Distributable amount for 2019 from Section C, line 6                                                                                             |                     |
| <b>10</b> Line 8 amount divided by Line 9 amount                                                                                                          |                     |

| <b>Section E - Distribution Allocations</b><br>(see instructions)                                                                                                                               | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2019</b> | <b>(iii)<br/>Distributable<br/>Amount for 2019</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------|----------------------------------------------------|
| <b>1</b> Distributable amount for 2019 from Section C, line 6                                                                                                                                   |                                     |                                                 |                                                    |
| <b>2</b> Underdistributions, if any, for years prior to 2019<br>(reasonable cause required-- explain in <b>Part VI</b> )<br>See instructions                                                    |                                     |                                                 |                                                    |
| <b>3</b> Excess distributions carryover, if any, to 2019                                                                                                                                        |                                     |                                                 |                                                    |
| <b>a</b> From 2014. . . . .                                                                                                                                                                     |                                     |                                                 |                                                    |
| <b>b</b> From 2015. . . . .                                                                                                                                                                     |                                     |                                                 |                                                    |
| <b>c</b> From 2016. . . . .                                                                                                                                                                     |                                     |                                                 |                                                    |
| <b>d</b> From 2017. . . . .                                                                                                                                                                     |                                     |                                                 |                                                    |
| <b>e</b> From 2018. . . . .                                                                                                                                                                     |                                     |                                                 |                                                    |
| <b>f Total</b> of lines 3a through e                                                                                                                                                            |                                     |                                                 |                                                    |
| <b>g</b> Applied to underdistributions of prior years                                                                                                                                           |                                     |                                                 |                                                    |
| <b>h</b> Applied to 2019 distributable amount                                                                                                                                                   |                                     |                                                 |                                                    |
| <b>i</b> Carryover from 2014 not applied (see instructions)                                                                                                                                     |                                     |                                                 |                                                    |
| <b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f                                                                                                                                        |                                     |                                                 |                                                    |
| <b>4</b> Distributions for 2019 from Section D, line 7<br>\$                                                                                                                                    |                                     |                                                 |                                                    |
| <b>a</b> Applied to underdistributions of prior years                                                                                                                                           |                                     |                                                 |                                                    |
| <b>b</b> Applied to 2019 distributable amount                                                                                                                                                   |                                     |                                                 |                                                    |
| <b>c</b> Remainder Subtract lines 4a and 4b from 4                                                                                                                                              |                                     |                                                 |                                                    |
| <b>5</b> Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2<br>If the amount is greater than zero, explain in <b>Part VI</b><br>See instructions |                                     |                                                 |                                                    |
| <b>6</b> Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in <b>Part VI</b> See instructions                              |                                     |                                                 |                                                    |
| <b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c                                                                                                                            |                                     |                                                 |                                                    |
| <b>8</b> Breakdown of line 7                                                                                                                                                                    |                                     |                                                 |                                                    |
| <b>a</b> Excess from 2015. . . . .                                                                                                                                                              |                                     |                                                 |                                                    |
| <b>b</b> Excess from 2016. . . . .                                                                                                                                                              |                                     |                                                 |                                                    |
| <b>c</b> Excess from 2017. . . . .                                                                                                                                                              |                                     |                                                 |                                                    |
| <b>d</b> Excess from 2018. . . . .                                                                                                                                                              |                                     |                                                 |                                                    |
| <b>e</b> Excess from 2019. . . . .                                                                                                                                                              |                                     |                                                 |                                                    |

**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)

|                                     |
|-------------------------------------|
| <b>Facts And Circumstances Test</b> |
|                                     |

**990 Schedule A, Supplemental Information**

| Return Reference | Explanation |
|------------------|-------------|
| PART II, LINE 10 | NONE 0      |

| 990 Schedule A, Supplemental Information |                                                                                                                                          |
|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| Return Reference                         | Explanation                                                                                                                              |
| SUPPLEMENTAL INFORMATION                 | SCHEDULE A, PART II, SECTION A, LINE 1 AMOUNTS REPORTED IN PREVIOUS YEARS HAVE BEEN RESTATED TO CONFORM TO PRESENTATIONS ADOPTED IN 2019 |

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DLN: 93493184019220

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► 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.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization  
FRENCH AMERICAN MUSEUM EXCHANGE INC

Employer identification number  
20-4343950

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

(a) Donor advised funds

(b) Funds and other accounts

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes

☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes

☐ No

Part II

Conservation Easements.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)  

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes

☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items  

(i) Revenue included on Form 990, Part VIII, line 1  
(ii) Assets included in Form 990, Part X

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items  

a Revenue included on Form 990, Part VIII, line 1  
b Assets included in Form 990, Part X

► \$

► \$

► \$

► \$

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

Cat No 52283D

Schedule D (Form 990) 2019

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐

Yes

☐

No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐

Yes

☐

No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐

Yes

☐

No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . .

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

1a

Beginning of year balance . . . . .

b

Contributions . . . . .

c

Net investment earnings, gains, and losses

d

Grants or scholarships . . . . .

e

Other expenditures for facilities and programs . . . . .

f

Administrative expenses . . . . .

g

End of year balance . . . . .

|    | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|----|------------------|----------------|--------------------|----------------------|---------------------|
| 1a | 1,146,741        | 1,210,047      | 1,051,641          | 970,778              | 995,038             |
| b  |                  |                |                    |                      |                     |
| c  | 205,176          | -53,602        | 167,286            | 88,856               | -15,884             |
| d  |                  |                |                    |                      |                     |
| e  | 33,620           |                |                    |                      | 89                  |
| f  | 9,774            | 9,704          | 8,880              | 7,993                | 8,287               |
| g  | 1,308,523        | 1,146,741      | 1,210,047          | 1,051,641            | 970,778             |

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶ 100 000 %

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     | No |
| 3a(ii) |     | No |
| 3b     |     |    |

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property                                                                                  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|----------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land . . . . .                                                                                        |                                      |                                 |                              |                |
| b Buildings . . . . .                                                                                    |                                      |                                 |                              |                |
| c Leasehold improvements                                                                                 |                                      |                                 |                              |                |
| d Equipment . . . . .                                                                                    |                                      |                                 |                              |                |
| e Other . . . . .                                                                                        |                                      |                                 |                              |                |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶ |                                      |                                 |                              |                |

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a)<br>Description of security or category<br>(including name of security) | (b)<br>Book<br>value | (c)<br>Method of valuation<br>Cost or end-of-year market value |
|----------------------------------------------------------------------------|----------------------|----------------------------------------------------------------|
| (1) Financial derivatives . . . . .                                        |                      |                                                                |
| (2) Closely-held equity interests . . . . .                                |                      |                                                                |
| (3) Other _____                                                            |                      |                                                                |
| (A)                                                                        |                      |                                                                |
| (B)                                                                        |                      |                                                                |
| (C)                                                                        |                      |                                                                |
| (D)                                                                        |                      |                                                                |
| (E)                                                                        |                      |                                                                |
| (F)                                                                        |                      |                                                                |
| (G)                                                                        |                      |                                                                |
| (H)                                                                        |                      |                                                                |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶        |                      |                                                                |

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a)<br>Description of investment                                    | (b)<br>Book value | (c)<br>Method of valuation<br>Cost or end-of-year market<br>value |
|---------------------------------------------------------------------|-------------------|-------------------------------------------------------------------|
| (1) PUBLICLY TRADED SECURITIES                                      | 1,308,523         | F                                                                 |
| (2)                                                                 |                   |                                                                   |
| (3)                                                                 |                   |                                                                   |
| (4)                                                                 |                   |                                                                   |
| (5)                                                                 |                   |                                                                   |
| (6)                                                                 |                   |                                                                   |
| (7)                                                                 |                   |                                                                   |
| (8)                                                                 |                   |                                                                   |
| (9)                                                                 |                   |                                                                   |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶ | 1,308,523         |                                                                   |

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

| (a)<br>Description                                                            | (b)<br>Book value |
|-------------------------------------------------------------------------------|-------------------|
| (1)                                                                           |                   |
| (2)                                                                           |                   |
| (3)                                                                           |                   |
| (4)                                                                           |                   |
| (5)                                                                           |                   |
| (6)                                                                           |                   |
| (7)                                                                           |                   |
| (8)                                                                           |                   |
| (9)                                                                           |                   |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶ |                   |

Part X

Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1.<br>(a)<br>Description of liability                               | (b)<br>Book value |
|---------------------------------------------------------------------|-------------------|
| (1) Federal income taxes                                            |                   |
| (2)                                                                 |                   |
| (3)                                                                 |                   |
| (4)                                                                 |                   |
| (5)                                                                 |                   |
| (6)                                                                 |                   |
| (7)                                                                 |                   |
| (8)                                                                 |                   |
| (9)                                                                 |                   |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶ |                   |

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Schedule D (Form 990) 2019

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |                                                                                                          |           |         |
|----------|----------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       | <b>1</b>  | 564,738 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12                                       |           |         |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .                                                   | <b>2a</b> | 162,707 |
| <b>b</b> | Donated services and use of facilities . . . . .                                                         | <b>2b</b> |         |
| <b>c</b> | Recoveries of prior year grants . . . . .                                                                | <b>2c</b> |         |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .                                                                 | <b>2d</b> |         |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                          | <b>2e</b> | 162,707 |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                     | <b>3</b>  | 402,031 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>                               |           |         |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> | 9,774   |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .                                                                 | <b>4b</b> |         |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                              | <b>4c</b> | 9,774   |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . . | <b>5</b>  | 411,805 |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |                                                                                                           |           |         |
|----------|-----------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      | <b>1</b>  | 391,289 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25                                          |           |         |
| <b>a</b> | Donated services and use of facilities . . . . .                                                          | <b>2a</b> |         |
| <b>b</b> | Prior year adjustments . . . . .                                                                          | <b>2b</b> |         |
| <b>c</b> | Other losses . . . . .                                                                                    | <b>2c</b> |         |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .                                                                  | <b>2d</b> |         |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                           | <b>2e</b> |         |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                      | <b>3</b>  | 391,289 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                                |           |         |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> | 9,774   |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .                                                                  | <b>4b</b> |         |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                               | <b>4c</b> | 9,774   |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . . | <b>5</b>  | 401,063 |

**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 |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |

**Part XIII** Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |



**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 20-4343950  
**Name:** FRENCH AMERICAN MUSEUM EXCHANGE INC

**Supplemental Information**

| Return Reference                   | Explanation                                                                                                                                                                                                                                                             |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE D, PAGE 2, PART V, LINE 4 | DONOR RESTRICTED NET ASSETS AT DECEMBER 31, 2019 IN THE AMOUNT OF 1,000,000 ARE RESTRICTED FOR FUTURE ANNUAL MEETINGS DONOR IMPOSED RESTRICTIONS FOR THE ORGANIZATION'S ANNUAL MEETING ARE PERMITTED TO BE MET AT NO MORE THAN 50,000 PER YEAR UNTIL FUNDS ARE DEPLETED |

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.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization  
FRENCH AMERICAN MUSEUM EXCHANGE INC

Employer identification number  
20-4343950

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 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?

☐ Yes ☒ No

2

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3

Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

| (a) Region                                 | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|--------------------------------------------|-------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| See Add'l Data                             |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
|                                            |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
|                                            |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
|                                            |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
|                                            |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
|                                            |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
| 3a Sub-total                               | 1                                   | 2                                                                          |                                                                                                                                                |                                                                                                        | 193,601                                                  |
| b Total from continuation sheets to Part I |                                     |                                                                            |                                                                                                                                                |                                                                                                        |                                                          |
| c Totals (add lines 3a and 3b)             | 1                                   | 2                                                                          |                                                                                                                                                |                                                                                                        | 193,601                                                  |

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| <b>1</b> | <b>(a)</b> Name of organization | <b>(b)</b> IRS code section and EIN (if applicable) | <b>(c)</b> Region | <b>(d)</b> Purpose of grant | <b>(e)</b> Amount of cash grant | <b>(f)</b> Manner of cash disbursement | <b>(g)</b> Amount of noncash assistance | <b>(h)</b> Description of noncash assistance | <b>(i)</b> Method of valuation (book, FMV, appraisal, other) |
|----------|---------------------------------|-----------------------------------------------------|-------------------|-----------------------------|---------------------------------|----------------------------------------|-----------------------------------------|----------------------------------------------|--------------------------------------------------------------|
|          |                                 |                                                     | FRANCE            | EDUCATION                   | 12,000                          | CASH                                   |                                         |                                              |                                                              |
|          |                                 |                                                     | FRANCE            | EDUCATION                   | 13,000                          |                                        |                                         |                                              |                                                              |
|          |                                 |                                                     |                   |                             |                                 |                                        |                                         |                                              |                                                              |
|          |                                 |                                                     |                   |                             |                                 |                                        |                                         |                                              |                                                              |

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . **2**
- 3 Enter total number of other organizations or entities . . . . .

|                 |                                                                                                                                                         |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part III</b> | <b>Grants and Other Assistance to Individuals Outside the United States.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 16. |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|

Part III can be duplicated if additional space is needed.

[illegible]

**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)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately 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, don't file with Form 990)* ☐ 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)* ☐ Yes ☒ No
- 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)* ☐ Yes ☒ 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)* ☐ Yes ☒ No
- 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* ☐ Yes ☒ No

**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                                                                                      |
|---------------------------------------|--------------------------------------------------------------------------------------------------|
| SCHEDULE F, PAGE 1, PART I,<br>LINE 2 | THE ORGANIZATION MONITORS USE OF GRANT FUNDS BY PERIODIC CORRESPONDENCE WITH<br>GRANT RECIPIENTS |

990 Schedule F, Supplemental Information

| Return Reference                   | Explanation                                                             |
|------------------------------------|-------------------------------------------------------------------------|
| SCHEDULE F, PAGE 1, PART I, LINE 3 | EUROPE-PROGRAM 145,201 0 EUROPE-G&A 38,720 0 EUROPE-FUNDRAISING 9,680 0 |

**990 Schedule F, Supplemental Information**

| Return Reference              | Explanation                                                                                                                                                    |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE F, PAGE<br>5, PART V | AMOUNTS ACCOUNTED FOR AND PRESENTED IN ACCORDANCE WITH ACCOUNTING PRINCIPLES<br>GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA AND REPORTED IN U S DOLLARS |



**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 20-4343950  
**Name:** FRENCH AMERICAN MUSEUM EXCHANGE INC

**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 |
|----------------|-------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------|
| EUROPE-PROGRAM | 1                                   | 2                                           | PROGRAM SERVICE                                                                                                                | EDUC/COLLABORATION                                                                                 | 145,201                           |
| EUROPE-G&A     |                                     |                                             | ADMINISTRATION                                                                                                                 |                                                                                                    | 38,720                            |

**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 |
|--------------------|-------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------|
| EUROPE-FUNDRAISING |                                     |                                             | FUNDRAISING                                                                                                                    |                                                                                                    | 9,680                             |

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
FRENCH AMERICAN MUSEUM EXCHANGE INC

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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number  
20-4343950

Part IGeneral Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☐ Yes

☒ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part IIGrants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

| (a) Name and address of organization or government                  | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------|------------|---------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|---------------------------------------|------------------------------------|
| (1) DENVER MUSEUM OF ART<br>100 W 14TH AVE PKWY<br>DENVER, CO 80204 | 84-6038240 | 3                               | 10,630                   |                                   |                                                       |                                       | EDUCATION                          |
| (2) CLARK ART INSTITUTE<br>225 SOUTH ST<br>WILLIAMSTOWN, MA 01267   | 04-2163004 | 3                               | 13,500                   |                                   |                                                       |                                       | EDUCATION                          |

- 2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶
- 3

Enter total number of other organizations listed in the line 1 table . . . . . ▶

**Part III** **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) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|
| (1)                             |                          |                          |                                  |                                                       |                                       |
| (2)                             |                          |                          |                                  |                                                       |                                       |
| (3)                             |                          |                          |                                  |                                                       |                                       |
| (4)                             |                          |                          |                                  |                                                       |                                       |
| (5)                             |                          |                          |                                  |                                                       |                                       |
| (6)                             |                          |                          |                                  |                                                       |                                       |
| (7)                             |                          |                          |                                  |                                                       |                                       |

**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 |
|------------------|-------------|
|------------------|-------------|

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

FRENCH AMERICAN MUSEUM EXCHANGE INC

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**

**Open to Public Inspection**

**Employer identification number**

20-4343950

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990         | IN MEMORY TOMI UNGERER (1931-2019) FRAME'S "CURATING A CULTURE OF RESPECT" PROGRAM WAS, SINCE ITS CREATION, UNDER THE PATRONAGE OF MR TOMI UNGERER, FRENCH ARTISTS, WHO LIVED IN THE UNITED STATES FROM THE MID 1950'S TO THE END OF THE 1960'S AND WHO WAS AN IMPORTANT DONOR TO THE MUSEUMS OF STRASBOURG TOMI UNGERER WAS A COMMITTED HUMANIST WHO STOOD UP THROUGHOUT HIS LIFE AGAINST HATRED, INJUSTICE, AND FOUGHT, THROUGH HIS ART, FOR TOLERANCE AND RESPECT THOSE VALUES ARE AT THE HEART OF OUR PROGRAM FORM 990 PART I, LINE 5 THE ORGANIZATION DOES NOT EMPLOY ANY INDIVIDUALS IN THE UNITES STATES THE ORGANIZATION EMPLOYS ONE INDIVIDUAL IN FRANCE |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                       | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PAGE 1,<br>PART I, LINE<br>6 | THE ORGANIZATION IS THE GRATEFUL RECIPIENT OF SIGNIFICANT SERVICES BY UNPAID VOLUNTEERS WHO HAVE MADE INVALUABLE CONTRIBUTIONS OF THEIR TIME AND TALENT TO AID THE ORGANIZATION IN ITS MISSION<br>PREDOMINANTLY, VOLUNTEERS PROVIDE SERVICES TO THE ORGANIZATION AS BOARD OR COMMITTEE MEMBERS<br>AS THE VALUE OF SUCH SERVICES IS NOT SUBJECT TO ACCURATE MEASUREMENT, THE VALUE OF THESE CONTRIBUTED SERVICES IS NOT REFLECTED HEREIN |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                          | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PAGE 2,<br>PART III,<br>LINE 4A | <p>IN 2019, THE ORGANIZATION SPONSORED THE FOLLOWING PROGRAMS "IN PRAISE OF EMOTION AND IN PRAISE OF SENSIBILITY" NANTES ARTS MUSEUM IN PRAISE OF SENSIBILITY FEBRUARY 15 - MAY 13, 2019 FINE ARTS MUSEUM OF RENNES IN PRAISE OF EMOTION AND IN PRAISE OF SENSIBILITY IS THE RESULT OF AN EXEMPLARY COOPERATION BETWEEN THE NANTES ARTS MUSEUM AND THE RENNES MUSEUM OF FINE ARTS THE EXHIBITION IS SET UP AS A DIPTYCH (AN EXHIBITION AT EACH MUSEUM) THAT ESTABLISHES A PERFECT DIALOGUE BETWEEN THE WORKS FROM THESE COMPLEMENTARY COLLECTIONS MANY OF THESE PAINTINGS ECHO OTHER WORKS HELD WITHIN THE FRAME NETWORK AND SHOW THE UNIVERSAL CULTURAL HERITAGE THAT CONSTITUTES THE COLLECTIONS OF HISTORICAL BRITTANY THE EXHIBITION'S MAIN PURPOSE IS TO PROVIDE A DISCOVERY OF THE ENTIRE PICTORIAL PRODUCTION IN THE AGE OF ENLIGHTENMENT THROUGH THE PRISM OF EMOTION AND SENSIBILITY RENNES' EXHIBITION FEATURES GREAT, ANCIENT, RELIGIOUS AND MYTHOLOGICAL HISTORY, WHILE NANTES FEATURES THE DIFFERENT GENRES, FROM GREAT FORMAL PORTRAITS TO DELICATE STILL LIVES "NAPOLEON POWER AND SPLENDOR" THE NELSON ATKINS MUSEUM OF ART OCTOBER 26, 2018 - THROUGH MARCH 3, 2019 THE MONTREAL MUSEUM OF FINE ARTS ORGANIZED AND CIRCULATED THIS MAJOR EXHIBITION THAT REVIVES THE SUMPTUOUS ATMOSPHERE OF NAPOLEON'S COURT SINCE HIS CORONATION, IN 1804, UNTIL HIS EXILE IN 1815, WITH THE PARTICIPATION OF THE NELSON ATKINS MUSEUM OF ART, THE MUSE NATIONAL DU CHTEAU DE FONTAINEBLEAU AND THE VIRGINIA MUSEUM OF FINE ARTS THE EXHIBITION BRINGS TOGETHER MORE THAN 400 WORKS AND OBJECTS OF ART FROM SOME 50 PRESTIGIOUS LENDERS, INCLUDING THE LOUVRE MUSEUM, THE CHTEAU FONTAINEBLEAU, THE MOBILIER NATIONAL DE FRANCE, THE NATIONAL MUSEUM OF CASTLES OF MALMAISON AND BOISPRAU, THE METROPOLITAN MUSEUM OF ART, THE J PAUL GETTY MUSEUM, THE HOUSTON MUSEUM OF FINE ARTS, AND THE ART INSTITUTE OF CHICAGO 2019 ANNUAL CONFERENCE, THE NELSON ATKINS MUSEUM OF ART IN KANSAS CITY, MO FRAME'S 20TH ANNUAL CONFERENCE WAS HELD ON OCTOBER 30, 2019 THROUGH NOVEMBER 1, 2019 AT THE NELSON ATKINS MUSEUM OF ART IN KANSAS CITY, MO AND WAS ATTENDED BY 75 MEMBER MUSEUM DIRECTORS, CURATORS, EDUCATORS AND OTHER INTERESTED PARTICIPANTS WORKSHOPS FOCUSED ON IDEAS FOR POTENTIAL NEW EXHIBITIONS, AND TURNKEY EXHIBITIONS SEEKING PARTNERS, AS WELL AS BEST PRACTICES PRESENTATIONS ON RESTORATION, AND OUTREACH TO TEEN AUDIENCES SIMULTANEOUS TRANSLATORS FACILITATED THE EXCHANGE OF VIEWS AMONG THE GLOBAL PARTICIPANTS 20TH ANNIVERSARY IN 2019, FRAME CELEBRATED ITS 20TH ANNIVERSARY BY PRODUCING A AND VIDEO AND A PUBLICATION TO DOCUMENT THE ORGANIZATION'S ACTIVITIES SINCE ITS INCEPTION FRAME ALSO HOSTED RECEPTIONS IN PARIS AND AT THE NELSON ATKINS MUSEUM OF ART IN KANSAS CITY, MO</p> |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                          | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PAGE 2,<br>PART III,<br>LINE 4B | <p>FRAME FACILITATES EDUCATIONAL INITIATIVES BY MAKING THEIR RESOURCES AVAILABLE TO THE PUBLIC ON BOTH SIDES OF THE ATLANTIC. THE BI-LINGUAL FRAME INITIATIVES ARE INFORMED BY THE PERMANENT COLLECTIONS AT EACH OF THE MEMBER MUSEUMS. EDUCATIONAL PROGRAMS IN 2019, A TOTAL OF FOUR REGULAR EDUCATIONAL PROGRAMS WERE DEVELOPED BETWEEN FRAME MUSEUMS. CURATING A CULTURE OF RESPECT: A PROGRAM DEVELOPED SINCE 2014 WHOSE GOAL IS TO RAISE AWARENESS AND EVEN PREVENT VIOLENCE WHILE CONTRIBUTING TO BUILD RESPONSIBLE HUMAN BEHAVIOURS. THE MUSEUMS WHICH CONTRIBUTED TO THIS PROGRAM IN 2019 WERE: THE WADSWORTH ATHENEUM MUSEUM OF ART, HARTFORD, THE PALAIS DES BEAUX-ARTS OF LILLE, THE MUSE FABRE IN MONTPELLIER, THE MUSEUMS OF STRASBOURG, THE STERLING AND FRANCINE CLARK ART INSTITUTE, WILLIAMSTOWN. THE ART OF INCLUSION: A PROGRAM DEVELOPED SINCE 2016 WHOSE GOAL IS TO PROMOTE SOCIAL COHESION AND HELP TO DEVELOP SELF-CONFIDENCE AMONG PARTICIPANTS. THE MUSEUMS WHICH CONTRIBUTED TO THIS PROGRAM IN 2019 WERE: THE MUSE DES BEAUX-ARTS OF LYON, THE MUSE DES AUGUSTINS IN TOULOUSE. BRIDGES ACROSS BORDERS: A PROGRAM DEVELOPED SINCE 2015 THROUGH THE DISCOVERY AND KNOWLEDGE OF ART AND HERITAGE, THIS LANGUAGE PROGRAM GIVES THOUGHT TO GEOGRAPHICAL OR PSYCHOLOGICAL BORDERS BETWEEN COUNTRIES AND PEOPLE. THE MUSEUMS WHICH CONTRIBUTED TO THIS PROGRAM IN 2019 WERE: THE MUSE DES BEAUX-ARTS OF BORDEAUX, THE VIRGINIA MUSEUM OF FINE ARTS, RICHMOND, THE MUSE DES BEAUX-ARTS OF TOURS. PLEASE TOUCH: A TOURING TACTILE GALLERY DEVELOPED IN 2017 BY THE MUSE FABRE IN MONTPELLIER AND ADAPTED IN 2019 TO OTHER FRENCH FRAME MUSEUMS. A MAJOR GOAL OF THIS EDUCATIONAL EXHIBITION IS TO FOSTER SOCIAL TIES FOR BLIND PEOPLE AND EXPERIMENT NEW WAYS OF APPROACHING COLLECTIONS, ESPECIALLY SCULPTURE, BASED ON THE EXPERIENCE OF VISUAL IMPAIRED PEOPLE. THIS EXPERIENCE WAS PRESENTED AT THE MUSE DES BEAUX-ARTS OF LYON FROM APRIL 13 TO SEPTEMBER 22, 2019. THE OTHER FRAME MUSEUMS WHICH COOPERATED WITH LYON TO BUILD EDUCATIONAL DEVICES FOR THE SHOW WERE: THE MUSE DES BEAUX-ARTS OF BORDEAUX, THE PALAIS DES BEAUX-ARTS OF LILLE, THE MUSE D'ARTS IN NANTES, THE MUSEUMS OF ROUEN. IN ADDITION IN 2019, THE DALLAS MUSEUM OF ART, THE MONTREAL MUSEUM OF FINE ARTS AND THE PALAIS DES BEAUX-ARTS OF LILLE PARTNERED AND STARTED TO ELABORATE AN AUTISM SPECTRUM DISORDER PROTOCOL FOR MUSEUMS TO HOST THESE AUDIENCES IN THE BEST WAY. FRAME EDUCATION CONFERENCE IN MONTPELLIER: FRAME'S ANNUAL EDUCATORS CONFERENCE WAS HELD ON JUNE 30, 2019 THROUGH JULY 3, 2019 AT THE MUSE FABRE IN MONTPELLIER AND WAS ATTENDED BY 29 MEMBER MUSEUM EDUCATORS FROM FRANCE AND THE UNITED STATES AND OTHER INTERESTED PARTICIPANTS. THE CONFERENCE PROMOTED CONVERSATIONS AND BEST PRACTICES EXCHANGES BETWEEN FRENCH AND AMERICAN EDUCATORS. WORKSHOPS WERE ORGANIZED TO TAKE STOCK TOGETHER ABOUT ACTIVITIES WHICH HAD BEEN DEVELOPED IN EACH FRAME EDUCATION PROGRAMS AND TO DEFINE DIRECTION TO TAKE IN THE FUTURE. THE CONFERENCE WAS HELD AT THE SAME MOMENT AS AN EDUCATION SYMPOSIUM ORGANIZED BY THE MUSEUMS OF STRASBOURG.</p> |



## 990 Schedule O, Supplemental Information

| Return Reference                             | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PAGE 2,<br>PART III,<br>LINE 4B | NIZED BY THE FRENCH MINISTRY OF CULTURE ON THIS OCCASION, TWO AMERICAN COLLEAGUES FROM THE CLARK ART INSTITUTE, WILLIAMSTOWN AND FROM NEWFIELDS, INDIANAPOLIS MUSEUM OF ART TOOK PART IN A ROUND TABLE ABOUT "MUSEUMS AS THIRD PLACES" GIVERNY FRAME'S ANNUAL GIVERNY CONFERENCE PROMOTED SCHOLARLY CONVERSATIONS, OPEN DISCUSSIONS AND INCREASED KNOWLEDGE OF MEMBER MUSEUMS' PROGRAMS AND COLLECTIONS AND WAS HELD MAY 21-23, 2019 A GROUP OF APPROXIMATELY 30 PARTICIPANTS ATTENDED THE CONFERENCE THE GROUP PARTICIPATED IN A VARIETY OF BREAKOUT SESSIONS ABOUT FRAME EXHIBITIONS UNDER DEVELOPMENT AND NEW IDEAS FOR EXHIBITIONS |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                          | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| FORM 990,<br>PAGE 2,<br>PART III,<br>LINE 4C | <p>THE MUSEUMS OF THE CITY OF MARSEILLE WAS AWARDED 12,000 IN GRANT FUNDS FOR TRAVEL AND RESEARCH FUNDING FOR "SURREALISM IN AMERICAN ART," A MAJOR EXHIBITION SLATED FOR JUNE 2020 AT THE CENTRE DE LA VIEILLE CHARIT. CURATOR OF THE PROJECT ERIC DE CHASSEY (PHD), PROFESSOR OF ART HISTORY, DIRECTOR OF THE FRENCH NATIONAL INSTITUTE OF ART HISTORY (INHA) THE EXHIBITION WILL OPEN IN MARSEILLE IN THE SUMMER OF 2020 IN COPRODUCTION WITH REUNION DES MUSEES NATIONAUX - GRAND PALAIS (RMN-GP) THE FOCUS OF THE EXHIBITION IS THE STORY OF HOW NEW YORK WAS INSPIRED BY THE MODERN ART OF PARIS IN 1941-1942, MANY SURREALISTS HAD TO FLEE OUT OF EUROPE TO EVADE WWII. A GROUP OF EUROPEAN SURREALIST ARTISTS (MAX ERNST, WIFREDO LAM, ANDRE MASSON, ETC) ARRIVED FROM MARSEILLE AND PARTICIPATED IN THIS NEW ADVENTURE OF THE MODERN AMERICAN ART WAS PROVINCIAL UNTIL THE ARRIVAL OF EUROPEAN ARTISTS, IN PARTICULAR SURREALISTS IMMIGRATING TO THE UNITED STATES, THEY FOSTERED THE EMERGENCE OF A NEW GENERATION OF LOCAL ARTISTS WHO BECAME THE FIRST REAL INTERNATIONAL AMERICAN ARTISTS, THE ABSTRACT EXPRESSIONISTS, AND THE FIRST GENERATION OF ABSTRACT EXPRESSIONISM WAS SUPERSEDED BY SUCCESSIVE MOVEMENTS - POP ART, MINIMAL ART, POST-MINIMAL ART AND CONCEPTUAL ART. THE EXHIBITION AIMS AT PROPOSING AN ALTERNATIVE HISTORY OF POSTWAR AMERICAN ART BY SHOWING HOW AMERICAN EXILE APPEARS MORE LIKE A NEW BEGINNING THAN THE END OF SURREALISM AND HOW SURREALISM CONTINUES TO EVOLVE THROUGH AMERICAN ABSTRACT WORKS. THIS JOINT PROJECT BETWEEN FRENCH AND AMERICAN MUSEUMS HIGHLIGHTS THE RICH HOLDINGS OF SURREALISM IN AMERICAN ART IN THESE MUSEUMS. THE EXHIBITION INVOLVED KEY LOANS FROM FRAME MEMBER MUSEUMS AND OTHER INSTITUTIONS, ALLOWING FOR VISUAL CONVERSATIONS BETWEEN IMPORTANT WORK FROM ACROSS THE US AND FRANCE. THE DENVER ART MUSEUM WAS AWARDED 10,630 TO SUPPORT ITS EXHIBITION "AMERICAN RESPONSES TO FRENCH ART 1850 - 1920," TO BE PRESENTED OCTOBER 2021 TO FEBRUARY 2022. CURATOR DR. TIMOTHY J. ST ANDRING, GATES FAMILY FOUNDATION CURATOR OF PAINTING &amp; SCULPTURE. THE EXHIBITION EXPLORES THE MANNER IN WHICH AMERICAN ARTISTS COLLECTIVELY REACTED TO, ABSORBED, AND REJECTED FRENCH ARTISTIC APPROACHES WHILE LIVING AND WORKING IN FRANCE BETWEEN 1850 AND 1920. THIS SURVEY FOSTERS A THOROUGH INVESTIGATION OF THE RESPONSES THESE ARTISTS DEVELOPED FIRSTHAND IN A NOVEL SOCIAL AND CULTURAL MILIEU. BECAUSE OF IMPROVED TRANSPORTATION AND A DECLINE IN PROVINCIALISM IN THE U.S. AFTER THE AMERICAN CIVIL WAR, ARTISTS FLOCKED TO PARIS FOR THE CITY'S ANNUAL EXHIBITION OPPORTUNITIES, TO BE NOTICED BY CRITICS AND COLLECTORS, AND TO BENEFIT FROM THE OPPORTUNITY TO TRAIN AT THE ECOLE DES BEAUX-ARTS. MOREOVER, THE RENEWED APPRECIATION FOR SALON PAINTINGS SPREAD TO AMERICAN PATRONS WHO SOUGHT WORKS FROM AMERICAN MASTERS WHO EMULATED THEIR FRENCH CONTEMPORARIES. THE EXHIBITION FEATURES WORKS BY WHISTLER, SARGENT, AND CASSATT-ALL HIGHLY REGARDED BY THE FRENCH CRITICAL PRESS-AS WELL AS ARTISTS JOHN TWACHTMAN, THEODORE ROBINSON,</p> |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                          | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PAGE 2,<br>PART III,<br>LINE 4C | <p>WILLARD LEROY METCALF, CHARLES SPRAGUE PEARCE, HENRY OSSAWA TANNER, AND THOMAS HOVENDEN - ALL OF WHOM FREQUENTED GIVERNY, PONT-AVEN, AND CONCARNEAU, AS WELL AS ROBERT VONNOH, AMONG OTHERS, WHO HELD FORTH AT GREZ-SUR-LOING AMERICAN FEMALE ARTISTS ELIZABETH JANE GARDNER, CECILIA BEAUX, HELEN CORSON, AND ELIZABETH NOURSE-ALL OF WHOM WORKED SIDE BY SIDE WITH THEIR MALE CONTEMPORARIES-OFFER YET ANOTHER STRAND IN THIS BRAIDED NARRATIVE OF AMERICANS' RESPONSE TO FRENCH ART THESE ARTISTS APPROPRIATED TO VARYING DEGREES ASPECTS OF RURAL NATURALISM, REALISM, IMPRESSIONISM, AND TONALISM FOR THEIR PORTRAITS AND LANDSCAPES, AND THEIR PICTURES OF GENRE AND HISTORY SUBJECTS OVER THIS SEVEN-DECADE PERIOD THIS PROJECT CONVEYES CURATORIAL, EXHIBITION, AND INTERPRETIVE TEAMS AND FOSTERS PARTNERSHIP AMONG FRAME MEMBER MUSEUMS TO DEVELOP A MAJOR EXHIBITION THE STERLING AND FRANCINE CLARK ART INSTITUTE WAS AWARDED 13,500 IN SUPPORT OF "FREE FORM," A PROGRAM DESIGNED FOR THE PRISON POPULATION FREE FORM IS A CULTURAL EXCHANGE BETWEEN MUSEUM PROFESSIONALS, ARTISTS AND PEOPLE IN PRISON FREE FORM IS AN INNOVATIVE PROGRAM MODEL ENGAGING NEW AUDIENCES IN THE ARTS ("DE-ELITIZING" OF THE ARTS) THAT DEMONSTRATES THE POWER OF THE ARTS TO IMPROVE LIVES FOR INDIVIDUALS AND COMMUNITIES PROJECT LEADERS RONNA TULGAN OSTHEIMER - THE CLARK MUSEUM AND SOPHIE O'NIMUS-CARRIAS - THE MUSEE DES BEAUX-ARTS IN LYON, THERE THE TRANSLATION OF THIS SHARED PROGRAM IS "RVES DE LIBERT" THE GRANT WAS FOR FUNDING TRAVELS FOR PROJECTS LEADERS AND THEIR PARTNERS BOTH IN LYON (FIRST) AND WILLIAMSTOWN (SECOND) TO FOSTER INSPIRATION BETWEEN EACH OTHER ABOUT THIS PROGRAM THROUGH ENGAGING WITH THE ARTS, PARTICIPANTS WILL EXPAND THEIR SENSE OF SELF (AND OTHER) AWARENESS AND SELF (AND OTHER) UNDERSTANDING, LEADING TO GREATER SELF-ESTEEM AND AN INCREASED ABILITY FOR SELF-DETERMINATION AND CONSTRUCTIVE INTERACTION WITH THE WORLD MUSEUM EDUCATORS AND CONTRACTED ARTISTS WILL WORK WITH A GROUP OF PEOPLE FROM A LOCAL PRISON TO INTRODUCE THE ARTS AS A WAY TO CONTEMPLATE AND EXPLORE WHAT IT MEANS TO BE A HUMAN BEING AND THE CHOICES WE CAN MAKE IN OUR OWN LIVES CONCEPTS WILL BE DEVELOPED THROUGH ENGAGING WITH IMAGES OF VISUAL ART FROM THE MUSEUM COLLECTIONS AT THE BEGINNING OF THE PROGRAM DURING THE PROGRAM, PARTICIPANTS WILL IMAGINE AND EXPRESS THEIR STORIES AND DREAMS BY EXPERIMENTING WITH SPOKEN WORD POETRY, COLLAGE AND DANCE, DEVELOPING A CULMINATING PERFORMANCE AND BOOKLET IT IS INTENDED THAT THE PERFORMANCE WILL BE PRESENTED AT BOTH THE PRISON AND AT THE INVOLVED MUSEUM AND THE BOOKLET WOULD BE DISTRIBUTED AT BOTH LOCATIONS</p> <p>TIMELINE PROGRAM DEVELOPMENT - SPRING 2019 THROUGH WINTER, 2020, PILOT PROGRAM PLANNED FOR APRIL OR MAY 2020 THE MUSEE D'ARTS DE NANTES WAS AWARDED 13,000, IN SUPPORT OF THE EXHIBITION, "UNITED STATES OF PARIS, AMERICAN ARTISTS IN FRANCE, 1946-1964 (WORKING TITLE)" FOR CENTURIES, FRANCE, AND IN PARTICULAR PARIS, HAS SERVED AS A MECCA FOR ARTISTS- AND BY THE 19TH CENTURY IT FUN</p> |

**990 Schedule O, Supplemental Information**

| Return Reference                             | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PAGE 2,<br>PART III,<br>LINE 4C | CTIONED AS THE WORLD'S ARTISTIC CAPITAL NOT UNTIL THE RISE OF ABSTRACT EXPRESSIONISM IN T HE MID-20TH CENTURY DID NEW YORK CHALLENGE PARIS'S STATUS WITH ARTISTS SUCH AS JACKSON PO LLOCK AND WILLEM DE KOONING AT THE CORE, THE ESTABLISHED NARRATIVE OF POST-WORLD WAR II AM ERICAN ART STILL PIVOTS ON THE NEW YORK SCHOOL'S FORMATION PROPOSING AN ALTERNATIVE READI NG OF THE MIDCENTURY INTERNATIONAL ART SCENE, THE EXHIBITION WILL FEATURE WORKS BY ARTISTS WHO REJECTED THE INTENSE NATIONALISM THAT EMERGED AROUND THE NEW YORK SCHOOL THE EXHIBIT ION WILL FEATURE SCULPTURE, PHOTOGRAPHY, AND INSTALLATION-BASED WORK IN ADDITION TO PAINTI NGS -A REFRESHING COUNTERPOINT TO THE PRESTIGE ALLOTTED TO THE LATTER BY ABSTRACT EXPRESSI ONISM THIS EXHIBITION TAKES PART IN AN AMERICAN SEASON IN FRANCE WHICH INCLUDES THE EXHIB ITION PREPARED BY THE MUSEUMS OF MARSEILLE ABOUT SURREALISM IN AMERICAN ART, AS WELL |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                          | Explanation                                                                                                          |
|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PAGE 2,<br>PART III,<br>LINE 4D | FRAME'S WEBSITE IS THE PRIMARY TOOL FOR THE PRESENTATION OF ITS EXHIBITIONS, PUBLICATIONS, AND<br>EDUCATION PROGRAMS |

**990 Schedule O, Supplemental Information**

| Return<br>Reference             | Explanation |
|---------------------------------|-------------|
| FORM 990,<br>PART V,<br>LINE 4B | FRANCE      |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                         | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 1A | <p>THE OFFICERS OF FRAME SHALL BE (1) A NORTH AMERICAN CO-PRESIDENT, TREASURER AND SECRETARY (EACH ELECTED BY A SIMPLE MAJORITY VOTE OF THE NORTH AMERICAN DIRECTORS), AND (2) A FRENCH CO-PRESIDENT (EX-OFFICIO, THE CURRENT DIRECTEUR DES MUSES DE FRANCE AND ELECTED BY A SIMPLE MAJORITY VOTE OF THE FRENCH DIRECTORS) ANY PERSON MAY HOLD ANY TWO OR MORE OFFICES OF FRAME WITH THE EXCEPTION OF THE NORTH AMERICAN CO-PRESIDENT AND FRENCH CO- PRESIDENT, WHO SHALL IN ALL INSTANCES BE DIRECTORS, AN OFFICER MAY BUT NEED NOT BE A DIRECTOR THE PROPERTY, AFFAIRS AND ACTIVITIES OF FRAME SHALL BE MANAGED AND CONDUCTED BY OR UNDER THE DIRECTION OF THE BOARD OF DIRECTORS THE BOARD OF DIRECTORS SHALL SET POLICIES TO GUIDE THE ORGANIZATION, DETERMINE PRIORITIES AND CONDITIONS FOR FRAME SPONSORED PROJECTS, APPROVE THE ANNUAL BUDGET, DETERMINE THE AMOUNT OF THE ANNUAL MUSEUM MEMBERSHIP DUES, COORDINATE FUNDRAISING EFFORTS, AND SHALL GENERALLY OVERSEE THE DAY-TO-DAY MANAGEMENT OF FRAME'S AFFAIRS THE BOARD OF DIRECTORS SHALL HAVE THE POWER TO APPOINT, BY A RESOLUTION PASSED BY A MAJORITY OF ALL OF THE DIRECTORS, COMMITTEES, INCLUDING AN EXECUTIVE COMMITTEE</p> |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                        | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 3 | <p>THE ORGANIZATION ENGAGED THE SERVICES OF LUISA ADRIANZEN-GUYER AS ITS NORTH AMERICAN EXECUTIVE DIRECTOR UNDER A ONE YEAR, ANNUALLY RENEWABLE CONTRACT DURING 2019, MS ADRIANZEN-GUYER WAS PAID 64,418 WHICH IS INCLUDED IN THE ACCOMPANYING FORM 990 IN PART IX, LINE 11A, FEES FOR SERVICES MANAGEMENT EFFECTIVE JANUARY 15, 2020, THE ORGANIZATION ENGAGED MARGUERITE D'APRILE QUIGLEY AS THE NORTH AMERICAN EXECUTIVE DIRECTOR FOR 75,000 IN ANNUAL COMPENSATION FOR 2020 AS AN INDEPENDENT CONTRACTOR SHE IS ALSO GIVEN A SUBSIDY OF 24,000 TOWARDS THE PURCHASE OF HER HEALTH INSURANCE SHE WORKS WITH EMILIE VANHAESEBROUCKE, THE FRENCH EXECUTIVE DIRECTOR, WHO IS THE EMPLOYEE OF FRAME IN FRANCE FOR AN ANNUAL SALARY OF 46,000 AND 42,600 AS BENEFITS IN 2019 THE ORGANIZATION ALSO ENGAGED THE SERVICES OF PAM CHANFRAU, ACP RESOURCES, INC FOR ITS ACCOUNTING NEEDS DURING 2019, MS CHANFRAU WAS COMPENSATED 4,000 WHICH IS INCLUDED IN THE ACCOMPANYING FORM 990 IN PART IX, LINE 11C, FEES FOR SERVICES ACCOUNTING</p> |



# 990 Schedule O, Supplemental Information

| Return<br>Reference                        | Explanation                                                                                                                                                                                                                                             |
|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 4 | IN APRIL 2019, THE ORGANIZATION AMENDED ITS BY-LAWS TO EXPAND THE NUMBER OF HONORARY DIRECTORS UP TO TWENTY-EIGHT (28) MEMBERS AND TO EXPAND THE NUMBER OF PHILANTHROPIC DIRECTORS UP TO TWELVE (12) MEMBERS A COPY OF THE AMENDMENT IS ATTACHED HEREIN |

## 990 Schedule O, Supplemental Information

| Return Reference                           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 6 | THE ORGANIZATION HAS TWO CLASSES OF MEMBERSHIP, AS FOLLOWS 1 MEMBERS, AND 2 MUSEUM MEMBERS ESSENTIALLY, PARTIES SERVING AS DIRECTORS ARE CLASSIFIED AS MEMBERS AND MAINTAIN FULL VOTING PRIVILEGES MUSEUM MEMBERS CONSIST OF ART MUSEUMS THAT CONTRIBUTE JOINTLY TO THE MISSION OF FRAME BY VIRTUE OF (A) THE COMPARABILITY OF THEIR SCALE, QUALITY OF COLLECTIONS, AND AUDIENCES, (B) THEIR SCOPE OF PROGRAMMING, AND (C) THEIR REGIONAL DIVERSITY MEMBER MUSEUMS MAINTAIN LIMITED VOTING PRIVILEGES ADDITIONAL MUSEUMS MAY BE INVITED TO JOIN FRAME AS RECOMMENDED BY THE BOARD OF DIRECTORS AND APPROVED BY A MAJORITY VOTE OF THE MUSEUM MEMBERS |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                         | Explanation                                                                                                                                                                                                                                                                                                                                                                |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 7A | MEMBERS ARE ELECTED AS DIRECTORS BY A SIMPLE MAJORITY VOTE (5 TO 6 BY A SIMPLE MAJORITY VOTE OF THE NORTH AMERICAN MUSEUM MEMBERS AND 5 TO 6 BY A SIMPLE MAJORITY VOTE OF THE FRENCH MUSEUM MEMBERS) THE BOARD OF DIRECTORS MAY FROM TIME TO TIME D ESIGNATE INDIVIDUALS AS HONORARY DIRECTORS IN RECOGNITION OF THEIR SUPPORT OF FRENCH AND AMERICAN MUSEUM COLLABORATION |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                          | Explanation                                                                                            |
|----------------------------------------------|--------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 11B | THE ORGANIZATION'S NORTH AMERICAN EXECUTIVE DIRECTOR AND ITS TREASURER REVIEW FORM 990 PRIOR TO FILING |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                          | Explanation                                                                                                                                            |
|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 12C | ALL REPORTED POTENTIAL CONFLICTS OF INTEREST MATTERS ARE EVALUATED BY THE BOARD OF DIRECTORS<br>(EXCLUSIVE OF THE SUBJECT BOARD MEMBER, IF APPLICABLE) |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                          | Explanation                                                                                                                                                |
|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 15A | THE ORGANIZATION USES BEST PRACTICES WHEN ENGAGING INDEPENDENT CONTRACTORS INCLUDING ANALYSIS OF MARKET DATA, COMPETITIVE BIDS AND BACKGROUND VERIFICATION |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                         | Explanation                                                             |
|---------------------------------------------|-------------------------------------------------------------------------|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 19 | DOCUMENTS ARE AVAILABLE UPON REQUEST FORM 990 IS AVAILABLE ON GUIDESTAR |

**990 Schedule O, Supplemental Information**

| Return<br>Reference             | Explanation |
|---------------------------------|-------------|
| FORM 990,<br>PART XI,<br>LINE 9 | ROUNDING -1 |