

PUBLIC INSPECTION COPY

EXTENDED TO MAY 15, 2023

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

**2021**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</b> Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>ARMAND HAMMER MUSEUM OF ART AND CULTURAL CENTER, INC.</b>		<b>D</b> Employer identification number <b>95-4217197</b>
	Doing business as		<b>E</b> Telephone number <b>310 443 - 7058</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>36,334,375.</b>
	10899 WILSHIRE BLVD		<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code <b>LOS ANGELES, CA 90024-4314</b>		<b>H(b)</b> Are all subordinates included? Yes No	
<b>F</b> Name and address of principal officer: <b>MICHAEL HARRISON</b> <b>10899 WILSHIRE BLVD, LOS ANGELES, CA 90024-</b>		If "No," attach a list. See instructions	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527		<b>H(c)</b> Group exemption number ▶	
<b>J</b> Website: ▶ <b>HTTP://WWW.HAMMER.UCLA.EDU</b>		<b>L</b> Year of formation: <b>1989</b> <b>M</b> State of legal domicile: <b>CA</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>22</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>19</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>371</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>57</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>15,053.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>16,011,562.</b>	<b>25,310,539.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>58,343.</b>	<b>347,748.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>9,788,425.</b>	<b>8,478,001.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>130,039.</b>	<b>855,975.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>25,988,369.</b>	<b>34,992,263.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>12,230,493.</b>	<b>12,936,596.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>3,287,173.</b>	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>13,760,945.</b>	<b>17,762,791.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>25,991,438.</b>	<b>30,699,387.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-3,069.</b>	<b>4,292,876.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>321,317,525.</b>	<b>300,503,253.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>13,969,745.</b>	<b>12,018,871.</b>
		<b>307,347,780.</b>	<b>288,484,382.</b>

**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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>MICHAEL HARRISON, DEPUTY DIR FIN</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DAVID M HIGHFILL</b>	Preparer's signature <i>David M Highfill</i>	Date <b>3/22/23</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01517891</b>
	Firm's name ▶ <b>KPMG LLP</b>	Firm's EIN ▶ <b>13-5565207</b>		Phone no. <b>213-972-4000</b>	
Firm's address ▶ <b>550 SOUTH HOPE STREET, SUITE 1500</b> <b>LOS ANGELES, CA 90071</b>					

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

# 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.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**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/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/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.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>ARMAND HAMMER MUSEUM OF ART AND CULTURAL CENTER, INC.</b>	Taxpayer identification number (TIN) <b>95-4217197</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>10899 WILSHIRE BLVD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LOS ANGELES, CA 90024-4314</b>	

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 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
Form 990-T (corporation)	07		

**MICHAEL HARRISON**

- The books are in the care of ▶ **10899 WILSHIRE BLVD. - LOS ANGELES, CA 90024-4314**

Telephone No. ▶ **310-443-7034** 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 TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2023**, 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, 2021**, and ending **JUN 30, 2022**.

**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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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

ARMAND HAMMER MUSEUM OF ART AND CULTURAL CENTER, INC.

Form 990 (2021)

95-4217197 Page 2

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE HAMMER MUSEUM AT UCLA BELIEVES IN THE PROMISE OF ART AND IDEAS TO ILLUMINATE OUR LIVES AND BUILD A MORE JUST WORLD.

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

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

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

4a (Code: ) (Expenses \$ 18,962,289. including grants of \$ ) (Revenue \$ 57,348. ) SEE SCHEDULE O.

4b (Code: ) (Expenses \$ 4,433,542. including grants of \$ ) (Revenue \$ 290,400. ) PUBLIC & ACADEMIC PROGRAMS: THE HAMMER'S 300+ PROGRAMS EACH YEAR ARE DESIGNED TO SPARK MEANINGFUL ENCOUNTERS WITH ART AND IDEAS. THEY INCLUDE LECTURES, SYMPOSIA, UNIVERSITY OUTREACH, FILM SERIES, READINGS, FAMILY EVENTS, TOURS, AND MUSICAL PERFORMANCES. 2022 SAW THE RETURN OF IN-PERSON PROGRAMS FOLLOWING CLOSURES AND LIMITED CAPACITY PROTOCOLS IN 2020 AND 2021 DUE TO COVID PROTOCOLS. PROGRAM HIGHLIGHTS INCLUDED A TALK WITH FAMED OCEANOGRAPHER SYLVIA EARLE; CONCERTS AND PERFORMANCES IN CONJUNCTION WITH THE EXHIBITION "LIFES"; AND THE RETURN OF POPULAR SERIES LIKE THE MOMA CONTENDERS FILM SERIES AND KCRW SUMMER CONCERTS. HAMMER MUSEUMS PROGRAM DETAILS ARE AVAILABLE ON OUR WEBSITE, WWW.HAMMER.UCLA.EDU.

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

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

4e Total program service expenses 23,395,831.

Form 990 (2021)

**ARMAND HAMMER MUSEUM OF ART AND  
CULTURAL CENTER, INC.**

Form 990 (2021)

95-4217197 Page **3**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		<b>X</b>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>X</b>	
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>X</b>	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>X</b>	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>X</b>	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>X</b>	
<b>b</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> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>X</b>	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>X</b>	
<b>19</b> 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> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		<b>X</b>

**ARMAND HAMMER MUSEUM OF ART AND  
CULTURAL CENTER, INC.**

Form 990 (2021)

95-4217197 Page **4**

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

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

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	156
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	<b>X</b>

ARMAND HAMMER MUSEUM OF ART AND CULTURAL CENTER, INC.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 371		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	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
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a	Is the organization licensed to issue qualified health plans in more than one state?		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	13b		
c	Enter the amount of reserves on hand		
	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
If "Yes," complete Form 4720, Schedule O.			
<b>17 Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			
If "Yes," complete Form 6069.			

**ARMAND HAMMER MUSEUM OF ART AND  
CULTURAL CENTER, INC.**

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

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

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	<b>1a</b>	22		
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b>	19		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>			<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	<b>3</b>		<b>X</b>	
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>			<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>			<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>		<b>X</b>	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>			<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	<b>8a</b>		<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		<b>X</b>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<b>9</b>			<b>X</b>

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

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

**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 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on 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 **▶**  
**MICHAEL HARRISON - 310-443-7034**  
**10899 WILSHIRE BLVD., LOS ANGELES, CA 90024-4314**

**ARMAND HAMMER MUSEUM OF ART AND  
CULTURAL CENTER, INC.**

Form 990 (2021)

95-4217197 Page 7

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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

(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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ANN PHILBIN MUSEUM DIRECTOR/CEO	40.00 0.00			X			667,900.	0.	60,450.	
(2) GENE D. BLOCK DIRECTOR	1.00 40.00	X					0.	490,766.	68,390.	
(3) BRETT STEELE DIRECTOR	1.00 40.00	X					0.	362,177.	47,335.	
(4) CYNTHIA BURLINGHAM DEPUTY DIR/CURATORIAL AFFAIRS	40.00 0.00				X		275,505.	0.	64,293.	
(5) MARY OSAKO DIRECTOR	1.00 0.00	X					0.	274,134.	45,676.	
(6) MICHAEL HARRISON DEPUTY DIR/ASST TREASURER	40.00 0.00			X			283,857.	0.	34,351.	
(7) ALFRED YERIES DEPUTY DIR/EXTERNAL AFFAIRS	40.00 0.00				X		225,899.	0.	24,297.	
(8) CORNELIA BUTLER CHIEF CURATOR	40.00 0.00				X		189,915.	0.	60,030.	
(9) VERIDIANA PONTES CHIEF DEVELOPMENT OFFICER	40.00 0.00				X		164,896.	0.	37,378.	
(10) SCOTT TENNENT CHIEF COMMUNICATIONS OFFICER	40.00 0.00				X		162,329.	0.	31,049.	
(11) RUSSEL DAVIS (TERM 02/25/22) CHIEF HR, EQUITY, & ENGAGEMENT	40.00 0.00					X	157,335.	0.	12,722.	
(12) MELANIE CRADER (TERM 02/14/22) DIR EXHIBITION & PUB MGMT	40.00 0.00					X	120,912.	0.	43,024.	
(13) HENRY CLANCY DIRECTOR OPERATIONS	40.00 0.00					X	135,611.	0.	27,375.	
(14) CLAUDIA BESTOR DIRECTOR PUBLIC PROGRAMS	40.00 0.00					X	125,358.	0.	25,891.	
(15) PORTLAND MCCORMICK DIR REGISTRATION & COLLEC MGMT	40.00 0.00					X	123,462.	0.	27,595.	
(16) RESHMA BISHNOI SEC/DIR LEGAL AFFAIRS	40.00 0.00			X			102,275.	0.	16,612.	
(17) MICHAEL RUBEL PRESIDENT	2.00 0.00	X		X			0.	0.	0.	



**ARMAND HAMMER MUSEUM OF ART AND CULTURAL CENTER, INC.**

Form 990 (2021)

95-4217197 Page **8**

**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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) MARCY CARSEY CHAIRMAN	2.00 0.00	X		X				0.	0.	0.
(19) STEVEN A. OLSEN TREASURER	2.00 0.00	X		X				0.	0.	0.
(20) JAY BROWN DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) ERIC ESRAILIAN DIRECTOR	1.50 0.00	X						0.	0.	0.
(22) CHARLES GAINES DIRECTOR	1.50 0.00	X						0.	0.	0.
(23) NICK GROUF DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) MANUELA HERZER DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) LARRY JACKSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) LINDA JANGER DIRECTOR	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								2,735,254.	1,127,077.	626,468.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,735,254.	1,127,077.	626,468.

**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 **17**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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	
<b>5</b> 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
KPMG LLP PO BOX 120922, DALLAS, TX 75312	AUDIT & TAX SERVICES	195,977.

**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 **1**

**SEE PART VII, SECTION A CONTINUATION SHEETS**

Form **990** (2021)



ARMAND HAMMER MUSEUM OF ART AND CULTURAL CENTER, INC.

Form 990 (2021)

95-4217197 Page 9

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b	366,830.			
	c	Fundraising events	1c	264,667.			
	d	Related organizations	1d	4,709,853.			
	e	Government grants (contributions)	1e	1,326,881.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	18,642,308.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 7,722.			
	h	<b>Total.</b> Add lines 1a-1f		25,310,539.			
	Program Service Revenue	2 a	CURATED TRAVEL PROGRAM	Business Code	561520	290,400.	290,400.
b		ADMISSION		611710	34,848.	34,848.	
c		EXHIB. AND PUBLIC FEES		900099	22,500.	22,500.	
d							
e							
f		All other program service revenue					
g		<b>Total.</b> Add lines 2a-2f		347,748.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,587,531.		2587531.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		5,356.		5,356.	
	6 a	Gross rents	(i) Real	405,967.			
			(ii) Personal				
			6a	405,967.			
	b	Less: rental expenses	6b	0.			
	c	Rental income or (loss)	6c	405,967.			
	d	Net rental income or (loss)		405,967.		405,967.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	6,898,867.			
			(ii) Other				
			7a	6,898,867.			
	b	Less: cost or other basis and sales expenses	7b	1,008,397.			
c	Gain or (loss)	7c	5,890,470.				
d	Net gain or (loss)		5,890,470.		5890470.		
8 a	Gross income from fundraising events (not including \$ 264,667. of contributions reported on line 1c). See Part IV, line 18	8a	23,203.				
		b	Less: direct expenses	8b	77,077.		
c	Net income or (loss) from fundraising events		-53,874.		-53,874.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
		b	Less: direct expenses	9b			
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a	725,260.				
		b	Less: cost of goods sold	10b	256,638.		
		c	Net income or (loss) from sales of inventory		468,622.	15,053.	453,569.
Miscellaneous Revenue	11 a	OTHER REVENUE	Business Code	900099	18,096.	18,096.	
	b	RIGHTS/ REPRODUCTION		900099	11,808.	11,808.	
	c						
	d	All other revenue					
	e	<b>Total.</b> Add lines 11a-11d		29,904.			
12	<b>Total revenue.</b> See instructions		34,992,263.	347,748.	15,053.	9318923.	

**ARMAND HAMMER MUSEUM OF ART AND  
CULTURAL CENTER, INC.**

Form 990 (2021)

95-4217197 Page **10**

**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 .....	2,446,476.	1,199,710.	604,844.	641,922.
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 .....	7,359,593.	6,144,067.	404,632.	810,894.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	18,218.	13,578.	1,623.	3,017.
9 Other employee benefits .....	3,099,564.	2,210,431.	385,457.	503,676.
10 Payroll taxes .....	12,745.	7,647.	1,912.	3,186.
11 Fees for services (nonemployees):				
a Management .....	20,000.	20,000.		
b Legal .....	14,158.	1,658.	12,500.	
c Accounting .....	141,941.		141,941.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	1,850,336.		1,850,336.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	586,411.	505,629.	35,367.	45,415.
12 Advertising and promotion .....	373,418.	304,779.	17,160.	51,479.
13 Office expenses .....	592,240.	464,671.	45,069.	82,500.
14 Information technology .....	623,777.	510,092.	51,323.	62,362.
15 Royalties .....				
16 Occupancy .....	1,907,766.	1,524,429.	182,903.	200,434.
17 Travel .....	570,686.	553,363.	6,873.	10,450.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	392,567.	29,507.	4,561.	358,499.
20 Interest .....	215,493.			215,493.
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	3,215,491.	2,921,450.	215,907.	78,134.
23 Insurance .....				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>EXHIBITION RELATED EXP.</b> .....	3,485,632.	3,485,632.		
b <b>ART ACQUISITIONS</b> .....	2,330,782.	2,330,782.		
c <b>OTHER EXPENSES</b> .....	1,263,719.	1,014,419.	49,217.	200,083.
d <b>EQUIP RENTAL/MAINTEN.</b> .....	173,152.	148,765.	4,758.	19,629.
e All other expenses .....	5,222.	5,222.		
<b>25 Total functional expenses.</b> Add lines 1 through 24e	30,699,387.	23,395,831.	4,016,383.	3,287,173.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**ARMAND HAMMER MUSEUM OF ART AND  
CULTURAL CENTER, INC.**

Form 990 (2021)

95-4217197 Page **11**

**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	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	7,946,465.	<b>1</b>	8,883,334.	
	<b>2</b> Savings and temporary cash investments .....	20,992,688.	<b>2</b>	20,662,532.	
	<b>3</b> Pledges and grants receivable, net .....	36,656,829.	<b>3</b>	30,553,457.	
	<b>4</b> Accounts receivable, net .....	58,391.	<b>4</b>	144,343.	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....	182,708.	<b>8</b>	184,815.	
	<b>9</b> Prepaid expenses and deferred charges .....	47,140.	<b>9</b>	13,867.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 133,996,818.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 28,603,318.	96,241,543.	<b>10c</b>	105,393,500.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	157,940,068.	<b>12</b>	134,461,061.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	1,251,693.	<b>15</b>	206,344.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	321,317,525.	<b>16</b>	300,503,253.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	3,029,899.	<b>17</b>	2,127,833.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	0.	<b>24</b>	9,000,000.	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	10,939,846.	<b>25</b>	891,038.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	13,969,745.	<b>26</b>	12,018,871.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions .....	189,154,042.	<b>27</b>	183,542,617.	
	<b>28</b> Net assets with donor restrictions .....	118,193,738.	<b>28</b>	104,941,765.	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
	<b>32</b> Total net assets or fund balances .....	307,347,780.	<b>32</b>	288,484,382.	
	<b>33</b> Total liabilities and net assets/fund balances .....	321,317,525.	<b>33</b>	300,503,253.	

Form **990** (2021)

**ARMAND HAMMER MUSEUM OF ART AND  
CULTURAL CENTER, INC.**

Form 990 (2021)

95-4217197 Page **12**

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	34,992,263.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	30,699,387.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	4,292,876.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	307,347,780.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-23,156,274.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	288,484,382.

**Part XII Financial Statements and Reporting**

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

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

Form **990** (2021)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization **ARMAND HAMMER MUSEUM OF ART AND CULTURAL CENTER, INC.** Employer identification number **95-4217197**

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

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

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

f Enter the number of supported organizations ..... 1

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
THE REGENTS OF THE UNIVERSITY OF CA	95-6006143	6	X		0.	0.
<b>Total</b>					0.	0.

ARMAND HAMMER MUSEUM OF ART AND CULTURAL CENTER, INC.

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	44390063.	31869257.	26173654.	16011562.	25310539.	143755075
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						143755075
<b>5</b> 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) .....						34518162.
<b>6 Public support.</b> Subtract line 5 from line 4.						109236912

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	44390063.	31869257.	1724404.	2454155.	25333742.	143755075
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	5359031.	5923866.	1724404.	2454155.	2592887.	18054343.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	120,640.	270,569.	157,366.	1,000.	29,903.	579,478.
<b>11 Total support.</b> Add lines 7 through 10						16238896
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	2,826,368.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	67.27 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	58.42 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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

**ARMAND HAMMER MUSEUM OF ART AND  
CULTURAL CENTER, INC.**

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<input checked="" type="checkbox"/>	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<input checked="" type="checkbox"/>	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		<input checked="" type="checkbox"/>
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		<input checked="" type="checkbox"/>
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		<input checked="" type="checkbox"/>
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		<input checked="" type="checkbox"/>
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		<input checked="" type="checkbox"/>
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		<input checked="" type="checkbox"/>
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		<input checked="" type="checkbox"/>
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		<input checked="" type="checkbox"/>
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		<input checked="" type="checkbox"/>
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		<input checked="" type="checkbox"/>
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**ARMAND HAMMER MUSEUM OF ART AND  
CULTURAL CENTER, INC.**

**Part IV Supporting Organizations** *(continued)*

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

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

**ARMAND HAMMER MUSEUM OF ART AND  
CULTURAL CENTER, INC.**

**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	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

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 <b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	
3 Subtract line 2 from line 1d.	3	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by 0.035.	6	
7 Recoveries of prior-year distributions	7	
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

Section C - Distributable Amount	(A) Prior Year	(B) Current Year (optional)
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
2 Enter 0.85 of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
6 <b>Distributable Amount.</b> 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).		

**ARMAND HAMMER MUSEUM OF ART AND  
CULTURAL CENTER, INC.**

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

ARMAND HAMMER MUSEUM OF ART AND  
CULTURAL CENTER, INC.

Schedule A (Form 990) 2021

95-4217197 Page 8

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

**SCHEDULE A, PART VI, EXPLANATION FOR OTHER INCOME:**

**OTHER INCOME**

2017 AMOUNT: \$ 120,640.

2018 AMOUNT: \$ 270,569.

2019 AMOUNT: \$ 157,366.

2020 AMOUNT: \$ 1,000.

2021 AMOUNT: \$ 29,903.

**PART IV, SECTION A, LINE 2:**

**SUPPORTED ORGANIZATION IRS DETERMINATION OF STATUS**

THE MUSEUM SUPPORTS THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, A GOVERNMENTAL ENTITY, WHICH IS FOR THE BENEFIT OF THE PUBLIC AND QUALIFIES AS 509(A)(1). THE MUSEUM RECEIVED A DETERMINATION LETTER FROM THE IRS ON NOVEMBER 1, 2017 CLASSIFYING THE MUSEUM'S SUPPORTING ORGANIZATION STATUS AS A TYPE III FUNCTIONALLY INTEGRATED SUPPORTING ORGANIZATION.

**PART IV, SECTION D, LINE 3:**

**SUPPORTED ORGANIZATION'S ROLE IN INVESTMENT POLICIES OF THE ORGANIZATION**

THE MUSEUM'S INVESTMENT COMMITTEE ELECTED TO UTILIZE INVESTMENT MANAGEMENT SERVICES FROM ANOTHER SUPPORTING ORGANIZATION OF THE UNIVERSITY OF CALIFORNIA AND ITS FUNDS ARE INVESTED IN ITS ENDOWMENT INVESTMENT POOL. AT THE TIME OF SUCH ELECTION, THE MUSEUM'S INVESTMENT COMMITTEE INCLUDED 20% OF ITS MEMBERS FROM THE SUPPORTED ORGANIZATION.

ARMAND HAMMER MUSEUM OF ART AND  
CULTURAL CENTER, INC.

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

PART IV, SECTION E, LINE 1C:

SUPPORT OF A GOVERNMENTAL ENTITY

THE MUSEUM PROVIDED OR PURCHASED VARIOUS SERVICES AND/OR GOODS FOR THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, A GOVERNMENTAL ENTITY. THE MUSEUM, NEIGHBORING THE CAMPUS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES (UCLA), IS MANAGED BY THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, PURSUANT TO A 99-YEAR OPERATING AGREEMENT. THE MUSEUM IS RESPONSIVE TO UCLA THROUGH UCLA'S APPOINTMENT OF CERTAIN MUSEUM BOARD MEMBERS, AND AT LEAST ONE OFFICER OVERLAP BETWEEN THE ORGANIZATIONS. THE MUSEUM IS ONE OF THREE PUBLIC ART UNITS OF THE SCHOOL OF ARTS AND ARCHITECTURE AT UCLA. IT PROVIDES FREE ADMISSION TO THE UNIVERSITY STUDENTS AS WELL AS MEMBERS OF THE GENERAL PUBLIC. ADDITIONALLY, IT OPERATES OVER 300 ANNUAL PUBLIC PROGRAMS, INCLUDING PROVIDING FACILITIES FOR SCREENINGS, LECTURES AND EVENTS FOR UCLA.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

**ARMAND HAMMER MUSEUM OF ART AND  
CULTURAL CENTER, INC.**

Employer identification number

**95-4217197**

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

Schedule B (Form 990) (2021)



Name of organization <b>ARMAND HAMMER MUSEUM OF ART AND CULTURAL CENTER, INC.</b>	Employer identification number 95-4217197
--------------------------------------------------------------------------------------	----------------------------------------------

**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	<hr/> <hr/> <hr/>	\$ 5,150,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 704,094.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 1,273,371.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization <b>ARMAND HAMMER MUSEUM OF ART AND CULTURAL CENTER, INC.</b>	Employer identification number <b>95-4217197</b>
--------------------------------------------------------------------------------------	-----------------------------------------------------

**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 <b>ARMAND HAMMER MUSEUM OF ART AND CULTURAL CENTER, INC.</b>	Employer identification number <b>95-4217197</b>
--------------------------------------------------------------------------------------	-----------------------------------------------------

**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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
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.**

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

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

**Name of the organization** **ARMAND HAMMER MUSEUM OF ART AND CULTURAL CENTER, INC.** **Employer identification number** **95-4217197**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021



**ARMAND HAMMER MUSEUM OF ART AND  
CULTURAL CENTER, INC.**

**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) INVESTMENT IN UCLA FDN	134,461,061.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>134,461,061.</b>	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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) DUE TO RELATED PARTIES	779,448.
(3) LINE OF CREDIT	100,000.
(4) UNEARNED INCOME	11,590.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>891,038.</b>

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

ARMAND HAMMER MUSEUM OF ART AND  
CULTURAL CENTER, INC.

**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	9,985,653.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-23,156,274.	
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	-23,156,274.	
3	Subtract line 2e from line 1	3	33,141,927.	
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	1,850,336.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	1,850,336.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	34,992,263.	

**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	28,849,051.
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	28,849,051.	
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	1,850,336.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	1,850,336.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	30,699,387.	

**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 III, LINE 1A:**

THE COLLECTIONS ARE NOT RECOGNIZED AS ASSETS ON THE STATEMENT OF FINANCIAL POSITION. U.S. GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PERMIT SUCH TREATMENT IF THE CONTRIBUTED WORKS OF ART ARE HELD FOR PUBLIC EXHIBITION AND EDUCATION RATHER THAN FINANCIAL GAIN, THE COLLECTION IS PROTECTED, KEPT UNENCUMBERED, CARED FOR AND PRESERVED, AND THE CONTRIBUTED ARTWORK IS SUBJECT TO AN ORGANIZATIONAL POLICY THAT REQUIRES THE PROCEEDS FROM SALES OF COLLECTION ITEMS TO BE USED TO ACQUIRE OTHER ITEMS FOR COLLECTIONS. FOR INSURANCE PURPOSES, THE VALUE OF THE ART COLLECTIONS IS APPRAISED EVERY FIVE YEARS. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED, OR AS TEMPORARILY OR PERMANENTLY RESTRICTED NET

**Part XIII** Supplemental Information (continued)

ASSETS IF THE ASSETS USED TO PURCHASE THE ITEMS ARE RESTRICTED BY DONORS.  
 PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES ARE REFLECTED AS  
 INCREASES IN THE APPROPRIATE NET ASSET CLASS. THE MUSEUM'S PERMANENT  
 COLLECTIONS CONSIST OF: THE ARMAND HAMMER COLLECTION (OLD MASTER,  
 IMPRESSIONIST AND POST IMPRESSIONIST PAINTINGS); THE ARMAND HAMMER DAUMIER  
 AND CONTEMPORARIES COLLECTION (PAINTINGS, SCULPTURES, AND LITHOGRAPHS BY  
 THE FRENCH 19TH CENTURY CARICATURIST HONORE DAUMIER AND THE WORK OF HIS  
 CONTEMPORARIES); AND THE HAMMER CONTEMPORARY COLLECTION (INTERNATIONAL  
 CONTEMPORARY ART SINCE 1965, WITH AN EMPHASIS ON WORKS ON PAPER AND LOS  
 ANGELES ARTISTS). THROUGHOUT THE YEAR, THE MUSEUM DISPLAYS A SUBSTANTIAL  
 PORTION OF THE ARMAND HAMMER COLLECTION, AS WELL AS A ROTATION OF  
 SELECTIONS FROM THE ARMAND HAMMER DAUMIER AND CONTEMPORARIES COLLECTION  
 AND THE HAMMER CONTEMPORARY COLLECTION. THE COLLECTIONS ARE SUBJECT TO A  
 POLICY WHICH REQUIRES PROCEEDS FROM THEIR SALES TO BE USED TO ACQUIRE  
 OTHER ITEMS FOR COLLECTIONS. THERE WERE NO SIGNIFICANT SALES OF ART  
 RELATED TO THESE COLLECTIONS DURING THE FISCAL YEAR ENDED JUNE 30, 2022.

PART V, LINE 4:

INVESTMENT INCOME FROM THE MUSEUM'S ENDOWMENT IS USED FOR THE ACQUISITION  
 OF WORKS OF ART FOR ITS COLLECTIONS, PRESENTING EXHIBITIONS AND PROGRAMS,  
 AND GENERAL MUSEUM OPERATIONS.

PART X, LINE 2

UNCERTAIN TAX POSITIONS

THE MUSEUM IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE U.S.  
 INTERNAL REVENUE CODE AND SECTION 23701D OF THE CALIFORNIA REVENUE AND  
 TAXATION CODE AND IS GENERALLY NOT SUBJECT TO FEDERAL OR STATE INCOME  
 TAXES. HOWEVER THE MUSEUM IS SUBJECT TO INCOME TAXES ON ANY NET INCOME



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

THAT IS DERIVED FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON, AND NOT IN FURTHERANCE OF THE PURPOSES FOR WHICH IT WAS GRANTED EXEMPTION. NO INCOME TAX PROVISION HAS BEEN RECORDED AS THE NET INCOME, IF ANY, FROM ANY UNRELATED TRADE OR BUSINESS, IN THE OPINION OF MANAGEMENT, IS NOT MATERIAL TO THE FINANCIAL STATEMENTS TAKEN AS A WHOLE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.







ARMAND HAMMER MUSEUM OF ART AND  
CULTURAL CENTER, INC.

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**PART I, LINE 2:**

**PLACES/COUNTRIES VISITED:** ITALY, FRANCE

**BRIEF EXPLANATION OF ACTIVITIES:**

IN SPRING OF 2022, THE HAMMER MUSEUM ORGANIZED A TRIP TO ITALY AND FRANCE FOR A GROUP OF 14 HIGH-LEVEL PATRONS AS PART OF THE MUSEUM'S ONGOING DONOR TRAVEL PROGRAM. THE GROUP FIRST VISITED VENICE, ITALY TO ATTEND THE 59TH VENICE BIENNALE, AN INTERNATIONAL CONTEMPORARY ART EXHIBITION. THE GROUP ALSO VISITED VARIOUS MUSEUMS, ARTS FOUNDATIONS, AND CULTURAL SITES ACROSS THE CITY OF VENICE. THE GROUP THEN TRAVELED TO PARIS, WHERE THEY MET WITH LOCAL ARTISTS AND RECEIVED TOURS OF MUSEUMS FROM RENOWNED CURATORS AND MUSEUM DIRECTORS. THE GROUP FINISHED THEIR TRAVEL IN ARLES, WHERE THEY WERE IMMERSSED IN THE LOCAL HISTORY THROUGH EXPLORING ANCIENT ROMAN ARCHITECTURE AND A NEW FOUNDATION WHICH SERVES AS A CENTER OF ART AND THINKTANK IN THE PROVENCE AREA.



**ARMAND HAMMER MUSEUM OF ART AND  
CULTURAL CENTER, INC.**

**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))
		GALA IN GARDEN (event type)	K.A.M.P. (event type)	NONE (total number)	
Revenue	1	Gross receipts	75,000.	212,870.	287,870.
	2	Less: Contributions	75,000.	189,667.	264,667.
	3	Gross income (line 1 minus line 2)		23,203.	23,203.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	288.	29,419.	29,707.
	7	Food and beverages		2,288.	2,288.
	8	Entertainment		1,286.	1,286.
	9	Other direct expenses	5,738.	38,058.	43,796.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			77,077.
11	Net income summary. Subtract line 10 from line 3, column (d)			-53,874.	

**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			
	2	Cash prizes			
Direct Expenses	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 J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **ARMAND HAMMER MUSEUM OF ART AND CULTURAL CENTER, INC.** Employer identification number **95-4217197**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |                                                                    |                                                                            |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> First-class or charter travel  | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |                                                                         |                                                                                     |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2021

**ARMAND HAMMER MUSEUM OF ART AND  
CULTURAL CENTER, INC.**

Schedule J (Form 990) 2021

95-4217197

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANN PHILBIN MUSEUM DIRECTOR/CEO	(i)	667,900.	0.	0.	42,973.	17,477.	728,350.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GENE D. BLOCK DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	490,766.	0.	0.	46,292.	22,098.	559,156.	0.
(3) BRETT STEELE DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	362,177.	0.	0.	25,074.	22,261.	409,512.	0.
(4) CYNTHIA BURLINGHAM DEPUTY DIR/CURATORIAL AFFAIRS	(i)	275,505.	0.	0.	42,195.	22,098.	339,798.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARY OSAKO DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	274,134.	0.	0.	14,995.	30,681.	319,810.	0.
(6) MICHAEL HARRISON DEPUTY DIR/ASST TREASURER	(i)	282,657.	0.	1,200.	23,344.	11,007.	318,208.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ALFRED YERIES DEPUTY DIR/EXTERNAL AFFAIRS	(i)	224,699.	0.	1,200.	13,290.	11,007.	250,196.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CORNELIA BUTLER CHIEF CURATOR	(i)	188,715.	0.	1,200.	29,349.	30,681.	249,945.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) VERIDIANA PONTES CHIEF DEVELOPMENT OFFICER	(i)	164,056.	0.	840.	24,613.	12,765.	202,274.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) SCOTT TENNENT CHIEF COMMUNICATIONS OFFICER	(i)	161,489.	0.	840.	13,683.	17,366.	193,378.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) RUSSEL DAVIS (TERM 02/25/22) CHIEF HR, EQUITY, & ENGAGEMENT	(i)	156,635.	0.	700.	12,573.	149.	170,057.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MELANIE CRADER (TERM 02/14/22) DIR EXHIBITION & PUB MGMT	(i)	120,072.	0.	840.	18,478.	24,546.	163,936.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) HENRY CLANCY DIRECTOR OPERATIONS	(i)	134,771.	0.	840.	20,160.	7,215.	162,986.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) CLAUDIA BESTOR DIRECTOR PUBLIC PROGRAMS	(i)	124,518.	0.	840.	18,676.	7,215.	151,249.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) PORTLAND MCCORMICK DIR REGISTRATION & COLLEC MGMT	(i)	122,622.	0.	840.	18,676.	8,919.	151,057.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							

Schedule J (Form 990) 2021

**Part III** Supplemental Information

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

PART I, LINE 1A:

FIRST-CLASS OR CHARTER TRAVEL

THE MUSEUM'S EXECUTIVE DIRECTOR, ANN PHILBIN WILL FLY BUSINESS OR ECONOMY

CLASS. SHE WILL FLY FIRST CLASS IF NEITHER OF THESE OPTIONS ARE AVAILABLE.

IN ONE SITUATION THIS YEAR, SHE FLEW FIRST CLASS. THIS WAS THE ONLY

AVAILABLE FLIGHT ARRIVING AT THE NECESSARY TIME. THIS IS NOT TREATED AS

TAXABLE COMPENSATION.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **ARMAND HAMMER MUSEUM OF ART AND CULTURAL CENTER, INC.** Employer identification number **95-4217197**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( <u>EXHIBIT- GIK</u> )	X	1	5,222.	RETAIL VALUE
26 Other ▶ ( <u>ART SUPPLIES</u> )	X	1	2,500.	RETAIL VALUE
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29** **16**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTIONS

THE NUMBER OF CONTRIBUTIONS WAS DETERMINED BASED ON THE NUMBER OF ITEMS  
RECEIVED.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

**ARMAND HAMMER MUSEUM OF ART AND  
CULTURAL CENTER, INC.**

Employer identification number  
**95-4217197**

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

**THE HAMMER MUSEUM AT UCLA BELIEVES IN THE PROMISE OF ART AND IDEAS TO  
ILLUMINATE OUR LIVES AND BUILD A MORE JUST WORLD.**

**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:**

**EXHIBITIONS, PUBLICATIONS & COLLECTIONS: THE MUSEUM PRESENTS  
CONTEMPORARY AND HISTORICAL ART IN ALL MEDIA IN A ROTATING EXHIBITION  
PROGRAM THAT PRESENTS 10-15 EXHIBITIONS AND PUBLISHES 2-6 BOOKS EACH  
YEAR. IN 2022 THE MUSEUM PRESENTED 7 MAJOR EXHIBITIONS, INCLUDING  
RETROSPECTIVES OF ARTISTS ULYSSES JENKINS, ANDREA BOWERS, AND BOB  
THOMPSON. THE MUSEUM ALSO SHOWCASED 7 ARTISTS IN THE LONG-RUNNING  
HAMMER PROJECTS EXHIBITION SERIES. THE HAMMER PUBLISHED 4 EXHIBITION  
CATALOGUES THIS YEAR, FOR ARTISTS ANDREA BOWERS AND ULYSSES JENKINS,  
THE GROUP EXHIBITION "LIFES" AND AN EXHIBITION OF PICASSO'S CUT PAPERS.  
THE MUSEUM IS ALSO THE STEWARD OF FIVE COLLECTIONS: THE HAMMER  
CONTEMPORARY COLLECTION, A GROWING COLLECTION OF INTERNATIONAL  
CONTEMPORARY ART SINCE 1960; THE UCLA GRUNWALD CENTER FOR THE GRAPHIC  
ARTS COLLECTION, ONE OF AMERICA'S FINEST COLLECTIONS OF WORKS ON PAPER,  
CONTAINING MORE THAN 45,000 PRINTS, DRAWINGS, PHOTOGRAPHS, AND ARTISTS'  
BOOKS FROM THE RENAISSANCE TO THE PRESENT; THE ARMAND HAMMER  
COLLECTION, AN IMPRESSIVE COLLECTION OF EUROPEAN AND AMERICAN PAINTINGS  
AND DRAWINGS REFLECTING THE INTERESTS AND PASSION OF THE MUSEUM'S  
FOUNDER, ARMAND HAMMER; THE ARMAND HAMMER DAUMIER AND CONTEMPORARIES  
COLLECTION, ONE OF THE WORLD'S MOST EXTENSIVE COLLECTIONS OF PRINTS,  
DRAWINGS, PAINTINGS, AND SCULPTURE BY NINETEENTH-CENTURY FRENCH**

**SATIRIST HONORE DAUMIER; AND THE UCLA FRANKLIN D. MURPHY SCULPTURE**

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

Schedule O (Form 990) 2021



Name of the organization	ARMAND HAMMER MUSEUM OF ART AND CULTURAL CENTER, INC.	Employer identification number	95-4217197
--------------------------	-------------------------------------------------------	--------------------------------	------------

GARDEN, WHICH INCLUDES OVER 70 OUTDOOR SCULPTURES.

FORM 990, PART VI, SECTION A, LINE 3:

THE HAMMER MUSEUM HAS DELEGATED EXCLUSIVE OPERATIONAL MANAGEMENT OF THE MUSEUM TO THE UNIVERSITY OF CALIFORNIA PER AN OPERATING AGREEMENT BETWEEN THE MUSEUM AND THE UNIVERSITY THAT WAS ENTERED INTO ON MARCH 31, 1994 FOR A TERM OF NINETY-NINE YEARS. THE OPERATING AGREEMENT PROVIDES FOR SPECIFIC POWERS AND DUTIES RESERVED TO THE MUSEUM'S BOARD OF DIRECTORS AND DELEGATES TO THE UNIVERSITY ALL OTHER POWERS AND DUTIES THAT MAY BE CONFERRED BY LAW. THE OPERATING AGREEMENT GRANTS TO THE UNIVERSITY THE AUTHORITY TO MANAGE THE DAY-TO-DAY OPERATIONS OF THE MUSEUM AS A FIRST CLASS PUBLIC ART MUSEUM AND CULTURAL CENTER IN ACCORDANCE WITH STANDARD MUSEUM PRACTICE. THE OPERATING AGREEMENT ALSO OBLIGATES THE UNIVERSITY TO FUND ANY SHORTFALL NECESSARY FOR THE MANAGEMENT AND OPERATION OF THE MUSEUM UP TO A CERTAIN AMOUNT PER FISCAL YEAR, WHICH IS ADJUSTED FOR COST OF LIVING INCREASES. THE TERMS AND CONDITIONS OF THE OPERATING AGREEMENT ARE SUBJECT TO CERTAIN OTHER AGREEMENTS ENTERED INTO BY THE MUSEUM WITH CERTAIN KEY PARTIES.

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

THE BOARD OF DIRECTORS, AS THE SOLE MEMBER OF THE CORPORATION, HAS THE POWER TO ELECT ALL BUT THREE OF THE TWENTY-FOUR DIRECTORS ON THE BOARD. THESE THREE DIRECTORS ARE APPOINTED AS FOLLOWS: THE THEN-SITTING CHANCELLOR OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES IS AN EX OFFICIO DIRECTOR; THE UNIVERSITY HAS THE RIGHT TO APPOINT AND REMOVE TWO DIRECTORS.

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

THE HAMMER MUSEUM BOARD OF DIRECTORS HAS DELEGATED THE REVIEW OF THE FORM 990 TO THE AUDIT COMMITTEE. THE MUSEUM'S DEPUTY DIRECTOR, FINANCE AND

Name of the organization	ARMAND HAMMER MUSEUM OF ART AND CULTURAL CENTER, INC.	Employer identification number	95-4217197
--------------------------	-------------------------------------------------------	--------------------------------	------------

ADMINISTRATION, AND THE MUSEUM'S DIRECTOR OF FINANCE, WORK CLOSELY TO REVIEW THE RETURN WITH THE OUTSIDE ACCOUNTING FIRM ENGAGED BY THE MUSEUM. THE AUDIT COMMITTEE ALSO MEETS WITH THE ACCOUNTING FIRM TO REVIEW AND DISCUSS THE FORM 990, AND SUBSEQUENT TO ITS REVIEW, REPORTS BACK TO THE BOARD REGARDING ITS OVERSIGHT OF THE FORM 990. A COMPLETE COPY OF THE FORM 990 IS PROVIDED TO THE ENTIRE BOARD BEFORE IT IS FILED.

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

MONITORING AND ENFORCING COMPLIANCE WITH CONFLICT OF INTEREST POLICY

THE HAMMER MUSEUM, AS PART OF THE UNIVERSITY, IS SUBJECT TO THE CALIFORNIA POLITICAL REFORM ACT, WHICH REQUIRES THAT CERTAIN STATE AND LOCAL GOVERNMENT OFFICIALS PUBLICLY DISCLOSE THEIR PRIVATE ECONOMIC INTERESTS ON AN OFFICIAL STATEMENT OF ECONOMIC INTERESTS FORM, AND THAT ALL GOVERNMENT (UNIVERSITY) EMPLOYEES DISQUALIFY THEMSELVES FROM PARTICIPATING IN DECISIONS IN WHICH THEY HAVE A PERSONAL FINANCIAL INTEREST. THE UNIVERSITY LISTS THE POSITION TITLES OF THOSE EMPLOYEES OR OFFICIALS (DESIGNATED POSITION) IN AN ORGANIZATION WHO ARE REQUIRED TO PROVIDE PERSONAL FINANCIAL INFORMATION, ASSIGNS DISCLOSURE CATEGORIES TO THESE POSITIONS, AND INDICATES THE TYPES OF ECONOMIC INTEREST WHICH MUST BE REPORTED, SUCH AS INVESTMENTS, INTERESTS IN REAL ESTATE, OR SOURCES OF INCOME OR GIFTS. DESIGNATED EMPLOYEES ARE REQUIRED TO FILE STATEMENTS WHEN THEY ASSUME AND LEAVE A DESIGNATED POSITION, AND ANNUALLY WHILE THEY ARE IN THE DESIGNATED POSITION. HAMMER MUSEUM EMPLOYEES ARE UNIVERSITY OF CALIFORNIA EMPLOYEES, WHO ARE ALL, EITHER DIRECTLY OR BY APPLICATION OF THE UNIVERSITY'S CONFLICT OF INTEREST CODE, SUBJECT TO THOSE PROVISIONS OF THE ACT WHICH PROHIBIT THE MAKING OF OR THE PARTICIPATION IN UNIVERSITY DECISIONS IN WHICH FINANCIAL CONFLICTS OF INTEREST EXIST. AN INDIVIDUAL WHO FINDS HIMSELF OR HERSELF IN

Name of the organization <b>ARMAND HAMMER MUSEUM OF ART AND CULTURAL CENTER, INC.</b>	Employer identification number <b>95-4217197</b>
---------------------------------------------------------------------------------------	-----------------------------------------------------

A CONFLICT OF INTEREST IS REQUIRED TO REFRAIN FROM MAKING, PARTICIPATING IN THE MAKING OF, OR ATTEMPTING TO INFLUENCE ANY UNIVERSITY DECISION WHICH MAY MATERIALLY AFFECT THE INDIVIDUAL'S FINANCIAL INTERESTS. THE UNIVERSITY REQUIRES THAT ALL EMPLOYEES PERIODICALLY COMPLETE A MANDATORY COMPLIANCE BRIEFING, WHICH IS DESIGNED TO RAISE CONTINUED AWARENESS OF THE UNIVERSITY OF CALIFORNIA STATEMENT OF ETHICAL VALUES AND STANDARDS OF ETHICAL CONDUCT, AND TO CONVEY UNIVERSITY EMPLOYMENT OBLIGATIONS WITH RESPECT TO ETHICAL AND COMPLIANT BEHAVIOR. THE MUSEUM ADOPTED ITS OWN ETHICAL GUIDELINES, WHICH ADDRESS CONFLICTS OF INTEREST. ALL COVERED PERSONS, WHICH INCLUDE BOARD MEMBERS, OFFICERS AND ANY KEY EMPLOYEES, ARE EXPECTED TO REASONABLY AND PROFESSIONALLY ASSESS THEIR INDIVIDUAL SITUATIONS FOR ACTUAL, POTENTIAL, OR PERCEIVED CONFLICTS, AND TO EXERCISE GOOD JUDGMENT IN DISCLOSING SUCH CONFLICTS. ALL EMPLOYEES SHOULD DISCLOSE ACTUAL, POTENTIAL AND PERCEIVED CONFLICTS OF INTEREST TO THEIR IMMEDIATE SUPERVISOR AND TO THE EXTENT POSSIBLE, WRITTEN DISCLOSURES AND APPROVALS SHOULD BE SUBMITTED ON A CONFLICT OF INTEREST DISCLOSURE FORM. THE MUSEUM PROVIDES THE ETHICAL GUIDELINES TO, AND REQUESTS A CERTIFICATE OF COMPLIANCE FROM THE BOARD, OFFICERS AND ANY KEY EMPLOYEES, ANNUALLY. BY ADOPTING AND CERTIFYING THEIR COMPLIANCE, BOARD MEMBERS ARE ALSO SEPARATELY BOUND TO DISCLOSE ANY CONFLICTS AS THEY MAY ARISE BY USE OF ANOTHER FORM PROVIDED WITH THE ETHICAL GUIDELINES. THOUGH NOT FORMALLY CHARGED WITH THE RESPONSIBILITY, THE BOARD SECRETARY (OR ASSISTANT SECRETARY) IS RESPONSIBLE FOR COLLECTING, REVIEWING AND RETAINING CERTIFICATES OF COMPLIANCE IN MUSEUM FILES. ANY DISCLOSURES MUST BE MADE TO THE BOARD PRESIDENT, OR IF HE OR SHE IS NOT AVAILABLE, TO THE CHAIRMAN OF THE BOARD. THE BOARD PRESIDENT WOULD DISCLOSE CONFLICTS TO THE CHAIRMAN OF THE BOARD. THEREFORE, THE BOARD PRESIDENT AND CHAIRMAN OF THE BOARD WOULD BE RESPONSIBLE FOR ADDRESSING ANY POTENTIAL CONFLICTS THAT MAY ARISE WITH THE BOARD AS APPROPRIATE.

Name of the organization	ARMAND HAMMER MUSEUM OF ART AND CULTURAL CENTER, INC.	Employer identification number	95-4217197
--------------------------	-------------------------------------------------------	--------------------------------	------------

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

PROCESS OF DETERMINING COMPENSATION

THE MUSEUM, WORKING THROUGH THE BOARD-APPOINTED COMPENSATION COMMITTEE THAT IS COMPRISED OF INDEPENDENT PERSONS, HAS A PROCESS FOR REVIEWING AND ENDORSING COMPENSATION PACKAGES FOR OFFICERS AND KEY EMPLOYEES, INCLUDING THE MUSEUM DIRECTOR/CEO.

THE HAMMER COMPENSATION COMMITTEE MET ON MAY 24, 2021 TO REVIEW THE COMPENSATION PLAN FOR THE MUSEUM'S OFFICERS AND KEY EMPLOYEES. THE COMPENSATION PLAN INCLUDED BENCHMARKING DATA FROM PEER INSTITUTIONS AS SHOWN ON THEIR PUBLIC 990 TAX RETURNS, AND THE ANNUAL SALARY SURVEY FROM THE ASSOCIATION OF ART MUSEUM DIRECTORS ('AAMD'). THE COMMITTEE VOTED UNANIMOUSLY TO ENDORSE THE COMPENSATION PLAN AND COMPENSATION RANGES FOR THE COMING FISCAL YEAR. THE COMMITTEE REPORTED ITS REVIEW OF THE COMPENSATION PLAN TO THE HAMMER BOARD OF DIRECTORS AT THE JUNE 22, 2021 HAMMER BOARD MEETING.

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

DISCLOSURE OF DOCUMENTS

THE MUSEUM'S AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE FOR PUBLIC INSPECTION ON ITS WEBSITE AND HARD COPY BY REQUEST. ADDITIONALLY, THE MUSEUM FILES ITS FORM 990 WITH THE CALIFORNIA ATTORNEY GENERAL AND ROUTINELY UPDATES ITS INFORMATION ON THIRD PARTY PLATFORMS SUCH AS GUIDESTAR, CHARITY NAVIGATOR, AND THE NATIONAL CENTER FOR CHARITABLE STATISTICS. THE MUSEUM'S ARTICLES, BYLAWS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **ARMAND HAMMER MUSEUM OF ART AND CULTURAL CENTER, INC.** Employer identification number **95-4217197**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - 95-6006143, 405 HILGARD AVE, LOS ANGELES , CA 90095	EDUCATION	CALIFORNIA			N/A		X

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

Schedule R (Form 990) 2021

**ARMAND HAMMER MUSEUM OF ART AND  
CULTURAL CENTER, INC.**

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**ARMAND HAMMER MUSEUM OF ART AND  
CULTURAL CENTER, INC.**

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....	X	
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b>			
<b>(2)</b>			
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			





**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.