** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.



▶ Information about Form 990 and its instructions is at <u>www irs gov/form990</u> 201/ A For the 2013 calendar year or toy yoor beginning

<u> </u>			enuing 0	<u>on 50, 2014</u>	
	heck if			D Employer identific	ation number
	Addre	SAN DIEGO MUSEUM OF ART			
	Name Chang	Doing Business As		95-1	696715
	Initial		Room/suite	E Telephone number	
	Termi			(619	
	Amer			G Gross receipts \$	13,992,297.
	Appli tion	^{2a-} SAN DIEGO, CA 92112		H(a) Is this a group re	turn
	pend	^{ng} F Name and address of principal officer:ROXANA VELASQUEZ	for subordinates		
		SAME AS C ABOVE		H(b) Are all subordinates in	
ΙT	ax-ex	empt status: 🗶 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) d	or 🔄 527	If "No," attach a	list. (see instructions)
JΝ	Vebsi	te: WWW.THESANDIEGOMUSEUMOFART.ORG		H(c) Group exemptior	n number 🕨
κF	orm o	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨	L Year	of formation: 1935 M	State of legal domicile: CA
Pa	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: TO CO	OLLECT	', PRESERVE,	INTERPRET
anc		AND DISPLAY THE FINEST WORKS OF ART FOR 7	THE BR	OADEST AUDI	ENCE.
Activities & Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.
OVE	3	Number of voting members of the governing body (Part VI, line 1a)			34
യ യ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	34
es	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		141	
viti	6	Total number of volunteers (estimate if necessary)			306
Acti	7a	Total unrelated business revenue from Part VIII, column (C), line 12			34,493.
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	8,885.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		4,984,901.	5,875,404.
Revenue	9	Program service revenue (Part VIII, line 2g)		847,263.	1,031,579.
Šev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,264,442.	653,398.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		242,765.	108,132.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,339,371.	7,668,513.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,036,872.	5,138,632.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 873,70		0.	1,376.
ğ	b	Total fundraising expenses (Part IX, column (D), line 25)	03.		
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,068,807.	6,548,902.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		13,105,679.	11,688,910.
<u>, o</u>	19	Revenue less expenses. Subtract line 18 from line 12		-5,766,308.	-4,020,397.
Assets or d Balances				ginning of Current Year	End of Year
Ssei Bala		Total assets (Part X, line 16)		82,443,505.	89,795,079.
et A nd L	21	Total liabilities (Part X, line 26)		7,025,737.	7,261,712.
Fund	22	Net assets or fund balances. Subtract line 21 from line 20		75,417,768.	82,533,367.
Pa	art 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 ROXANA VELASQUEZ, EXEC Type or print name and title	UTIVE DIRECTOR	Date					
Paid	Print/Type preparer's name	Preparer's signature Date 11/	04/14					
Preparer	Firm's name 💊 AKT LLP	•	Firm's EIN					
Use Only	Firm's address 5946 PRIESTLY DR CARLSBAD, CA 920		Phone no. (760) 431-8440					
May the IF	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes No					
332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 9								

Pai	1990 (2013) SAN DIEGO MUSEUM OF ART 95-1696715 Pa
	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO COLLECT, PRESERVE, INTERPRET AND DISPLAY THE FINEST WORKS OF ART
	THAT MEN AND WOMEN HAVE CREATED THROUGHOUT TIME FOR THE BENEFIT OF TH
	BROADEST CONCEIVABLE AUDIENCE.
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 X
	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?
	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.
1a	(Code:) (Expenses \$ 3,778,568. including grants of \$) (Revenue \$ 806,91
	EXHIBITIONS: THE MUSEUM PRESENTED A BROAD RANGE OF EXHIBITIONS DURIN
	THE YEAR. THESE WERE CREATED FROM THE MUSEUM'S OWN COLLECTION, AS WE
	AS BORROWED FROM OTHER MUSEUMS AND LENDERS. THE MUSEUM WELCOMED OVER
	200,000 VISITORS, INCLUDING OVER 25,000 FREE GUESTS FOR RESIDENT FREE
	TUESDAYS AND APPROXIMATELY 16,000 STUDENTS. SDMA MOUNTED 6 EXHIBITION
	BOTH FROM ITS PERMANENT COLLECTION AND BORROWED FROM OTHER
	INSTITUTIONS.
łb	(Code:) (Expenses \$ 70, 340. including grants of \$) (Revenue \$
	COLLECTIONS: THE MUSEUM'S MISSION IS, IN PART TO CARE FOR ITS
	COLLECTIONS, WHICH INCLUDES MORE THAN 16,000 WORKS OF ART. THE
	COLLECTION IS THE MUSEUM'S GREATEST ASSET. ITS WORKS OF ART ARE
	DISPLAYED ON A ROTATING BASIS WITHIN THE MUSEUM AND ARE FREQUENTLY LE
	DIDITIVITIO ON N NOTNIINO DADID WIININ IND MODION NND AND INDQUINIDI DD
	TO OTHER INSTITUTIONS FOR EXHIBITION ELSEWHERE. THE MUSEUM ALSO SEEKS
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ŀc	TO OTHER INSTITUTIONS FOR EXHIBITION ELSEWHERE. THE MUSEUM ALSO SEEKS TO ACQUIRE ART WHICH WILL ENHANCE ITS COLLECTION. (Code:) (Expenses \$ 1,520,066. including grants of \$) (Revenue \$ 49,17
ŀc	TO OTHER INSTITUTIONS FOR EXHIBITION ELSEWHERE. THE MUSEUM ALSO SEEKS TO ACQUIRE ART WHICH WILL ENHANCE ITS COLLECTION. (Code:) (Expenses \$ 1,520,066. including grants of \$) (Revenue \$ 49,17 PROGRAMS: THE MUSEUM OFFERS A BROAD RANGE OF PROGRAMMING THROUGHOUT T
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	TO OTHER INSTITUTIONS FOR EXHIBITION ELSEWHERE. THE MUSEUM ALSO SEEKS TO ACQUIRE ART WHICH WILL ENHANCE ITS COLLECTION. (Code:)(Expenses 1,520,066. including grants of \$) (Revenue \$)(Revenue \$
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łd	TO OTHER INSTITUTIONS FOR EXHIBITION ELSEWHERE. THE MUSEUM ALSO SEEKS TO ACQUIRE ART WHICH WILL ENHANCE ITS COLLECTION. (Code:
ld le	TO OTHER INSTITUTIONS FOR EXHIBITION ELSEWHERE. THE MUSEUM ALSO SEEKS TO ACQUIRE ART WHICH WILL ENHANCE ITS COLLECTION. (Code:

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Form 990 (2013) SAN DIEGO MU Part IV Checklist of Required Schedules SAN DIEGO MUSEUM OF ART

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		103	
•		1	x	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	~		
5	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
~		5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	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	9		Х
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	10	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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	11b	X	
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	14b	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	15		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	16		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	17		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	18	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	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2013)

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SAN DIEGO MUSEUM OF ART

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	23	Х	
24a	5 I I I I I I I I I I I I I I I I I I I			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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	25b		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 so,			
	complete Schedule L, Part II	26		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	27		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):			v
a		28a		XX
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	200		x
29	director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c	X	- 23
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
00	contributions? If "Yes," complete Schedule M	30	x	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II	02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		37
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Note. All Form 990 filers are required to complete Schedule O	38	x	

Form **990** (2013)

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Pa	TV Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V								
				<u></u>	Vee				
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	104		Yes	No			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0						
c	Did the organization comply with backup withholding rules for reportable payments to vendors and		hle gaming						
Ū	(gambling) winnings to prize winners?								
2a	a 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 141								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
3a				3a	Х				
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b	Х				
	At any time during the calendar year, did the organization have an interest in, or a signature or other								
	financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		X			
b	If "Yes," enter the name of the foreign country:								
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts.						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action	?	5b		X			
с	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 to	the org	anization 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 contribu		•						
	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).				x				
а									
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					x			
	to file Form 8282?								
	If "Yes," indicate the number of Forms 8282 filed during the year			7e		x			
e f						X			
fg	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, airplane			7g 7h					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.			/					
-	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a			8					
9	Sponsoring organizations maintaining donor advised funds.	5	0 9	-					
а	Did the organization make any taxable distributions under section 4966?			9a					
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
а	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		?	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.								
а	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	400	1						
-	organization is licensed to issue qualified health plans 13b								
C 1/-	Enter the amount of reserves on hand		1	14-		X			
	Did the organization receive any payments for indoor tanning services during the tax year?			14a 14b		<u> </u>			
<u> </u>	in rea, has it filed a roll in r20 to report these payments? in roo, provide an explaination in ochedu				000	(0010)			

SAN DIEGO MUSEUM OF ART

Form **990** (2013)

332005 10-29-13

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Form 990 (2013)

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SAN DIEGO MUSEUM OF ART

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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

x

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Sec	tion A. Governing Body and Management									
			1 24		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	34							
	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 0.									
b	Enter the number of voting members included in line 1a, above, who are independent	1b	34							
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?									
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?									
4	Did the organization make any significant changes to its governing documents since the prior Form			4		X X				
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X				
6	Did the organization have members or stockholders?			6						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					х				
	more members of the governing body?			7a						
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, a			76		х				
~	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			7b						
8		-	-	90	х					
a h	The governing body?			8a 8b	X					
b	Each committee with authority to act on behalf of the governing body?			uo	~					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R		a Code)	9		21				
000		evenu	= 000e.)		Yes	No				
102	Did the organization have local chapters, branches, or affiliates?			10a	162	X				
	If "Yes," did the organization have written policies and procedures governing the activities of such c			104						
D	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b						
119	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			114						
12a				12a	х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")									
-	in Schedule O how this was done			12c	Х					
13	Did the organization have a written whistleblower policy?			13	Х					
14	Did the organization have a written document retention and destruction policy?			14	Х					
15	Did the process for determining compensation of the following persons include a review and approv									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official			15a	Х					
	Other officers or key employees of the organization			15b	Х					
	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 arrange	ment v	vith a							
	taxable entity during the year?			16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its p	participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	n's							
	exempt status with respect to such arrangements?			16b						
<u>Sec</u>	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sect	ion 501(c)(3)s only)	availab	le					
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website X Upon request Other (explain		,							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	onflict	of interest policy, ar	d finar	ncial					
	statements available to the public during the tax year.									
20	State the name, physical address, and telephone number of the person who possesses the books a	and rec	ords of the organiza	tion: 🕨	•					
	DONNA DOMINIAK - 619-232-7931									
	PO BOX 122107, SAN DIEGO, CA 92112			Г <u>аш</u>	000	(00 10)				
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Fart VII	Compensation of Onicers, Directors, Trustees, Key Employees, Highest Compensated	
	Employees, and Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

(D)

Т

• 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.

 $\langle \mathbf{O} \rangle$

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

(A)						(D)	(E)	(F)		
Name and Title	Average	Position (do not check more than one		Reportable	Estimated					
	hours per	box, unless person is bo officer and a director/tru		is bot	h an	compensation	compensation	amount of		
	week	<u> </u>	cer an	id a d	recto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	ordir	æ			ated		organization	(W-2/1099-MISC)	from the
	related	stee	ruste			pens		(W-2/1099-MISC)		organization
	organizations	lal tru	onali		ploye	ee ee				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) FRANK ROGOZIENSKI	1.00	Ĕ	ű	Ð	충	Ξe	요			
PRESIDENT	1.00	x		x				0.	0.	0.
(2) HARVEY WHITE	1.00			- 23					0.	<u>.</u>
VICE-PRESIDENT		x		x				0.	0.	0.
(3) KEN WIDDER	1.00									
VICE-PRESIDENT		x		х				0.	0.	0.
(4) LISA HELLERICH	1.00									
VICE-PRESIDENT		x		х				0.	Ο.	0.
(5) PETER DRAKE	1.00									
TREASURER		Х		Х				0.	0.	0.
(6) RANA SAMPSON	1.00									
SECRETARY		Х		Х				0.	0.	0.
(7) ROBERT HAYES	1.00								_	
PRESIDENT ELECT		X						0.	0.	0.
(8) SARAH MARSH-REBELO	1.00									
ASSISTANT SECRETARY	1 00	X						0.	0.	0.
(9) ADRIAN MARINEZ	1.00									
TRUSTEE	1 00	X						0.	0.	0.
(10) ANNE OTTERSON	1.00							0	0	
TRUSTEE	1 0 0	X						0.	0.	0.
(11) CAROL STENSRUD LAZIER	1.00	v						0.	0.	0.
TRUSTEE (12) DANA BALDWIN	1.00	X						0.	0.	0.
TRUSTEE	1.00	x						0.	0.	0.
(13) DOLORES CLARK	1.00								0.	
TRUSTEE		x						0.	0.	0.
(14) ELIAS SACAL	1.00									
TRUSTEE		x						0.	Ο.	0.
(15) ELLEN WHELAN	1.00									
TRUSTEE		X						0.	0.	0.
(16) EUGENE "MITCH" MITCHELL	1.00									
TRUSTEE		X						0.	0.	0.
(17) KATY DESSENT	1.00									
TRUSTEE		Х						0.	0.	0.
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Form 990 (2013) SAN DIEGO									90-10	901	тJ	Page U
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	an	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	(do box,	 not cl , unles	(C Pos heck ss pe	C) ition more rson		one n an	(D) Reportable	(E) Reportable compensatior from related	n amount I other		nated unt of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fror organ and r	ensation n the nization related izations
(18) KEVIN KINSELLA TRUSTEE	1.00	x						0.		0.		0.
(19) LINDA MOORE	1.00	Δ						0.		••		0.
	1.00	x						0.		0.		0.
TRUSTEE (20) LOIS ROON	1.00	Δ						0.		0.		0.
TRUSTEE	1.00	x						0.		0.		0.
(21) LOWELL POTIKER	1.00	^						0.		0.		0.
TRUSTEE	1.00	x						0.		0.		0.
(22) MARTHA DENNIS	1.00	Δ								••		0.
TRUSTEE	1.00	x						0.		0.		0.
(23) MAURICE KAWASHIMA	1.00									••		0.
TRUSTEE	1.00	x						0.		0.		0.
(24) MELINDA WOODELL	1.00									<u> </u>		<u> </u>
TRUSTEE		x						0.		0.		0.
(25) PAUL MOSHER	1.00											
TRUSTEE		x						0.		0.		0.
(26) ROBERT BRUNING	1.00											
TRUSTEE		x						0.		0.		0.
1b Sub-total						-		0.		0.		0.
c Total from continuation sheets to Part VI								844,130.		0.	72	,995.
d Total (add lines 1b and 1c)								844,130.		0.	72	,995.
2 Total number of individuals (including but n								eceived more than \$100	,000 of reportable			
compensation from the organization						,			, I			4
											Y	'es No
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s		istee		-	•	•		•	. ,		3	x
4 For any individual listed on line 1a, is the su		 Io.cc						har companyation from		···· -	3	
and related organizations greater than \$150									the organization		4	x
5 Did any person listed on line 1a receive or a									dual for services	···· -		
rendered to the organization? If "Yes," com					-		oiui			- 1	5	X
Section B. Independent Contractors											<u> </u>	
1 Complete this table for your five highest co	mpensated ind	depe	ende	nt c	onti	racto	ors 1	that received more than	\$100,000 of com	pensa	tion fro	m
the organization. Report compensation for										ſ		
(A)	•							(B)			(C)	
Name and business	address							Description of s	ervices	Co	mpens	ation
ALLIED BARTON SECURITY SH	ERVICES											
PO BOX 828854, PHILADELPH								SECURITY SER	VICES		398	<u>,851.</u>
THE IDEA BRAND, 444 WEST BEECH ST, 4TH												
FLOOR, SAN DIEGO, CA 9210)1							MARKETING			360	<u>,145.</u>
DPR CONSTRUCTION												
5010 SHOREHAM PLACE, SAN	DIEGO,	CZ	7 3	921	122	2		GENERAL CONT	RACTING		317	<u>,705.</u>
A.O. REED & CO.						_						
4777 RUFFNER STREET, SAN	DIEGO,	CZ	7 3	921	186	Ь		REPAIR SERVI	CES		180	,014.

AMERICAN PLAZA, SAN DIEGO, CA 92101 PRODUCTION Total number of independent contractors (including but not limited to those listed above) who received more than 2 \$100,000 of compensation from the organization 5 SEE PART VII, SECTION A CONTINUATION SHEETS

BALBOA PARK ONLINE COLLABORATIVE, 2131 PAN IT SERVICES/VIDEO

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162,641.

Part VII Section A. Officers, Directors		nplo	yee			ligh	est			
(A)		(B) (C) (D)				(E)	(F)			
Name and title	Average hours	(cł		Posi all t			lv)	Reportable compensation	Reportable compensation	Estimated amount of
	per	,01					.,,	from	from related	other
	week					yee		the	organizations	compensation
	(list any	rector				emplc		organization	(W-2/1099-MISC)	from the
	hours for	or di	ee			sated		(W-2/1099-MISC)		organization
	related organizations	rustee	l trust		ee	npens				and related organizations
	below	Individual trustee or director	In stitutional trustee	-	Key employee	Highest compensated employee	er			organizations
	line)	Indivi	Institu	Officer	Key e	Highe	Former			
(27) SALLY B. THORNTON	1.00									
TRUSTEE		Х						0.	Ο.	0.
(28) SUSANNA FLASTER	1.00									
TRUSTEE		Х						0.	0.	0
(29) TAFFIN RAY	1.00								_	_
TRUSTEE		Х						0.	0.	0
(30) TONI BLOOMBERG	1.00									•
TRUSTEE	1 0 0	Х						0.	0.	0
(31) VALERIE COOPER	1.00	37							0	0
TRUSTEE (32) WEBSTER KINNAIRD	1.00	Х						0.	0.	0
(32) WEBSTER KINNAIRD TRUSTEE	1.00	x						0.	0.	0
(33) DOUG TRIBBLE	1.00	~						0.	0.	0
TRUSTEE	1.00	х						0.	0.	0
(34) DOUG CARLSON	1.00	21						0.	0.	0
ASSISTANT TREASURER		х						0.	Ο.	0
(35) DIETER FENKART-FROESCHL	40.00									
CHIEF OPERATING OFFICER				x				32,880.	Ο.	3,376
(36) ROXANA VELASQUEZ	40.00									
EXECUTIVE DIRECTOR				Х				301,004.	0.	23,903
(37) KATHERINE MCDONALD	40.00									
DD - EXTERNAL AFFAIRS					Х			208,714.	0.	12,281
(38) SANDRA BENITO	40.00									
DD - EDUCATION					X			167,627.	0.	19,185
(39) RENEE FRICKE	40.00					37		122 005	0	14 050
DIRECTOR OF DEVELOPMENT						Х		133,905.	0.	14,250
Total to Part VII, Section A, line 1c								844,130.		72,995

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SAN DIEGO MUSEUM OF ART

		Check if Schedule O contains	a response	e or note to any line	e in this Part VIII	/D)	<u>(</u>)	
					(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 514
Γ-	1 a	Federated campaigns	1a					
-		Membership dues		1,033,410.				
	с	Fundraising events		884,907.				
		Related organizations						
		Government grants (contributions		379,050.				
		All other contributions, gifts, grants, a						
		similar amounts not included above		3,578,037.				
	q	Noncash contributions included in lines 1a-1		268,823.				
	-	Total. Add lines 1a-1f			5,875,404.			
				Business Code				
	2 a	ADMISSIONS		712110	596,916.	596,916.		
	b	TRAVELING EXHIBITIONS		712110	210,000.	210,000.		
	с	OTHER RELATED INCOME		712110	175,491.	175,491.		
	d	CONCERTS/EDUCATION		712110	49,172.	49,172.		
2	е							
	f	All other program service revenue						
		Total. Add lines 2a-2f			1,031,579.			
3	3	Investment income (including divi						
		other similar amounts)			415,721.			415,7
4	4	Income from investment of tax-ex						
5	5	Royalties						
			(i) Real	(ii) Personal				
6	6 a	Gross rents	240,863	<u>``</u>				
	b	Less: rental expenses	0					
		Rental income or (loss)	240,863					
		Net rental income or (loss)			240,863.		34,493.	206,3
			Securities	(ii) Other	,		,	,
			5,880,000					
	b	Less: cost or other basis						
	-		5,642,323					
	с	Gain or (loss)						
	d	Net gain or (loss)	,	• • • • •	237,677.			237,67
8		Gross income from fundraising ev			,			,
`		including \$ 884,90	``					
		contributions reported on line 1c).						
		Part IV, line 18		109,735.				
	b	Less: direct expenses						
		Net income or (loss) from fundrais		· · · · ·	-357,789.			-357,78
		Gross income from gaming activit	-		,			,
`		Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gaming						
1		Gross sales of inventory, less retu						
"	<i>.</i> u	and allowances		438,995.				
	h	Less: cost of goods sold						
		Net income or (loss) from sales of			225,058.	225,058.		
F	0	Miscellaneous Revenue	inventory .	Business Code				
-	1 a			Dusiness Coue				
1'								
	b			├ ─── ├				
	C A			├ ─── ├				
		All other revenue						
1		Total. Add lines 11a-11d		····· }	7 660 610	1 256 627	24 402	E01 0
12		LUIAL LEVENUE SEE INSTRUCTIONS			7,668,513.	1,256,637.	34,493.	501,9'

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SAN DIEGO MUSEUM OF ART

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

X Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses **(D)** Fundraising (B) (C)Do not include amounts reported on lines 6b. Management and general expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in 2 the United States. See Part IV, line 22 3 Grants and other assistance to governments. organizations, and individuals outside the United States. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, 872,078. 460,242. 247,458. 164,378. trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,342,800. 1,874,510. 1,039,053. 429,237. Other salaries and wages 7 Pension plan accruals and contributions (include 8 52,070. 35,977. section 401(k) and 403(b) employer contributions) 105,682. 17,635. 153,031. Other employee benefits 523,798. 313,529. 57,238. 9 294,274. 165,429. 90,928. 37,917. Payroll taxes 10 11 Fees for services (non-employees): Management а 50,168. 50,168. Legal b 38,250. 38,250. Accounting С d Lobbying 1,376. 1,376. Professional fundraising services. See Part IV. line 17 ρ 416,859 416,859. Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 1,206,241 868,888. 283,265. 54,088. column (A) amount, list line 11g expenses on Sch 0.) 574,486. 562,150. 345. 11,991. Advertising and promotion 12 229,295. 174,409. 22,300. 32,586. 13 Office expenses 1,050. 35,802. 34,752. Information technology 14 Royalties 15 589,460. 554,087. 28,875. 6,498. 16 Occupancy 79,047. 27,329. 44,289. 7,429. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 4,943. 6,602. 1,524. 135. Conferences, conventions, and meetings 19 6,202. 5,931. 201. 70. 20 Interest Payments to affiliates 21 680,555. 643,101. 29,855. 7,599. 22 Depreciation, depletion, and amortization 331,703. 297,429. 24,488. 9,786. 23 Insurance Other expenses. Itemize expenses not covered 24 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 0.) 2,631. 2,631. 0. 0. INCOME TAXES а FEES AND HONORARIUMS 1,090,238. 1,050,105. 32,221. 7,912. h 252,966. 89,754. 265,710. **REPAIRS/MAINTENANCE** 12,491. 253. С 218,294. EQUIPMENT/RENTAL/SMALL 126,005. 2,535. d 727,359. 593,880. 108,439. 25,040. SEE SCH O All other expenses е 11,688,910. 7,787,578. 3,027,629. 873,703. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720) Check here

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101111 990			22	TODOTTO Faye II
Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	279,401.	1	981,343.
2	Savings and temporary cash investments	1,851,223.	2	2,074,246.
3	Pledges and grants receivable, net	420,580.	3	604,146.
4	Accounts receivable, net	317,156.	4	239,202.
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			

5 Laars and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Laars and other receivables from other disqualified persons (as defined under section 4586)(17), parsons described in section 4586(10)(38), and contributing employees thereficity organizations of section 501(c)(39), voluntary employees thereficity organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net. 7 6 9 repaid expenses and deferred charges 72,413.9 32,876 10 Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10,9,9,000,328. 6,181,435.100. 6,708,112. 11 Investments - publicy traded securities. 10,7,630,770.11.1,045,493 10,7,7,753,554. 12 Investments - program-telated. See Part IV, line 11. 13 137,603.15. 129,736. 14 thrangbie assets. 10,71,703,155.41. 137,603.15. 129,736. 14 thrangbie assets. 11,140,672.17. 1,444,787. 16 Total assets.Add line 31 forugat ecount liability. 20 20 20 13 Accounts payable and accrued expenses. 12,700,000.25.7,700,000. 25.7,700,000.25.7,700,000. 25.7,700		3	Pledges and grants receivable, net			420,580.	3	604,146.
get Laars and other receivables from current and former officers, directors, trustees, key employees, and highest comparisated employees. Complete Part II of Schedule L 5 laars and other receivables from other disqualified persons (as defined under section 49568)(1); persons described is eaction 49568(2)(8); (8), and contributing employers and sponsoring organizations of section 5016(2) voluntary employers theneficial yraginatizations of section 5016(2) voluntary employers theneficial yraginatizations (as eaction 5016(2) voluntary employers theneficial yraginatizations of section 5016(2) voluntary employers theneficial yraginations (as eaction 5016(2) voluntary employers, high yradie securities. 7 10 Prepaid expenses and defined thargies to a securities. See Part IV, line 11 10, 52, 0700, 11 1, 045, 4933 11 Investments - public yradie securities. 10, 73, 803, 15 129, 736, 62, 443, 505, 16 89, 795, 079 11 Accounts payable and accrued expenses. 11, 140, 672, 17 1, 444, 787 12 Definer assets. Add insol through 16 (must equal line 34) 82, 243, 505, 16 89, 795, 079 13 Accounts payable and accrued expenses. 11, 140, 672, 17 <td< th=""><th></th><th>4</th><th>Accounts receivable, net</th><th></th><th></th><th>317,156.</th><th>4</th><th>239,202.</th></td<>		4	Accounts receivable, net			317,156.	4	239,202.
Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(r)(1)), persons described in section 4958(r)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employers' beneficity organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 6 8 Investroires for sale or use, end 125,708,440. 6 10 Land, buildings, and equipment: cost or other 10 54,007.0 11 1,045,493 11 Investments - publicly traded securities 10,540,070.0 12 7,753,554 13 Investments - other securities. See Part IV, line 11 62,457,760.0 12,77,753,554 14 Intragible assets 144 7 13,7,803.1 12,9,736 15 Total assets. Add lines 1 through 15 (must equal line 34) 13,40,672.7 1,44,47,87 14 16 Total assets. Add lines 1 through 15 (must equal line 34) 12,835.1 129,736 129,736 16 Total assets. Add lines 1 through 15 (must equal line 34) 13,40,672.7 1,444,787 17 Accounts payable and acco		5						
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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 182,230.24 24 Unsecured notes and loans payable to unrelated third parties 23 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 5,700,000.25 5,700,000 26 Total liabilities. Add lines 17 through 25 7,025,737.26 7,261,712 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 10,333,764.28 12,018,169 29 Permanently restricted net assets 10,995,446.29 11,637,276 07ganizations that do not follow SFAS 117 (ASC 958), check here ▶ 30 31 29 Permanently restricted net assets 30 31 20 Capital stock or trust principal, or current funds 31 31 31 Paid-in or capital surplus, or land, building, or equipment fund<						· · ·		
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23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 182,230,24 113,895 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 5,700,000.25 5,700,000 26 Total liabilities. Add lines 17 through 25 7,025,737.26 7,261,712 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 10,333,764.28 12,018,169 28 Temporarily restricted net assets 10,995,446.29 11,637,276 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 10,995,446.29 11,637,276 0 Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Total net assets or fund balances 75,417,768.33 82,533,367 34 Total liabilities and net assets/fund balances 82,443,505.34 89,795,079	itie							
23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 182,230,24 113,895 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 5,700,000.25 5,700,000 26 Total liabilities. Add lines 17 through 25 7,025,737.26 7,261,712 Organizations that follow SFAS 117 (ASC 958), check here ▶ 28 Temporarily restricted net assets 54,088,558.27 58,877,922 29 Permanently restricted net assets 10,333,764.28 12,018,169 29 Permanently restricted net assets 30 30 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Total net assets or fund balances 75,417,768.33 82,533,367 34 Total liabilities and net assets/fund balances 82,443,505.34 89,795,079	liq						22	
24 Unsecured notes and loans payable to unrelated third parties 182,230. 24 113,895 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 5,700,000. 25 5,700,000 26 Total liabilities. Add lines 17 through 25 7,025,737. 26 7,261,712 Organizations that follow SFAS 117 (ASC 958), check here ▶ 28 Temporarily restricted net assets 54,088,558. 27 58,877,922 29 Permanently restricted net assets 10,333,764. 28 12,018,169 29 Permanently restricted net assets 10,995,446. 29 11,637,276 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Total net assets or fund balances 75,417,768. 33 82,533,367 34 Total liabilities and net assets/fund balances 82,443,505. 34 89,795,079	Lia	22	• • • • • • • • • • • • • • • • • • • •					
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parties, and other liabilities not included on lines 17:24). Complete Part X of Schedule D 5,700,000.25 5,700,000 26 Total liabilities. Add lines 17 through 25 7,025,737.26 7,261,712 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🛣 and complete lines 27 through 29, and lines 33 and 34. 54,088,558.27 58,877,922 27 Unrestricted net assets 54,088,558.27 58,877,922 28 Temporarily restricted net assets 10,333,764.28 12,018,169 29 Permanently restricted net assets 10,995,446.29 11,637,276 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ 30 30 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 75,417,768.33 82,533,367 34 Total liabilities and net assets/fund balances 82,443,505.34 89,795,079						102,250.	24	113,055.
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26 Total liabilities. Add lines 17 through 25 7,025,737.26 7,261,712 Organizations that follow SFAS 117 (ASC 958), check here ▶						5 700 000	05	5 700 000
Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 54,088,558.27 58,877,922 28 Temporarily restricted net assets 10,333,764.28 12,018,169 29 Permanently restricted net assets 10,995,446.29 11,637,276 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ 30 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 75, 417, 768.33 82, 533, 367 34 Total liabilities and net assets/fund balances 82, 443, 505.34 89, 795, 079		~~			····· -			
Source Complete lines 27 through 29, and lines 33 and 34.54,088,558.2758,877,92228Temporarily restricted net assets10,333,764.2812,018,16929Permanently restricted net assets10,995,446.2911,637,27629Organizations that do not follow SFAS 117 (ASC 958), check here103030Capital stock or trust principal, or current funds3031Paid-in or capital surplus, or land, building, or equipment fund3132Retained earnings, endowment, accumulated income, or other funds3233Total net assets or fund balances75,417,768.3382,533,36734Total liabilities and net assets/fund balances82,443,505.3489,795,079		26				1,023,131.	26	7,201,712.
28Temporarily restricted net assets10,333,764.2812,018,16929Permanently restricted net assets10,995,446.2911,637,27630Organizations that do not follow SFAS 117 (ASC 958), check here ▶□and complete lines 30 through 34.3030Capital stock or trust principal, or current funds3031Paid-in or capital surplus, or land, building, or equipment fund3132Total net assets or fund balances75,417,768.3334Total liabilities and net assets/fund balances82,443,505.34					κ nere ▶ ⊥ Δ and			
28Temporarily restricted net assets10,333,764.2812,018,16929Permanently restricted net assets10,995,446.2911,637,27630Organizations that do not follow SFAS 117 (ASC 958), check here ▶□and complete lines 30 through 34.3030Capital stock or trust principal, or current funds3031Paid-in or capital surplus, or land, building, or equipment fund3132Total net assets or fund balances75,417,768.3334Total liabilities and net assets/fund balances82,443,505.34	ces			d 34.				
33 Total her assets of fund balances 73,417,700.33 62,333 62,333,307 34 Total liabilities and net assets/fund balances 82,443,505.34 89,795,079	and				····· -			
33 Total her assets of fund balances 73,417,700.33 62,333 62,333,307 34 Total liabilities and net assets/fund balances 82,443,505.34 89,795,079	Bal	28			·····			
33 Total liabilities and net assets/fund balances 73,417,700.33 02,333,307 34 Total liabilities and net assets/fund balances 82,443,505.34 89,795,079	pu	29				10,995,446.	29	11,637,276.
33 Total liabilities and net assets/fund balances 73,417,700.33 02,333,307 34 Total liabilities and net assets/fund balances 82,443,505.34 89,795,079	Εu			SC 958	8), check here ▶└─┘			
33 Total liabilities and net assets/fund balances 73,417,700.33 02,333,307 34 Total liabilities and net assets/fund balances 82,443,505.34 89,795,079	o							
33 Total liabilities and net assets/fund balances 73,417,700.33 02,333,307 34 Total liabilities and net assets/fund balances 82,443,505.34 89,795,079	iets	30					30	
33 Total liabilities and net assets/fund balances 73,417,700.33 02,333,307 34 Total liabilities and net assets/fund balances 82,443,505.34 89,795,079	Ass	31	Paid-in or capital surplus, or land, building, or eq	nt fund		31		
33 Total liabilities and net assets/fund balances 73,417,700.33 02,333,307 34 Total liabilities and net assets/fund balances 82,443,505.34 89,795,079	et /	32	Retained earnings, endowment, accumulated in	come, o	or other funds		32	
34 Total liabilities and net assets/fund balances	Ż	33						82,533,367.
		34				82,443,505.	34	89,795,079.
								Form 990 (2013)

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Form	990 (2013) SAN DIEGO MUSEUM OF ART	95-	<u>1696</u>	715	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,668		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,688		
3	Revenue less expenses. Subtract line 2 from line 1	3		,020		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,41		
5	Net unrealized gains (losses) on investments	5	10	,943	3,1	39.
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		192	2,8	57.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	82	,533	3,3	67.
Pa	rt XII Financial Statements and Reporting					
	Check 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: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	L
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Auc	dit			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					l
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>		3b		Ĺ
				Form	990 ((2013)

Form **990** (2013)

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SCHEDULE A	
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(Form	990	or	990-EZ)
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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-F7

Open to Public

OMB No. 1545-0047

Department Internal Reve	of the Treasury enue Service	Information about	► Attach to				s is at <u>www.irs.gov/form990.</u> Open to Publi					
Name of	the organizati			01 330-LZ)						identific	ation nu	mber
	Ū		GO MUSEUM OF	ART					• •	5-169		
Part I	Reason		ity Status (All organiz		st complet	te this part	.) See inst	ructions.				
The organ	nization is not a	a private foundation	because it is: (For lines 1	1 through	11. check	onlv one b	ox.)					
1 🗂		-	s, or association of chur	-		•	-					
2			(0(b)(1)(A)(ii). (Attach Sc									
3			tal service organization of	,		170(b)(1)	(A)(iii).					
4	•	•	operated in conjunction					(b)(1)(A)(ii	i). Enter	the hospi	tal's nan	ne,
	city, and stat	e:			-				-	-		
5	An organizati	on operated for the	benefit of a college or ur	niversity o	wned or op	perated by	a governi	nental uni	t describ	oed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7 X	An organizati	on that normally rec	eives a substantial part o	of its supp	ort from a	governme	ental unit o	r from the	general	public de	scribed	in
	section 170(b)(1)(A)(vi). (Comple	te Part II.)									
8	A community	r trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🗌	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support f	rom contri	butions, m	nembershi	p fees, a	Ind gross	receipts	from
	activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2) no more	than 33 1	/3% of its	support	t from gro	ss inves	tment
	income and u	unrelated business ta	axable income (less sect	tion 511 ta	ıx) from bu	isinesses a	acquired b	y the orga	nization	after June	e 30, 197	75.
_	See section	509(a)(2). (Complete	e Part III.)									
10 🔛	An organizati	on organized and op	perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	ŀ).				
11 📖	An organizati	on organized and op	perated exclusively for th	ne benefit	of, to perfo	orm the fur	nctions of,	or to carr	y out the	e purpose	s of one	or
	more publicly	v supported organiza	ations described in section	on 509(a)(1) or section	on 509(a)(2	2). See sec	tion 509(a)(3). Ch	eck the b	ox that	
	describes the	e type of supporting	organization and comple									
	a 📖 Type I	b — Ту	/pell c ∟Ty	ype III - Fu	nctionally	integrated	c	I 📖 Тур	e III - No	n-functior	ally inte	grated
e 📖	, .		t the organization is not				•		•	•		
		•	han one or more publicly		Ū.				9(a)(1) or	section 5	09(a)(2).	
f	•		ten determination from t	the IRS that	at it is a Ty	pe I, Type	II, or Type	e				
		rganization, check th										. 🗀
g			rganization accepted ar									T
			irectly controls, either al								Yes	No
	-											<u> </u>
			n described in (i) above?									
h			person described in (i) of							11g(i	11)	
h	Provide the h	ollowing information	about the supported org	ganization	(S).							
(1) Nom	ofournerted		(III) Turns of organization	(iv) Is the c	rnanization	(v) Did you	i notify the	(vi) Is	the	(1411) Amo	unt of mo	notory
.,	e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9	r í	sted in your			organizátic (i) organiz	on in col.	s (vii) Amoı د	upport	netary
organization			above or IRC section		document?		support?	U.S	.?		abbour	
			(see instructions))	Yes	No	Yes	No	Yes	No	1		
				1	1							

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

Schedule A (Form 990 or 990-EZ) 2013

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<u>Total</u>

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Schedule A (Form 990 or 990-EZ) 2013 SAN DIEGO MUSEUM OF ART Ρ

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Part II	Sup
	(Con

pport Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) nplete 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.)

<u>Sec</u>	ction A. Public Support				-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3377464.	4553737.	3992837.	4984901.	5875404.	22784343.
2	Tax revenues levied for the organ-						
	ization'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	3377464.	4553737.	3992837.	4984901.	5875404.	22784343.
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)						1361267.
6	Public support. Subtract line 5 from line 4.						21423076.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	3377464.	4553737.	3992837.	4984901.	5875404.	22784343.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources \dots	1059426.	1122082.	836,439.	1136198.	656,584.	4810729.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on \dots	10,174.	15,292.				25,466.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						27620538.
	Gross receipts from related activities,		,				,573,351.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
0	organization, check this box and stor						▶∟
	ction C. Computation of Publ						
	Public support percentage for 2013 (14	77.56 %
	Public support percentage from 2012					15	77.38 %
1 6a	33 1/3% support test - 2013. If the c	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2012. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets th						•
40	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n dia not check a	box on line 13, 16	a, 160, 17a, or 17t			
					Sche	uule A (FORM 990) or 990-EZ) 2013

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning	g in) ▶ (a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, ar	nd					
membership fees received. (D	o not					
include any "unusual grants.")						
2 Gross receipts from admission merchandise sold or services formed, or facilities furnished i any activity that is related to th organization's tax-exempt purp	per- in he					
3 Gross receipts from activities	that					
are not an unrelated trade or t iness under section 513						
4 Tax revenues levied for the or	nan-					
ization's benefit and either pai or expended on its behalf						
5 The value of services or faciliti	es					
furnished by a governmental u the organization without char	unit to					
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2			1	1	1	
 b Amounts included on lines 1, a c arceived from disqualified per 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 	ved t					
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from li	ine 6.)					
Section B. Total Support						
Calendar year (or fiscal year beginnin	gin) ▶ (a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received securities loans, rents, royaltie and income from similar source	es					
b Unrelated business taxable income (less section 511 taxes) from busi acquired after June 30, 1975						
 c Add lines 10a and 10b 11 Net income from unrelated bu activities not included in line 1 whether or not the business is regularly carried on 	siness Ob, S					
12 Other income. Do not include or loss from the sale of capital assets (Explain in Part IV.)	gain					
13 Total support. (Add lines 9, 10c, 11, a						
14 First five years. If the Form 99	•					zation,
check this box and stop here		rooptooo				
Section C. Computation of						
15 Public support percentage for					15	%
16 Public support percentage fro Section D. Computation of)		16	%
17 Investment income percentag						%
18 Investment income percentag						%
19a 33 1/3% support tests - 2013	If the organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line ⁻	17 is not
more than 33 1/3%, check this	s box and stop here. The	e organization qua	lifies as a publicly	supported organi	zation	▶∟
b 33 1/3% support tests - 2012	 If the organization did r 	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3	3%, check this box and ${f s}$	top here. The org	anization qualifies	as a publicly sup	ported organization	▶Ц
20 Private foundation. If the orga	anization did not check a	box on line 14, 19	9a, or 19b, check t			▶∟
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Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 . OMB No. 1545-0047

2013

Employer identification number

95-1696715

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

Name of the organization

Organization type (check	one):
Filers of:	Section:
Form 990 or 990-EZ	X 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

SAN DIEGO MUSEUM OF ART

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

X For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

□ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., purpose. Lo not complete any of \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not 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) (2013)

X

X

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X

Employer identification number

SAN DIEGO MUSEUM OF ART

95-1696715 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Person Payroll 366,050. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 Person Payroll 1,500,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 3 Person Payroll 250,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Person Payroll 445,875. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 No. **Total contributions** 5 Person Payroll 261,071. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 Person Payroll 175,000. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2013) 323452 10-24-13 21 09571104 310575 08769.000 2013.04030 SAN DIEGO MUSEUM OF ART

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Employer identification number

95-1696715

SAN DIEGO MUSEUM OF ART

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
		s	
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
——		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$Schedule B (Form	990, 990-EZ, or 990-PF)
23453 10-24-13	22		990, 990-EZ, OF 990-PF)

AN DIE Part III	GO MUSEUM OF ART Exclusively religious, charitable, etc., ind year. Complete columns (a) through (e) and	dividual contributions to section 501(I the following line entry. For organizati	c)(7), (8), or (10) organizat i ions completing Part III, ente	95–1696715 ons that total more than \$1,000 r
	the total of <i>exclusively</i> religious, charitable, (etc., contributions of \$1,000 or less fo	or the year. (Enter this information on	ce.) ► \$
a) No. from Part I	Use duplicate copies of Part III if addition (b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-		(e) Transfer of gi	 ft	
	Transferee's name, address,	and ZIP + 4	Relationship of tr	ansferor to transferee
			1	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gi	ft	
-	Transferee's name, address,	and ZIP + 4	Relationship of tr	ansferor to transferee
-				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gi	ft	
-	Transferee's name, address,	and ZIP + 4	Relationship of tr	ansferor to transferee
-				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
	Transferee's name, address,	(e) Transfer of gi		ansferor to transferee
-	nansieree sindine, duuress,			
-				9 (Form 990, 990-EZ, or 990-P

(Form 990)

Supplemental Financial Statements

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

t	IV,	lin	e 6	i, 7	, 8	, 9,	,
		-					

Department of the Treasury Internal Revenue Service Name

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



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of the organization					
	SAN	DIEGO	MUSEUM	OF	ART

Employer identification number 95-1696715

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	s exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be us	ed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose co	nferring
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Part	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education)	rically important land area
	Protection of natural habitat	Preservation of a certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified 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
а	Total number of conservation easements		
b			
c	Number of conservation easements on a certified historic st		
d	Number of conservation easements included in (c) acquired		
-	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the or	rganization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per- violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo		
U	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
-	include, if applicable, the text of the footnote to the organiza	-	
	conservation easements.		5 5
Pa	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" to Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statemer	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that desc	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement ar	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of public	c service, provide the following amounts
	relating to these items:		
	(i) Revenues included in 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 tre	easures, or other similar assets for financial g	ain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		• • •
b	Assets included in Form 990, Part X		• •
LHA	For Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	Schedule D (Form 990) 2013

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		GO MUSEUM (5 Page 2
Pa	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Ot	her Simil	ar Asse	ts (contin	ued)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that are a	significant	use of its	collectior	n items
	(check all that apply):							
а	X Public exhibition	d	Loan or exc	hange programs				
b	X Scholarly research	е	U Other					
с	X Preservation for future generations							
4	Provide a description of the organization's co	ollections and explair	how they further t	ne organization's e	kempt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other simi	lar assets		_	
	to be sold to raise funds rather than to be ma						Yes	X No
Pa	rt IV Escrow and Custodial Arran		te if the organizatio	n answered "Yes" t	to Form 990), Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodi						-	
	on Form 990, Part X?					L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					
							Amount	
с	Beginning balance				1c	L		
d	Additions during the year				1d	L		
е	Distributions during the year				1e	L		
f	Ending balance				1 f	L		
	Did the organization include an amount on Fe					L	Yes	No No
_	If "Yes," explain the arrangement in Part XIII.					<u></u>		
Pai	rt V Endowment Funds. Complete in				1			
		(a) Current year	(b) Prior year	(c) Two years back		years back	. ,	years back
	Beginning of year balance	68,106,925.	61,150,434.	65,870,565	_	390,772.	52,	040,092.
b	Contributions	551,910.				534,500.		2,000.
с	Net investment earnings, gains, and losses	11,681,993.	13,641,610.	118,876	. 13,3	348,229.	7,	091,749.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	6,046,641.	6,311,622.		_	582,178.	3,	150,000.
	Administrative expenses	395,515.	373,497.			120,758.		93,069.
g	End of year balance	73,898,672.	68,106,925.		. 65,8	370,565.	55,	890,772.
2	Provide the estimated percentage of the curr		e (line 1g, column (a	a)) held as:				
	Board designated or quasi-endowment	69.89	_%					
	Permanent endowment ► 15.75	<u>%</u>						
С	Temporarily restricted endowment							
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered fo	r the organiz	zation	г	
	by:							Yes No
	(i) unrelated organizations						3a(i)	<u>X</u>
	(ii) related organizations						3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations						3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Pai	t VI Land, Buildings, and Equipm							
	Complete if the organization answered							
	Description of property	(a) Cost or ot			Accumulate		(d) Book	value
		basis (investm	nent) basis	(ouner) C	lepreciation			
	Land		<u> </u>	0 5 5 4 7	100 7	17	255	7 0 0 7
	Buildings				,120,7			7,807.
	Leasehold improvements				,725,0			L,898.
	Equipment			1,104.	154,4	<u>, , , , , , , , , , , , , , , , , , , </u>		5,609.
	Other			1,798.		-+		L,798.
Iota	I. Add lines 1a through 1e. (Column (d) must e	quai Form 990, Part .	x, column (B), line 1	U(C).)				3,112.
						Schedule	D (Form	990) 2013

09-25-13

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SAN DIEGO MUSEUM OF ART

Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua	ation: Cost or end	of-year market valu
) Financial derivatives				
) Closely-held equity interests				
) Other				
(A) POOLED INVESTMENT				
(B) PARTNERSHIPS	12,953,803.	END-OF-YEA	R MARKET	VALUE
(C) MUTUAL FUNDS	64,799,751.	END-OF-YEA	R MARKET	VALUE
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	77,753,554.			
Part VIII Investments - Program Related.	, ,			
Complete if the organization answered "Yes"	to Form 990 Part IV line	11c See Form 990 Part	X line 13	
(a) Description of investment	(b) Book value	(c) Method of valua	ation: Cost or end	of-vear market val
(1)	((-)		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
Part IX Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part	t X, line 15.	
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a)	to Form 990, Part IV, line ⁻ Description	11d. See Form 990, Part	t X, line 15.	(b) Book valu
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (1)		11d. See Form 990, Part	t X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)		11d. See Form 990, Part	t X, line 15.	(b) Book valu
Datal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (1) (2) (3)		11d. See Form 990, Part	t X, line 15.	(b) Book valu
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		11d. See Form 990, Part	t X, line 15.	(b) Book valu
Otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		11d. See Form 990, Part	t X, line 15.	(b) Book valu
Ottal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part	t X, line 15.	(b) Book valu
Ottal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part	t X, line 15.	(b) Book value
ottal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part	t X, line 15.	(b) Book valu
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Other Assets. Complete if the organization answered "Yes" (1) (2) (3) (4) (5) (6) (7) (8) (9) Other key and Form 990, Part X, col. (B) line	Description	11d. See Form 990, Part	t X, line 15.	(b) Book value
Otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities.	Description			(b) Book valu
Otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes"	Description e 15.) to Form 990, Part IV, line	11e or 11f. See Form 99		(b) Book valu
Otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes"	Description e 15.) to Form 990, Part IV, line			(b) Book valu
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Otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15.) to Form 990, Part IV, line	11e or 11f. See Form 99		(b) Book value
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Ottal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otter Liabilities. Complete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DEMAND CERTIFICATES	Description e 15.) to Form 990, Part IV, line	11e or 11f. See Form 99 (b) Book value		(b) Book value
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otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" . (1) (2) (3) (4) (5) (6) (7) (1) Federal income taxes (2) DEMAND (3) (4) (5) (6) (7)	Description e 15.) to Form 990, Part IV, line	11e or 11f. See Form 99 (b) Book value		(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" . (1) (2) (3) (4) (5) (6) (1) Federal income taxes (2) DEMAND CERTIFICATES (3) (4) (5) (6)	Description e 15.) to Form 990, Part IV, line	11e or 11f. See Form 99 (b) Book value		(b) Book value

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Sche	edule D (Form 990) 2013 SAN DIEGO MUSEUM OF ART			95-	1696715 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments W	ith Revenue per F	Returi	n.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	18,999,540.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	10,943,139.		
b	Donated services and use of facilities		144,366.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		660,381.		
е	Add lines 2a through 2d			2e	11,747,886.
3	Subtract line 2e from line 1			3	7,251,654.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	416,859.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	416,859.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,668,513.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements V	ith Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1				
1	Total expenses and losses per audited financial statements			1	11,883,941.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities		144,366.		
b	Prior year adjustments	2 b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	467,524.		
е	Add lines 2a through 2d			2e	611,890.
3	Subtract line 2e from line 1			3	11,272,051.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	416,859.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	416,859.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	11,688,910.
Pa	rt 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 III, LINE 1A:

COLLECTIONS: THE MUSEUM MAINTAINS COLLECTIONS OF ART THAT ARE
SIGNIFICANT IN RELATION TO ITS TOTAL ASSETS. COLLECTION ITEMS ACQUIRED
EITHER THROUGH PURCHASE OR DONATION ARE NOT CAPITALIZED OR RECOGNIZED AS
REVENUES OR GAINS PROVIDED THAT SUCH DONATIONS ARE ADDED TO COLLECTIONS
AND ARE HELD FOR PUBLIC EXHIBITION, EDUCATION, OR RESEARCH IN FURTHERANCE
OF PUBLIC SERVICE RATHER THAN FINANCIAL GAIN; ARE PROTECTED, KEPT
UNENCUMBERED, CARED FOR, AND PRESERVED; AND ARE SUBJECT TO A POLICY THAT
REQUIRES THE PROCEEDS FROM SALES OF COLLECTION ITEMS TO BE USED TO ACQUIRE
OTHER ITEMS FOR COLLECTIONS. PURCHASES OF COLLECTION ITEMS ARE RECORDED
AS DECREASES IN UNRESTRICTED NET ASSETS IF PURCHASED WITH UNRESTRICTED
ASSETS AND AS DECREASES IN TEMPORARILY RESTRICTED NET ASSETS IF PURCHASED
332054 09-25-13 Schedule D (Form 990) 2013
27 09571104 310575 08769.000 2013.04030 SAN DIEGO MUSEUM OF ART 08769_01

WITH DONOR-RESTRICTED ASSETS. PROCEEDS FROM DEACCESSIONS OR INSURANCE

RECOVERIES ARE REFLECTED IN THE STATEMENTS OF ACTIVITIES BASED ON THE

ABSENCE OR EXISTENCE AND NATURE OF DONOR-IMPOSED RESTRICTIONS. THE MUSEUM

EMPLOYS CURATORS TO ENSURE THAT THE COLLECTIONS ARE PROTECTED AND

PRESERVED.

PART V, LINE 4:

THE ENDOWMENT FUNDS ARE USED TO HELP FUND OPERATIONS AND FOR

ART ACQUISITION.

PART X, LINE 2:

THE ORGANIZATION FOLLOWS ACCOUNTING STANDARDS GENERALLY

ACCEPTED IN THE UNITED STATES OF AMERICA RELATED TO THE RECOGNITION OF

UNCERTAIN TAX POSITIONS. THE ORGANIZATION RECOGNIZES ACCRUED INTEREST AND

PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS AS PART OF THE STATEMENT

OF ACTIVITIES WHEN APPLICABLE. MANAGEMENT HAS DETERMINED THAT THE

ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS AT JUNE 30, 2014.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF SPECIAL EVENTS

CHANGE IN CHARITABLE REMAINDER TRUSTS

TOTAL TO SCHEDULE D, PART XI, LINE 2D

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF SPECIAL EVENTS

467,524.

467,524.

192,857.

660,381.

Schedule D (Form 990) 2013

332055 09-25-13

09571104 310575 08769.000

2013.04030 SAN DIEGO MUSEUM OF ART

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SCHEDULE F	Statomo	nt of Act	ivities Autside the H	nited Sta	atae	OMB No. 1545-0047
SCHEDULE F (Form 990) Statement of Activities Outside the United State Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15						2013
Department of the Treasury			orm 990. 🕨 See separate instructio			Open to Public
	Information ab	out Schedule F	(Form 990) and its instructions is at	www.irs.gov/f	_	Inspection
Name of the organization					Employer id	lentification number
SAN DIEGO MUSEU	M OF ART	I			95-169	6715
Part I General Info	rmation on A	Activities Ou	tside the United States. Compl	ete if the orgar	ization answei	red "Yes" on
Form 990, Part IV						
-	-		ds to substantiate the amount of its gr the selection criteria used to award th			Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	ts grants and o	ther assistanc	e outside the
3 Activities per Region. (T	he following Par	t I, line 3 table c	an 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 region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d gram service, e specific type ce(s) in region	expenditures
NORTH AMERICA -						
CANADA AND MEXICO,				DVIIIDIMION		
BUT NOT THE UNITED STATES			PROGRAM SERVICES	EXHIBITION EXHIBITION		2,816.
						2,010.
CENTRAL AMERICA AND						
THE CARIBBEAN			PROGRAM SERVICES	ART ACQUIS	ITION	15,000.
EUROPE (INCLUDING					FEES, FLIG	
ICELAND & GREENLAND)					ENTS, VIDEO	
- ALBANIA, ANDORRA, AUSTRIA, BELGIUM			PROGRAM SERVICES	MERCHANDISI	FEES, STORE	
			PROGRAM SERVICES	MERCHANDISI	2	57,848.
3 a Sub-total	0	0				75,664.
b Total from continuation						
sheets to Part I	C	0				0.
c Totals (add lines 3a						
and 3b)	1 0	0				75,664.

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

Schedule F (Form 990) 2013

332071 10-03-13

95-1696715 Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
the IRS, or for which t	the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter										

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Page 2

Schedule F (Form 990) 2013

Schedule	F (Form 990) 2013	SAN	DIEGO	MUSEUM	OF	ART	95-1696715
Part III	Grants and Other	Assistance to	Individuals	Outside the l	Jnited	States.	Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
	Part III can be dup	licated if additio	nal space is	s needed.			

tional space is needed. **(h)** Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (f) Amount of (e) Manner of (g) Description of (b) Region (a) Type of grant or assistance , recipients cash grant cash disbursement non-cash non-cash assistance assistance

95-1696715

Page 3

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)</i>	Yes	X 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	X 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? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund.</i> (see Instructions for Form 8621)	Yes	X 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	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form</i> 5713, <i>International Boycott Report. (see Instructions for Form</i> 5713)	Yes	X No

Schedule F (Form 990) 2013

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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.

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332075 10-03-13	0010 04000	33	DIEGO		~-		hedule F (Form 990) 2013
09571104 310575 08769.000	2013.04030	SAN	DIEGO	MUSEUM	OF	ART	08769_01

SCHEDULE G	Suppleme	ntal Information Regarding	Fun	drais	ing or Gaming /	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	e organization answered "Yes" to I	Form §	990, P	art IV, lines 17, 18, o			2013
Department of the Treasury Internal Revenue Service		rganization entered more than \$1 ► Attach to Form 990	or Fo	rm 99	0-EZ.			Open To Public Inspection
•								dentification number
Fundraisi		GO MUSEUM OF ART Complete if the organization answe	arod "Y	(oe" to	Form 000 Part IV	ino 1	95-169	
	complete this par		ereu r	es ic) Form 990, Part IV, I	ine n	r. Form 990-i	-z mers are not
 a Mail solicitati b Internet and c Phone solicit d In-person sol 2 a Did the organization 	ons email solicitations ations icitations n have a written c	s f ☐ Solicitat g ☐ Special or oral agreement with any individual	tion of tion of fundra	non-g gover aising ding o	overnment grants nment grants events fficers, directors, tru:	stees		
	highest paid indi	art VII) or entity in connection with p ividuals or entities (fundraisers) purs organization.			-			es LINO No be
(i) Name and address or entity (fund		(ii) Activity	or con	Did aiser ustody itrol of utions?	(iv) Gross receipts from activity	tò (c	Amount paic or retained by fundraiser ted in col. (i)	
			Yes	No				
		on is registered or licensed to solicit		outions	s or has been notified	d it is	exempt from	n registration
LHA For Paperwork Re	duction Act Not	ice, see the Instructions for Form	990 or	990-I	EZ. S	Sched	lule G (Form	990 or 990-EZ) 2013
332081 09-12-13			34					

Schedule G (Form 990 or 990-EZ) 2013 SAN DIEGO MUSEUM OF ART

08769_01

Pa	irt I	Fundraising Events. Complete if the of fundraising event contributions and gr	-			
			(a) Event #1 ART ALIVE (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	994,642.			994,642.
ц	2		884,907.			884,907.
	3	Gross income (line 1 minus line 2)	109,735.			109,735.
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect Ex	7	Food and beverages	143,525.			143,525.
Ō	8	Entertainment	323,999.			222.000
	9	Other direct expenses			<u> </u>	323,999. 467,524.
	10	1 5 5	()			-357,789.
Pa	art I	Net income summary. Subtract line 10 from I III Gaming. Complete if the organization		990 Part IV line 19 or		
		\$15,000 on Form 990-EZ, line 6a.				
				(b) Pull tabs/instant		(d) Total gaming (add
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
ñ	1	Gross revenue				
Se	2	Cash prizes				
ense						
Exp	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	└── Yes % │── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
		ter the state(s) in which the organization opera	· · · –			
		the organization licensed to operate gaming ad				Yes No
U)	No," explain:				
10a	We	ere any of the organization's gaming licenses r	evoked, suspended or te	erminated during the tax	year?	Yes No
b) If "	Yes," explain:				
	_					
3320	82 09	9-12-13			Schedule G (For	rm 990 or 990-EZ) 2013

Schedule G (Form 990 or 990-EZ) 2013 SAN DIEGO MUSEUM OF ART 95-	-1696715	Page 3
11 Does the organization operate gaming activities with nonmembers?	Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
to administer charitable gaming?	L Yes	└── No
13 Indicate the percentage of gaming activity operated in:	10-	0/
a The organization's facility		<u>%</u>
b An outside facility14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		90
Name		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	
	—	
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount		
of gaming revenue retained by the third party \blacktriangleright \$		
c If "Yes," enter name and address of the third party:		
Nama		
Name		
Address 🕨		
16 Gaming manager information:		
Name		
Gaming manager compensation > \$		
Description of services provided 🕨		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year s Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III	l lines 9 9b 10	b 15b
15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	, 11100 0, 00, 10	5, 105,
<u> </u>		
		_
332083 09-12-13 Schedule G (Fo	orm 990 or 000.	.F7\ 2013
322003 09-12-13 3CHEQUIE G (PO		2013
571104 310575 08769.000 2013.04030 SAN DIEGO MUSEUM OF ART	0876	9_01

SC	HEDULE J	Compensation Information	OMB No.	1545-00	47		
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	20	2013			
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	20	IJ	/		
Depa	tment of the Treasury	Attach to Form 990. See separate instructions.	Open to		ic		
Intern	al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www irs gov/form	m990	ection			
Nam	e of the organization		Employer identificati		mber		
		SAN DIEGO MUSEUM OF ART	95-169671	5			
Ра	rt I Questions	Regarding Compensation					
4-		the base (12) if the summarized in the sum of the fall with the sector success lists of its France O		Yes	No		
та		ate box(es) if the organization provided any of the following to or for a person listed in Form 9	190,				
	First-class or ch	ine 1a. Complete Part III to provide any relevant information regarding these items. Darter travel Housing allowance or residence for person					
	Travel for comp						
	·	ation and gross-up payments Health or social club dues or initiation fees					
		pending account Personal services (e.g., maid, chauffeur, ch					
b	If any of the boxes of	on line 1a are checked, did the organization follow a written policy regarding payment or					
	•	rovision of all of the expenses described above? If "No," complete Part III to explain	1b				
2		require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and officer	s, including the CEO/Executive Director, regarding the items checked in line 1a?	2				
3	Indicate which, if an	y, of the following the filing organization used to establish the compensation of the organizat	tion's				
	CEO/Executive Direct	ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to				
		tion of the CEO/Executive Director, but explain in Part III.					
	Compensation						
		ompensation consultant					
	X Form 990 of otl	her organizations	ommittee				
4		any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing					
-	organization or a rela		4.		х		
		e payment or change-of-control payment?			X		
		eive payment from, a supplemental nonqualified retirement plan?			X		
C		es 4a-c, list the persons and provide the applicable amounts for each item in Part III.	40		- 21		
	In res to any or line	a^{4a} , ist the persons and provide the applicable amounts for each termining at the					
	Only section 501(c)	(3) and 501(c)(4) organizations must complete lines 5-9.					
5		Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1 I I I I I I I I I I I I I I I I I I I				
	contingent on the re						
а	•		5a		Х		
b	Any related organiza	ation?	5b		X		
		5b, describe in Part III.					
6	For persons listed in	Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1				
	contingent on the ne	et earnings of:					
а	The organization?		6a		X		
b	Any related organization	ation?	6b		X		
	If "Yes" to line 6a or	6b, describe in Part III.					
7		Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			37		
_		s 5 and 6? If "Yes," describe in Part III			X		
8	-	reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v		
-		btion described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			X		
9		I the organization also follow the rebuttable presumption procedure described in					
		53.4958-6(c)?					
LHA	For Paperwork Re	duction Act Notice, see the Instructions for Form 990.	Schedule J (For	m 990)	2013		

332111 09-13-13

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred benefits		(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990	
(1) ROXANA VELASQUEZ	(i)	301,004.	0.	0.	10,703.	13,200.	324,907.	0.	
	(ii)	0.	0.	0.	0.	0.		0.	
(2) KATHERINE MCDONALD	(i)	208,714.	0.	0.	7,331.	4,950.	220,995.	0.	
	(ii)	0.	0.	0.	0.	0.		0.	
(3) SANDRA BENITO	(i)	167,627.	0.	0.	5,985.	13,200.	186,812.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii) [
	(i)								
	(ii) [
	(i)								
	(ii) [
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	(ii) [
	(i)								
	(ii) [

Schedule J	Form	990)	2013
		000,	2010

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.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

	Attach to Form 990.
Internal Revenue Service	Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

S

Open to Public . Inspection

Employer identification number

95-1696715

Name of the organization

AN	DIEGO	MUSEUM	OF	ART

Par	t I Types of Property				-			
		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de	eterminin	g	
		applicable	contributions or	amounts reported on	noncash contribu	ution amo	ounts	3
-	Art Marka of art	X	73	Form 990, Part VIII, line 1g	SEE STATEME	יזעי		
1	Art - Works of art		,,,		DEE DIAIEME	111 1		
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property	x	15	161 705	FAIR MARKET	1777.	TTE	
9	Securities - Publicly traded	A	1.1	101,703.	PAIN MANNEI			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution - Historic structures							
14	Historic structures Qualified conservation contribution - Other							
14 15	Real estate - Residential							
16	Real estate - Commercial							
17								
18	Real estate - Other							
19	Collectibles							
20	Food inventory Drugs and medical supplies							
20								
22	Taxidermy Historical artifacts							
23	Scientific specimens							
23 24	Archeological artifacts							
25	Other (CATERING)	X	5	75.325.	FAIR MARKET	VAT.	UE	
26	Other (FLOWERS)	X	2		FAIR MARKET			
27	Other ► ()							
28	Other ► ()							
29	Number of Forms 8283 received by the organi	zation durin	n the tax year for c	contributions				
20	for which the organization completed Form 82							
		oo, i aitii, i				Y	'es	No
30a	During the year, did the organization receive b	v contributio	on any property rei	oorted in Part L lines 1 - 28	that it must hold for			110
	at least three years from the date of the initial	-	• • • •					
	the entire holding period?			•		30a		х
h	If "Yes," describe the arrangement in Part II.					- COU		
31	Does the organization have a gift acceptance	oolicv that r	eauires the review	of any non-standard contrib	utions?	31	x	
	Does the organization hire or use third parties							
	contributions?		-			32a	x	
	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column (a) is cl	necked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2013)

332141 09-03-13

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SCHEDULE M, LINE 32B:

Part II

THE ORGANIZATIONS BROKERAGE FIRM SELLS SHARES OF STOCKS

RECEIVED AS NON-CASH CONTRIBUTIONS.

SCHEDULE M, LINE 33:

WORKS OF ART WERE REPORTED AT ZERO VALUE ON FORM 990 PART

VIII, STATEMENT OF REVENUE, LINE 1G, PER GAAP THE MUSEUM DID NOT

CAPITALIZE ITS COLLECTIONS, AS ALLOWED UNDER SFAS116.

Schedule M (Form 990) (2013)

332142 09-03-13

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SCHEDULE 0 Supplemental Information to Form 990 or 990	E7	DMB No. 1545-0047		
(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.	-62	2013 Open to Public		
Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/t	orm990	Inspection		
Name of the organization		tification number		
SAN DIEGO MUSEUM OF ART	95-1690	5/15		
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:				
OTHER PROGRAM SERVICES: DURING THE FISCAL YEAR ENDED JUN	E 30, 201	L4,		
SDMA SERVED AN AUDIENCE OF MORE THAN 200,000 VISITORS FRO	M LOCAL,			
REGIONAL, NATIONAL AND INTERNATIONAL AUDIENCES. THE MUSEU	M PRODUCI	ED		
THREE ISSUES OF ITS MEMBER'S MAGAZINE AND SEVERAL EXHIBIT	ION RELAT	TED		
BROCHURES. THE MUSEUM WAS SUPPORTED BY APPROXIMATELY 8,70	0 MEMBERS	5		
DURING THE YEAR.				
EXPENSES \$ 2,418,604. INCLUDING GRANTS OF \$ 0. REVENU	E\$400,	550.		
FORM 990, PART VI, SECTION B, LINE 11:				
THE AUDIT COMMITTEE REVIEWS AND APPROVES THE ORGANIZATION	'S			
FORM 990 (INCLUDING ALL PERTINENT SCHEDULES). A FINAL COP	Y OF THE	FORM 990		
IS GIVEN TO THE ENTIRE BOARD OF DIRECTORS BEFORE IT IS FI	LED WITH	THE		
INTERNAL REVENUE SERVICE.				
FORM 990, PART VI, SECTION B, LINE 12C:				
THE MUSEUM HAS A CONFLICT OF INTEREST POLICY AS SECTION 3	.3 OF			
ITS POLICY MANUAL AND WITHIN ITS CODE OF ETHICS. ALL NEW	HIRES ARI	E GIVEN A		
COPY OF THE POLICY MANUAL AND CODE OF ETHICS AS PART OF T	HE ORIEN	TATION		
PROCESS AND ALL MUST SIGN AN ACKNOWLEDGEMENT FORM UPON RECEIPT OF THESE				
DOCUMENTS. FURTHER, THE MUSEUM IMPLEMENTED AN ANNUAL DISCLOSURE PRACTICE;				
EMPLOYEES ARE ASKED TO COMPLETE AN UPDATED CONFLICT OF IN	TEREST FO	ORM EACH		
YEAR. TRUSTEES ARE ASKED TO COMPLETE A CONFLICT OF INTERE	ST FORM 2	AT THE		
BEGINNING OF EACH BOARD YEAR.				

FORM 990, PART VI, SECTION B, LINE 15: LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013) 332211 09-04-13 42 2013.04030 SAN DIEGO MUSEUM OF ART 08769_01

09571104 310575 08769.000

Name of the organization

764,701.

08769_01

Employer identification number

SAN DIEGO MUSEUM OF ART 95-1696715

THE MUSEUM HAS A COMPENSATION AND BENEFITS COMMITTEE THAT REVIEWS AND APPROVES COMPENSATION PACKAGES EACH YEAR IN ADVANCE OF APPROVAL OF THE BUDGET. THIS COMMITTEE IS COMPRISED OF BOARD MEMBERS, WHO DO NOT HAVE ANY CONFLICT OF INTEREST IN THIS MATTER. TO ASSESS COMPENSATION LEVELS AND DETERMINE IF THEY ARE COMPETITIVE AND NOT EXCESSIVE, THE COMMITTEE EXAMINES COMPENSATION DATA FROM COMPARABLE INSTITUTIONS, INCLUDING BUT NOT LIMITED TO OTHER 501(C)(3) ORGANIZATIONS IN THE REGION, REGIONAL FOR-PROFIT COMPENSATION STATISTICS, AND COMPENSATION REPORTS REGARDING THE MUSEUM INDUSTRY IN GENERAL. THE COMMITTEE PREPARES AND KEEPS MINUTES OF ALL DELIBERATIONS.

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

THE ANNUAL AUDITED FINANCIAL STATEMENTS AND THE 990/990-T ARE

AVAILABLE ON THE WEBSITE AND ARE MAILED UPON REQUEST. OTHER DOCUMENTS ARE

NOT POSTED FOR PUBLIC ACCESS.

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

CONTRACT SERVICES:

PROGRAM SERVICE EXPENSES	524,023.
MANAGEMENT AND GENERAL EXPENSES	186,738.
FUNDRAISING EXPENSES	53,940.

TOTAL EXPENSES

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 TEMPORARY LABOR:

 PROGRAM SERVICE EXPENSES
 344,865.

 MANAGEMENT AND GENERAL EXPENSES
 96,527.

 FUNDRAISING EXPENSES
 148.

 332212 09-04-13
 Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013) Name of the organization SAN DIEGO MUSEUM OF ART	Page : Employer identification number 95-1696715
TOTAL EXPENSES	441,540.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,206,241.
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSI	ES:
SUPPLIES/MATERIALS:	
PROGRAM SERVICE EXPENSES	135,769.
MANAGEMENT AND GENERAL EXPENSES	65,463
FUNDRAISING EXPENSES	7,374.
TOTAL EXPENSES	208,606.
CATERING/ENTERTAINMENT:	
PROGRAM SERVICE EXPENSES	124,029.
MANAGEMENT AND GENERAL EXPENSES	11,264.
FUNDRAISING EXPENSES	10,777.
TOTAL EXPENSES	146,070.
OTHER EXPENSES:	
PROGRAM SERVICE EXPENSES	72,796
MANAGEMENT AND GENERAL EXPENSES	0 .
FUNDRAISING EXPENSES	0 .
TOTAL EXPENSES	72,796.
FREIGHT:	
PROGRAM SERVICE EXPENSES	72,688
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	72,688.
332212 09-04-13 Sche 44	edule O (Form 990 or 990-EZ) (2013

09571104 310575 08769.000 2013.04030 SAN DIEGO MUSEUM OF ART 08769_01

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Name of the organization SAN DIEGO MUSEUM OF ART	Employer identification numb 95-1696715
CONSERVATION/BINDING/CATALOGS/BOOKS:	
PROGRAM SERVICE EXPENSES	67,11
MANAGEMENT AND GENERAL EXPENSES	35
FUNDRAISING EXPENSES	2,09
TOTAL EXPENSES	69,55
GRAPHICS/PHOTOGRAPHS/SLIDES/AUDIO VISUAL:	
PROGRAM SERVICE EXPENSES	59,31
MANAGEMENT AND GENERAL EXPENSES	16
FUNDRAISING EXPENSES	2,43
TOTAL EXPENSES	61,91
CREDIT CARD FEES:	
PROGRAM SERVICE EXPENSES	47,10
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	47,10
DUES AND SUBSCRIPTIONS:	
PROGRAM SERVICE EXPENSES	7,19
MANAGEMENT AND GENERAL EXPENSES	31,19
FUNDRAISING EXPENSES	2,36
TOTAL EXPENSES	40,75
ART ACQUISITIONS:	
PROGRAM SERVICE EXPENSES	7,87
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	Schedule 0 (Form 990 or 990-EZ) (20

lame of the organization SAN DIEGO MUSEUM OF ART	Employer identification numbe 95-1696715
OTAL EXPENSES	7,875
COTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN CHARITABLE REMAINDER TRUSTS	192,857
³²²¹² 9-04-13 Sche 46	edule O (Form 990 or 990-EZ) (201