

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICAN ASSOCIATION OF MUSEUMS Doing business as AMERICAN ALLIANCE OF MUSEUMS Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2451 CRYSTAL DRIVE 1005 City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22202 F Name and address of principal officer: LAURA LOTT SAME AS C ABOVE
D Employer identification number 53-0205889	
E Telephone number (202) 289-1818	
G Gross receipts \$ 10,548,998.	
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ WWW.AAM-US.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation: 1906 M State of legal domicile: DC	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO ENHANCE THE VALUE OF MUSEUMS TO THEIR COMMUNITIES THROUGH LEADERSHIP, ADVOCACY, AND SERVICE.		
	2	Check this box <input type="checkbox"/> 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)	3	23
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	53
	6	Total number of volunteers (estimate if necessary)	6	425
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
7b		Net unrelated business taxable income from Form 990-T, line 34	7b	170,859.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	2,051,236.	2,384,843.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,622,509.	7,075,499.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	31,111.	150,154.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	208,700.	276,223.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,913,556.	9,886,719.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	652,080.	636,852.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	4,521,245.	4,583,087.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 508,231.	21,529.	6,998.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,486,850.	4,674,221.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,681,704.	9,901,158.
	19	Revenue less expenses. Subtract line 18 from line 12	231,852.	-14,439.
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year
21		Total liabilities (Part X, line 26)	6,626,491.	6,771,844.
22		Net assets or fund balances. Subtract line 21 from line 20	4,601,665.	4,449,649.
			2,024,826.	2,322,195.

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	Date 5/1/18			
	LAURA LOTT, PRESIDENT & CHIEF EXECUTIVE OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name IVY BECKHAM	Preparer's signature	Date 05/10/2018	Check <input type="checkbox"/> if self-employed	PTIN P01316131
	Firm's name ▶ CLIFTONLARSONALLEN LLP			Firm's EIN ▶ 41-0746749	
	Firm's address ▶ 901 N. GLEBE ROAD, SUITE 200 ARLINGTON, VA 22203			Phone no. 571-227-9500	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X**

- 1 Briefly describe the organization's mission:
THE AMERICAN ALLIANCE OF MUSEUMS (THE ALLIANCE) IS DEDICATED TO PROMOTING EXCELLENCE WITHIN THE MUSEUM COMMUNITY. THE ALLIANCE SUPPORTS MUSEUM STAFF, BOARDS AND VOLUNTEERS ACROSS THE COUNTRY IN BETTER SERVING THE PUBLIC. THE ALLIANCE WILL SUPPORT OPPORTUNITIES FOR
- 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 \$ **3,788,054.** including grants of \$ **280,819.**) (Revenue \$ **2,596,083.**)
MEETINGS AND PROFESSIONAL EDUCATION: THE ALLIANCE'S ANNUAL MEETING & MUSEUM EXPO BRINGS TOGETHER 5,000 MUSEUM PROFESSIONALS FROM AROUND THE WORLD AND IS THE MUSEUM FIELD'S PREMIER PROFESSIONAL DEVELOPMENT OPPORTUNITY. THE EVENT SHOWCASES THE BEST THINKING FROM PRACTITIONERS AND VISIONARIES ON THE MAJOR ISSUES CONFRONTING US AND THE COMMUNITIES WE SERVE. WHILE SHOWCASING THE LATEST MUSEUM PRODUCTS AND SERVICES THROUGH NUMEROUS PROFESSIONAL DEVELOPMENT PROGRAMS, THE ALLIANCE PROVIDES A ROBUST CALENDAR OF FACE-TO-FACE AND ONLINE OPPORTUNITIES DESIGNED TO HELP MUSEUM COLLEAGUES BUILD PROFESSIONAL SKILLS, MANAGE THEIR CAREERS, FOSTER COMMUNITIES OF PRACTICE, SHARE EXPERTISE AND CONTRIBUTE TO COMMON STANDARDS AND BEST PRACTICES
- 4b (Code:) (Expenses \$ **2,131,987.** including grants of \$ **356,033.**) (Revenue \$ **344,575.**)
FIELD-WIDE SERVICES: THE ALLIANCE SERVES AS THE U.S. ACCREDITING BODY FOR MUSEUMS. AS THE MUSEUM FIELD'S MARK OF DISTINCTION, ACCREDITATION OFFERS HIGH-PROFILE, PEER-BASED VALIDATION OF A MUSEUM'S OPERATIONS AND IMPACT THROUGH OUR CORE DOCUMENTS VERIFICATION PROGRAM. THE ALLIANCE EVALUATES A MUSEUM'S FIVE CORE POLICY DOCUMENTS AGAINST A SET OF REQUIRED ELEMENTS. THE ALLIANCE'S MUSEUM ASSESSMENT PROGRAM (MAP), SUPPORTED THROUGH A COOPERATIVE AGREEMENT BETWEEN THE INSTITUTE OF MUSEUM AND LIBRARY SERVICES AND THE ALLIANCE, PROVIDES TECHNICAL ASSISTANCE TO ALL TYPES OF MUSEUMS TO IMPROVE OPERATIONS THROUGH SELF-STUDY AND A CONSULTATIVE SITE VISIT FROM A PEER. TO FURTHER THE GOAL OF GLOBAL THINKING IN OUR FIELD, THE ALLIANCE ADMINISTERS THE INTERNATIONAL GRANT PROGRAM MUSEUMS CONNECT, FUNDED BY THE U.S.
- 4c (Code:) (Expenses \$ **1,003,952.** including grants of \$) (Revenue \$ **3,327,100.**)
MEMBERSHIP: THE ALLIANCE REPRESENTS MUSEUMS OF ALL DISCIPLINES AND SIZES, FROM ART MUSEUMS TO HISTORIC HOUSES TO ZOOS, FROM WITHIN THE US AND AROUND THE WORLD. THE ALLIANCE DESIGNED ITS MEMBERSHIP PROGRAMS TO SERVE THE DIVERSE NEEDS OF MUSEUM PROFESSIONALS BY ALLOWING THEM TO CHOOSE THEIR LEVEL OF ENGAGEMENT WITH DUES BASED ON THEIR MUSEUM'S STAFF SIZE, OR THEY CAN JOIN ON A "PAY WHAT YOU CAN" BASIS. INDIVIDUAL MEMBERS OF THE ALLIANCE HAVE ACCESS TO NEARLY TWO DOZEN PROFESSIONAL NETWORKS BASED ON JOB RESPONSIBILITIES AND AREAS OF INTEREST.
- 4d Other program services (Describe in Schedule O.)
 (Expenses \$ **2,313,486.** including grants of \$) (Revenue \$ **943,365.**)
- 4e Total program service expenses **9,237,479.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
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		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
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		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 154		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 53		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a 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?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
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	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

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

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 23 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 23		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a 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?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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: ►
CAROL CONSTANTINE - (202) 289-1818
2451 CRYSTAL DRIVE, SUITE 1005, ARLINGTON, VA 22202

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. DOUGLAS S. JONES CHAIR	2.00	X		X				0.	0.	0.
(2) KIPPEN DE ALBA CHU VICE CHAIR AND SECRETARY	2.00	X		X				0.	0.	0.
(3) KAYWIN FELDMAN IMMEDIATE PAST CHAIR	2.00	X		X				0.	0.	0.
(4) CINNAMON CATLIN-LEGUTKO TREASURER	2.00	X		X				0.	0.	0.
(5) ANDRES ROLDAN DIRECTOR	2.00	X						0.	0.	0.
(6) BERIT N. DURLER DIRECTOR	2.00	X						0.	0.	0.
(7) CARLOS TORTOLERO DIRECTOR	2.00	X						0.	0.	0.
(8) CHEVY HUMPHREY DIRECTOR	2.00	X						0.	0.	0.
(9) CHRISTINE A. HOLM DIRECTOR	2.00	X						0.	0.	0.
(10) DEVON AKMON DIRECTOR	2.00	X						0.	0.	0.
(11) DR. LAWRENCE PIJEUX DIRECTOR	2.00	X						0.	0.	0.
(12) DR. ROBERT (BERT) M. DAVIS DIRECTOR	2.00	X						0.	0.	0.
(13) EDUARDO DIAZ DIRECTOR	2.00	X						0.	0.	0.
(14) ELIZA BENINGTON KOZLOWSKI DIRECTOR	2.00	X						0.	0.	0.
(15) JAMES PEPPER HENRY DIRECTOR	2.00	X						0.	0.	0.
(16) JUDITH MARGLES DIRECTOR	2.00	X						0.	0.	0.
(17) KELLY MCKINLEY DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LISA YUN LEE DIRECTOR	2.00	X						0.	0.	0.
(19) MARK EDWARD DIRECTOR	2.00	X						0.	0.	0.
(20) RUTH SHELLY DIRECTOR	2.00	X						0.	0.	0.
(21) STEPHANIE STEBICH DIRECTOR	2.00	X						0.	0.	0.
(22) TONYA MATTHEWS DIRECTOR	2.00	X						0.	0.	0.
(23) WILLIAM T. HARRIS DIRECTOR	2.00	X						0.	0.	0.
(24) ELLEN CHARLES DIRECTOR (UNTIL 05/2017)	2.00	X						0.	0.	0.
(25) JOEL HOFFMAN DIRECTOR (UNTIL 05/2017)	2.00	X						0.	0.	0.
(26) JOHN WETENHALL DIRECTOR (UNTIL 05/2017)	2.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,255,699.	0.	129,384.
d Total (add lines 1b and 1c)								1,255,699.	0.	129,384.

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 **9**

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

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) Name and business address	(B) Description of services	(C) Compensation
PRODUCTION RESOURCES GROUP PO BOX 905897, CHARLOTTE, NC 28290	AUDIOVISUAL SERVICES	185,937.
ALLEY INTERACTIVE, LLC, 1140 BROADWAY, SUITE 1001, NEW YORK, NY 10001	WEBSITE DESIGN & CREATION	151,076.
MARRIOTT BUSINESS SERVICES PO BOX 402642, ATLANTA, GA 30384-2642	HOTEL SERVICES	138,750.
APTIFY CORPORATION, 7901 JONES BRANCH DRIVE, SUITE 500, MCLEAN, VA 22102	DATABASE SUPPORT	138,399.
CREATIVE EVENT EXPERIENCE, LLC, 1802 N UNDERWOOD STREET, ARLINGTON, VA 22205	OUTSOURCED SALES	117,869.

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 **9**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2017)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) NIK HONEYSETT DIRECTOR (UNTIL 05/2017)	2.00	X						0.	0.	0.
(28) VAN A. ROMANS DIRECTOR (UNTIL 05/2017)	2.00	X						0.	0.	0.
(29) LAURA L. LOTT PRESIDENT & CHIEF EXECUTIVE OFFICER	40.00			X				370,808.	0.	21,195.
(30) ROOSEVELT DZIME-ASSISON VP OF FINANCE (UNTIL 08/2017)	40.00			X				44,453.	0.	1,979.
(31) ROBERT STEIN EXECUTIVE VP & CPO	40.00				X			214,234.	0.	21,591.
(32) JANET VAUGHAN VICE PRESIDENT OF MEMBERSHIP	40.00					X		138,873.	0.	22,569.
(33) ELIZABETH MERRITT VP OF STRATEGIC FORESIGHT	40.00					X		132,236.	0.	20,253.
(34) JENNIFER ADAMS SR. DIR. OF MEMBERSHIP (UNTIL 10/17)	40.00					X		122,218.	0.	15,983.
(35) GAIL RAVNITZKY SILBERGLIED VP OF GOV'T RELATIONS (UNTIL 10/17)	40.00					X		116,501.	0.	15,047.
(36) ELIZABETH NEELY SR. DIR. OF INTEGRATED CONTENT	40.00					X		116,376.	0.	10,767.
Total to Part VII, Section A, line 1c								1,255,699.		129,384.

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	996,374.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,388,469.				
	g Noncash contributions included in lines 1a-1f: \$		9,957.				
	h Total. Add lines 1a-1f			2,384,843.			
Program Service Revenue	2 a MEMBERSHIP DUES	Business Code	900099	3,327,100.	3,327,100.		
	b EXHIBIT FEES		900099	1,349,787.	1,349,787.		
	c REGISTRATIONS		900099	1,246,296.	1,246,296.		
	d ADVERTISING INCOME		541800	693,623.		693,623.	
	e ACCREDITATION FEES		900099	344,575.	344,575.		
	f All other program service revenue		900099	114,118.	114,118.		
	g Total. Add lines 2a-2f			7,075,499.			
	3 Investment income (including dividends, interest, and other similar amounts)			72,777.			72,777.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties			138,837.			138,837.	
Other Revenue	6 a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue			Business Code			
11 a							
b							
c							
d All other revenue		900099	1,762.			1,762.	
e Total. Add lines 11a-11d			1,762.				
12 Total revenue. See instructions.			9,886,719.	6,517,500.	693,623.	290,753.	

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

☒ X

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	356,033.	356,033.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	47,250.	47,250.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	233,569.	233,569.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	674,259.	235,825.	399,234.	39,200.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,189,116.	2,394,759.	572,358.	221,999.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	126,196.	92,926.	24,226.	9,044.
9 Other employee benefits	315,845.	218,084.	75,897.	21,864.
10 Payroll taxes	277,671.	189,713.	69,119.	18,839.
11 Fees for services (non-employees):				
a Management				
b Legal	32,144.	8,508.	23,636.	
c Accounting	36,780.		36,780.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	6,998.			6,998.
f Investment management fees	29,619.		29,619.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,009,807.	800,046.	193,154.	16,607.
12 Advertising and promotion	52,952.	41,043.	10,902.	1,007.
13 Office expenses	1,123,957.	751,408.	368,797.	3,752.
14 Information technology	251,629.	195,036.	51,807.	4,786.
15 Royalties	1,964.		1,964.	
16 Occupancy	840,104.	93,502.	746,602.	
17 Travel	407,327.	362,962.	31,530.	12,835.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	384,581.	365,903.	18,617.	61.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	283,241.		283,241.	
23 Insurance	43,659.	14,214.	29,445.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROF. DEVELOPMENT	77,931.	56,399.	19,350.	2,182.
b UBI TAX	67,597.		67,597.	
c BAD DEBT EXPENSE	12,328.		12,328.	
d OVERHEAD EXPENSES	0.	2,779,082.	-2,928,139.	149,057.
e All other expenses	18,601.	1,217.	17,384.	
25 Total functional expenses. Add lines 1 through 24e	9,901,158.	9,237,479.	155,448.	508,231.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	789,122.	1	534,372.
	2 Savings and temporary cash investments	30,326.	2	32,412.
	3 Pledges and grants receivable, net	263,612.	3	361,962.
	4 Accounts receivable, net	273,867.	4	180,078.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	87,992.	8	68,421.
	9 Prepaid expenses and deferred charges	187,341.	9	199,441.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,987,487.		
	b Less: accumulated depreciation	10b 1,269,836.		
		1,757,017.	10c	1,717,651.
	11 Investments - publicly traded securities	3,237,214.	11	3,677,507.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,626,491.	16	6,771,844.	
Liabilities	17 Accounts payable and accrued expenses	370,580.	17	396,526.
	18 Grants payable		18	
	19 Deferred revenue	2,695,635.	19	2,475,183.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,535,450.	25	1,577,940.
	26 Total liabilities. Add lines 17 through 25	4,601,665.	26	4,449,649.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,182,397.	27	1,400,904.
	28 Temporarily restricted net assets	571,114.	28	649,976.
	29 Permanently restricted net assets	271,315.	29	271,315.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,024,826.	33	2,322,195.
34 Total liabilities and net assets/fund balances	6,626,491.	34	6,771,844.	

Form 990 (2017)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,886,719.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,901,158.
3	Revenue less expenses. Subtract line 2 from line 1	3	-14,439.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,024,826.
5	Net unrealized gains (losses) on investments	5	311,808.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,322,195.

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
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	X	

Form 990 (2017)

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 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

AMERICAN ASSOCIATION OF MUSEUMS

Employer identification number

53-0205889

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 **section 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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,382,498.	2,937,659.	2,877,543.	2,051,236.	2,384,843.	12,633,779.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,382,498.	2,937,659.	2,877,543.	2,051,236.	2,384,843.	12,633,779.
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)						346,593.
6 Public support. Subtract line 5 from line 4.						12,287,186.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	2,382,498.	2,937,659.	2,877,543.	2,051,236.	2,384,843.	12,633,779.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	531,922.	544,924.	359,262.	211,890.	211,614.	1,859,612.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	97,686.	105,501.	117,590.	141,985.	170,859.	633,621.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	9,339.	17,069.	502,669.	45,192.	1,762.	576,031.
11 Total support. Add lines 7 through 10						15,703,043.
12 Gross receipts from related activities, etc. (see instructions)					12	32,958,777.

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** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	78.25 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	74.78 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. 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"/>		

Schedule A (Form 990 or 990-EZ) 2017

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 (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (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

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2017.** 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 - 2016.** 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 in line 12 on 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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? If "Yes," provide detail in Part VI .		
7 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
c 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? If "Yes," provide detail in Part VI .		
10a 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)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

a ☐ The organization satisfied the Activities Test. Complete **line 2** below.

b ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.

c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		

3 Parent of Supported Organizations. Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <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).			

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2017		
a			
b	From 2013		
c	From 2014		
d	From 2015		
e	From 2016		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2017 distributable amount		
i	Carryover from 2012 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2017 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2017 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2018. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2013		
b	Excess from 2014		
c	Excess from 2015		
d	Excess from 2016		
e	Excess from 2017		

Schedule A (Form 990 or 990-EZ) 2017

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**OTHER INCOME**

2013 AMOUNT: \$ 9,339.

2014 AMOUNT: \$ 17,069.

2015 AMOUNT: \$ 151,097.

2016 AMOUNT: \$ 45,192.

2017 AMOUNT: \$ 1,762.

RELOCATION INCENTIVE

2015 AMOUNT: \$ 351,572.

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

AMERICAN ASSOCIATION OF MUSEUMS

Employer identification number

53-0205889

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

AMERICAN ASSOCIATION OF MUSEUMS

53-0205889

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ 540,096.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ 72,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 456,278.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization AMERICAN ASSOCIATION OF MUSEUMS	Employer identification number 53-0205889
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ▶ \$

3 Volunteer hours for political campaign activities ▶

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities ▶ \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
line 17b ▶ \$

4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990 or 990-EZ) 2017

LHA

732041 11-09-17

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

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

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		0.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		98,141.													
c Total lobbying expenditures (add lines 1a and 1b)		98,141.													
d Other exempt purpose expenditures		9,281,253.													
e Total exempt purpose expenditures (add lines 1c and 1d)		9,379,394.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		618,970.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		154,743.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	656,176.	645,424.	616,069.	618,970.	2,536,639.
b Lobbying ceiling amount (150% of line 2a, column(e))					3,804,959.
c Total lobbying expenditures	85,545.	100,626.	66,069.	98,141.	350,381.
d Grassroots nontaxable amount	164,044.	161,356.	154,017.	154,743.	634,160.
e Grassroots ceiling amount (150% of line 2d, column (e))					951,240.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Part III-B	<p>Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."</p>
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Part IV	Supplemental Information
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Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

AMERICAN ASSOCIATION OF MUSEUMS

Employer identification number
53-0205889

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.

	(a) Donor advised funds	(b) Funds and other accounts
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		
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

▶ \$

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

Schedule D (Form 990) 2017

732051 10-09-17

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:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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 on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	353,287.	348,500.	412,842.	413,809.	388,628.
b Contributions				140.	420.
c Net investment earnings, gains, and losses	55,867.	23,381.	-43,700.	20,622.	46,540.
d Grants or scholarships					
e Other expenditures for facilities and programs	20,457.	18,594.	20,642.	21,729.	21,779.
f Administrative expenses					
g End of year balance	388,697.	353,287.	348,500.	412,842.	413,809.

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

- a Board designated or quasi-endowment ☒ 24.42 %
 b Permanent endowment ☒ 69.80 %
 c Temporarily restricted endowment ☒ 5.78 %

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:

	Yes	No
(i) unrelated organizations	3a(i)	X
(ii) related organizations	3a(ii)	X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	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		1,275,047.	188,862.	1,086,185.
d Equipment		555,578.	242,904.	312,674.
e Other		1,156,862.	838,070.	318,792.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,717,651.

Schedule D (Form 990) 2017

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) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: 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. (Col. (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) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

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) Description	(b) 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. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT AND LEASEHOLD	
(3) INCENTIVE LIABILITY	1,538,804.
(4) SECURITY DEPOSITS	39,136.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,577,940.

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) 2017

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.

1	Total revenue, gains, and other support per audited financial statements	1	10,189,962.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	311,808.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	21,054.
e	Add lines 2a through 2d	2e	332,862.
3	Subtract line 2e from line 1	3	9,857,100.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	29,619.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	29,619.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,886,719.

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.

1	Total expenses and losses per audited financial statements	1	9,892,593.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	21,054.
e	Add lines 2a through 2d	2e	21,054.
3	Subtract line 2e from line 1	3	9,871,539.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	29,619.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	29,619.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,901,158.

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.

PART V, LINE 4:

DEVELOPED IN RESPONSE TO THE ACCREDITATION COMMISSION'S OBSERVATION OF THE NEED FOR IMPROVED COLLECTIONS CARE IN AMERICA'S MUSEUMS, THE PROFESSIONAL STANDARDS ENDOWMENT WAS CREATED IN 1984 TO SUPPORT AND SUSTAIN THE AAM ACCREDITATION PROGRAM, AND OTHER MUSEUM STANDARDS PROGRAMS. FUNDS ARE USED TO SUPPORT ONGOING ACTIVITY OF THE PROGRAM WHICH INCLUDES THE DEVELOPMENT OF CORE STANDARDS IN THE AREAS OF COLLECTIONS STEWARDSHIP, FINANCIAL STABILITY, RISK MANAGEMENT AND PUBLIC TRUST AND ACCOUNTABILITY

PART X, LINE 2:

THE ALLIANCE IS EXEMPT FROM THE PAYMENT OF INCOME TAXES ON ITS EXEMPT ACTIVITIES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS

Part XIII Supplemental Information (continued)

CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION. HOWEVER, THE ALLIANCE IS SUBJECT TO FEDERAL AND VIRGINIA INCOME TAXES ON ITS UNRELATED BUSINESS ACTIVITIES. THE ALLIANCE'S PRIMARY SOURCE OF UNRELATED BUSINESS INCOME IS ADVERTISING IN ITS PERIODICALS AND IN ITS ONLINE JOB-POSTING FORUM.

THE ALLIANCE FOLLOWS THE ACCOUNTING STANDARD REGARDING THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS. THE ASSOCIATION EVALUATED ITS TAX POSITIONS AND DETERMINED THAT ITS TAX POSITIONS ARE MORE-LIKELY-THAN-NOT TO BE SUSTAINED ON EXAMINATION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD	21,054.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD	21,054.
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SCHEDULE F
(Form 990)Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017Open to Public
Inspection

Name of the organization

Employer identification number

AMERICAN ASSOCIATION OF MUSEUMS

53-0205889

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 Activities 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 the 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
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		2,663.
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		9,202.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		4,013.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		2,688.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		8,376.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		195,690.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		3,884.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		7,053.
3 a Sub-total	0	0			233,569.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			233,569.

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

Schedule F (Form 990) 2017

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS AND AWARDS	CENTRAL AMERICA AND THE CARIBBEAN	1	2,663.	CASH/TRAVEL COSTS PAID	0.		
SCHOLARSHIPS AND AWARDS	EAST ASIA AND THE PACIFIC	3	9,202.	CASH/TRAVEL COSTS PAID	0.		
SCHOLARSHIPS AND AWARDS	MIDDLE EAST AND NORTH AFRICA	2	4,013.	CASH/TRAVEL COSTS PAID	0.		
SCHOLARSHIPS AND AWARDS	NORTH AMERICA	1	2,688.	CASH/TRAVEL COSTS PAID	0.		
SCHOLARSHIPS AND AWARDS	RUSSIA AND NEIGHBORING STATES	3	8,376.	CASH/TRAVEL COSTS PAID	0.		
SCHOLARSHIPS AND AWARDS	SOUTH AMERICA	6	20,690.	CASH/TRAVEL COSTS PAID	0.		
SCHOLARSHIPS AND AWARDS	SOUTH ASIA	1	3,884.	CASH/TRAVEL COSTS PAID	0.		
SCHOLARSHIPS AND AWARDS	SUB-SAHARAN AFRICA	2	7,053.	CASH/TRAVEL COSTS PAID	0.		

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

Schedule F (Form 990) 2017

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.

PART I, LINE 2:

GRANTS AND SCHOLARSHIPS ARE AWARDED TO CITIZENS BASED ON THE FOLLOWING
CRITERIA

1. MUSEUM EMPLOYEE, FULL-TIME GRADUATE OR PH.D. STUDENT IN A
MUSEUM-RELEVANT FIELD OUTSIDE OF THE US.

2. CITIZEN OF A COUNTRY WITH AN EMERGING ECONOMY.

3. NOT PREVIOUSLY A RECIPIENT OF ANY OF THE ALLIANCE FELLOWSHIPS TO
ATTEND THE ANNUAL MEETING (INTERNATIONAL, DIVERSITY, EMERGING MUSEUM
PROFESSIONAL, OR MID-CAREER PROFESSIONAL NETWORK).

4. MEETING IS RELEVANT TO HIS/HER CAREER PATH AND IT HAS BEEN ARTICULATED
AS TO HOW ATTENDING THIS MEETING COULD ASSIST THE APPLICANT
PROFESSIONALLY.

5. THERE IS EVIDENCE OF THE IMPORTANCE AND UNIQUENESS OF PARTICIPATION IN
THE ALLIANCE ANNUAL MEETING.

6. THERE IS EVIDENCE OF COMMITMENT TO MUSEUMS AND/OR THE LOCAL MUSEUM
COMMUNITY, AND IT IS CLEAR AS TO HOW THE APPLICANT CAN BRING NEW
INFORMATION AND SKILLS BACK TO BENEFIT THE LOCAL MUSEUM OR MUSEUM
COMMUNITY AND HOW THESE WILL BE APPLIED.

THE MAJORITY OF THE FUNDS ARE PAID ON BEHALF OF THE RECIPIENTS FOR THEIR
ATTENDANCE AT THE ALLIANCE'S ANNUAL MEETING A SMALL CASH STIPEND IS
PROVIDED ON SITE TO COVER INCIDENTAL EXPENSES.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

AMERICAN ASSOCIATION OF MUSEUMS

Employer identification number
53-0205889

Part I General 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 II Grants 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.

1 (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
ARAB COMMUNITY CENTER FOR ECONOMIC & SOCIAL SERVICES - 2651 SAULINO COURT - DEARBORN, MI 48120	23-7444497	501(C)(3)	93,000.	0.	FMV		REEL STORIES AIMS TO EMPOWER YOUNG PEOPLE BY IMPROVING THE CONFIDENCE, ACCOMPLISHMENTS, AND
CLEVELAND BRADLEY REGIONAL MUSEUM 200 INMAN STREET EAST CLEVELAND, TN 37311	62-1534526	501(C)(3)	22,772.	0.	FMV		WATERWAYS AFFECT THE ECONOMIC, SOCIAL, CULTURAL, AND ARTISTIC DEVELOPMENTS OF REGIONS.
INTREPID MUSEUM FOUNDATION, INC. ONE INTREPID SQUARE NEW YORK, NY 10036	13-3062419	501(C)(3)	70,546.	0.	FMV		YOUTH INNOVATE COMMUNITY SOLUTIONS WILL CONNECT APPROXIMATELY 25 UNDERSERVED LATINO TEENS
MONTSHIRE MUSEUM OF SCIENCE ONE MONTSHIRE ROAD NORWICH, VT 05055	23-7376772	501(C)(3)	86,181.	0.	FMV		THIS PROJECT WILL ENGAGE TWO CULTURALLY DISTINCT COMMUNITIES IN RURAL NEW ENGLAND AND BHUTAN IN
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - PO BOX 402420 - ATLANTA, GA 30384	56-6001393	501(C)(3)	83,534.	0.	FMV		THE STORY OF THE MAYA DIASPORA TRANSCENDS GEO-POLITICAL BORDERS, AND EXPRESSIONS OF MAYA

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

5.
0.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2017)

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS AND AWARDS	63	47,250.	0.		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.					

PART I, LINE 2:

THE ALLIANCE RECEIVES A SIGNED IMPLEMENTATION AGREEMENT STATING THE

SUBRECIPIENT WILL KEEP AUDITABLE RECORDS OF ALL GRANT PROCEEDS. THE

ALLIANCE RECEIVES SIGNED FINANCIAL STATEMENTS QUARTERLY OF BOTH GRANT AND

COST-SHARE FUNDS AND REVIEWS TO ENSURE COMPLIANCE WITH THE GRANT AGREEMENT.

THE ALLIANCE DISBURSES FUNDS QUARTERLY BASED ON THE RECIPIENT'S CASH NEEDS.

THE ALLIANCE RECEIVES A SIGNED FINAL FINANCIAL REPORT AT THE CLOSE OF THE

GRANT.

Part IV Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

ARAB COMMUNITY CENTER FOR ECONOMIC & SOCIAL SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: REEL STORIES AIMS TO EMPOWER YOUNG PEOPLE BY IMPROVING THE CONFIDENCE, ACCOMPLISHMENTS, AND IMAGERY OF MARGINALIZED GIRLS AND YOUNG WOMEN IN THE COMMUNITIES OF METRO DETROIT AND JERUSALEM. THIS PROJECT OFFERS JOINT PROGRAMMING FOR A TOTAL OF 40 TEENAGE GIRLS, AGES 14-17 (20/REGION) WHO ARE UNDERSERVED IN THE ARTS. PARTICIPANTS WILL LEARN THE ART OF FILMMAKING, AND SHARE THEIR EXPERIENCES WITH ONE ANOTHER AND THEIR COUNTERPARTS OVERSEAS VIA CLOSED SOCIAL MEDIA OUTLETS, SKYPE, AND IMMERSIVE CULTURAL EXCHANGE. IN ADDITION TO TECHNICAL SKILL-BUILDING IN FILM PRODUCTION, SESSIONS WILL FACILITATE DIALOGUE ON GENDER AND EMPOWERMENT, IDENTITY AND CULTURE, AND CIVIC PARTICIPATION. COURSES WILL CULMINATE IN A SERIES OF PUBLIC FILM SCREENINGS IN MICHIGAN AT THE ARAB AMERICAN NATIONAL MUSEUM AND IN JERUSALEM AT THE PALESTINIAN HERITAGE MUSEUM.

NAME OF ORGANIZATION OR GOVERNMENT: CLEVELAND BRADLEY REGIONAL MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: WATERWAYS AFFECT THE ECONOMIC, SOCIAL, CULTURAL, AND ARTISTIC DEVELOPMENTS OF REGIONS. IN MANY COMMUNITIES, THEY INFLUENCE PEOPLES' COMPLEX CULTURAL IDENTITIES, WHICH ARE, IN SOME WAYS, TIED TO THESE WATERS. THIS PROJECT ENGAGES UPWARDS OF 400 TEENS, AGED 14-17, FROM SCHOOLS IN SOUTHEAST TENNESSEE AND BUENOS AIRES TO STUDY THEIR WATERWAYS IN ORDER TO DEVELOP A GREATER APPRECIATION OF WATER AND TO ENCOURAGE ENVIRONMENTALLY SUSTAINABLE HABITS. TEENS FROM BOTH COMMUNITIES WILL CONDUCT HISTORIC AND ENVIRONMENTAL RESEARCH ON THEIR LOCAL RIVERS, AS WELL AS STUDY ARTISTIC AND CULTURAL CONNECTIONS, IN ORDER TO IDENTIFY THE SIMILARITIES THAT CONNECT THEM. APPROXIMATELY

Part IV Supplemental Information

EIGHT STUDENTS FROM EACH COUNTRY WILL TRAVEL FOR AN IN-PERSON EXCHANGE, WHILE ALL OF THE TEENS WILL SHARE THEIR STORIES VIA VIRTUAL MEETINGS, A SHARED WEBSITE, ONLINE AND ON-SITE EXHIBITS, A COMMUNITY AWARENESS CAMPAIGN, COMMUNITY FESTIVALS AT BOTH LOCATIONS, AND PUBLIC ART PROJECTS.

NAME OF ORGANIZATION OR GOVERNMENT: INTREPID MUSEUM FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: YOUTH INNOVATE COMMUNITY SOLUTIONS WILL CONNECT APPROXIMATELY 25 UNDERSERVED LATINO TEENS FROM NEW YORK CITY AND APPROXIMATELY 25 AT-RISK YOUNG ADULTS IN MEDELLN, COLOMBIA, AGED 14-21. WORKING AS A TEAM, THESE YOUTH WILL EXPLORE CHALLENGES THAT THEIR RESPECTIVE COMMUNITIES FACE. TOGETHER, THEY WILL DEVELOP CREATIVE SOLUTIONS THAT APPLY SCIENCE, TECHNOLOGY, ENGINEERING, ART, AND MATH (STEAM) AND LINK THEIR SCIENTIFIC KNOWLEDGE WITH REAL-WORLD COMMUNITY NEEDS. THE TEAMS WILL COMMUNICATE REGULARLY VIA VIDEO CONFERENCES AND SOCIAL MEDIA TOOLS, SUCH AS BLOG POSTS (IN ENGLISH AND SPANISH), AND SOCIAL MAPPING TECHNOLOGY. THROUGH THIS PROJECT, YOUTH WILL GAIN GLOBAL 21ST-CENTURY SKILLS AND LEARN TO WORK COLLABORATIVELY, WHILE DEVELOPING SOCIAL AWARENESS AND A DEEPER UNDERSTANDING OF ONE ANOTHER'S CULTURES. THE SHARED EXPERIENCES OF YOUTH IN MEDELLN AND NEW YORK CITY WILL PROVIDE INSPIRATION, BUILD COMMUNITY, & EMPOWER PROJECT PARTICIPANTS TO APPLY SCIENTIFIC KNOWLEDGE TO REAL-LIFE CHALLENGES.

NAME OF ORGANIZATION OR GOVERNMENT: MONTSHIRE MUSEUM OF SCIENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS PROJECT WILL ENGAGE TWO CULTURALLY DISTINCT COMMUNITIES IN RURAL NEW ENGLAND AND BHUTAN IN CONVERSATIONS AND KNOWLEDGE SHARING FOCUSED ON URGENT ISSUES OF ENVIRONMENTAL SUSTAINABILITY. AN INTERNATIONAL TEAM OF 10 COLLEGE STUDENTS (FIVE/REGION) WILL COLLECT PERSONAL STORIES OF THE IMPACT

Part IV Supplemental Information

ENVIRONMENTAL CHANGE IS HAVING ON THE LIVES OF PEOPLE IN THEIR COUNTRIES. THEY WILL CO-CURATE THEIR COLLECTION DURING FACE-TO-FACE CULTURAL EXCHANGE VISITS AND OVER A VIRTUAL PLATFORM. THIS WORK WILL HELP GLOBAL COMMUNITY MEMBERS MERGE SCIENTIFIC DATA WITH LOCAL NARRATIVES OF ENVIRONMENTAL CHANGE; HELP UNIVERSITY-AGED STUDENTS TO UNDERSTAND THE IMPORTANCE OF INTEGRATING DIFFERENT KNOWLEDGE SYSTEMS INTO COMMUNITY-BASED SCIENCE LEARNING AND DIALOGUE; AND BRING INTERNATIONAL COMMUNITIES TOGETHER TO CREATE PROGRAMMING THAT ENHANCES UNDERSTANDING OF ENVIRONMENTAL SUSTAINABILITY.

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

(H) PURPOSE OF GRANT OR ASSISTANCE: THE STORY OF THE MAYA DIASPORA TRANSCENDS GEO-POLITICAL BORDERS, AND EXPRESSIONS OF MAYA CULTURE ARE INFLUENCED BY THE VARIOUS PLACES WHERE THEY HAVE SETTLED. MAYA FROM THE MARGINS IS DESIGNED TO EMPOWER MINORITY COMMUNITIES THROUGH THE RECUPERATION OF HISTORICAL IDENTITIES, PARTICULARLY MAYA COMMUNITIES THAT HAVE BEEN DISENFRANCHISED THROUGH THE DESTRUCTION OF ANCESTRAL ARTIFACTS. THROUGH SOCIAL MEDIA AND CREATIVE ONLINE DISCUSSIONS, APPROXIMATELY 20 MAYA HIGH SCHOOL STUDENTS FROM NORTH CAROLINA AND YUCATAN (10/REGION) WILL COLLABORATIVELY PRODUCE A MUSEUM EXHIBIT FOCUSING ON THE THEMES OF HISTORY, IDENTITY, AND MIGRATION. AS AMATEUR ARCHIVISTS, STUDENTS WILL EXAMINE HISTORICAL DOCUMENTS THAT INFORM WHAT IT MEANS TO BE AN INDIGENOUS MAYA PERSON AND HAVE DEEP HISTORICAL ROOTS WHILE CONSIDERING THE IMPACTS OF MIGRATION ON INDIGENOUS IDENTITIES. THE EXHIBIT WILL TRAVEL WITH BOTH COHORTS OF STUDENTS TO EACH COUNTRY, WHERE STUDENTS WILL PRESENT THEIR RESEARCH TO THEIR HOME COMMUNITIES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

AMERICAN ASSOCIATION OF MUSEUMS

Employer identification number
53-0205889

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2017

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:

JENNIFER ADAMS RECEIVED A SEVERANCE COMPENSATION OF \$20,028 DURING THE YEAR.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

AMERICAN ASSOCIATION OF MUSEUMS

Employer identification number
53-0205889

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SOUND PROFESSIONAL PREPARATION, PROVIDE OUTLETS FOR PROFESSIONAL
RESEARCH AND PUBLICATION AS WELL AS FOSTER THE CONTINUED IMPROVEMENT OF
THE MUSEUM PROFESSION THROUGH THE DEVELOPMENT AND OBSERVANCE OF HIGH
STANDARDS OF ETHICS. IN PROMOTING IT'S PURPOSES, THE ALLIANCE USES
MEETINGS, REPORTS, PAPERS, DISCUSSIONS, PUBLICATIONS, AND OTHER MEDIA
OF PUBLICITY AND COMMUNICATION SO AS TO INCREASE AND DIFFUSE KNOWLEDGE
OF ALL MATTERS PERTAINING TO MUSEUMS AND ENCOURAGE COOPERATION AMONG
MUSEUMS, MUSEUM PROFESSIONALS, MUSEUM USERS, AND THE GENERAL PUBLIC.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

DEPARTMENT OF STATE'S BUREAU OF EDUCATIONAL AND CULTURAL AFFAIRS, WHICH
CONNECTS U.S. MUSEUMS AND COMMUNITY PARTNERS WITH THEIR COUNTERPARTS
ABROAD. THE ALLIANCE ALSO PLANS AND CONVENES MEETINGS WITH GLOBAL
COLLEAGUES FROM MANY DIFFERENT MUSEUM COMMUNITIES AROUND THE WORLD.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ADVOCACY: THE ALLIANCE'S YEAR-ROUND ADVOCACY INITIATIVES LEND ENERGY
AND BREADTH TO FIELD-WIDE EFFORTS TO ADVANCE THE CAUSE OF MUSEUMS. THE
ALLIANCE PROVIDES TOOLS TO HELP PEOPLE MAKE THE CASE FOR MUSEUMS AT THE
NATIONAL, STATE, AND LOCAL LEVEL. OUR ANNUAL MUSEUMS ADVOCACY DAY,
OFFERED WITH PARTNER ORGANIZATIONS AT THE NATIONAL, REGIONAL, AND STATE
LEVELS, BRINGS TOGETHER MUSEUM PROFESSIONALS, TRUSTEES, STUDENTS, AND
SUPPORTERS FOR HANDS-ON ADVOCACY TRAINING AND VISITS TO CAPITOL HILL.

EXPENSES \$ 1,001,289. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

Name of the organization

AMERICAN ASSOCIATION OF MUSEUMS

Employer identification number

53-0205889

PUBLICATIONS AND BUSINESS ENTERPRISES: THE ALLIANCE'S AWARD-WINNING MAGAZINE ADDRESSES THE ISSUES AND CHALLENGES FACING MUSEUMS TODAY AND IS A MUST-READ FOR THOSE WHO WORK FOR MUSEUMS AND THOSE WHO LOVE THEM. PUBLISHED BI-MONTHLY, RECENT ISSUES HAVE FOCUSED ON VISITOR ENGAGEMENT, LEADERSHIP IN MUSEUMS, EQUITY IN MUSEUMS AND TECHNOLOGY. THE AAM PRESS AND BOOKSTORE OFFERS THE BEST AND MOST COMPREHENSIVE PROFESSIONAL LITERATURE IN PRINT AND EBOOK FORMATS, MAKING THEM THE GO-TO SOURCE FOR ALL TITLES CRITICAL TO THE WORK OF MUSEUMS FROM ACCESSIBILITY, INTERPRETATION/EDUCATION AND AUDIENCE RESEARCH TO TECHNOLOGY, MISSION/INSTITUTIONAL PLANNING, COLLECTIONS STEWARDSHIP, FINANCIAL SUSTAINABILITY AND MORE. THE ALLIANCE IS PROUD TO MAINTAIN AN ONLINE LIBRARY OF OVER 2,000 GUIDELINES, ARTICLES, AND FACT SHEETS FOR OUR MEMBERS ON ALL ASPECTS OF MUSEUM OPERATIONS. OUR MEMBERS-ONLY WEEKLY E-NEWSLETTER, AVISO, PROVIDES LATE-BREAKING NEWS ON FEDERAL LEGISLATION AFFECTING MUSEUMS, UPCOMING SEMINARS AND WORKSHOPS, FEDERAL GRANT DEADLINES, AND ALLIANCE ACTIVITIES AND SERVICES.

EXPENSES \$ 775,649. INCLUDING GRANTS OF \$ 0. REVENUE \$ 943,365.

CENTER FOR THE FUTURE OF MUSEUMS: AN ALLIANCE INITIATIVE, THE CENTER FOR THE FUTURE OF MUSEUMS (CFM) IDENTIFIES TRENDS AND CRITICAL ISSUES FACING MUSEUMS AND SOCIETY. CFM PRODUCES A WEEKLY DISPATCH FROM THE FUTURE NEWSLETTER AND TRENDSWATCH, AN ANNUAL FORECASTING REPORT.

EXPENSES \$ 536,548. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

WE HAVE ORGANIZATIONAL AND INDIVIDUAL MEMBERSHIP.

INDIVIDUAL MEMBERSHIP SHALL BE OPEN TO MUSEUM STAFF, NON-PROFIT

ORGANIZATION STAFF, STUDENTS, NON-PAID MUSEUM STAFF, RETIRED MUSEUM STAFF,

Name of the organization

AMERICAN ASSOCIATION OF MUSEUMS

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INDEPENDENT PROFESSIONALS, MUSEUM TRUSTEES, AND SUCH OTHER CATEGORIES OF INDIVIDUAL MEMBERSHIP AS THE BOARD OF DIRECTORS MAY ESTABLISH FROM TIME TO TIME.

HONORARY OR LIFETIME MEMBERSHIP MAY BE GRANTED TO INDIVIDUALS AND INSTITUTIONS AT THE DISCRETION OF THE BOARD OF DIRECTORS AND IN RECOGNITION OF EXEMPLARY AND SELFLESS SERVICE TO THE ALLIANCE OF THE FIELD. HONORARY MEMBERS AND LIFETIME MEMBERS MAY NOT VOTE AT MEETINGS OF THE ALLIANCE AND ARE NOT ELIGIBLE FOR ELECTION AS OFFICERS OR BOARD MEMBERS-AT-LARGE.

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

ALL INDIVIDUAL MEMBERS OF THE ALLIANCE IN GOOD STANDING ARE ENTITLED TO VOTE AT MEETINGS OF THE ALLIANCE AND ARE ELIGIBLE FOR ELECTION AS OFFICERS AND BOARD MEMBERS-AT-LARGE, PROVIDED THEY MEET THE ADDITIONAL REQUIREMENTS OUTLINED IN ARTICLES IV AND V OF THE CONSTITUTION. ALL INSTITUTIONAL MEMBERS OF THE ALLIANCE IN GOOD STANDING ARE ENTITLED TO VOTE AT MEETINGS OF THE ALLIANCE, BUT ARE NOT ELIGIBLE FOR ELECTION AS OFFICERS OR BOARD MEMBERS-AT-LARGE.

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

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

AMENDMENTS TO THE CONSTITUTION MAY BE RECOMMENDED BY THE BOARD OF DIRECTORS, OR PROPOSED TO THE CHAIR IN WRITING SIGNED BY NO FEWER THAN 3

Name of the organization

AMERICAN ASSOCIATION OF MUSEUMS

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PERCENT OF INDIVIDUAL OR INSTITUTIONAL MEMBERS IN GOOD STANDING, NOT MORE THAN 50 PERCENT OF WHOM ARE FROM ANY ONE REGION. AMENDMENTS TO THE BYLAWS MAY BE RECOMMENDED BY THE BOARD OF DIRECTORS OR PROPOSED TO THE CHAIR IN WRITING, SIGNED BY NO FEWER THAN ONE HUNDRED INDIVIDUAL OR INSTITUTIONAL MEMBERS IN GOODS STANDING, NOT MORE THAN 50 PERCENT OF WHOM ARE FROM ANY ONE REGION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE INFORMATION FOR THE FEDERAL FORM 990 IS PREPARED BY AAM STAFF AND DELIVERED TO A PUBLIC ACCOUNTING FIRM. ONCE THE FIRM HAS PREPARED A DRAFT, THE AUDIT COMMITTEE OF THE BOARD REVIEWS IT AND IT IS THEN FORWARDED ON TO THE ENTIRE BOARD OF DIRECTORS FOR THEIR REVIEW. THE PRESIDENT AND CHIEF EXECUTIVE OFFICER REVIEWS THE RETURN PRIOR TO SIGNATURE AND PROVIDING E-FILE AUTHORIZATION TO THE ACCOUNTING FIRM.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ALLIANCE STAFF, BOARD MEMBERS, AND VOLUNTEERS ACT IN BEST INTEREST OF THE ALLIANCE RATHER THAN IN FURTHERANCE OF PERSONAL INTERESTS OR THE INTERESTS OF THIRD PARTIES, SUCH AS FRIENDS AND FAMILY. DECISIONS ABOUT THE ALLIANCE AND THE USE OR DISPOSITION OF ITS ASSETS ARE MADE SOLELY IN TERMS OF THE BENEFITS TO THE ALLIANCE AND ARE NEITHER INFLUENCED NOR APPEAR TO BE INFLUENCED, BY ANY PRIVATE PROFIT, PERSONAL GAIN, OR OUTSIDE BENEFIT FOR STAFF, BOARD OF DIRECTORS, AND VOLUNTEERS, THEIR FRIENDS AND FAMILY MEMBERS, OR ANY ORGANIZATION OR COMPANY WITH WHICH THEY ARE AFFILIATED. ON AN ANNUAL BASIS, ALL OFFICERS, BOARD OF DIRECTORS, AND KEY EMPLOYEES SHALL BE PROVIDED WITH A COPY OF THE CONFLICT OF INTEREST POLICY AND REQUIRED TO COMPLETE AND SIGN AN ACKNOWLEDGEMENT AND DISCLOSURE FORM PREPARED BY THE BOARD OF DIRECTORS. IF A CONFLICT ARISES IN REGARDS TO A BOARD MEMBER, THE

Name of the organization

AMERICAN ASSOCIATION OF MUSEUMS

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MEMBER IMMEDIATELY NOTIFIES THE CHAIR. THAT MEMBER WILL THEN RECUSE HIMSELF OR HERSELF FROM ANY VOTING ON A RELATED ISSUE, AND WILL ALSO NOT BE COUNTED TOWARDS A QUORUM ON A RELATED ISSUE. FOR OFFICERS AND KEY EMPLOYEES, A CONFLICT WOULD IMMEDIATELY BE REPORTED TO MANAGEMENT AND APPROPRIATE ACTION WOULD BE TAKEN DEPENDING ON THE INDIVIDUAL ISSUE.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS (BOD) HAS THE RESPONSIBILITY FOR REVIEWING AND SETTING THE PRESIDENT & CEO AND OTHER KEY STAFF'S COMPENSATION PACKAGE. THE BOD REVIEWS MARKET DATA ALONG WITH THE PRESIDENT AND CHIEF EXECUTIVE OFFICER (CEO) AND OTHER KEY STAFF'S PERFORMANCE IN DETERMINING WHAT AN EQUITABLE COMPENSATION PACKAGE SHOULD BE. IN TURN, THE PRESIDENT AND CEO IS CHARGED WITH PREPARING EVALUATIONS FOR THE ALLIANCE'S SENIOR MANAGEMENT TEAM BASED ON EACH INDIVIDUALS' PERFORMANCE DURING THE CURRENT YEAR. THIS DATA IS THEN USED BY THE PRESIDENT & CEO IN SETTING COMPENSATION PACKAGES FOR THE SENIOR MANAGEMENT TEAM. THE LAST COMPENSATION REVIEW FOR THE PRESIDENT & CEO WAS PERFORMED IN 2017.

THE LAST COMPENSATION REVIEW FOR OTHER KEY STAFF OF THE ALLIANCE WAS PERFORMED IN 2017.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK,AL,AR,AZ,CT,FL,IL,KS,KY,MA,MD,ME,MN,MS,NC,ND,NH,NJ,NM,NY,OH,OK,OR,PA,RI
SC,TN,VA,WA,WI,WV

FORM 990, PART VI, SECTION C, LINE 19:

THE ALLIANCE'S MOST RECENT ANNUAL REPORT AND IRS FORM 990 ARE AVAILABLE ON ITS WEBSITE. THE ALLIANCE'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST

Name of the organization

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53-0205889

POLICY ARE MADE AVAILABLE ON A PER REQUEST BASIS.

FORM 990, PART IX, LINE 11G, OTHER FEES:

COMMISSIONS:

PROGRAM SERVICE EXPENSES	138,076.
MANAGEMENT AND GENERAL EXPENSES	33,336.
FUNDRAISING EXPENSES	2,866.
TOTAL EXPENSES	174,278.

CONTRACTORS:

PROGRAM SERVICE EXPENSES	119,817.
MANAGEMENT AND GENERAL EXPENSES	28,927.
FUNDRAISING EXPENSES	2,487.
TOTAL EXPENSES	151,231.

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	542,153.
MANAGEMENT AND GENERAL EXPENSES	130,891.
FUNDRAISING EXPENSES	11,254.
TOTAL EXPENSES	684,298.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,009,807.