Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

Α	For the	2023 calendar year, or tax year beginning	and	ending				
	Check if applicable	C Name of organization			D Employer ide	ntification	number	
	Addres change	AMERICAN MUSEUM OF CERA	MIC ART					
	Name change	- · · ·			41-207	7818		
	Initial return	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite				
	Final return/	399 N GAREY AVENUE	,		909-86	5-314	6	
	termin- ated	City or town, state or province, country, and 2	ZIP or foreign postal code		G Gross receipts \$		3,419,8	334.
	Ameno	POMONA, CA 91/0/			H(a) Is this a gro	up return	_	_
	Applica tion pendin	F Name and address of principal officer: DE 11	H ANN GERSTEIN		for subordin	ates?	Yes 🖸	∐ No
		SAME AS C ABOVE			H(b) Are all subordina			No
		empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	1 '		ee instruction	IS
	Websit		sociation Other	I Veen	H(c) Group exement of formation: 200			
P	art I	organization: X Corporation Trust Ass Summary	sociation Other	L Year	of formation: 200	3 M State	e of legal domic	ille: CA
	_	Briefly describe the organization's mission or most	eignificant activities: CHAM	PTONS	ТИЕ ДВТ 1	нт стот	2.0	
ė	3 '	CREATION AND TECHNOLOGY OF		LIOND	IIII AKI, I	1110101	,	
nan	2		tinued its operations or dispos	sed of more	than 25% of its ne	t assets		
Activities & Governance	3	Number of voting members of the governing body (3		21
ပ်	4	Number of independent voting members of the government				4		21
ο Q	5 5	Total number of individuals employed in calendar ye				5		26
iţie	6	Total number of volunteers (estimate if necessary)				6		21
Ę	7 a	Total unrelated business revenue from Part VIII, colo				7a		0.
_	<u>b</u>	Net unrelated business taxable income from Form 9				7b		0.
					Prior Year		Current Yea	
ď	8	Contributions and grants (Part VIII, line 1h)			822,58		1,147,6	
eun	9				233,93		316,8	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,			99,01		121,9	
_	ייי ן	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			193,67		138,2	
		Total revenue - add lines 8 through 11 (must equal F			1,349,20	_	1,724,6	
		Grants and similar amounts paid (Part IX, column (A				0.		0.
	1	Benefits paid to or for members (Part IX, column (A)			387,32	0.	670 0	0.
Ses	15	Salaries, other compensation, employee benefits (P				0.	670,2	<u> </u>
Expenses	16a	Professional fundraising fees (Part IX, column (A), lir	E 0 1 1	0.7		0.		<u> </u>
X	1 D	Total fundraising expenses (Part IX, column (D), line Other expenses (Part IX, column (A), lines 11a-11d,			772,69	a	765,6	
	''	Other expenses (Part IX, Coldiffi (A), lines 11a-11d, Total expenses. Add lines 13-17 (must equal Part IX			1,160,02		1,435,8	
		Revenue less expenses. Subtract line 18 from line 1			189,18		288,8	
7.5	<u> 13</u>	Teveride less expenses. Oubtract line 10 from line 1	<u> </u>	Be	ginning of Current Y		End of Year	
ets (20	Total assets (Part X, line 16)			8,809,89	5.	9,401,8	361.
ASS	21				1,616,76		1,438,2	
] Set	⊐ -	Net assets or fund balances. Subtract line 21 from I			7,193,13		7,963,5	
P	art II	Signature Block						
		lties ընթացլկու _ն եվeclare that I have examined this return, i				of my knowl	ledge and beliet	f, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer	r) is based on all information of wh	nich preparer	has any knowledge.			
		Signature of other			Data			
Sig		· ·	THE DEDUCTION		Date			
He	re	BETH ANN GERSTEIN, EXECUTI Type or print name and title	VE DIRECTOR					
		<i>31</i>		Ιr	Date Chec	ale.	PTIN	
D ~ !			Preparer's signature DERRICK DEBRUYNI		9/27/24 Check if self-		0059101	6
Pai Dra				<u>. 10</u>			$\frac{0059101}{746749}$. 0
	parer Only	Firm's name CLIFTONLARSONALLEN Firm's address 2210 EAST ROUTE 66			Firm's EIN	- - - 0	140143	
Jat	, only	GLENDORA, CA 91740			Dhone no	(626)	857-73	300
Mα	v the IC	RS discuss this return with the preparer shown above			į Filolie 110.		X Yes	No.
	v 1115 15	a constant the recent with the diedater showing 1000	C. CEE HALICUUIDIA				163	140

Page 2

Pai	Till 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:
	AMOCA BELIEVES CLAY IS MAGIC. IT IS A SIMPLE YET EXTRAORDINARY
	MATERIAL FROM WHICH ARTISTIC MASTERPIECES ARE CREATED AND EVERYDAY
	PRODUCTS ARE MADE. FROM DINNERWARE TO SCULPTURE TO CELL PHONE CHIPS
	AND COSMETICS, CLAY IS A PART OF EVERYONE'S LIFE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 195,331. including grants of \$) (Revenue \$ 138,173.)
	EXHIBITIONS: AMOCA'S FOUR GALLERIES SHOWCASE A VARIETY OF CERAMIC
	EXHIBITIONS, FROM SHOWS BY EMERGING ARTISTS TO CAREER RETROSPECTIVES OF
	MASTER CERAMICISTS TO PERMANENT COLLECTION REVIEWS OF HISTORIC
	ARTWORKS. EXHIBITIONS ARE OFTEN ACCOMPANIED BY PRINT CATALOGS THAT
	LEAVE A LASTING SCHOLARLY LEGACY FOR THE EXHIBITING ARTISTS,
	UNDERSCORING THEIR IMPORTANCE IN THE ART HISTORICAL RECORD. AMOCA
	PRESENTS EXHIBITIONS THAT SHOWCASE AND CHAMPION CERAMIC ARTISTS,
	REFLECT ON HISTORICAL AND CONTEMPORARY ART MOVEMENTS, ADDRESS
	OVERLOOKED AND/OR UNDERREPRESENTED COMMUNITIES, AND EXAMINE
	CONTEMPORARY ISSUES THROUGH ART.
4b	(Code:) (Expenses \$
	EDUCATION, OUTREACH, AND CERAMICS STUDIO: ALL EXHIBITIONS ARE
	ACCOMPANIED BY ARTIST TALKS, CURATOR PRESENTATIONS, TOURS IN ENGLISH
	AND SPANISH, AND SPANISH EXHIBITION TEXT TRANSLATIONS. ALL EXHIBITION
	PROGRAMMING IS FREE WITH MUSEUM ADMISSION.
	K-12 FIELD TRIPS PROVIDE A 2.5-HOUR MUSEUM EXPERIENCE AND INCLUDE
	ADMISSION, DOCENT-LED TOURS, GALLERY GUIDES, AND A HANDS-ON CLAY
	ACTIVITY. AMOCA ALSO OFFERS COMPLIMENTARY EXHIBITION TOURS FOR ADULTS
	ENROLLED IN COLLEGE-LEVEL PROGRAMS IN SOUTHERN CALIFORNIA.
	THE ANNUAL HIGH SCHOOL CERAMICS EXHIBITION IS THE LARGEST JURIED
	EXHIBITION OF ITS KIND ON THE WEST COAST. THE VIRTUAL EXHIBITION
4c	(Code:) (Expenses \$ 489 , 183 including grants of \$) (Revenue \$
	COLLECTIONS: AMOCA PRESERVES AND COLLECTS SIGNIFICANT CERAMIC
	ACHIEVEMENTS FROM AROUND THE GLOBE, FROM ANCIENT TIMES TO THE PRESENT.
	OUR PERMANENT COLLECTION, WHICH CONSISTS OF OVER 13,000 PIECES, IS A
	GROWING REPRESENTATION OF THE IMPACT OF CERAMICS ON THE DEVELOPMENT OF
	HUMAN CULTURES.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,102,966.
	Total program service expenses = 1,100,100

Form 990 (2023) AMERICAN MUSEUM OF CERAMIC ART Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
·	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	 		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		v	
_	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?			٦,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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	Х	
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		Х
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
124		12a	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
D	•	12b		V X
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?			X
14a		14a		
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	441		x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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		<u> </u>
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. See instructions	17		<u> </u>
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		<u> X</u>
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? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

AMERICAN MUSEUM OF CERAMIC ART 41-2077818 Page 4 Form 990 (2023) Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 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 Х 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х 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 Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 27 creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV 29 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? |f "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х <u>3</u>7 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	24			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportab	le gaming			
	(gambling) winnings to prize winners?			10	x	

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Form 990 (2023)

AMERICAN MUSEUM OF CERAMIC ART

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

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	26			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .		2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0 .		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	autho	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	its (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		_X_
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	anization solicit	_		37
	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 contribut		_			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	nuione	aravidad to the saver	7-		Х
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set if "Yes." did the organization potify the depay of the yell to of the goods or sorvices provided?		. ,	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		uired	7b		
C		as req	uneu	7с		Х
ч		7d		70		
	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		•	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		X
g g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		399 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	an analysis of a second section have a vesses by since a haldings at any time during the year?	•		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
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:		1			
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	•			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	1	12a		
	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.			40-		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the					
b	organization is licensed to issue qualified health plans	13b	1			
_	Enter the amount of reserves on hand	13c				
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t inco	me?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	ctivitie	s			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.	•				

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			37
_	officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			.,
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	~	<u> </u>
6	Did the organization have members or stockholders?	6	X	_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7-		v
	more members of the governing body?	7a		X
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	76		x
	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	Х	
a	The governing body? Each committee with authority to act on behalf of the governing body?	8a 8b	-22	х
ь 9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD		
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	3		
	(This Section B requests information about policies not required by the internal nevenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availak	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website X Another's website X Upon request Other (explain on Schedule O)	c		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	rinand	ciai	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records BETH ANN GERSTEIN - (909)865-3146			
	399 N. GAREY AVENUE POMONA CA 91767			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per	(do		Pos	C) ition	l than	one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee				tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) BETH ANN GERSTEIN	50.00			3,7				150 401	0	E 04E
EXECUTIVE DIRECTOR (2) DAVID W ARMSTRONG	20.00			Х				152,481.	0.	5,845.
(2) DAVID W ARMSTRONG FOUNDER	20.00	Х		х				0.	0.	0.
(3) ALEX MUSE EHRLICH	10.00	Λ		^				0.	0.	<u> </u>
PRESIDENT	10.00	Х		х				0.	0.	0.
(4) MARK WALSH	2.00									
VICE PRESIDENT		Х		х				0.	0.	0.
(5) KENT TOOL	2.00							-	-	
TREASURER		Х		х				0.	0.	0.
(6) LISA SOISETH	2.00									
SECRETARY		Х		Х				0.	0.	0.
(7) DONALD PATTISON	2.00									_
DIRECTOR		Х						0.	0.	0.
(8) PATSY COX	1.00									
DIRECTOR		Х						0.	0.	0.
(9) ROY DESELMS	1.00									
DIRECTOR		Х						0.	0.	0.
(10) BILL GEISINGER	1.00									
DIRECTOR		Х						0.	0.	0.
(11) KATHLEEN HOWE	1.00									
DIRECTOR		Х						0.	0.	0.
(12) GENE KILLIAN	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(13) SUZY SASAKI	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(14) NANCY SELVIN	1.00								•	
DIRECTOR	1 00	Х						0.	0.	0.
(15) DIANE SILBER	1.00	,,							_	_
DIRECTOR	1 00	Х				_		0.	0.	0.
(16) ROBIN TROZPEK	1.00	37							<u> </u>	_
DIRECTOR	1 00	Х	\vdash		_		_	0.	0.	0.
(17) ANDY VOSKO	1.00	v						0.	0.	0.
DIRECTOR	<u> </u>	X	L	<u> </u>	<u> </u>			0.	0.	Form 990 (2022)

332007 12-21-23 Form **990** (2023)

(A)	(B)			(C)			ompensated Employee (D)	(E)		(F)
Name and title	Average	10		Positi	ion		Reportable	Reportable	6	Estimated
	hours per				ore tha on is bo		compensation	compensation	- 1	amount of
	week	offic	er an	d a dire	ector/tri	istee)	from	from related		other
	(list any	ctor					the	organizations	cor	mpensation
	hours for	r dire			pe		organization	(W-2/1099-MISC/		from the
	related	stee o	ru ste		ensa		(W-2/1099-MISC/	1099-NEC)	- 1	ganization
	organizations	al trus	onal tr		loyee comp	ao ao	1099-NEC)			nd related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee Highest compensated	Former			orç	ganizations
10) 70777 77767677		트	Ĕ	₩.	<u> </u>	윤				
18) JOHN WIGMORE	1.00	,,						0		0
IRECTOR	1 00	Х		-	+	-	0.	0	•	0 .
19) RAULEE MARCUS	1.00							•		0
IRECTOR	1 00	Х		_	+		0.	0	•	0 .
20) ROBIN BLAHUT	1.00									•
IRECTOR		Х	_		_		0.	0	•	0 .
21) TRUDY CHIDDIX	1.00							_		
IRECTOR		Х					0.	0	•	0.
22) PETER COYE	1.00									
IRECTOR		Х					0.	0	•	0
		1								
		1								
1h Subtotal							152.481.	0	_	5.845.
							152,481.	0		
c Total from continuation sheets to Par	t VII, Section A						0.	0		0 .
c Total from continuation sheets to Par d Total (add lines 1b and 1c)	t VII, Section A						0. 152,481.	0		0 .
c Total from continuation sheets to Par d Total (add lines 1b and 1c) Total number of individuals (including b	t VII, Section A						0. 152,481.	0		0, 5,845,
c Total from continuation sheets to Par d Total (add lines 1b and 1c)	t VII, Section A						0. 152,481.	0		5,8 4 5.
Total from continuation sheets to Par Total (add lines 1b and 1c) Total number of individuals (including b compensation from the organization	t VII, Section A ut not limited to th	ose I	liste	d abo	 ove) w	 ho re	0. 152,481. eceived more than \$100,	0 000 of reportable		5,8 4 5.
c Total from continuation sheets to Par d Total (add lines 1b and 1c) Total number of individuals (including b compensation from the organization Did the organization list any former office.	ut not limited to th	ose I	listed	d abo	yee,	ho re	0 • 152,481 • eceived more than \$100, whest compensated employers.	0 0 000 of reportable oyee on		0. 5,845. Yes No
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 c Total from continuation sheets to Pard Total (add lines 1b and 1c) 2 Total number of individuals (including b compensation from the organization 3 Did the organization list any former offiline 1a? If "Yes," complete Schedule J f 4 For any individual listed on line 1a, is th 	ut not limited to the cer, director, trust for such individual e sum of reportable	ee, k	ey e	mplo	yee, o	ho re	0. 152,481. eceived more than \$100, thest compensated empirer compensation from the	0 000 of reportable oyee on ne organization	3	0 . 5 , 845
c Total from continuation sheets to Par d Total (add lines 1b and 1c) Total number of individuals (including b compensation from the organization Jid the organization list any former offi line 1a? If "Yes," complete Schedule J f For any individual listed on line 1a, is th and related organizations greater than \$\frac{1}{2}\$	ut not limited to the cer, director, trust for such individual e sum of reportable 150,000? If "Yes,	ee, k	ey e	mplo nsati	yee, o	ho re	0. 152,481. eceived more than \$100, whest compensated empirer compensation from the for such individual	0 0 0000 of reportable loyee on 		0. 5,845. Yes No
c Total from continuation sheets to Par d Total (add lines 1b and 1c) Total number of individuals (including b compensation from the organization Did the organization list any former offi line 1a? If "Yes," complete Schedule J f For any individual listed on line 1a, is th and related organizations greater than \$ Did any person listed on line 1a receive	ut not limited to the cer, director, trust or such individual e sum of reportable \$150,000? If "Yes, or accrue comper	ee, ke	ey e mple	mplo nsati	yee, on an	ho re or hig d oth	0. 152,481. eceived more than \$100, whest compensated empirer compensation from the for such individual ed organization or individual	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3	9
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Form 990 (2023) AMERICA
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response o	or note to any lin	e in this Part VIII			
				,	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
SS	1	a Federated campaigns	1a					
ant		b Membership dues						
S S		c Fundraising events						
fts,		d Related organizations						
Contributions, Gifts, Grants and Other Similar Amounts		e Government grants (contribut						
Sin		f All other contributions, gifts, gran						
utic		similar amounts not included abo		1,147,659.				
Ģ.Ē.		Noncash contributions included in lines		16,321.				
no d		h Total. Add lines 1a-1f	ıа- II I I I I I	10,022.	1,147,659.			
0 10		11 Total: Add lines 1a-11		Business Code	_,,			
	2	a CERAMIC INSTRUCTION		611600	133,918.	133,918.		
je	_	b MEMBERSHIP DUES		900099	65,061.	65,061.		
Ser		C WORKSHOP INCOME	611610	40,410.	40,410.			
m S		d FIRING SERVICES	611610	37,730.	37,730.			
gra Re		e ADMISSION		900099	23,803.	23,803.		
Program Service Revenue		f All other program service reve	2010	713990	15,884.	15,884.		
		g Total. Add lines 2a-2f			316,806.	20,001.		
-	3	Investment income (including			020,000.			
	3				100,960.			100,960.
	4	Income from investment of ta	v overnet bond n		200,500.			200,200.
	5	Royalties						
	3	rioyaities	(i) Real	(ii) Personal				
	6	a Gross rents 6a	100 010	(1) 1 0.00114.				
		b Less: rental expenses 66	·					
		c Rental income or (loss)	<u> </u>					
		d Net rental income or (loss)	, , , , , , , , , , , , , , , , , , , ,		133,910.			133,910.
		a Gross amount from sales of	(i) Securities	(ii) Other				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	•	assets other than inventory 7a	1 610 070	(.,,				
		b Less: cost or other basis	, , , -					
<u>o</u>	,	and sales expenses	1,597,853.					
her Revenue		c Gain or (loss) 70	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' 					
ě		d Net gain or (loss)	•		21,019.			21,019.
e F		a Gross income from fundraising e			, -			,
ğ		including \$	of					
		contributions reported on line						
		Part IV, line 18	·					
		b Less: direct expenses						
		c Net income or (loss) from fund						
		a Gross income from gaming a						
		Part IV, line 19	I					
		b Less: direct expenses						
		c Net income or (loss) from gan						
		a Gross sales of inventory, less	-					
		and allowances		72,006.				
		b Less: cost of goods sold						
		c Net income or (loss) from sale		, , , , , , , , , , , , , , , , , , , ,	-25,286.	-25,286.		
\neg				Business Code	,	,		
Snc	11 :	a OTHER REVENUE		900099	29,621.			29,621.
Miscellaneous Revenue	- 1	b	_		•			,
ella		С	_					
<u>s</u> č		d All other revenue						
Σ		e Total. Add lines 11a-11d			29,621.			
	12	Total revenue. See instructions			1,724,689.	291,520.	0.	285,510.

332009 12-21-23

Form 990 (2023) AMERICAN MUSEUM OF CERAMIC ART Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	150 206	106 661	02 540	E 016
	trustees, and key employees	158,326.	126,661.	23,749.	7,916.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	452 600	260 052	60.054	22 605
7	Other salaries and wages	453,692.	362,953.	68,054.	22,685.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0 (05	7 747	1 452	405
9	Other employee benefits	9,685.	7,747.	1,453.	485. 2,427.
10	Payroll taxes	48,532.	38,825.	7,280.	2,42/.
11	Fees for services (nonemployees):				
а	Management				
b		104 (20	02 710	15 606	F 020
	Accounting	104,638.	83,710.	15,696.	5,232.
d	, , , , , , , , , , , , , , , , , , , ,				
е	, F	20 255		20 255	
f	Investment management fees	28,255.		28,255.	
g	Other. (If line 11g amount exceeds 10% of line 25,	74 276	E0 E01	11,156.	2 710
	column (A), amount, list line 11g expenses on Sch 0.)	74,376. 52,521.	59,501. 42,017.	7,878.	3,719. 2,626.
12	Advertising and promotion	118,970.	95,176.	17,845.	5,949.
13	Office expenses	110,970.	95,170.	17,043.	3,343.
14	Information technology				
15	Royalties	100,382.	80,306.	15,057.	5,019.
16	Occupancy	999.	799.	150.	50.
17	Travel	222.	155.	150.	50.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
40	Conferences, conventions, and meetings	7,513.	6,642.	871.	
19 20		50,480.	50,480.	0/10	
20 21	Payments to affiliates	50, ±00•	30, 400		
21 22	Depreciation, depletion, and amortization	68,253.	204.	68,049.	
23		43,699.	34,959.	6,555.	2,185.
23 24	Other expenses, Itemize expenses not covered	45,055.	34,333.	0,333.	2,103.
27	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.) ARTIST PROGRAMS	50,764.	50,764.		
a	EXHIBIT EXPENSES	47,211.	47,211.		
b	OTHER TAXES AND LICENCE	11,047.	8,838.	1,657.	552.
C	MEMBER RELATIONS	6,525.	6,173.	Ι, υσι •	352.
d		0,343.	0,1/3.		334•
	All other expenses	1,435,868.	1,102,966.	273,705.	59,197.
25	Total functional expenses. Add lines 1 through 24e	I, IJJ, 000 •	1,104,300.	413,103.	J9,13/•
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	110110WING 50P 98-2 (ASC 958-720)				000

Form 990 (2023)

Pa	rt 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	162,232.	1	179,116.
	2	Savings and temporary cash investments		2	794,107.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	5,876.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net	160,744.	7	156,001.
Assets	8	Inventories for sale or use	165,631.	8	140,927.
Ä	9	Prepaid expenses and deferred charges	2,026.	9	25,000.
	10a				
		basis. Complete Part VI of Schedule D 10a 5,370,15 Less: accumulated depreciation 10b 849,36	7.		
	b	Less: accumulated depreciation 10b 849,36		10c	4,520,796.
	11	Investments - publicly traded securities		11	177,531.
	12	Investments - other securities. See Part IV, line 11	3,267,305.	12	3,402,507.
	13	Investments - program-related. See Part IV, line 11	**	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	2 121 251
	16	Total assets. Add lines 1 through 15 (must equal line 33)	22 252	16	9,401,861.
	17	Accounts payable and accrued expenses		17	66,284.
	18	Grants payable		18	14 000
	19	Deferred revenue		19	14,800.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liak		controlled entity or family member of any of these persons	1 515 020	22	1,349,812.
_	23	Secured mortgages and notes payable to unrelated third parties		23	1,349,012.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	9,612.	25	7,385.
	26	Total liabilities. Add lines 17 through 25	1,616,760.	26	1,438,281.
	20	Organizations that follow FASB ASC 958, check here	1,010,7000	20	1,450,201.
S		and complete lines 27, 28, 32, and 33.			
Š	27	Net assets without donor restrictions	2,698,319.	27	2,990,232.
3ala	28	Net assets with donor restrictions	1 101 011	28	4,973,348.
ğ		Organizations that do not follow FASB ASC 958, check here			
Fur		and complete lines 29 through 33.			
þ	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		32	7,963,580.
Z	33	Total liabilities and net assets/fund balances		33	9,401,861.
			, , , , , , , , , , , , , , , , , , , ,		Form 990 (2023)

10

review, or compilation of its financial statements and selection of an independent accountant?

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	n 990 (2023) AMERICAN MUSEUM OF CERAMIC ART	41 0	2077818	- 1
	n 990 (2023) AMERICAN MUSEUM OF CERAMIC ART	41-2	.017010	Page 1
	Check if Schedule O contains a response or note to any line in this Part XI			
	Chock is concedure a contained a reaponed of flote to any line in this is a fact.			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,72	4,689
2	Total expenses (must equal Part IX, column (A), line 25)		1,43	5,868
3	Revenue less expenses. Subtract line 2 from line 1			8,821
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		7,19	3,135
5	Net unrealized gains (losses) on investments		28	2,984
6	Donated services and use of facilities			8,640
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			0
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	7,96	3,580
Par	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	Х
				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	n on Schedule O.		
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 compile	ed or reviewed on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate ba	asis		
b	Were the organization's financial statements audited by an independent accountant?		2b	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a separate basis,		
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate ba	asis		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versight of the audit,		

Form 990 (2023)

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2c

За

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

AMERICAN MUSEUM OF CERAMIC ART 41-2077818 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						_
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and stop						
	ction C. Computation of Publi					Г	
	Public support percentage for 2023 (I			column (f))		14	<u>%</u>
	Public support percentage from 2022					15	%
16a	33 1/3% support test - 2023. If the o	-			14 is 33 1/3% or m	ore, check this box	k and
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2022. If the contract the state of the contract the state of						
47.	and stop here. The organization qual						
1/a	10% -facts-and-circumstances test						
	and if the organization meets the fact		•	-		· ·	
	meets the facts-and-circumstances te	-				7 1: 4F:	
b	10% -facts-and-circumstances test						10% Or
	more, and if the organization meets the						
10	organization meets the facts-and-circu		-		• • •		H
18	Private foundation. If the organization	п ии пот спеск а	DUX OH IIITE 13, 16	a, 100, 17a, 0r 17b	o, check this box al		(Form 990) 2023
						Julieuule A	い いいい シンひ) とひとろ

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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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	529,968.	882,635.	1298001.	822,581.	1147659.	4680844.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	265,066.	251,474.	132,328.	327,624.	388,812.	1365304.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	795,034.	1134109.	1430329.	1150205.	1536471.	6046148.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons	145,024.	262,047.	182,525.	481,317.	581,562.	1652475.
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						0.
c	Add lines 7a and 7b	145,024.	262,047.	182,525.	481,317.	581,562.	1652475.
8	Public support. (Subtract line 7c from line 6.)						4393673.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	795,034.	1134109.	1430329.	1150205.	1536471.	6046148.
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	115,455.	93,288.	254,345.	226,800.	234,870.	924,758.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b,	115,455.	93,288.	254,345.	226,800.	234,870.	924,758.
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	16,439.	15,835.	1,211.	15,866.	29,621.	78,972.
13	Total support. (Add lines 9, 10c, 11, and 12.)	926,928.	1243232.	1685885.	1392871.	1800962.	7049878.
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
	ction C. Computation of Publi						60.22
	Public support percentage for 2023 (li		•	olumn (f))		15	62.32 %
	Public support percentage from 2022		· ·			16	56.01 %
	ction D. Computation of Inves			10 (A)		47	13.12 %
	Investment income percentage for 20					17	4 4 - 4
	Investment income percentage from 2022 Schedule A, Part III, line 17						
196	more than 33 1/3%, check this box an						X
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, chec						
20	Private foundation If the organization	n did not obook a k	ooy on line 14, 10c	or 10h abaak thi	is how and ass incl	ruotiono	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
3b		
3с		
4a		
4b		
4c		
5a		
- Gu		
5b		
5c		
6		
7		
8		
00		
9a		
9b		
9с		
10a		
10b		

332024 12-21-23

Pa	TIV Supporting Organizations (continued)			
		\rightarrow	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	1a		
	,	1b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<u> </u>		1c		
Sec	tion B. Type I Supporting Organizations		1	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported englineations and multiported to each period adming the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
	tion of Type in Supporting Organizations	$\overline{}$	V	
4	Ways a majority of the expeniention's divectors by twistops during the toy year also a majority of the divectors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	<u>. </u>		
	and 217 in Type in Cupper in g Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	, ,	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
_	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	ctions	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	Ba		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role placed by the organization in this regard.	3b		

1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (<i>explain in</i> F	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c	omplet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting organ	nization (see
	inchwications)	-		

Schedule A (Form 990) 2023

· u	t i Type in Non I anotionally integrated cook	allo, cabboi iii g ci ga	inzationo (contint	uea)	
Secti	on D - Distributions		•	ĺ	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
_	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	, , , , , , , , , , , , , , , , , , ,		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
<u>i</u>	Carryover from 2018 not applied (see instructions)				
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
e	Excess from 2023				

Schedule A (Form 990) 2023

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

Part VI

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME: OTHER INCOME 2019 AMOUNT: \$ 16,439. 2020 AMOUNT: \$ 15,835. 1,211. 2021 AMOUNT: \$ 2022 AMOUNT: \$ 15,866. 2023 AMOUNT: \$ 29,621.

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

AMERICAN MUSEUM OF CERAMIC ART

41-2077818

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

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

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2023)

Name of organization Employer identification number

AMERICAN MUSEUM OF CERAMIC ART

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$10,201.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4	Total contributions \$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$11,837.	Person X Payroll

Name of organization Employer identification number

AMERICAN MUSEUM OF CERAMIC ART

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>23,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$18,600.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ <u>11,500.</u>	Person X Payroll

Name of organization Employer identification number

AMERICAN MUSEUM OF CERAMIC ART

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	Nume, address, and Zii + 4	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$ 90,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$5,466.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

AMERICAN MUSEUM OF CERAMIC ART

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$5,050.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$5,204.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 22	Name, address, and ZIP + 4	Total contributions \$ 5,056.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$7,464.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$	Person X Payroll

Name of organization Employer identification number

AMERICAN MUSEUM OF CERAMIC ART

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$5,161.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	Nume, address, and Zii + 4	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		- - \$ 42,955.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		- ss	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$ 10,000.	Person X Payroll

Name of organization Employer identification number

AMERICAN MUSEUM OF CERAMIC ART

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		* 70,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$ <u>35,913.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

AMERICAN MUSEUM OF CERAMIC ART

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$7,550.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

AMERICAN MUSEUM OF CERAMIC 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
	29 SHARES OF BR STOCK	-	
21		-	
		\$ 5,204.	12/31/23
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I	40 SHARES OF IBM STOCK	,	
22	TO DIMINIS OF THE BEOOK	-	
		\$\$,056.	12/31/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	53 SHARES OF DYCOM STOCK @ \$6061	_	
23		-	
		\$6,061.	12/31/23
(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
		-	
		- •	
323453 12-26		_ \$	Schedule B (Form 990) (2023)

Name of organization **Employer identification number** AMERICAN MUSEUM OF CERAMIC ART 41-2077818 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

323454 12-26-23

Schedule B (Form 990) (2023)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

AMERICAN MUSEUM OF CERAMIC ART

Employer identification number 41-2077818

Schedule D (Form 990) 2023

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Sim	ilar Funds or A	ccour	nts. Complete if the		
	Giganization anomorou Teo Giri enii eee, i arriv, iir	(a) Donor advi	ised f	unds	(b) Fun	ids and other accounts		
1	Total number at end of year	. ,						
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in v		held i	n donor advised fun	ds			
	are the organization's property, subject to the organization's	~				Yes No		
6	Did the organization inform all grantees, donors, and donor a							
	for charitable purposes and not for the benefit of the donor or							
	impermissible private benefit?							
Par	t II Conservation Easements. Complete if the org	ganization answered "\	Yes" d	on Form 990, Part IV	, line 7.	_		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	/)					
	Preservation of land for public use (for example, recreated	tion or education)	P	reservation of a hist	orically	important land area		
	Protection of natural habitat	L	P	reservation of a cert	ified his	storic structure		
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contr	ributio	n in the form of a co	nserva			
	day of the tax year.					Held at the End of the Tax Year		
а	Total number of conservation easements				2a			
b	Total acreage restricted by conservation easements				2b			
С	Number of conservation easements on a certified historic stru	ucture included on line	2a		2c			
d	Number of conservation easements included on line 2c acqui							
	on a historic structure listed in the National Register				2d			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	r tern	ninated by the organ	ization	during the tax		
	year							
4	Number of states where property subject to conservation eas							
5	Does the organization have a written policy regarding the per							
	violations, and enforcement of the conservation easements it					Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	and e	enforcing conservation	on ease	ements during the year		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enfor	cing conservation ea	semen	ts during the year		
_								
8	Does each conservation easement reported on line 2d above							
_	and section 170(h)(4)(B)(ii)?					Yes No		
9	In Part XIII, describe how the organization reports conservation							
	balance sheet, and include, if applicable, the text of the footn	lote to the organization	n's tin	anciai statements th	at desc	cribes the		
Par	organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.							
	Complete if the organization answered "Yes" on Form			,				
	If the organization elected, as permitted under FASB ASC 95		evenu	e statement and bal	ance sh	neet works		
	of art, historical treasures, or other similar assets held for pub	•						
	service, provide in Part XIII the text of the footnote to its finan	•	•					
b	If the organization elected, as permitted under FASB ASC 95				e sheet	works of		
	art, historical treasures, or other similar assets held for public							
	provide the following amounts relating to these items.	,				,		
	(i) Revenue included on Form 990, Part VIII, line 1					\$		
						\$		
2	If the organization received or held works of art, historical trea							
_	the following amounts required to be reported under FASB A							
а	Revenue included on Form 990, Part VIII, line 1					\$		
	Assets included in Form 990, Part X					\$		

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

Pa	rt III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, or	Other	Similar	Assets	(conti	nued)
3	Using the organization's acquisition, accessi								(
	collection items (check all that apply).										
а	a X Public exhibition d X Loan or exchange program										
b	X Scholarly research	е									
С	v										
4	Provide a description of the organization's co	ollections and explain	n how th	ney further th	e organizatio	n's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Pa	rt IV Escrow and Custodial Arran	gements Comple	te if the	organization	answered "\	es" on F	orm 990,	Part IV, I	ne 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi	an, or other intermed	diary for	contribution	s or other as	sets not ir	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	ıt	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		_		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for (escrow or cu	ıstodial accou	unt liabilit	y?	L	Yes	L	No
	If "Yes," explain the arrangement in Part XIII.										
Pa	t V Endowment Funds Complete if										
		(a) Current year	(b) F	Prior year	(c) Two year	s back (d) Three y	ears back	(e) Fou	r year	s back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1o	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	.%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	tion tha	it are held ar	nd administer	ed for the					T
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		+-
									3a(ii)		┿
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Pal	t VI Land, Buildings, and Equipm) D4 I	/ line 11 = 0	F 000	Dart V II	10				
	Complete if the organization answere										
	Description of property	(a) Cost or o			or other		cumulate	d	(d) Boo	k val	ue
		,	nent)		(other)	uep	reciation		2 47	0 0	<u> </u>
	Land				0,000.		00 11	7	$\frac{2,47}{1,05}$		
b	Buildings			1,/3	9,377.	6	89,13	7 •	1,05	U , Z	440.
	Leasehold improvements	I		21	0,526.	1	60 21	1	F	<u> </u>	202
	Equipment	l l			0,326. $0,254.$		60,22	4.			$\frac{302.}{254.}$
	Other	•						-	4,52		
ıota	I. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part	x, line 1	Uc. column	(R))			 Schedule			

Schedule D (Form 990) 2023

	SEUM OF CERAM	C ART	41-2077818 Page 3
Part VII Investments - Other Securities	5 000 D 1 N 1 1 1	141 O E 000 B 1 V II	10
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Valuation:	Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other	2 402 507		(ADIZEM 17ATIE
(A) RESTRICTED WILSON FUND	3,402,507.	END-OF-YEAR N	MARKET VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)			
	3,402,507.		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.	3,402,307.		
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	11c. See Form 990. Part X. lin	ne 13.
(a) Description of investment	(b) Book value		Cost or end-of-year market value
(1)	(a) Doon tales	(o) monioù or raidanem	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11d. See Form 990, Part X, Iir	ne 15.
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col	. (B))		
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Pa	<u> </u>
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEPOSITS HELD IN TRUST			5,450.
(3) OTHER LIABILITIES			1,935.
(4)			
(5)			
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

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

Schedule D (Form 990) 2023

(8)

Pa	rt XI	Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re	turn	<u> </u>
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total r	evenue, gains, and other support per audited financial statements			1	2,178,058.
2	Amour	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net un	realized gains (losses) on investments	. 2a	282,984.		
b	Donate	ed services and use of facilities	2b	198,640.		
С	Recov	eries of prior year grants	2c			
d	Other	Describe in Part XIII.)	2d			
е	Add lir	es 2a through 2d			2e	481,624.
3	Subtra	ct line 2e from line 1			3	1,696,434.
4	Amour	nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investr	nent expenses not included on Form 990, Part VIII, line 7b	. 4a	28,255.		
b	Other	Describe in Part XIII.)	. 4b			
С	Add lir	es 4a and 4b			4c	28,255.
5	Total r	evenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Stateme		·····	5	1,724,689.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F	leturi	n
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total e	xpenses and losses per audited financial statements			1	1,504,905.
2	Amour	its included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donate	ed services and use of facilities	2a			
b	Prior y	ear adjustments	2b			
С	Other	osses	2c			
d	Other	Describe in Part XIII.)	. 2d	97,292.		
е	Add lir	es 2a through 2d			2e	97,292.
3	Subtra	ct line 2e from line 1			3	1,407,613.
4	Amour	nts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а		nent expenses not included on Form 990, Part VIII, line 7b		28,255.		
b	Other	Describe in Part XIII.)	4b			
С	Add lir	es 4a and 4b			4c	28,255.
5	Total e	xpenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,435,868.

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:

Part XIII Supplemental Information

AMOCA'S COLLECTIONS INCLUDE A PERMANENT COLLECTION OF CERAMIC ARTWORKS, AN EDUCATION COLLECTION OF CERAMIC ARTWORKS, AND THE ROGER AND HELEN PORTER LIBRARY, WHICH HOUSES LIBRARY BOOKS AND ARCHIVAL COLLECTIONS RELATED TO CERAMICS. THE COLLECTIONS ARE HELD FOR PUBLIC EXHIBITION, EDUCATION, AND RESEARCH AS A PUBLIC SERVICE RATHER THAN FOR FINANCIAL GAIN; THEY ARE PROTECTED, KEPT UNENCUMBERED, CARED FOR, AND PRESERVED; AND ARE SUBJECT TO A POLICY THAT REQUIRES THE PROCEEDS FROM SALES (A RARE OCCASION) OF COLLECTION ITEMS TO BE USED TO ACQUIRE OTHER ITEMS FOR THE COLLECTIONS.

PART III, LINE 4:

AMOCA'S PERMANENT COLLECTION RANGES IN DATE FROM 960 AD TO THE PRESENT AND

Part XIII | Supplemental Information (continued)

ENCOMPASSES INTERNATIONAL AS WELL AS DOMESTIC WORKS. IT INCLUDES THE

WORKS OF WELL-KNOWN CERAMIC ARTISTS SUCH AS PETER VOULKOS, PAUL SOLDNER,

KEN PRICE, BEATRICE WOOD, AND PATTI WARASHINA. GERMAN CERAMICS,

MID-20TH-CENTURY AMERICAN VESSELS AND SCULPTURE, MEXICAN FOLK ART, AND

ENGLISH POTTERY COMPRISE THE STRONGEST PORTIONS OF THE COLLECTION.

ADDITIONAL INFORMATION REGARDING THE COLLECTION, INCLUDING IMAGES, IS

AVAILABLE ON THE AMOCA WEBSITE.

TO DATE, AMOCA'S COLLECTIONS HAVE BEEN ACQUIRED ENTIRELY THROUGH GIFTS.

THE COLLECTIONS ARE NOT RECOGNIZED AS AN ASSET IN THE STATEMENT OF

FINANCIAL POSITION. PROCEEDS FROM ANY DEACCESSIONS FROM THE PERMANENT

COLLECTION OR INSURANCE RECOVERIES ARE REQUIRED TO BE USED TO PURCHASE

OTHER WORKS OF CERAMIC ART. EACH ARTWORK IS DOCUMENTED AND CARED FOR, AND

ACTIVITIES VERIFYIN

PART X, LINE 2:

THE CORPORATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND SECTION 23701D OF

THE CALIFORNIA CODE. THE CORPORATION IS REQUIRED TO REPORT UNRELATED

BUSINESS INCOME AS DEFINED UNDER IRC SECTIONS 511 THROUGH 515. THERE WAS

NO UNRELATED BUSINESS INCOME TAX EXPENSE FOR THE YEARS ENDED DECEMBER 31,

2023 AND 2022.

THE CORPORATION FILES INFORMATIONAL ORGANIZATION RETURNS AND WHEN

APPLICABLE, UNRELATED BUSINESS INCOME TAX RETURNS IN THE UNITED STATES

FEDERAL JURISDICTION AND WITH THE FRANCHISE TAX BOARD IN THE STATE OF

CALIFORNIA.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2023

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

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

AMERICAN MUSEUM OF CERAMIC ART

 $\begin{array}{c} \textbf{Employer identification number} \\ 41-2077818 \end{array}$

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

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred (D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) BETH ANN GERSTEIN	(i)	152,481.	0.	0.	0.	5,845.	158,326.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							<u> </u>
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
THE SALARY OF THE MUSEUM DIRECTOR IS DETERMINED BY THE EXECUTIVE BOARD OF
DIRECTORS IN ACCORDANCE WITH THE CALIFORNIA ASSOCIATION OF MUSEUMS ANNUAL
SALARY SURVEYS. ADDITIONAL CONSIDERATION WILL BE GIVEN TO WHETHER THE
SALARY RANGE ALLOWS AMOCA TO RECRUIT OR RETAIN A QUALIFIED DIRECTOR.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

AMERICAN MUSEUM OF CERAMIC ART

Employer identification number 41-2077818

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

RECEIVES MORE THAN 500 APPLICATIONS FROM OVER 100 SCHOOLS IN 25 STATES

AND FEATURES THE WORK OF APPROXIMATELY 100 STUDENTS IN GRADES 9-12.

THERE IS NO FEE TO APPLY.

MUDMOBILE MOBILE MUSEUM VISITS INCREASE EQUITABLE ACCESS TO ARTS AND

ARTS EDUCATION FOR K-12 STUDENTS, EDUCATORS, AND FAMILIES, FOCUSING ON

SERVING TITLE 1 SCHOOLS WITHIN 20 MILES OF THE MUSEUM. THE PROGRAM

PROVIDES A POP-UP MUSEUM EXHIBITION AND HANDS-ON CLAY ACTIVITIES THAT

SUPPLEMENT TEACHING CURRICULUMS SUPPORT TEACHERS IN MEETING STATE

STANDARDS, AND FACILITATE STUDENT EXPOSURE TO THE RICH CALIFORNIA

CERAMIC ARTS TRADITION.

ESTABLISHED IN 2015, TEEN COUNCIL PROVIDES WEEKLY STRUCTURED

PROFESSIONAL AND PERSONAL DEVELOPMENT FOR A COHORT OF LOCAL HIGH SCHOOL

STUDENTS (AGES 14-17). MEMBERS LEARN FROM PROFESSIONAL ARTISTS IN

AMOCA'S CERAMICS STUDIO, HONING ARTISTIC TECHNIQUES AND PROFESSIONAL

SKILLS (INCLUDING RESUM WRITING AND PORTFOLIO DEVELOPMENT).

THE CERAMICS STUDIO STRIVES TO MAKE CERAMICS ACCESSIBLE TO OUR

SURROUNDING CALIFORNIA COMMUNITY. SINCE 2011, OUR 12,000 SQ FT STUDIO

HAS BEEN A VALUABLE RESOURCE FOR CERAMIC ARTISTS IN OUR AREA AND,

INCREASINGLY, A PLACE FOR THOSE NEW TO CERAMICS TO LEARN BASIC SKILLS

TO DEVELOP THEIR WORK AND STYLE.

AMOCA'S ARTIST IN RESIDENCE PROGRAM, ESTABLISHED IN 2012, OFFERS ONE OF

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Schedule O (Form 990) 2023 Page 2

Name of the organization

AMERICAN MUSEUM OF CERAMIC ART

THE FEW LONG-TERM FELLOWSHIP OPPORTUNITIES ON THE WEST COAST. THE

PROGRAM PROVIDES STUDIO SPACE, HOUSING FOR LONG-TERM RESIDENTS,

MATERIALS, FIRING, AND LIVING STIPENDS. IN 2022, AN ADDITIONAL 6-MONTH

RESIDENTS ARE SELECTED BASED ON THE QUALITY AND ARTISTIC MERIT OF THEIR

RESIDENCIES BECAME AVAILABLE FOR ARTISTS BASED IN SOUTHERN CALIFORNIA.

WORK AND THE STRENGTH OF THEIR RESIDENCY PLAN.

ARTIST WORKSHOPS, SKILL-BUILDING WORKSHOPS, AND DEMONSTRATIONS INVITE

PROFESSIONAL ARTISTS INTO THE AMOCA STUDIO TO SHARE SIGNATURE

TECHNIQUES AND APPROACHES WHILE GIVING OUR COMMUNITY A CHANCE TO FOCUS

ON AND EXPAND THEIR PRACTICE. WE ACCOMMODATE WEEKLY COMMUNITY FIRINGS

AND 200+ PRIVATE FIRINGS PER YEAR. MONTHLY INTRODUCTORY CLASSES FOR

ADULTS 18+ ALLOW NEW CERAMICISTS TO LEARN THE BASICS OF THROWING ON THE

POTTER'S WHEEL, INCLUDING CLAY, GLAZE, AND FIRING SERVICES. SIX-WEEK

CLASSES, OFFERED QUARTERLY, INCLUDE INSTRUCTION IN WHEEL-THROWING AND

HAND-BUILDING FOR NEW AND SEASONED ARTISTS TO DEVELOP THEIR SKILLS.

STUDENTS ENJOY ACCESS TO OPEN STUDIO HOURS DURING THE DURATION OF THEIR

COURSE.

AMOCA'S CERAMICS STUDIO RENTALS ACCOMMODATE AROUND 65 SOUTHERN

CALIFORNIA ARTISTS. INDIVIDUALS RENTING ONE OF 52 PRIVATE OR

SEMI-PRIVATE STUDIOS RECEIVE 24/7 ACCESS TO STUDIO FACILITIES

(INCLUDING A COMMUNAL GLAZE AREA, SPRAY BOOTHS, SAND-BLASTING

EQUIPMENT, AND COMMUNAL FIRING SERVICES). THE STUDIO SCHOLARSHIP FUND,

LAUNCHED IN 2024, ENSURES THAT ALL COMMUNITY MEMBERS HAVE ACCESS TO OUR

PROGRAMS, NO MATTER THEIR FINANCIAL SITUATION.

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

Schedule O (Form 990) 2023 Page 2

Name of the organization

AMERICAN MUSEUM OF CERAMIC ART

Employer identification number 41-2077818

THE ORGANIZATION HAS DUES PAYING MEMBERS. THESE MEMBERS DO NOT HAVE VOTING RIGHTS OR THE ABILITY TO MAKE CHANGES WITHIN THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO COMMITTEES WITH THE AUTHORITY TO ACT UPON THE GOVERNING BODY.

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

A DRAFT OF THE 990 IS PROVIDED TO THE FINANCE COMMITTEE AND BOARD. THE 990 IS REVIEWED BY THE FINANCE COMMITTEE, AND A RECOMMENDATION IS MADE TO THE BOARD OF DIRECTORS AND APPROVED BY A VOTE. IN ACCORDANCE WITH AMOCA POLICY, THE FORM 990 IS DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS TO REVIEW AND APPROVE BEFORE THE RETURNS ARE FILED.

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

OFFICERS REGULARLY MONITOR POTENTIAL CONFLICTS OF INTEREST. ANY QUESTION OF

A CONFLICT IS ADDRESSED WITH THE INTERESTED PERSON, WHO IS REQUIRED TO

DISCLOSE THE EXISTENCE OF ANY FINANCIAL INTEREST AND BE ALLOWED TO DISCLOSE

ALL MATERIAL FACTS TO THE BOARD AND EXECUTIVE DIRECTOR. IF A CONFLICT OF

INTEREST IS IDENTIFIED, THE APPROPRIATE ACTION IS TAKEN, INCLUDING

LIMITATIONS TO THE INDIVIDUAL'S INFLUENCE ON RELATED BUSINESS MATTERS.

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

THE SALARY OF THE MUSEUM DIRECTOR IS DETERMINED BY THE EXECUTIVE BOARD OF

DIRECTORS IN ACCORDANCE WITH THE CALIFORNIA ASSOCIATION OF MUSEUMS ANNUAL

SALARY SURVEYS. ADDITIONAL CONSIDERATION WILL BE GIVEN TO WHETHER THE

SALARY RANGE ALLOWS AMOCA TO RECRUIT OR RETAIN A QUALIFIED DIRECTOR. THE

PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2022.

Schedule O (Form 990) 2023	Page 2
Name of the organization AMERICAN MUSEUM OF CERAMIC ART	Employer identification number 41-2077818
FORM 990, PART VI, SECTION C, LINE 19:	
AMOCA MAKES ITS GOVERNING DOCUMENTS, ORGANIZATIONAL POLICI	ES, AUDITED
FINANCIAL STATEMENTS, AND FORM 990 AVAILABLE UPON REQUEST.	IN ADDITION, THE
FORM 990 IS AVAILABLE THROUGH GUIDESTAR AND OTHER THIRD PA	RTIES.
FORM 990, PART XII, LINE 2C:	
THE PROCESS FOR OVERSEEING AND SELECTING AN INDEPENDENT AC	COUNTANT HAS
NOT CHANGED FROM THE PRIOR YEAR.	
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