Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For th	e 2018 calendar year, or tax year beginning aı	nd ending		
В	Check if applicab	C Name of organization		D Employer identific	cation number
	Addre				
	Name chang	Doing business as		94-2	902791
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	) 442-6802
L	—lreturn termir	/			
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,234,653.
F	return	SACKAMENIO, CA 95010		H(a) Is this a group re	
	tion pendi	F Name and address of principal officer: FIARR SIEIGERWALD		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(	1) or 527	If "No," attach a	list. (see instructions)
J	Websi	te: ▶ WWW.CALAUTOMUSEUM.ORG		H(c) Group exemption	n number 🕨
K	Form o	forganization: X Corporation Trust Association Other	L Year	of formation: 1983 N	State of legal domicile: CA
	art I	Summary	•		<u> </u>
	$\overline{1}$	Briefly describe the organization's mission or most significant activities: TO	PRESERV	E, EXHIBIT	AND TEACH
& Governance	1.	THE STORY OF THE AUTOMOBILE AND ITS INF	LUENCE	ON OUR LIVE	S.
nar	2	Check this box if the organization discontinued its operations or dis			
Ver	1			1 1	15
Ĝ	1			3	$\begin{array}{c} 13 \\ 14 \end{array}$
જ	4	Number of independent voting members of the governing body (Part VI, line 18			
jes	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a) $$			18
Activities	6	Total number of volunteers (estimate if necessary)			200
₽ct	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 38		7b	0.
				Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		1,785,405.	390,265.
Revenue	9	Program service revenue (Part VIII, line 2g)		435,112.	417,894.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		79,581.	116,491.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		235,454.	243,547.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12		2,535,552.	1,168,197.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1			0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		510,500.	581,474.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1	<sup>U)</sup>	0.	0.
ë	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.
×	b	Total fundraising expenses (Part IX, column (D), line 25)   170,	<u> </u>	400 606	404 010
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		480,626.	494,218.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		991,126.	1,075,692.
_		Revenue less expenses. Subtract line 18 from line 12		1,544,426.	92,505.
Net Assets or Find Balances			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		3,615,003.	3,711,706.
AS	21	Total liabilities (Part X, line 26)		551,749.	555,947.
Fee	22	Net assets or fund balances. Subtract line 21 from line 20		3,063,254.	3,155,759.
P	art II	Signature Block	•		
Und	der pena	alties of perjury, I declare that I have examined this return, including accompanying sched	ules and statem	ents, and to the best of my	knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of			,
	,	<b>\</b>		1	
ei.	ın	Signature of officer		Date	
Sig		MARK STEIGERWALD, EXECUTIVE DIRECTOR			
He	re	Type or print name and title	•		
			11	Date Check	PTIN
		Print/Type preparer's name  Preparer's signature		Date Check L	<b></b>
Pai		PAMELA WHITE, CPA		self-employe	
	parer	Firm's name RICHARDSON & COMPANY LLP		Firm's EIN ▶	46-5577902
Use	Only	Firm's address 550 HOWE AVENUE, SUITE 210			
		SACRAMENTO, CA 95825		Phone no. (9	16) 564-8727
Ma	v the I	RS discuss this return with the preparer shown above? (see instructions)		•	X Ves No

Pa	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE MISSION OF THE CALIFORNIA AUTOMOBILE MUSEUM IS TO PRESERVE, EXHIBIT AND TEACH THE STORY OF THE AUTOMOBILE AND ITS INFLUENCE ON OUR
	LIVES.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 490,298. including grants of \$ ) (Revenue \$ 565,498.)  MAINTAINED A MAJOR AUTOMOTIVE BASED EDUCATION AND ENTERTAINMENT CENTER  AND INTERPRETED THE STORY OF THE AUTOMOBILE HISTORY.
	COLLECTED AND PRESERVED EXHIBITS AND INTERPRETED AUTOMOTIVE ARTIFACTS.
	REACHED OUT TO COMMUNITY WITH EDUCATIONAL OPPORTUNITIES AND ACTIVITIES.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
<b>4</b> d	Other program services (Describe in Schedule O.)
<del>-</del> -u	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 490,298.
	Form <b>990</b> (2018)

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			ا ۔۔
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٦,
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			<b>.</b>
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		Х	
•	Schedule D, Part III	8	Λ	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		x
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
11	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	0.44	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1 Ia		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			٦,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<b> </b> ₩
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		X
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		X
19	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		_ <u> </u>
18	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
19	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
		_		

Dest IV	Charlist of Dogwing Cabadulas	/ !! !!
Partiv	Checklist of Required Schedules	(continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	103	Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			<del></del>
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		x
240	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
<b>24</b> a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		х
h	Schedule K. If "No," go to line 25a	24b		<del></del>
	Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·		24c		
d	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		<del></del>
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			<del></del>
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			٦,
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
Pai	Note. All Form 990 filers are required to complete Schedule 0  t V Statements Regarding Other IRS Filings and Tax Compliance	38	_ ^	
Га	Check if Schedule O contains a response or note to any line in this Part V			
	Shook is defiduate a companied of flote to diffy life in this fact v		V	N-
4	Enter the number reported in Box 3 of Form 1006 Enter 0, if not applicable 14- 1		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
C	(gambling) winnings to prize winners?	1c	Х	
	(garriening) to prize without	10		

# 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 18			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	<b>2</b> b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	3)			
			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	• •			37
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		Х
b	If "Yes," enter the name of the foreign country:				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	· ·	_		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b 5c		21
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50		
Va	any contributions that were not tax deductible as charitable contributions?		6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contribut		ua		
b	were not tax deductible?	~	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the pavor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.		_		
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	100			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100			
	Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against	110			
~	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	· · · · · · · · · · · · · · · · · · ·		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				77
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.				v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		Х
	If "Yes," complete Form 4720, Schedule O.		Гани	000	(0010)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b				
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only	) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	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			
	JENNIFER COLINDRES - (916) 442-6802			
	2200 FRONT STREET, SACRAMENTO, CA 95818			

832006 12-31-18 Form **990** (2018)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	l			C)	про	nou	(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rsoni	is bot or/trus	h an	compensation	compensation	amount of
	week (list any hours for	$\vdash$						from the organization	from related organizations (W-2/1099-MISC)	other compensation from the
	related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(1) TUPPER HULL	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) CHRIS LEMMON	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) SHELL MECURIO	1.00									
TREASURER		Х		Х				0.	0.	0.
(4) MIKE RITENOUR	1.00									
SECRETARY		Х		Х				0.	0.	0.
(5) GREG GOODSHELL	1.00									
DOCENT COUNCIL		Х		Х				0.	0.	0.
(6) BRUCE BRINCKA	1.00									
DIRECTOR		Х						0.	0.	0.
(7) STEVE KOONCE	1.00									
DIRECTOR		Х						0.	0.	0.
(8) CHRISTIAN SIMON	1.00									
DIRECTOR		Х						0.	0.	0.
(9) JEFF SWAIN	1.00									
DIRECTOR		Х						0.	0.	0.
(10) JOHN TENNYSON	1.00									
DIRECTOR		Х						0.	0.	0.
(11) TOM TYER	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(12) BRIAN WHITMORE	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(13) DELTA PICK MELLO	40.00								_	_
EXECUTIVE DIRECTOR		Х		Х				86,250.	0.	0.
(14) TODD AQUILINA	1.00								_	_
DIRECTOR	1 1 1	Х						0.	0.	0.
(15) MARC LEVINSON	1.00									
DIRECTOR		Х						0.	0.	0.
		-								
		_	_			_	$\vdash$			
		-								
										- 000

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Part VII Section A. Officers, Directors, Trus (A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	Position (do not check more than one					Reportable	Reportable	6	: , Estimate	ed	
	hours per	box	, unle	ss pe	erson	is bot	h an		compensation	- 1	amount	
	week	-	cer ar	nd a d	directo	or/trus	tee)	from	from related		other	
	(list any	rector						the	organizations	1	mpensa	
	hours for related	or di	g.			ated		organization	(W-2/1099-MISC)		from th	
	organizations	nstee	trust		e e	ubeus		(W-2/1099-MISC)			ganizat nd relat	
	below	lual tr	tional	١.	ploye	st con	L				ganizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ome				garnzari	5110
		_	<del>  -</del>		<u>×</u>	<u> </u>	<u> </u>					
		1										
		1										
					$oxed{oxed}$							
		1										
					<u> </u>							
					_					_		
		-										
							Ļ	86,250.	0			
1b Sub-total								00,250.	0			0.
c Total from continuation sheets to Part VI								86,250.	0			0.
d Total (add lines 1b and 1c)										•		<u> </u>
2 Total number of individuals (including but n	iot ilmited to tr	iose	IISTE	ed a	vod	e) w	no r	eceived more than \$100	,000 of reportable			C
compensation from the organization											Yes	No
3 Did the organization list any <b>former</b> officer,	director or tru	ıcto	م اده	N/ Or	mple	21/00	٥٢	highest componented o	mplovoo on		103	140
line 1a? If "Yes," complete Schedule J for s				-	-	•		•		3		Х
4 For any individual listed on line 1a, is the su								har companyation from		.   3		
and related organizations greater than \$15	•							•	•	4		Х
5 Did any person listed on line 1a receive or a										-		
rendered to the organization? If "Yes," com					-			ica organization or indiv		. 5		Х
Section B. Independent Contractors	prote corregar		0. 0.		<i>p</i> 0. 0					. , •		
Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	racto	ors 1	that received more than	\$100.000 of compe	nsatior	n from	
the organization. Report compensation for	-	-										
(A)	,							(B)			(C)	
Name and business	address	N	INC	E				Description of s	ervices		ensatio	n
2 Total number of independent contractors (i		ot li	mite	d to		_	stec	d above) who received m	nore than			
\$100,000 of compensation from the organi	zation >					0				_	. <b>99</b> 0 (	

CALIFORNIA VEHICLE FOUNDATION 94-2902791 Page 9 Form 990 (2018) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Total revenue Unrelated from tax under exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 54,358. **b** Membership dues ..... 1b c Fundraising events 1d d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and 335,907. similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 390,265 h Total. Add lines 1a-1f. Business Code 900099 2 a ADMISSIONS 177,574 177,574. Program Service Revenue **b** VEHICLE CONSIGNMENT 453310 96,540. 96,540. 91,791. c EDUCATION 611600 91,791. 37,725. d EXHIBIT INCOME 900099 37,725. 900099 14,264. 14,264. e DOCENT INCOME f All other program service revenue 417,894. g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 65. 65. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 154,128 6 a Gross rents 3,774. **b** Less: rental expenses ...... 150,354. c Rental income or (loss) 150,354 150,354. d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 118,164. assets other than inventory b Less: cost or other basis 1,738. and sales expenses 116,426. c Gain or (loss) 116,426. 116,426. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a 109, 204 Other 47,189. **b** Less: direct expenses ..... 62,015. 62,015 c Net income or (loss) from fundraising events

22,704.

8,474.

36,459

13,755.

Business Code

11161115 791892 CAM

9 a Gross income from gaming activities. See

10 a Gross sales of inventory, less returns

11 a OTHER INCOME

Part IV, line 19 a

b Less: direct expenses b

c Net income or (loss) from gaming activities ...

and allowances

**b** Less: cost of goods sold

c Net income or (loss) from sales of inventory

Miscellaneous Revenue

22,704.

8,474

### 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 respon	se or note to any line in	this Part IX	mplete column (A).	
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	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				
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	491,281.	248,441.	102,039.	140,801
7 8	Pension plan accruals and contributions (include	171,201.	210,1110	102,000	110,001
J	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	40,312.	20,386.	8,373.	11,553
10	Payroll taxes	49,881.	25,225.	10,360.	14,296
11	Fees for services (non-employees):	2,0020	-,	.,	_,
	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch O.)	1,805.			1,805
12	Advertising and promotion				
13	Office expenses	21,741.	21,741.		
14	Information technology				
15	Royalties	445 555		445 555	
16	Occupancy	117,775.		117,775.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	26,962.		26,962.	
20	Interest	40,904.		40,904.	
21	Payments to affiliates	53,148.		53,148.	
22	Depreciation, depletion, and amortization	17,488.		17,488.	
23 24	Insurance Other expenses. Itemize expenses not covered	11,400.		11,400.	
24	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SPECIAL EVENT EXPENSES	58,453.	58,453.		
b	OPERATING EXPENSES	49,923.	,	49,923.	
c	VEHICLE SALES EXPENSE	42,202.	42,202.	,	
d	ADMISSIONS EXPENSE	34,081.	34,081.		
e		70,640.	39,769.	28,515.	2,356
25	Total functional expenses. Add lines 1 through 24e	1,075,692.	490,298.	414,583.	170,811
26	Joint costs. Complete this line only if the organization	-	-	-	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

# Form 990 (2018) Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			180,110.	1	186,653.
	2	Savings and temporary cash investments			26,385.	2	
	3	Pledges and grants receivable, net		180,986.	3	163,500.	
	4	Accounts receivable, net	295.	4	186.		
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(	c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		Г		7	
ĕ	8	Inventories for sale or use			21,358.	8	21,818.
	9			Г	3,434.	9	8,201.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,895,349.			
	b	Less: accumulated depreciation	10b	842,169.	2,098,068.	10c	2,053,180.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			1,104,367.	15	1,278,168.
	16	Total assets. Add lines 1 through 15 (must equ			3,615,003.	16	3,711,706.
	17	Accounts payable and accrued expenses			51,749.	17	106,667.
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former	officer	rs, directors, trustees,			
≝		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	ated thi	rd parties	500,000.	23	449,280.
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
		Schedule D	554 540	25	555 045		
	26				551,749.	26	555,947.
		Organizations that follow SFAS 117 (ASC 958		k here ▶ 🔼 and			
Ses		complete lines 27 through 29, and lines 33 an			2 055 002		2 040 200
Fund Balances	27	Unrestricted net assets			2,855,883.	27	2,948,388.
Bal	28	Temporarily restricted net assets	207,371.	28	207,371.		
pu	29					29	
		Organizations that do not follow SFAS 117 (A	SC 958	B), check here ▶∟ □			
ŠQ		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in			2 062 054	32	2 155 550
_	33	Total net assets or fund balances			3,063,254.	33	3,155,759.
	34	Total liabilities and net assets/fund balances			3,615,003.	34	3,711,706.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,16	<u>8,1</u>	<u>97.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,07	<u>5,6</u>	<u>92.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			05.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,06	3,2	54.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	3,15	5,7	59.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		