

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2016
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MUSEUM OF ART AND HISTORY AT THE MCPHERSON CENTER Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 705 FRONT STREET City or town, state or province, country, and ZIP or foreign postal code SANTA CRUZ, CA 95060 F Name and address of principal officer: NINA SIMON SAME AS C ABOVE	D Employer identification number 94-2718861 E Telephone number (831) 429-1964 G Gross receipts \$ 3,036,515. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.SANTACRUZMAH.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1973 M State of legal domicile: CA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: TO IGNITE SHARED EXPERIENCES AND UNEXPECTED CONNECTIONS.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	23
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	33
	6	Total number of volunteers (estimate if necessary)	6	357
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	2,718,741.	1,935,159.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	155,526.	203,949.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,684.	7,510.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	213,482.	310,764.
			3,099,433.	2,457,382.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	883,114.	1,071,255.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 184,785.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	769,298.	793,215.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,652,412.	1,864,470.
	19	Revenue less expenses. Subtract line 18 from line 12	1,447,021.	592,912.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	9,331,418.	9,417,151.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,689,170.	1,153,023.
		7,642,248.	8,264,128.	

Part II Signature Block

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

Sign Here	Signature of officer NINA SIMON, EXECUTIVE DIRECTOR Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name LAWRENCE S. KUECHLER	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00233621
	Firm's name ▶ ARMANINO LLP	Firm's EIN ▶ 94-6214841	Phone no. 408-200-6400		
	Firm's address ▶ 50 W. SAN FERNANDO ST, STE 500 SAN JOSE, CA 95113				

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

MUSEUM OF ART AND HISTORY AT THE
MCPHERSON CENTER

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

**THE MUSEUM OF ART & HISTORY PROMOTES A GREATER UNDERSTANDING OF
CONTEMPORARY ART AND THE HISTORY OF SANTA CRUZ COUNTY, THROUGH ITS
EXHIBITIONS, COLLECTIONS, AND PROGRAMS FOR THE BENEFIT OF RESIDENTS
AND VISITORS TO SANTA CRUZ COUNTY.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 1,452,854. including grants of \$ _____) (Revenue \$ 206,823.)

**ART EXHIBITIONS - PROMOTION OF ART APPRECIATION TO MEMBERS AND THE
GENERAL PUBLIC THROUGH VARIOUS EXHIBITIONS SHOWN IN THE MUSEUM BUILDING
PROMOTION OF ART APPRECIATION TO MEMBERS AND THE GENERAL PUBLIC THROUGH
PUBLICATIONS, FILM AND LECTURES AND THE ARRANGING OF ART TOURS TO
VARIOUS GALLERIES AND MUSEUMS**

4b (Code: _____) (Expenses \$ 46,832. including grants of \$ _____) (Revenue \$ 9,150.)

**PROMOTION OF ART AND HISTORY THROUGH VARIOUS SMALLER PROGRAMS,
INCLUDING ARCHIVES AND COLLECTIONS, MUSEUM STORE, AND ART AND HISTORY
FORUMS**

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **1,499,686.**

MUSEUM OF ART AND HISTORY AT THE
MCPHERSON CENTER

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

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MCPHERSON CENTER

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a	23	
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b	22	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **NINA SIMON - (831) 429-1964**
705 FRONT STREET, SANTA CRUZ, CA 95060

MUSEUM OF ART AND HISTORY AT THE
MCPHERSON CENTER

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BILL LADUSAW VICE PRESIDENT	2.00	X		X				0.	0.	0.
(2) JUDITH JONES SECRETARY	2.00	X		X				0.	0.	0.
(3) DAVID JACOBS TREASURER	2.00	X		X				0.	0.	0.
(4) ANGELA CHESTNUT VP OF DEVELOPMENT	2.00	X		X				0.	0.	0.
(5) JAMES EMERSON PRESIDENT	2.00	X		X				0.	0.	0.
(6) LAWRENCE BRENNER TRUSTEE	1.00	X						0.	0.	0.
(7) DARRIN CADDES TRUSTEE	1.00	X						0.	0.	0.
(8) PEDRO CASTILLO TRUSTEE	1.00	X						0.	0.	0.
(9) JOHN DOWDELL TRUSTEE	1.00	X						0.	0.	0.
(10) HOWARD HEEVNER TRUSTEE	1.00	X						0.	0.	0.
(11) TED HOLLADAY TRUSTEE	1.00	X						0.	0.	0.
(12) CYNTHIA MATHEWS TRUSTEE	1.00	X						0.	0.	0.
(13) GEORGE NEWELL TRUSTEE	1.00	X						0.	0.	0.
(14) PETER ORR TRUSTEE	1.00	X						0.	0.	0.
(15) VANCE LANDIS-CAREY TRUSTEE	1.00	X						0.	0.	0.
(16) ASHLEY SPENCER TRUSTEE	1.00	X						0.	0.	0.
(17) HEATHER STILES TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LAURA LAPORTE TRUSTEE	1.00	X						0.	0.	0.
(19) JIM THOMPSON TRUSTEE	1.00	X						0.	0.	0.
(20) LINDA WILSHUSEN TRUSTEE	1.00	X						0.	0.	0.
(21) RAY CANCINO TRUSTEE	1.00	X						0.	0.	0.
(22) CAROLA BARTON TRUSTEE	1.00	X						0.	0.	0.
(23) NINA SIMON EXECUTIVE DIRECTOR	40.00			X				120,000.	0.	7,270.
1b Sub-total								120,000.	0.	7,270.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								120,000.	0.	7,270.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

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Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b 165,627.				
	c Fundraising events	1c 27,120.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 154,594.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,587,818.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f	▶ 1,935,159.				
	Program Service Revenue	2 a PROGRAM SERVICE FEES	Business Code 713990	87,576.	87,576.	
b FACILITY RENTAL		531120	75,078.	75,078.		
c ADMISSIONS		713990	41,295.	41,295.		
d						
e						
f All other program service revenue		900099				
g Total. Add lines 2a-2f		▶ 203,949.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	7,510.		7,510.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real	725,994.			
		(ii) Personal				
		b Less: rental expenses	502,341.			
	c Rental income or (loss)	223,653.				
	d Net rental income or (loss)	▶	223,653.		223,653.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
d Net gain or (loss)	▶					
8 a Gross income from fundraising events (not including \$ 27,120. of contributions reported on line 1c). See Part IV, line 18	a 117,016.					
	b Less: direct expenses	b 41,929.				
	c Net income or (loss) from fundraising events	▶	75,087.		75,087.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a 44,013.					
	b Less: cost of goods sold	b 34,863.				
	c Net income or (loss) from sales of inventory	▶	9,150.	9,150.		
Miscellaneous Revenue		Business Code				
11 a OTHER REVENUE	713990	2,874.	2,874.			
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	▶	2,874.			
12 Total revenue. See instructions.	▶	2,457,382.	215,973.	0.	306,250.	

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 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, trustees, and key employees	127,270.	101,816.	8,909.	16,545.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	776,475.	540,497.	117,107.	118,871.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	91,032.	63,979.	13,253.	13,800.
10 Payroll taxes	76,478.	54,299.	10,707.	11,472.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	13,151.		13,151.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	171,425.	170,667.	366.	392.
12 Advertising and promotion	26,007.	26,007.		
13 Office expenses	23,743.	18,027.	3,202.	2,514.
14 Information technology	27,247.	19,345.	3,815.	4,087.
15 Royalties				
16 Occupancy	47,959.	46,999.	480.	480.
17 Travel	878.	878.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	40,245.	32,195.	4,025.	4,025.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	120,303.	117,897.	1,203.	1,203.
23 Insurance	30,921.	30,303.	309.	309.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CURATORIAL FEES	76,095.	76,095.		
b INSTALLATION - EXHIBITI	49,203.	49,203.		
c PUBLIC PROGRAMS	31,856.	31,856.		
d ALL OTHER EXPENSES	30,733.	21,873.	702.	8,158.
e All other expenses	103,449.	97,750.	2,770.	2,929.
25 Total functional expenses. Add lines 1 through 24e	1,864,470.	1,499,686.	179,999.	184,785.
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)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,487,723.	1	89,521.
	2 Savings and temporary cash investments	3,021,004.	2	1,998,104.
	3 Pledges and grants receivable, net	246,285.	3	810,700.
	4 Accounts receivable, net		4	28,268.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	47,177.	8	41,519.
	9 Prepaid expenses and deferred charges	20,374.	9	14,070.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,235,958.		
	b Less: accumulated depreciation	10b 5,183,672.	4,146,571.	10c 6,052,286.
	11 Investments - publicly traded securities	313,650.	11	330,982.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	48,634.	15	51,701.
16 Total assets. Add lines 1 through 15 (must equal line 34)	9,331,418.	16	9,417,151.	
Liabilities	17 Accounts payable and accrued expenses	84,404.	17	220,728.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,604,766.	25	932,295.
	26 Total liabilities. Add lines 17 through 25	1,689,170.	26	1,153,023.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,278,248.	27	6,279,163.
	28 Temporarily restricted net assets	3,130,929.	28	1,751,894.
	29 Permanently restricted net assets	233,071.	29	233,071.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	7,642,248.	33	8,264,128.	
34 Total liabilities and net assets/fund balances	9,331,418.	34	9,417,151.	

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,457,382.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,864,470.
3	Revenue less expenses. Subtract line 2 from line 1	3	592,912.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,642,248.
5	Net unrealized gains (losses) on investments	5	28,965.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	3.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,264,128.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	976,166.	1170824.	1753892.	2718741.	1935159.	8554782.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	976,166.	1170824.	1753892.	2718741.	1935159.	8554782.
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)						2590052.
6 Public support. Subtract line 5 from line 4.						5964730.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	976,166.	1170824.	1753892.	2718741.	1935159.	8554782.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	320,196.	344,280.	293,711.	598,988.	733,504.	2290679.
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.)				7,951.	2,874.	10,825.
11 Total support. Add lines 7 through 10						10856286.
12 Gross receipts from related activities, etc. (see instructions)					12	1,054,428.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	54.94 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	59.46 %
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

MUSEUM OF ART AND HISTORY AT THE

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

MUSEUM OF ART AND HISTORY AT THE

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

MUSEUM OF ART AND HISTORY AT THE
MCPHERSON CENTER

Employer identification number

94-2718861

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization MUSEUM OF ART AND HISTORY AT THE MCPHERSON CENTER	Employer identification number 94-2718861
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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	_____ _____ _____	\$ <u>1,113,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>154,594.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>80,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MUSEUM OF ART AND HISTORY AT THE MCPHERSON CENTER	Employer identification number 94-2718861
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Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization MUSEUM OF ART AND HISTORY AT THE MCPHERSON CENTER	Employer identification number 94-2718861
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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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE 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.

OMB No. 1545-0047

2016 Open to Public Inspection

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

Name of the organization MUSEUM OF ART AND HISTORY AT THE MCPHERSON CENTER Employer identification number 94-2718861

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, lines 2a-2d for total number, acreage, and modified easements, and questions about monitoring, expenses, and reporting.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art and historical treasures, and amounts for revenue and assets.

MUSEUM OF ART AND HISTORY AT THE
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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	313,650.	306,362.	302,043.	266,152.	250,676.
b Contributions					
c Net investment earnings, gains, and losses	29,561.	7,288.	4,319.	35,891.	15,476.
d Grants or scholarships					
e Other expenditures for facilities and programs	8,566.				
f Administrative expenses	3,663.				
g End of year balance	330,982.	313,650.	306,362.	302,043.	266,152.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings	6,032,055.	3,761,504.	4,767,110.	5,026,449.
c Leasehold improvements	136,888.	224,342.	210,877.	150,353.
d Equipment	710,146.	221,606.	173,753.	757,999.
e Other	63,330.	86,087.	31,932.	117,485.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,052,286.

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Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) TENANT DEPOSITS	46,079.
(3) CAPITAL LEASE MUSEUM BUILDING	
(4) PAYABLE/REFINANCED DEBT	886,216.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	932,295.

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

MUSEUM OF ART AND HISTORY AT THE
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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements	1	2,486,347.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	28,965.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	28,965.
3	Subtract line 2e from line 1	3	2,457,382.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,457,382.

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

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

1	Total expenses and losses per audited financial statements	1	1,864,470.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,864,470.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,864,470.

Part XIII Supplemental Information.

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

PART V, LINE 4:

SUPPORT OF PROGRAM SERVICES

PART X, LINE 2:

THE ORGANIZATION HAS RECEIVED NOTIFICATION FROM THE INTERNAL REVENUE SERVICE AND THE STATE OF CALIFORNIA THAT IT QUALIFIES FOR TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 27301(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE. THE ORGANIZATION'S FEDERAL RETURNS FOR THE TAX YEARS 2013 AND BEYOND REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE ORGANIZATION'S CALIFORNIA RETURNS FOR THE TAX YEARS 2012 AND BEYOND REMAIN SUBJECT TO EXAMINATION BY THE FRANCHISE TAX BOARD.

Part XIII Supplemental Information *(continued)*

THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED, AND CHANGES IN RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGMENT OCCURS. THE ORGANIZATION HAS EVALUATED ITS CURRENT TAX POSITIONS AND HAS CONCLUDED THAT AS OF JUNE 30, 2017 THE ORGANIZATION DOES NOT HAVE ANY SIGNIFICANT UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE WOULD BE NECESSARY.

PART XII AND PART XIII, LINES 2D
RENTAL EXPENSES NET ON TAX RETURN.

MUSEUM OF ART AND HISTORY AT THE

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		RED BALL ANNUAL GALA (event type)	ART & HISTORY TOUR (event type)	NONE (total number)	
Revenue	1	Gross receipts	120,980.	23,156.	144,136.
	2	Less: Contributions	27,120.		27,120.
	3	Gross income (line 1 minus line 2)	93,860.	23,156.	117,016.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	24,939.	16,990.	41,929.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			41,929.
11	Net income summary. Subtract line 10 from line 3, column (d)			75,087.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization	MUSEUM OF ART AND HISTORY AT THE MCPHERSON CENTER	Employer identification number	94-2718861
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FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD IS PROVIDED A COPY OF THE 990 FOR APPROVAL PRIOR TO FILING.

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

CONFLICT OF INTEREST POLICY IS REGULARLY ENFORCED VERBALLY.

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

THE BOARD DISCUSSES THE EXECUTIVE DIRECTOR'S PERFORMANCE AND EVALUATES HER
SALARY TO DETERMINE COMPENSATION.

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

DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ROUNDING 3.

2016 DEPRECIATION AND AMORTIZATION REPORT

MCPHERSON CENTER OFFICE BUILDING

RENT 1

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
415	MCPHERSON CTR-OFFICE BUILDING	12/30/10	ADS	40.00	HY	17	3,841,494.				3,841,494.	2,232,860.		96,037.	2,328,897.
416	MCPHERSON CTR-94 OFFICE BUILDING ADD'S	06/30/94	ADS	40.00	HY	17	159,439.				159,439.	89,685.		3,986.	93,671.
417	MCPHERSON CTR-95 OFFICE BUILDING ADD'S	06/30/95	ADS	40.00	HY	17	55,282.				55,282.	29,022.		1,382.	30,404.
418	MCPHERSON CTR-96 OFFICE BUILDING ADD'S	06/30/96	ADS	40.00	HY	17	23,554.				23,554.	11,485.		589.	12,074.
438	MCPHERSON CTR LEASEHOLD IMPROVEMENTS	12/31/97	ADS	40.00	HY	17	4,787.				4,787.	2,220.		120.	2,340.
442	MCPHERSON CTR-99 OFFICE BUILDING ADDITIONS	01/01/99	ADS	40.00	HY	17	48,775.				48,775.	21,333.		1,219.	22,552.
451	LANDSCAPING	01/01/00	SL	15.00	HY	17	16,436.				16,436.	16,436.		0.	16,436.
452	BENCHES	01/01/00	SL	7.00	HY	17	1,914.				1,914.	1,914.		0.	1,914.
453	LIGHT FIXTURES	01/01/00	SL	7.00	HY	17	3,893.				3,893.	3,894.		0.	3,894.
476	OFFICE ENTRY REMODEL	01/01/05	SL	39.00	MM	17	7,235.				7,235.	2,152.		186.	2,338.
501	LEASEHOLD IMPROVEMENTS	05/31/13	SL	7.00	HY	17	44,578.				44,578.	12,630.		6,368.	18,998.
517	LEASEHOLD IMPROVEMENTS	12/31/13	SL	7.00	HY	17	92,310.				92,310.	23,886.		13,187.	37,073.
541	BLDG-ELEVATOR CAR SWING	06/19/15	SL	7.00	MC	17	12,580.				12,580.	1,861.		1,797.	3,658.
560	STEPPING STONES	04/08/16	SL	27.50	MM	17	4,760.				4,760.	36.		173.	209.
572	FIRE DETECTION & ALARMS	06/30/17	SL	15.00	MC	19E	23,751.				23,751.			198.	198.
573	METAL RAILINGS	06/30/17	SL	15.00	MC	19E	165,920.				165,920.			0.	
574	FRAMED STORE FRONT BLASS & GLAZING	06/30/17	SL	15.00	MC	19E	24,330.				24,330.			0.	

2016 DEPRECIATION AND AMORTIZATION REPORT

MCPHERSON CENTER OFFICE BUILDING

RENT

1

Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
575	ELECTRICAL UPGRADE	06/30/17	SL	15.00	MC19E	28,500.				28,500.			0.	
576	ABBOTT SQUARE & SECRET GARDEN	06/30/17	SL	39.00	HY19I	702,814.				702,814.			0.	
577	ABBOTT SQUARE MARKET PLUMBING	06/30/17	SL	20.00	MC19F	115,674.				115,674.			0.	
579	ABBOTT SQUARE MARKET ELECTRICAL SYSTEM	06/30/17	SL	15.00	MC19E	218,500.				218,500.			0.	
580	ABBOTT SQUARE MARKET FIRE ALARM OVERHAUL	06/30/17	SL	15.00	MC19E	55,476.				55,476.			0.	
581	ABBOTT SQUARE MARKET BASEMENT CHILLER FIRE PROTEC	06/30/17	SL	15.00	MC19E	13,576.				13,576.			0.	
585	ABBOTT SQUARE MARKET GENERAL CONSTRUCTION	06/30/17	SL	20.00	MC19F	433,615.				433,615.			0.	
586	MURAL PAINTINGS	06/30/17	SL	10.00	MC19D	69,750.				69,750.			0.	
	* 990 RENTAL TOTAL BUILDINGS					6,168,943.				6,168,943.	2,449,414.		125,242.	2,574,656.
	FURNITURE & FIXTURES													
587	MAJOR DONOR SCULPTURE (GIZMO)	06/30/17	SL	15.00	MC19E	58,912.				58,912.			0.	
589	FURNITURE & FIXTURES	01/01/17	200DB	7.00	MC19C	4,418.				4,418.			473.	473.
	* 990 RENTAL TOTAL FURNITURE & FIXTURES					63,330.				63,330.	0.		473.	473.
	MACHINERY & EQUIPMENT													
477	CARPET	01/01/05	SL	5.00	HY17	4,735.				4,735.	4,735.		0.	4,735.
485	CARPET	09/30/07	SL	5.00	HY17	3,800.				3,800.	3,800.		0.	3,800.
502	VARIOUS M&E	01/01/11	SL	5.00	HY17	2,575.				2,575.	2,575.		0.	2,575.
503	KEY SYSTEM FOR BUILDING	05/20/13	SL	5.00	MC17	6,755.				6,755.	4,053.		1,351.	5,404.

2016 DEPRECIATION AND AMORTIZATION REPORT

MCPHERSON CENTER OFFICE BUILDING

RENT 1

Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
504	VARIOUS M&E - TRASH	01/01/11	SL	5.00	HY17	12,276.				12,276.	12,276.		0.	12,276.
505	COMPACTOR	06/30/13	SL	10.00	MC17	2,733.				2,733.	819.		273.	1,092.
506	FURNITURE - OFFICE LOBBY	02/14/13	SL	5.00	MC17	920.				920.	736.		184.	920.
518	HVAC UNIT	05/21/14	SL	10.00	MC17	7,781.				7,781.	1,556.		778.	2,334.
519	COMPACTOR	07/01/13	SL	10.00	MC17	24,408.				24,408.	7,323.		2,441.	9,764.
542	FURNITURE - TRASH GATE	01/08/15	SL	5.00	MC17	2,171.				2,171.	652.		434.	1,086.
543	CARPET	04/29/15	SL	5.00	MC17	3,444.				3,444.	804.		689.	1,493.
544	SIGN	04/29/15	SL	5.00	MC17	1,599.				1,599.	373.		320.	693.
545	SECURITY FOR ELEVATOR	06/18/15	SL	7.00	MC17	2,020.				2,020.	289.		289.	578.
562	HAND RAILS	07/15/15	SL	7.00	HY17	2,317.				2,317.	166.		331.	497.
563	CARPET	06/22/16	SL	5.00	HY17	6,000.				6,000.	600.		1,200.	1,800.
564	GATE	03/07/16	SL	7.00	HY17	3,985.				3,985.	285.		569.	854.
578	ABBOTT SQUARE MARKET HVAC	06/30/17	SL	7.00	MC19C	218,025.				218,025.			0.	
582	ABBOTT SQUARE MARKET OVERHEAD DOORS	06/30/17	SL	7.00	MC19C	20,575.				20,575.			367.	367.
583	ABBOTT SQUARE MARKET DOORS AND FRAMES	06/30/17	200DB	7.00	MC19C	12,129.				12,129.			0.	
584	ABBOTT SQUARE MARKET STORE FRONT GLASS	06/30/17	200DB	7.00	MC19C	42,265.				42,265.			0.	
588	BEACON SCULPTURE (GYROSCOPE)	06/30/17	SL	15.00	MC19E	305,787.				305,787.			0.	
590	COOLING TOWER (HVAC)	08/29/16	200DB	7.00	MC19C	23,846.				23,846.			3,342.	3,342.

2016 DEPRECIATION AND AMORTIZATION REPORT

MCPHERSON CENTER OFFICE BUILDING

RENT

1

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 RENTAL TOTAL MACHINERY & EQUIPMENT						710,146.				710,146.	41,042.		12,568.	53,610.
	OTHER														
604	(D)PRIOR YEAR CIP REMOVED AND REPLACED BY LINE ITEM DE	07/01/15	L				392,790.				392,790.			0.	
	* 990 RENTAL TOTAL OTHER						392,790.				392,790.	0.		0.	0.
	* GRAND TOTAL 990 RENTAL DEPR & AMORT						7,335,209.				7,335,209.	2,490,456.		138,283.	2,628,739.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						4,797,346.			0.	4,797,346.	2,490,456.			2,624,359.
	ACQUISITIONS						2,537,863.			0.	2,537,863.	0.			4,380.
	DISPOSITIONS						392,790.			0.	392,790.	0.			0.
	ENDING BALANCE						6,942,419.			0.	6,942,419.	2,490,456.			2,628,739.
	ENDING ACCUM DEPR LESS DISPOSITIONS											2,628,739.			
	ENDING BOOK VALUE										4,313,680.				

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Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS													
412	MCPHERSON CTR-MUSEUM BUILDING	12/30/10	ADS	40.00	HY17	3,627,685.				3,627,685.	2,108,589.		90,692.	2,199,281.
413	MCPHERSON CTR-94 BUILDING ADD'S	06/30/94	ADS	40.00	HY17	18,741.				18,741.	10,610.		469.	11,079.
414	MCPHERSON CTR-95 BUILDING ADD'S (SIGNS)	06/30/95	SL	5.00	HY17	8,842.				8,842.	8,842.		0.	8,842.
570	HISTORY GALLERY DOOR TO BALCONY	04/01/16	SL	20.00	HY17	4,606.				4,606.	115.		230.	345.
592	MUSEUM INTERIOR PAINTING	08/10/16	SL	15.00	MC19E	9,180.				9,180.			0.	
593	MUSEUM INTERIOR DOORS	08/10/16	SL	15.00	MC19E	6,455.				6,455.			0.	
594	MUSEUM ATRIUM WINDOW TINTING	10/31/16	SL	15.00	MC19E	4,719.				4,719.			0.	
595	MUSEUM NEW INTERIOR DOORS	11/30/16	SL	15.00	MC19E	6,455.				6,455.			0.	
596	MUSEUM INTERIOR PAINTING	02/28/17	SL	15.00	MC19E	3,990.				3,990.			0.	
598	MUSEUM CLASSROOM DRYWALL	03/31/17	SL	15.00	MC19E	2,000.				2,000.			0.	
601	MUSEUM HISTORY GALLERY BALCONY ROOF REPAIR	05/31/17	SL	15.00	MC19E	6,488.				6,488.			0.	
	* 990 PAGE 10 TOTAL BUILDINGS					3,699,161.				3,699,161.	2,128,156.		91,391.	2,219,547.
	FURNITURE & FIXTURES													
463	OFFICE FURNITURE	06/24/02	SL	5.00	HY17	160.				160.	160.		0.	160.
474	STACKING CHAIRS	06/28/05	SL	5.00	HY17	2,786.				2,786.	2,784.		0.	2,784.
488	IKEA TABLE	03/08/12	SL	5.00	MC17	580.				580.	580.		0.	580.
489	ALUMINUM STAIR SIGN	06/07/12	SL	5.00	MC17	1,877.				1,877.	1,877.		0.	1,877.

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Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
507	EXHIBIT DISPLAY TABLE	07/16/12	SL	7.00	MC17	1,080.				1,080.	616.		154.	770.
508	EIGHT 6" TABLES	01/16/13	SL	7.00	MC17	434.				434.	248.		62.	310.
520	SCULPTURE GARDEN SEATING/IMPROVEMENTS	09/08/13	SL	5.00	MC17	270.				270.	135.		54.	189.
521	SCULPTURE GARDEN FURNITURE	04/29/14	SL	5.00	MC17	920.				920.	460.		184.	644.
522	ATRIUM EXHIBIT PODS TABLES	06/30/14	SL	5.00	MC17	16,713.				16,713.	8,357.		3,343.	11,700.
523	AUDITORIUM CHAIRS	05/15/14	SL	5.00	MC17	1,081.				1,081.	540.		216.	756.
524	ATRIUM EXHIBIT POD CHAIRS	05/20/14	SL	5.00	MC17	1,643.				1,643.	822.		329.	1,151.
525	IKEA OFFICE FURNITURE	05/23/14	SL	5.00	MC17	2,839.				2,839.	1,420.		568.	1,988.
528	FRIDGE FOR STAFF LOUNGE	09/17/13	SL	5.00	MC17	389.				389.	195.		78.	273.
533	PROJECTOR SCREEN	02/10/14	SL	10.00	MC17	1,608.				1,608.	402.		161.	563.
535	DIGITAL PROJECTOR	03/29/14	SL	10.00	MC17	757.				757.	190.		76.	266.
537	DIGITAL PROJECTOR	04/30/14	SL	10.00	MC17	923.				923.	230.		92.	322.
546	FRONT STREET BANNER	03/31/15	SL	10.00	MC17	3,528.				3,528.	529.		353.	882.
591	ABBOTT SQUARE DIGITAL SIGN	06/16/17	200DB	7.00	MC19C	27,849.				27,849.			0.	
599	MUSEUM AUDITORIUM CARPET	04/30/17	SL	7.00	MC19C	2,189.				2,189.			0.	
600	MUSEUM BOARDROOM FLOORING	04/30/17	SL	15.00	MC19E	7,170.				7,170.			0.	
602	MUSEUM AUDITORIUM SHADES	06/30/17	SL	7.00	MC19C	3,037.				3,037.			0.	
603	MUSEUM AUDITORIUM CARPET	06/30/17	SL	7.00	MC19C	2,804.				2,804.			0.	

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						80,637.				80,637.	19,545.		5,670.	25,215.
	MACHINERY & EQUIPMENT														
410	DONATED EQUIPMENT	10/31/95	SL	5.00	MC	17	5,250.				5,250.	5,250.		0.	5,250.
436	COPIER - LEASE	06/30/97	SL	5.00	HY	17	8,235.				8,235.	8,235.		0.	8,235.
444	HP PAVILION AND ACCESSORIES	09/30/99	SL	5.00	HY	17	2,245.				2,245.	2,245.		0.	2,245.
445	HP PAVILION AND ACCESSORIES	05/31/00	SL	5.00	HY	17	1,814.				1,814.	1,814.		0.	1,814.
446	MAC POWERBOOK	05/31/00	SL	5.00	HY	17	2,728.				2,728.	2,728.		0.	2,728.
447	MISCELLANEOUS	12/31/99	SL	5.00	HY	17	915.				915.	915.		0.	915.
448	MIP ACCOUNTING SOFTWARE	05/31/00	SL	5.00	HY	17	6,684.				6,684.	6,684.		0.	6,684.
449	FILM PROJECTOR	11/30/99	SL	7.00	HY	17	5,759.				5,759.	5,759.		0.	5,759.
454	DEVELOPMENT SOFTWARE	07/01/00	SL	5.00	HY	17	6,919.				6,919.	6,919.		0.	6,919.
455	COMPUTER WORKSTATIONS (3)	07/06/00	SL	5.00	HY	17	3,364.				3,364.	3,364.		0.	3,364.
456	SOFTWARE - WINDOWS 98/OFFICE	07/18/00	SL	5.00	HY	17	734.				734.	734.		0.	734.
457	COMPUTER WORKSTATIONS (4)	08/11/00	SL	5.00	HY	17	4,538.				4,538.			10.	10.
458	NOTEBOOK COMPUTER	10/16/00	SL	5.00	HY	17	2,041.				2,041.	2,037.		0.	2,037.
459	PRINTER FOR ARCHIVES	10/16/00	SL	5.00	HY	17	167.				167.	167.		0.	167.
460	PRINTER HP LASERJET 4100	04/18/01	SL	5.00	HY	17	1,883.				1,883.	1,883.		0.	1,883.
461	COMPUTER - COMPAQ	06/11/01	SL	5.00	HY	17	849.				849.	849.		0.	849.

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
464	COMPUTER EQUIPMENT	03/31/02	SL	5.00		HY17	1,145.				1,145.	1,145.		0.	1,145.
465	MONITOR	09/13/01	SL	5.00		HY17	400.				400.	400.		0.	400.
466	COMPUTER & MONITOR - STORE	07/24/01	SL	5.00		HY17	699.				699.	699.		0.	699.
467	DELL WORKSTATION	09/29/03	SL	5.00		HY17	649.				649.	649.		0.	649.
468	LCD MONITOR 2	04/20/04	SL	5.00		HY17	745.				745.	745.		0.	745.
469	COMPUTER WORKSTATIONS (2)	03/18/04	SL	5.00		HY17	1,714.				1,714.	1,714.		0.	1,714.
470	COMPUTER WORKSTATIONS (3)	03/30/04	SL	5.00		HY17	2,571.				2,571.	2,571.		0.	2,571.
471	SERVER AND NETWORK RELATED COSTS	03/30/04	SL	5.00		HY17	949.				949.	949.		0.	949.
472	SERVER	03/01/04	SL	5.00		HY17	3,265.				3,265.	3,265.		0.	3,265.
473	OMNIPRO COMPUTER	08/20/04	SL	5.00		HY17	792.				792.	792.		0.	792.
475	COMPUTER - HP NOTEBOOK	12/31/04	SL	5.00		HY17	1,362.				1,362.	1,362.		0.	1,362.
478	DELL COMPUTER	10/25/05	SL	5.00		HY17	1,215.				1,215.	1,215.		0.	1,215.
479	HP 4250 LASER PRINTER	12/14/05	SL	5.00		HY17	1,007.				1,007.	1,007.		0.	1,007.
487	DELL COMPUTERS	08/21/11	SL	5.00		MC17	3,749.				3,749.	3,749.		0.	3,749.
491	HVAC REPLACEMENT	06/30/12	SL	20.00		MC17	1,991.				1,991.	500.		100.	600.
492	HVAC REPLACEMENT	06/01/12	SL	20.00		MC17	13,317.				13,317.	3,330.		666.	3,996.
509	HP DESIGNJET Z2100 PHOTO POSTER PRINTER	06/20/13	SL	5.00		MC17	1,200.				1,200.	960.		240.	1,200.
510	EXHIBITIONS MANAGER COMPUTER	03/25/13	SL	5.00		MC17	793.				793.	634.		159.	793.

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Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
511	MARKETING ASSOCIATE COMPUTER	03/25/13	SL	5.00	MC17	793.				793.	634.		159.	793.
512	IPADS FOR TEEN PROGRAM	04/30/13	SL	5.00	MC17	7,858.				7,858.	6,286.		1,572.	7,858.
513	EXHIBIT TECH COMPACT DESKTOPS	05/24/13	SL	5.00	MC17	729.				729.	582.		147.	729.
514	EVENTS TECH PROJECTOR	05/29/13	SL	5.00	MC17	1,502.				1,502.	1,200.		302.	1,502.
515	ATRIUM AV EQUIPMENT FOR EVENTS	06/01/13	SL	5.00	MC17	9,632.				9,632.	7,704.		1,928.	9,632.
516	MEMBERSHIP LAPTOP	06/27/13	SL	5.00	MC17	635.				635.	508.		127.	635.
529	COMPUTER - SCHOOL PROGRAMS	08/22/13	SL	5.00	MC17	566.				566.	283.		113.	396.
530	COMPUTER - COMMUNITY PROGRAMS	12/12/13	SL	5.00	MC17	862.				862.	430.		172.	602.
531	SQUARE REGISTER POS SYSTEM	12/12/13	SL	5.00	MC17	541.				541.	270.		108.	378.
532	IPAD FOR SQUARE REGISTER SYSTEM	12/12/13	SL	5.00	MC17	536.				536.	268.		107.	375.
534	NEW COMPUTERS	03/20/14	SL	5.00	MC17	1,166.				1,166.	583.		233.	816.
536	LAPTOP FOR AUDITORIUM	04/28/14	SL	5.00	MC17	520.				520.	260.		104.	364.
538	LAPTOP AND DESKTOP - MF, SG	06/05/14	SL	5.00	MC17	1,087.				1,087.	543.		217.	760.
548	HVAC UNIT FOR ARCHIVES	08/13/14	SL	20.00	MC17	7,781.				7,781.	584.		389.	973.
549	ELECTRICAL JOB BOX AND CABLE	09/08/14	SL	10.00	MC17	2,030.				2,030.	305.		203.	508.
551	DELL DESKTOP	10/30/14	SL	5.00	MC17	697.				697.	209.		139.	348.
552	DELL LAPTOP	11/12/14	SL	5.00	MC17	648.				648.	195.		130.	325.
553	SLR CAMERA	11/20/14	SL	5.00	MC17	1,590.				1,590.	477.		318.	795.

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Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
566	NEW SERVER	08/12/15	SL	5.00	HY17	726.				726.	73.		145.	218.
567	NEW SERVER	01/13/16	SL	5.00	HY17	10,001.				10,001.	2,492.		2,000.	4,492.
568	SCANNER FOR ARCHIVES	02/08/16	SL	5.00	HY17	2,566.				2,566.	257.		513.	770.
569	STAGE	07/20/15	SL	20.00	HY17	3,765.				3,765.	94.		188.	282.
597	MUSEUM WATER HEATER	03/31/17	SL	7.00	MC19C	1,892.				1,892.			0.	
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT					149,811.				149,811.	99,506.		10,489.	109,995.
	BUILDINGS													
443	MUSEUM STORE FACADE	01/01/99	ADS	40.00	HY17	57,542.				57,542.	25,182.		1,439.	26,621.
450	MUSEUM FACADE	01/01/00	SL	40.00	16	5,637.				5,637.	2,326.		141.	2,467.
	* 990 PAGE 10 TOTAL BUILDINGS					63,179.				63,179.	27,508.		1,580.	29,088.
	FURNITURE & FIXTURES													
419	MUSEUM STORE	12/30/10	SL	5.00	HY17	2,571.				2,571.	2,571.		0.	2,571.
439	MUSEUM STORE LIGHT FIXTURES	10/31/97	ADS	40.00	HY17	2,879.				2,879.	1,332.		72.	1,404.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES					5,450.				5,450.	3,903.		72.	3,975.
	* 990 PAGE 10 TOTAL -					3,998,238.				3,998,238.	2,278,618.		109,202.	2,387,820.
	BUILDINGS													
434	HARDWOOD FLOORS	07/01/96	ADS	40.00	HY17	4,572.				4,572.	2,166.		114.	2,280.
435	LEASEHOLD IMPROVEMENTS - MAH	06/30/97	ADS	40.00	HY17	3,646.				3,646.	1,729.		91.	1,820.

2016 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
440	STORE IMPROVEMENTS	10/31/97	ADS	40.00	HY17	37,890.				37,890.	17,520.		947.	18,467.
462	SCULPTURE GARDEN	12/31/01	SL	20.00	HY17	119,940.				119,940.	88,170.		5,997.	94,167.
499	SCULPTURE GARDEN	01/01/13	SL	20.00	MC17	8,673.				8,673.	1,736.		434.	2,170.
550	FRONT DOOR PUSHBAR AND LOCK	07/09/14	ADS	40.00	HY17	3,770.				3,770.	141.		94.	235.
	* 990 PAGE 10 TOTAL BUILDINGS					178,491.				178,491.	111,462.		7,677.	119,139.
	FURNITURE & FIXTURES													
409	HARDWOOD FLOOR	06/01/96	ADS	40.00	MC17	20,000.				20,000.	10,042.		500.	10,542.
411	MCPHERSON CTR-FURNITURE/FIXTURES	12/30/10	SL	15.00	HY17	23,859.				23,859.	23,859.		0.	23,859.
433	LIGHTING & FIXTURES - JAIL BLDG	06/30/88	SL	5.00	HY17	1,156.				1,156.	1,156.		0.	1,156.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES					45,015.				45,015.	35,057.		500.	35,557.
	* 990 PAGE 10 TOTAL -					223,506.				223,506.	146,519.		8,177.	154,696.
	MACHINERY & EQUIPMENT													
539	EVERGREEN CEMETERY CHINESE GATE	04/09/14	SL	25.00	MC17	51,425.				51,425.	5,143.		2,057.	7,200.
540	EVERGREEN CEMETERY CHINESE HEADSTONES	04/06/14	SL	25.00	MC17	19,500.				19,500.	1,950.		780.	2,730.
547	EVERGREEN CEMETERY SIGNAGE	08/07/14	SL	10.00	MC17	870.				870.	131.		87.	218.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT					71,795.				71,795.	7,224.		2,924.	10,148.
	* 990 PAGE 10 TOTAL -					71,795.				71,795.	7,224.		2,924.	10,148.
	MACHINERY & EQUIPMENT													

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
495	(D)LOAN FEE	03/22/93	461	315M		HY43	65,000.				65,000.	62,731.		0.	62,731.
	LESS EXCLUSION											-60,462.		0.	-60,462.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						65,000.				65,000.	2,269.		0.	2,269.
	* 990 PAGE 10 TOTAL -						65,000.				65,000.	2,269.		0.	2,269.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT						4,358,539.				4,358,539.	2,434,630.		120,303.	2,554,933.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						4,274,311.			0.	4,274,311.	2,495,092.			2,615,395.
	ACQUISITIONS						84,228.			0.	84,228.	0.			0.
	DISPOSITIONS						65,000.			0.	65,000.	62,731.			62,731.
	ENDING BALANCE						4,293,539.			0.	4,293,539.	2,432,361.			2,552,664.
	ENDING ACCUM DEPR LESS DISPOSITIONS											2,552,664.			
	ENDING BOOK VALUE											1,740,875.			

Depreciation and Amortization
(Including Information on Listed Property) RENT 1

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

MUSEUM OF ART AND HISTORY AT THE
MCPHERSON CENTER

MCPHERSON CENTER OFFICE
BUILDING

94-2718861

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,010,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	133,903.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		48,839.	7 YRS.	MQ	200DB	4,182.
d 10-year property						
e 15-year property		23,751.	15 YRS.	MQ	SL	198.
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	138,283.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

MUSEUM OF ART AND HISTORY AT THE
MCPHERSON CENTER

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25**

26 Property used more than 50% in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
		%						
		%						
		%						

27 Property used 50% or less in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
		%				S/L -		
		%				S/L -		
		%				S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2016 tax year:

(a)	(b)	(c)	(d)	(e)	(f)

43 Amortization of costs that began before your 2016 tax year **43**

44 Total. Add amounts in column (f). See the instructions for where to report **44**

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. MUSEUM OF ART AND HISTORY AT THE MCPHERSON CENTER	Employer identification number (EIN) or 94-2718861
	Number, street, and room or suite no. If a P.O. box, see instructions. 705 FRONT STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANTA CRUZ, CA 95060	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

NINA SIMON

• The books are in the care of ▶ **705 FRONT STREET - SANTA CRUZ, CA 95060**
Telephone No. ▶ **(831) 429-1964** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **JUL 1, 2016**, and ending **JUN 30, 2017**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045**