Public Disclosure Copy

Form 990

PLEASE SIGN THIS COPY AND RETAIN FOR YOUR RECORDS

Public Inspection Requirement

An exempt organization must make available for public inspection, upon request and without charge, a copy of its original and amended annual information returns. Each information return must be made available from the date it is required to be filed (determined without regard to any extensions), or is actually filed, whichever is later. An original return does not have to be made available if more than 3 years have passed from the date the return was required to be filed (including any extensions) or was filed, whichever is later. An amended return does not have to be made available if more than 3 years have passed from the date it was filed.

An annual information return includes an exact copy of the return (Form 990 or 990–EZ and amended return, if any) and all schedules, attachments, and supporting documents filed with the IRS. In the case of a tax-exempt organization other than a private foundation, the names and addresses of contributors to the organization need not be disclosed, and Schedule B has been redacted accordingly.

For returns filed by Section 501(c)(3) organizations after August 17, 2006, Form 990-T must also be made available for public inspection. However, only those schedules, statements, and attachments to Form 990-T that relate to the imposition of the unrelated business income tax must be made available for public inspection.

This copy of the return is provided only for Public Disclosure purposes. Any confidential information regarding donors, and schedules or attachments to Form 990-T that do not relate to the calculation of unrelated business income tax, have been removed.

Т

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.								
Α	For the	e 2022 calenda	rr year, or tax year beginning MAY 1, 2022 and	lending A	PR 30, 2023			
в	Check if	C Name of	organization		D Employer identificati	on number		
	applicable	NATION	AL MUSEUM OF WILDLIFE ART					
	Addres	e OF THE	UNITED STATES					
	Name change	e Doing bu	siness as	74-2431071				
	Initial return	Number	and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Final return/	· · · · · · · · · · · · · · · · · · ·	DX 6825		307-733-5771			
	termin- ated	City or to	wn, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	17,815,819.		
	Ameno return	ded JACKSO	N, WY 83002-6825		H(a) Is this a group retur	n		
	Applic tion	F Name ar	Id address of principal officer: STEVE SEAMONS		for subordinates?	Yes X No		
	pendin	P.O. BOX	6825, JACKSON, WY 83002-6825		H(b) Are all subordinates includ	ed? Yes No		
1	Tax-exe	empt status: 🛛	K 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a list	. See instructions		
	Websit		LDLIFEART.ORG		H(c) Group exemption n	umber		
		organization:	Corporation Trust Association Other	L Year	of formation: 1986 M St	ate of legal domicile: WY		
P	art I	Summary						
đ	1		e the organization's mission or most significant activities: IMPART		E AND			
Governance		APPRECIATIO	N OF HUMANITY'S RELATIONSHIP WITH WILDLIFE THROUG	GH ART.				
erna	2	Check this boy	if the organization discontinued its operations or dispo	sed of more	than 25% of its net assets			
Š	3					21		
ڻ ص	4		ependent voting members of the governing body (Part VI, line 1b)			21		
es	5	Total number of		39				
Activities &	6		of volunteers (estimate if necessary)			42		
Act	7 a				<u>7a</u>	0.		
	b	Net unrelated I	pusiness taxable income from Form 990-T, Part I, line 11	<u></u>		0.		
					Prior Year	Current Year		
e	8		and grants (Part VIII, line 1h)		2,817,753.	2,619,552.		
'eni	9	•	e revenue (Part VIII, line 2g) ome (Part VIII, column (A), lines 3, 4, and 7d)		969,909.	994,642.		
Revenue	10		770,811.	696,630.				
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	79,530.	134,933.			
			add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3)		4,638,003.	4,445,757.		
			0.	0.				
		•	o or for members (Part IX, column (A), line 4)		0.			
ses	15		compensation, employee benefits (Part IX, column (A), lines 5-10)	2,183,015.	2,302,925.			
Expenses	16a		ndraising fees (Part IX, column (A), line 11e)	714.	45,910.	55,067.		
Ä				,/14.	2,710,991.	2,806,202.		
	1 "	•	s (Part IX, column (A), lines 11a-11d, 11f-24e)		4,939,916.	5,164,194.		
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	-301,913.	-718,437.			
<u> </u>			expenses. Subtract line 18 from line 12	Ra	ginning of Current Year	End of Year		
Net Assets or		Total accesta (D	art V line 16)		41,741,861.	41,221,868.		
Asse	g 20	Total assets (P			264,065.	295,024.		
let /	21				41,477,796.	40,926,844.		
	art II	Signature	und balances. Subtract line 21 from line 20		==,=//,/50.	-0,920,044.		
•	artii							

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.

0	Signature of officer	 Dat	Date						
Sign		Dui	•						
Here	STEVE SEAMONS, MUSEUM DIRECTOR								
Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid	RYAN C. HARRIS		02/22/24	self-employed P00614618					
Preparer	Firm's name PLANTE & MORAN, PLLC		Firn	n's EIN 38-1357951					
Use Only	e Only Firm's address 8181 E TUFTS AVE, SUITE 600								
	DENVER, CO 80237-2579 Phone no.303-740-9400								
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No					

orm	990 (2022) OF THE UNITED STATES	74-2431071	Page
Pai	t 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: SEE SCHEDULE 0.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		Yes 🗴 No
5	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.		Yes 🔟 No
ł	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe revenue, if any, for each program service reported.		
1 a	(Code:) (Expenses \$325,382. including grants of \$) (Rever MUSEUM MEMBERSHIP - SEE SCHEDULE O	nue \$	758,057.
			217 201
łb	(Code:) (Expenses \$ 2,235,942. including grants of \$) (Revent 2020-2021 EXHIBITS - SEE SCHEDULE O	nue \$	217,201.
łc	(Code:) (Expenses \$658,008. including grants of \$) (Rever	nue \$	10,995.
1d	Other program services (Describe on Schedule O.)		
ти	(Expenses \$ 192,568. including grants of \$) (Revenue \$	7,380.)	
	Total program service expenses 3,411,900.		

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Par	t 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? 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			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		77	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
-I	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	114	х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Λ	x
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
100				<u> </u>
IZd	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	х	
h	Schedule D, Parts XI and XII	12a		
U		12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X
13 14a		14a		x
l4a b	Did the organization maintain an office, employees, or agents outside of the United States?	<u>1</u> -1-74		<u> </u>
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		x
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Pa	rt IV Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	. 24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
-	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<u>25a</u>	-	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		x
00	Schedule L, Part I	. 25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	06		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	_	
27	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? If "Yes," complete Schedule L, Part III			x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If		-	
-	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		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			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		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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		┥	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		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		_	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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			
00	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 on Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	1
	Chaok if Schoolulo Q contains a recording or note to gru line in this Bart V			
		<u></u>	Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	26	103	
b		0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
5	(gambling) winnings to prize winners?	1c	х	
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Par	t 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 39								
b										
-										
3a										
4a	a 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)?									
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 Ad	counts (FBAR).								
5a			5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		x					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c							
			50							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-	-							
	any contributions that were not tax deductible as charitable contributions?		6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	U								
	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).									
а	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 payor?	7a	Х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х						
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa									
Ŭ	to file Form 8282?	•	7c		x					
			10							
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7e		x					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f 7g		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	tion file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the								
	sponsoring organization have excess business holdings at any time during the year?		8							
9	Sponsoring organizations maintaining donor advised funds.									
a			9a							
			9b		<u> </u>					
b			อม							
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders	11a								
	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
		12W								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40 -							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a							
	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		x					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner									
15										
	excess parachute payment(s) during the year?		15		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?	16		X					
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			1					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		L					
	If "Yes," complete Form 6069.									
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Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for	a "No" i	respon	ise					
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.								
	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	21							
	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	Enter the number of voting members included on line 1a, above, who are independent 1b 21								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	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?	<u>8a</u>	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
40			Yes	No X					
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>							
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104							
110	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	x						
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a							
	Did the organization have a written conflict of interest policy? <i>If</i> "No," <i>go to line 13</i>	12a	x						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		x						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
•	on 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?		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						
		15b	Х						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filedNONE								
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)	availal	ble					
	for public inspection. Indicate how you made these available. Check all that apply.								
40	Own website X Another's website X Upon request Other (explain on Schedule O)	a al Cu	-:-!						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finan	cial						
20	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 LISA HOLMES - (307) 733-5771								
	P.O. BOX 6825, JACKSON, WY 83002-6825								
232004	5 12-13-22	Forn	י 990	(2022)					
202000	6	1 011		(-022)					

Form 990 (2022)	OF THE UNITED STATES	74-2431071 Page 7
	ensation of Officers, Directors, Trustees, Key Employ	ees, Highest Compensated
Employ	ees, and Independent Contractors	
Check if S	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
 List all of the org 	le for all persons required to be listed. Report compensation for the or ganization's current officers, directors, trustees (whether individuals D), (E), and (F) if no compensation was paid.	
	environtionale comment have environe of environment the instrumentions for	

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

NATIONAL MUSEUM OF WILDLIFE ART

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• 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)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	Pos		Position heck more than one		200	Reportable	Reportable	Estimated	
	hours per	box	ox, unless person			is botł	n an	compensation	compensation	amount of
	week		cer an I	id a d	lirecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con	_	1099-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) STEVEN SEAMONS	50.00									
MUSEUM DIRECTOR					х			186,917.	0.	7,477.
(2) PONTEIR SACKREY	40.00									
DIRECTOR OF ADVANCEMENT						X		130,598.	٥.	16,831.
(3) MIKE HOFHIENS	40.00									
DIRECTOR OF OPERATIONS						X		126,139.	0.	21,272.
(4) JANE LAVINO	50.00									
CURATOR OF EDUCATION						X		107,105.	0.	16,681.
(5) LISA HOLMES	50.00									
CHIEF FINANCIAL OFFICER						X		106,207.	٥.	9,983.
(6) LAURENT ROUX	20.00									
CHAIRMAN		х		х				0.	0.	0.
(7) LINDY SAYERS	10.00									
VICE CHAIRMAN		Х		Х				٥.	٥.	0.
(8) WILLIAM KERR	10.00									
CHAIRMAN EMERITUS		х		х				0.	0.	0.
(9) AVI KANTOR	10.00									
TREASURER		х		х				0.	0.	0.
(10) CAROL LINTON	10.00									
SECRETARY		х		х				0.	0.	0.
(11) RICHARD BECK	3.00									
TRUSTEE		х						0.	Ο.	0.
(12) BARBARA CARLSBERG	3.00									
TRUSTEE		х						٥.	0.	Ο.
(13) BARBARA CASEY	3.00									
TRUSTEE		х						٥.	0.	Ο.
(14) TASSO COIN	3.00									
TRUSTEE		х						٥.	0.	Ο.
(15) SUE SIMPSON GALLAGHER	5.00									
TRUSTEE		х						٥.	0.	Ο.
(16) JIM GERSACK	3.00									
TRUSTEE		х						٥.	0.	0.
(17) JEFF GILBERT	3.00									
TRUSTEE		х						0.	0.	0.
										Form 990 (0000)

232007 12-13-22

Form 990 (2022)

11510222 147228 115981

1

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (r) (c)	Form 990 (2022) OF THE UNITE	D STATES								74-243	31071	-	Pa	age 8
Name and title Average week Position to the server the bind method and set server the bind comparison bind and set set of the server the bind comparison the set set of the set server the bind comparison the set set of the set set of the set of the any bind set		stees, Key Em	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
(18) GIGT HALLORAN 3,00 x 0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,	(A)	(B) Average hours per week (list any hours for related organizations below	(do box offi	not c , unle cer ar	Pos heck ss pe id a c	C) sitior more rson i lirecto	than of is both pr/trus	one n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC/	(E) Reportable compensatior from related organizations (W-2/1099-MIS	6	am com fro orga and	timate ount other pensa om the anizati	of tion e ion ed
(19) MARY JANE HUNT 3.00 x 0. <td< td=""><td>(18) GIGI HALLORAN</td><td>3.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(18) GIGI HALLORAN	3.00												
TRUSTEE X 0 0 0 0 (20) DES JENNINGS 3,00 X 0 0 0 0 (21) LISA JENNINGS 3,00 X 0 0 0 0 (21) LISA JENNINGS 3,00 X 0 0 0 0 0 (21) LIL ARSON 3,00 X 0 0 0 0 0 TRUSTEE X 0 0 0 0 0 0 0 TRUSTEE X 0			х						0.		0.			0.
(20) DES JENNINGS 3.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. (21) LISA JENNINGS 3.00 X 0. 0. 0. 0. (21) LISA JENNINGS 3.00 X 0. 0. 0. 0. 0. (22) JILL LARSON 3.00 X 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. 0. (23) ADRIENNE MARS 3.00 X 0.		3.00												
TRUSTEE X 0 0 0 0 (21) LISA JENNINGS 3,00 X 0 0 0 0 (22) JILL LARSON 3,00 X 0 0 0 0 0 (22) JILL LARSON 3,00 X 0 0 0 0 0 (23) ADRIENNE MARS 3,00 X 0 0 0 0 0 (23) ADRIENNE MARS 3,00 X 0 0 0 0 0 (24) PAM NINER 3,00 X 0 <t< td=""><td></td><td></td><td>х</td><td></td><td></td><td></td><td>-</td><td></td><td>0.</td><td></td><td><u> </u></td><td></td><td></td><td>0.</td></t<>			х				-		0.		<u> </u>			0.
(21) LISA JENNINGS 3.00 x 0 0. 0. 0. TRUSTEE x 0. 0. 0. 0. 0. (22) JILL LARSON 3.00 x 0. 0. 0. 0. (23) JUL LARSON 3.00 x 0. 0. 0. 0. 0. (23) JUL LARSON 3.00 x 0. </td <td></td> <td>3.00</td> <td></td> <td>0</td>		3.00												0
TRUSTEE x 0. 0. 0. 0. 0. (22) JILL LARSON 3.00 x 0. 0. 0. 0. 0. TRUSTEE x 0. 0. 0. 0. 0. 0. 0. TRUSTEE x 0. <t< td=""><td></td><td>2 00</td><td>X</td><td></td><td></td><td>-</td><td>-</td><td></td><td>0.</td><td></td><td><u> </u></td><td></td><td></td><td><u> </u></td></t<>		2 00	X			-	-		0.		<u> </u>			<u> </u>
(22) JILL LARSON 3.00 x 0. 0. 0. 0. TRUSTEE x 0. 0. 0. 0. 0. (23) ADRIENNE MARS 3.00 x 0. 0. 0. 0. (24) PAM NINER 3.00 x 0. 0. 0. 0. 0. (24) PAM NINER 3.00 x 0. 0. 0. 0. 0. TRUSTEE x 0. 0. 0. 0. 0. 0. 0. TRUSTEE x 0.		3.00	v						0					0
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(23) ADRIENNE MARS 3.00 x 0. 0. 0. 0. TRUSTEE x 0. 0. 0. 0. 0. 0. (24) PAM NINER 3.00 x 0. 0. 0. 0. 0. TRUSTEE x 0. 0. 0. 0. 0. 0. 0. TRUSTEE x 0. 0. 0. 0. 0. 0. 0. TRUSTEE x 0.			x						0.		0.			0.
(24) PAM NINER 3.00 x 0. 0. 0. 0. TRSUTEE x 0. 0. 0. 0. 0. 0. (25) SALLY PAINTER 3.00 x 0. 0. 0. 0. 0. TRUSTEE x 0. 0. 0. 0. 0. 0. 0. TRUSTEE x 0.		3.00												
TRUTEE X 0. 0. 0. 0. (25) SALLY PAINTER 3.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (26) PETER SAFIR 3.00 X 0.	TRUSTEE		х						0.		٥.			٥.
(25) SALLY PAINTER 3.00 x 0 0. 0	(24) PAM NINER	3.00												
TRUSTEE x 0. 0. 0. 0. (26) PETER SAFIR 3.00 x 0. 0. 0. 0. TRUSTEE x 0. 0. 0. 0. 0. 0. 1b Subtotal 656,966. 0. 72,244. 0. 0. 0. 0. 0. 2 Total from continuation sheets to Part VII, Section A 0.	TRSUTEE	UTEE X 0. 0					٥.			٥.				
(26) PETER SAFTR 3.00 x 0. 0. 0. 0. TRUSTEE x 0. 0. 0. 0. 0. 0. 1b Subtotal 656,966. 0. 72,244. 656,966. 0. 72,244. c Total from continuation sheets to Part VII, Section A 0. 0. 0. 0. 0. 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 5 5 X 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," <i>complete Schedule J for such individual</i> 4 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If</i> "Yes," <i>complete Schedule J for such individual</i> 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 X 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 of services 5 X (A) (B) ((25) SALLY PAINTER	3.00												
TRUSTEE x 0. 0. 0. 0. 1b Subtotal 656,966. 0. 72,244. c Total from continuation sheets to Part VII, Section A 0. 0. 0. 0. d Total (add lines 1b and 1c) 656,966. 0. 72,244. 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 5 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 x 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 3 x 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 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. 1 Co	TRUSTEE		Х						0.		0.			٥.
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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 5 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 4 X 5 Did any person listed or line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X 5 Exection B. Independent Contractors 5 X 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. (B) (C) Name and business address Description of services Compensation HJH ART ADVISORY LLC P.O. BOX 4731, JACKSON, WY 83001 RESEARCH AND CREATE A CATALOG													70	
5 Yes No 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1 a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 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) (B) (C) Name and business address Description of services Compensation 224,237. HJH ART ADVISORY LLC P.O. BOX 4731, JACKSON, WY 83001 RESEARCH AND CREATE A CATALOG 224,237.									,				14,	244.
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 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. (C) Name and business address Description of services Compensation HJH ART ADVISORY LLC P.O. BOX 4731, JACKSON, WY 83001 224, 237.	(0	iot inflited to th	ose	iiste	u ai	JOVE	<i>•)</i> wn	o re	eceived more than \$100,	ooo or reportable				5
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4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	c ,				•			•	• • •		- F	3		Х
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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) (B) (C) Name and business address Description of services Compensation HJH ART ADVISORY LLC P.O. BOX 4731, JACKSON, WY 83001 RESEARCH AND CREATE A CATALOG 224,237.														
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) (B) (C) Name and business address Description of services Compensation HJH ART ADVISORY LLC RESEARCH AND CREATE A CATALOG 224,237.		nplete Schedule	e J fe	or sı	ich .	pers	on					5		Х
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(A) Name and business address(B) Description of services(C) CompensationHJH ART ADVISORY LLCRESEARCH AND CREATE A CATALOG224,237.											ensati	on fro	m	
Name and business address Description of services Compensation HJH ART ADVISORY LLC RESEARCH AND CREATE A CATALOG 224,237.		the calendar ye	ear e	endir	ng w	ith o	or wi	thin T		ear.		(0		
P.O. BOX 4731, JACKSON, WY 83001 RESEARCH AND CREATE A CATALOG 224,237.									• •	ervices	Co			1
	HJH ART ADVISORY LLC													
								_	RESEARCH AND CREAT	E A CATALOG			224,	237.

P.O.	BOX 989746, WEST SACRAMENTO, CA 95798	REMODELING 7	THE MUSEUM	SHOP	105,967.
2	Total number of independent contractors (including but not limited to those listed	d above) who rec	ceived more th	nan	
	\$100,000 of compensation from the organization 2				
	SEE PART VII, SECTION A CONTINUATION SHEETS				Form 990 (2022)

232008 12-13-22

NATIONAL MUSEUM OF	F WILDLIFE	ART
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Form 990 OF THE UNITE									74-24310)71
Part VII Section A. Officers, Directors, Tru		nplo	yee	s, aı	nd H	ligh	est (Compensated Employe		
(A) Name and title	(B) Average hours				C) ition	1		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Offlicer	Key em ployee	Highest com pensated em ployee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) MARCIA TAYLOR	3.00									0
TRUSTEE		X						0.	0.	0.

Total to Part VII, Section A, line 1c

232201 04-01-22

OF THE UNITED STATES

Form 990 (2022)

							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
Ś	1 a	Federated campaigns		1a						
in	b	Membership dues		41						
m	с	Fundraising events				26,555.				
ar∧		_		1d						
milå		Government grants (contr				13,478.				
Š	f	All other contributions, gifts,	gran	ts, and						
the		similar amounts not included	abov	/e 1f		2,579,519.				
Ò	g	Noncash contributions included in	lines [.]	la-1f 1g \$		566,307.				
and Other Similar Amounts	h	Total. Add lines 1a-1f					2,619,552.			
						Business Code				
	2 a	ADMISSIONS			_	611600	583,499.	583,499.		
đ	b	MEMBERSHIP DUES				611600	214,598.	214,598.		
nu	с	PROGRAM TICKETS			_	611600	182,620.	182,620.		
eve		EXHIBIT FEES			_	611600	10,000.	10,000.		
Revenue	е	EDUCATIONAL PROGRAM	S			611600	3,925.	3,925.		
	f	All other program service	reve	nue						
	g	Total. Add lines 2a-2f					994,642.			
	3	Investment income (includ	ding	dividends, int	tere	st, and				
		other similar amounts)					681,748.			681,
	4	Income from investment of	of tax	exempt bon	d pi	roceeds				
	5	Royalties					108.	108.		
				(i) Real		(ii) Personal				
		Gross rents	6a	238,61						
	b	Less: rental expenses	6b	104,66						
	с	Rental income or (loss)	6c	133,94	17.					
		Net rental income or (loss)) <u></u>				133,947.			133,
	7 a	Gross amount from sales of		(i) Securitie		(ii) Other				
		assets other than inventory	7a	11,878,91	16.					
	b	Less: cost or other basis								
5		and sales expenses		11,864,03						
		Gain or (loss)	7c	•			44.000			
		Net gain or (loss)					14,882.			14,
	8 a	Gross income from fundraisin								
				555. of						
		contributions reported on		· ·	•	42,991.				
	L	Part IV, line 18			<u>8a</u> 8b	44,017.				
		Net income or (loss) from				44,017.	-1,026.			-1,
		Gross income from gamin		r	5		_,			-,
	5 a	Part IV, line 19			9a					
	h				9b					
		Net income or (loss) from			55					
4		Gross sales of inventory, I								
'		and allowances			10a	1,340,029.				
	b	Less: cost of goods sold				1,357,345.				
		Net income or (loss) from				, , ,	-17,316.	-17,316.		
+			2410			Business Code	, .	, .		
1	11 a	MISCELLANEOUS REVEN	UE			900099	11,840.	8,820.		3,
- onc		SALE OF DONATED ART			_	900099	7,380.	7,380.		/ /
Revenue	c				_		,	,		
R		All other revenue			-					
		Total. Add lines 11a-11d					19,220.			
1	-	Total revenue. See instruction					4,445,757.	993,634.	0.	832,

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Form 990 (2022)

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	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	196,626.	78,780.	78,456.	39,390
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	1,754,757.	1,048,588.	396,065.	310,104
8	Pension plan accruals and contributions (include				•
-	section 401(k) and 403(b) employer contributions)	55,980.	37,233.	15,930.	2,817
9	Other employee benefits	139,665.	75,129.	42,112.	22,424
10	Payroll taxes	155,897.	89,664.	39,351.	26,882
11	Fees for services (nonemployees):	,	,	,	,
a	Management				
b		462.		462.	
	F	44,900.		44,900.	
	Accounting	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Lobbying Professional fundraising services. See Part IV, line 17	55,067.			55,067
-					
f					
g		772,558.	542,933.	212,486.	17,139
40	column (A), amount, list line 11g expenses on Sch 0.)	103,346.	12,683.	89,011.	1,652
12	Advertising and promotion	183,533.	119,792.	34,445.	29,296
13	Office expenses	79,263.	47,184.		9,558
14	Information technology	79,203.	47,104.	22,521.	9,556
15	Royalties	122 010	110 120	10 160	4 511
16		132,810.	110,130.	18,169.	4,511
17	Travel	68,564.	35,391.	33,173.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		2.24.6	4 050	
19	Conferences, conventions, and meetings	7,374.	3,316.	1,058.	3,000
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	841,358.	715,154.	126,204.	
23	Insurance	80,061.	70,006.	10,055.	
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 0.)				
а	ACCESSION OF ART	193,940.	193,940.		
b	WESTERN VISION EXPENSES	125,747.	125,747.		
с	ENTERTAINMENT	87,127.	26,877.	22,477.	37,773
d	REPAIRS & MAINTENANCE	36,455.	30,987.	5,468.	
е	All other expenses	48,704.	48,366.	237.	101
25	Total functional expenses. Add lines 1 through 24e	5,164,194.	3,411,900.	1,192,580.	559,714
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2022)

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Form 990 (2022) OF THE UNITED STATES
Part IX Statement of Functional Expenses

OF THE UNITED STATES

Form 990 (2022)

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ar	tΧ	Balance Sheet					
		Check if Schedule O contains a response or	note to any li	ne in this Part X		·····	
					(A) Beginning of year		(B) End of year
	1				4,947.	1	4,96
	2	Savings and temporary cash investments	3,655,256.	2	3,470,55		
	3	Pledges and grants receivable, net	1,365,553.	3	1,404,24		
	4	Accounts receivable, net	750.	4	100,52		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial con	tributor, or 35%			
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	oed in sectio	n 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			127,241.	8	117,09
	9				8,936.	9	90,7
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	10a	23,325,447.			
	b	Less: accumulated depreciation		13,349,600.	10,708,134.	10c	9,975,8
	11	Investments - publicly traded securities			23,512,093.	11	23,240,5
	12	Investments - other securities. See Part IV, lir				12	
	13	Investments - program-related. See Part IV, li				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			2,358,951.	15	2,817,3
	16	Total assets. Add lines 1 through 15 (must e			41,741,861.	16	41,221,8
	17	Accounts payable and accrued expenses			264,065.	17	295,0
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Comple			21		
	22	Loans and other payables to any current or fo	director,				
		trustee, key employee, creator or founder, su	bstantial con	tributor, or 35%			
		controlled entity or family member of any of t	nese persons	3		22	
	23	Secured mortgages and notes payable to un	elated third	parties		23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24). C	omplete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			264,065.	26	295,0
		Organizations that follow FASB ASC 958, o	heck here	X			
		and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions			16,040,034.	27	15,309,9
	28	Net assets with donor restrictions			25,437,762.	28	25,616,9
		Organizations that do not follow FASB ASC) 958, check	here			
		and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current fun			29		
	30	Paid-in or capital surplus, or land, building, or				30	
	31	Retained earnings, endowment, accumulated				31	
	32	Total net assets or fund balances			41,477,796.	32	40,926,8
	33	Total liabilities and net assets/fund balances			41,741,861.	33	41,221,80

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Form 980 (2022) OF THE UNITED STATES 74-2431071 Page 12 Part XI Reconciliation of Net Assets X Check if Schedule O contains a response or note to any line in this Part XI X X 1 Total expenses (must equal Part VII, column (A), line 12) 1 4,445,757. 2 Total expenses (must equal Part X, column (A), line 25) 2 5,164,194. 3 -718,437. 4 41,477,786. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 41,477,776. 5 Net unrealized gains (losses) on investments 6 - -290,923. 6 Other changes in net assets or fund balances (explain on Schedule O) 9 458,408. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 458,408. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 4 40,926,844. Part XII Financial Statements and Reporting * * 7		NATIONAL MUSEUM OF WILDLIFE ART				
Part XI Reconciliation of Net Assets X Check if Schedule O contains a response or note to any line in this Part XI X 1 Total revenue (must equal Part IXI, column (A), line 12) 1 4,445,757. 2 Total expenses (must equal Part IX, column (A), line 25) 2 5,164,194. 3 -718,437. 4 41,477,786. 4 441,477,786. 5 -290,923. 5 Donated services and use of facilities 6 7 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 9 4558,408. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 458,408. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 40,926,844. Part XII Financial Statements and Reporting - - Check if Schedule O contains a response or note to any line in this Part XII - - 1 Accounting method used to prepare the Form 990: Cash X Accrual Other - 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:	Form	990 (2022) OF THE UNITED STATES	74-243	1071	Pa	_{ge} 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 4,445,757,2 2 Total expenses (must equal Part IX, column (A), line 25) 2 5,164,134,37,4 3 -718,437,4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 41,477,796,437,4 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 41,477,796,437,4 5 Net unrealized gains (losses) on investments 5 -290,923,6 6 0 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 458,408,408,408,408,408,408,408,408,408,40	Par	t XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 5, 164, 194. 3 Revenue less expenses. Subtract line 2 from line 1 3 -718, 437. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 41, 477, 796. 5 Net unrealized gains (losses) on investments 5 -290, 923. 6 6 6 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 458, 408. 10 Vasets sets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 40, 926, 844. Part XII Financial Statements and Reporting 10 40, 926, 844. Check if Schedule O contains a response or note to any line in this Part XII 10 40, 926, 844. 9 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or bo		Check if Schedule O contains a response or note to any line in this Part XI				X
2 Total expenses (must equal Part IX, column (A), line 25) 2 5, 164, 194. 3 Revenue less expenses. Subtract line 2 from line 1 3 -718, 437. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 41, 477, 796. 5 Net unrealized gains (losses) on investments 5 -290, 923. 6 6 6 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 458, 408. 10 Vasets sets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 40, 926, 844. Part XII Financial Statements and Reporting 10 40, 926, 844. Check if Schedule O contains a response or note to any line in this Part XII 10 40, 926, 844. 9 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or bo						
3 Revenue less expenses. Subtract line 2 from line 1 3 -718,437. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 41,477,796. 5 Net unrealized gains (losses) on investments 5 -230,923. 6 7	1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,	445,	757.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 41, 477, 796. 5 Net unrealized gains (losses) on investments 5 -290, 923. 6 5 -290, 923. 7 6 6 7 7 6 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 458,408. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 40,926,844. Part XIII Financial Statements and Reporting 10 40,926,844. Check if Schedule O contains a response or note to any line in this Part XII 10 40,926,844. 9 Were the organization's financial statements compiled or reviewed by an independent accountant? 12a X 11 Accounting method used to prepare the Form 990: Cash X Account 0 2a X 12 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: 2a X 2a X 14 Yes, 'check a box below to indicate wh	2	Total expenses (must equal Part IX, column (A), line 25)	2	5,	164,	194.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 41, 477, 796. 5 Net unrealized gains (losses) on investments 5 -290, 923. 6 0 6 7 8 6 8 Prior period adjustments 7 9 0ther changes in net assets or fund balances (explain on Schedule O) 9 458, 408. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 40, 926, 844. Part XII Financial Statements and Reporting 10 40, 926, 844. Check if Schedule O contains a response or note to any line in this Part XII 10 40, 926, 844. 9 458, 408. 10 40, 926, 844. 9 Check if Schedule O contains a response or note to any line in this Part XII 10 40, 926, 844. 9 458, 408. 10 40, 926, 844. 10 9 458, 408. 10 10 40, 926, 844. 10 9 458, 408. 10 10 40, 926, 844. 10 9 458, 408. 10 10 10 20, 926, 84	3	Revenue less expenses. Subtract line 2 from line 1	3	-	718,	437.
6 Donated services and use of facilities 6 7 1 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 458,408. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (E)) 10 40,926,844. Part XII Financial Statements and Reporting 10 40,926,844. Part XII Financial Statements and Reporting 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 on Schedule O. 2a X 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 Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Donsolidated basis 2b X 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: 2b X 2b X <td< th=""><td>4</td><td></td><td>4</td><td>41,</td><td>477,</td><td>796.</td></td<>	4		4	41,	477,	796.
6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting 10 Check if Schedule O contains a response or note to any line in this Part XII 10 1 Accounting method used to prepare the Form 990: Cash 2 Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X b Were the organization's financial statements and/led by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X b Were the organization's financial statements and/led by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year wer	5	Net unrealized gains (losses) on investments	5	-	290,	923.
7 Investment expenses 7 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, columm (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X X Accrual Other Yes If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 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: Separate basis Consolidated basis 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: Separate basis Consolidated basis 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: Separate basis Consolidated basis b Were the organization's financial statements and selection of an independent accountant? If "Yes," check a box below to indicate whether the financial st	6		6			
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 458,408. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 10 40,926,844. Part XII Financial Statements and Reporting 10 40,926,844. Part XII Financial Statements and Reporting 10 40,926,844. 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 on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Separate basis Consolidated basis. Doth 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Doth 2b X IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	7		7			
9 Other changes in net assets or fund balances (explain on Schedule O) 9 458,408. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 40,926,844. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Mother organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements audited basis Both consolidated and separate basis 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: Isoparate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements and the prior year or the year were audited on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Consolidated basis Both consolidated and separate basis c 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,	8		8			
column (B) 10 40,926,844. Part XII Financial Statements and Reporting	9		9		458,	408.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes 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 on Schedule O. 2a X 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: 2a X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: 2b X 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: 2b X 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: 2b X 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: 2b X 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? 2c X If the organization changed either its oversight process		column (B))	10	40,	926,	844.
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1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Construct to the construction of the completed or reviewed by an independent accountant? Image: Construction of the completed or reviewed by an independent accountant? Image: Construction of the completed or reviewed by an independent accountant? Image: Construction of the completed or reviewed by an independent accountant? Image: Construction of the completed or reviewed by an independent accountant? Image: Construction of the completed or reviewed on a separate basis Image: Construction of the completed or reviewed on a separate basis Image: Construction of the completed or reviewed on a separate basis Image: Construction of the completed or reviewed on a separate basis Image: Construction of the completed or reviewed on a separate basis Image: Construction of the completed or reviewed on a separate basis Image: Construction of the completed or reviewed on a separate basis Image: Construction of the completed or reviewed on a separate basis Image: Construction of the completed or reviewed on a separate basis Image: Construction of the completed or reviewed on a separate basis Image: Construction of the completed or reviewed on a separate basis Image: Construction of the completed or reviewed on a separate basis Image: Construction of the completed or reviewed on a separate basis Image: Construction of the completed or reviewed on a separate basis Image: Construction of the completed or reviewed on a separate basis Image: Construction of the completed or reviewed on a separate basis Image: Construction of		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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: 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: 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: 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. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					Yes	No
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X 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: 2b X 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: 2b X If "Yes," the check a box below to indicate basis Both consolidated and separate basis, consolidated basis, or both: 2b X 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? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 1 1 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 1 1	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
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: Image: Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
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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: 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: 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: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis 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: If "Yes," check a box below to indicate basis<		Separate basis Consolidated basis Both consolidated and separate basis				
consolidated basis, or both: X X Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis c 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? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. C C 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the C C	b	Were the organization's financial statements audited by an independent accountant?		2 b	X	
X Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
cIf "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?2cXIf the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.443aAs a result of a federal award, was the organization required to undergo an audit or audits as set forth in the55						
review, or compilation of its financial statements and selection of an independent accountant? <u>2c X</u> If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		X Separate basis Consolidated basis Both consolidated and separate basis				
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	С					
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		review, or compilation of its financial statements and selection of an independent accountant?		2 c	X	
		If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
	3a					1
		Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3 a		x
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b		

Form **990** (2022)

(Fc Depa Interr	orm 99 rtment o nal Rever	f the Treasury nue Service	Co	omplete if the organ 49 A Go to www.irs.gov	nization is a section 50 47(a)(1) nonexempt cha ttach to Form 990 or Fo (Form990 for instruction	l(c)(3) orga iritable tru orm 990-E	anization (Ist. Z.	or a section		OMB No. 1545-0047 2022 Open to Public Inspection
Nar	ne or i	the organizati		AL MUSEUM OF W	ILDLIFE ART				Employe	r identification number
P	nrt I	Reason		UNITED STATES	(All organizations must o	omploto ti	nia part \ S	oo inotruction		74-2431071
									15.	
1 2 3 4		A church, co A school des A hospital or	nvention of chu cribed in secti a cooperative search organiza	urches, or associatio ion 170(b)(1)(A)(ii). hospital service org	(For lines 1 through 12, c on of churches described (Attach Schedule E (Forn anization described in s onjunction with a hospital	l in sectio n 990).) ection 17(on 170(b)(1)(b)(1)(A)(ii	ii).)(iii). Enter	the hospital's name,
5		An organizati	on operated fo		ollege or university owned	d or operat	ed by a go	overnmental u	nit describ	ed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6 7 8		An organizati section 170(on that normal b)(1)(A)(vi). (Co	lly receives a substa omplete Part II.)	mental unit described in antial part of its support fi (1)(A)(vi). (Complete Par	rom a gove			ne general	public described in
9					l in section 170(b)(1)(A)(ed in conju	inction with a	land-grant	college
		-	or a non-land-g	rant college of agric	culture (see instructions).	Enter the	name, city	, and state of	the college	e or
10		university:	on that normal	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns membersh	in fees an	d aross receipts from
10		-		•	ct to certain exceptions;					
11 12 £		See section An organizati More publicly lines 12a thro Type I. A s the suppor organizatio Type II. A s control or r organizatio Type III fur	509(a)(2). (Cor on organized a on organized a r supported orgo ough 12d that of upporting orga ted organizatio n. You must c supporting orga nanagement of n(s). You must nctionally integ	mplete Part III.) and operated exclus ganizations describe describes the type of anization operated, s on(s) the power to re- complete Part IV, S anization supervised f the supporting org t complete Part IV, grated. A supportin	d or controlled in connect anization vested in the site Sections A and C. Ing organization operated	fety. See o perform t or section n and com by its supp a majority of tion with it ame perso in connec	section 50 he function 509(a)(2). plete lines ported org of the direct s supporte ns that co tion with, a	D9(a)(4). ns of, or to ca See section 12e, 12f, and anization(s), t ctors or truste ed organizatio ntrol or mana and functiona	rry out the 509(a)(3). (I 12g. ypically by es of the su n(s), by hav ge the sup	purposes of one or Check the box on giving upporting <i>v</i> ing ported
		_ its support	ed organizatior	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.		
c					porting organization oper					
			-		zation generally must sat	-		-	l an attenti	veness
			-	-	mplete Part IV, Sections					
e			-		written determination fro mally integrated supporti			Type I, Type	II, Type III	
1	Ente		-	••	shany integrated support					
				about the support						
		i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
		organizatior	1		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	nstructions)	support (see instructions)
<u>Tot</u>	al									

		ATIONAL MUSEUM		RT			
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Ра	rt II Support Schedule for	-		•			
	(Complete only if you checked			-	failed to qualify u	nder Part III. If the	organization
-	fails to qualify under the tests	s listed below, pleas	se complete Part III	.)			
	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,858,598.	6,357,723.	3,096,599.	2,817,753.	2,619,552.	18,750,225.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3,858,598.	6,357,723.	3,096,599.	2,817,753.	2,619,552.	18,750,225.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4,884,887.
6	Public support. Subtract line 5 from line 4.						13,865,338.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	3,858,598.	6,357,723.	3,096,599.	2,817,753.	2,619,552.	18,750,225.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	562,318.	893,367.	508,198.	892,707.	920,361.	3,776,951.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	26,524.	9,839.	10,031.	9,149.	0.	55,543.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)					3,020.	3,020.
11	Total support. Add lines 7 through 10						22,585,739.
12	Gross receipts from related activities,	etc. (see instructio	ns)	•		12	8,671,036.
13	First 5 years. If the Form 990 is for th						
	organization, check this box and stop	-		· · ·			
Sec	ction C. Computation of Publi						
14	Public support percentage for 2022 (I	ine 6, column (f), di	ivided by line 11, co	olumn (f))		14	61.39 %
15	Public support percentage from 2021					15	52.16 %
16a	33 1/3% support test - 2022. If the o					ore, check this box	and
	stop here. The organization qualifies						17
b	33 1/3% support test - 2021. If the o		-				
	and stop here. The organization qual					, ,	
17a	10% -facts-and-circumstances test		•••••				
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-			
h	10% -facts-and-circumstances test	-					
~	more, and if the organization meets the	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organization		•				
				, , , .			(Form 990) 2022
							•

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Schedule A (Form 990) 2022 Part III Support Schedule for Organizations Described in Section 509(a)(2)

OF THE UNITED STATES

(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support			-	-		1
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses						
acquired after June 30, 1975						
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for t	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) orga	nization,
Section C. Computation of Publ	ic Support Per	centage				
15 Public support percentage for 2022 (line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 202					16	%
Section D. Computation of Inves						
17 Investment income percentage for 2	022 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from	•				18	%
19a 33 1/3% support tests - 2022. If the						line 17 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2021. If the						
line 18 is not more than 33 1/3%, che						ation
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		
232023 12-09-22		16	5		Sche	dule A (Form 990) 2022

Yes No

Schedule A (Form 990) 2022

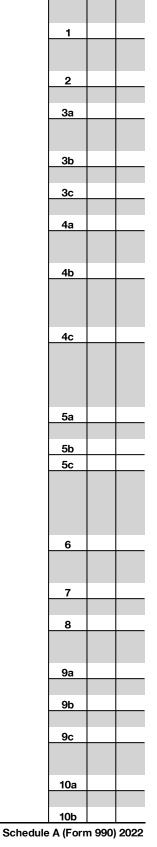
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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11a 11b	P: Yes	age 5
	Yes	
	Yes	
		No
116		
11c		
	Yes	No
1		
2		
	Yes	No
1		
· ·		
	Yes	No
1		
2		
3		
<u> </u>		
truction	10)	
liucion	Yes	No
	100	
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0h		
2b		
3a		1
	<u>2a</u>	2a

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 232025 12-09-22

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3b Schedule A (Form 990) 2022

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NATIONAL	MUSEUM	OF	WILDLIFE	ART

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Sche	dule A (Form 990) 2022 OF THE UNITED STATES			74-2431071	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations		6
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (<i>explain</i>	in Part VI). See insti	ructions.
	All other Type III non-functionally integrated supporting organizations must				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
<u>a</u>	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
_7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Section C - Distributable Amount			Current Y	'ear	
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

232026 12-09-22

Sche	dule A (Form 990) 2022 OF THE UNITED STATE:	S			74 - 2431071	Page 7
Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continu	ıed)		
Sect	on D - Distributions		•		Current Y	'ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.	-		8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	IS	(iii) Distributa Amount for	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
с	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
•	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					

Schedule A (Form 990) 2022

232027 12-09-22

	NATIONAL MUSEUM OF WILDLIFE ART	
Schedule A (Form 990) 2022	OF THE UNITED STATES 74-243107	, ugo e
Part IV, Section A, lines 1, line 1; Part IV, Section D, I	mation. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, S ines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line B; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.	Section C,
SCHEDULE A, PART II, LINE 10,	EXPLANATION FOR OTHER INCOME:	
MISCELLANEOUS INCOME		
2022 AMOUNT: \$ 3,020.		

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

74-2431071

Department of the Treasury Internal Revenue Service
Name of the organization

Schedule B

(Form 990)

NATIONAL MUSEUM OF WILDLIFE ART

OF THE UNITED STATES

	tion type (check one	e):
--	----------------------	-----

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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 for an *exclusively* set in the set of the parts unless to the set of the parts unless t

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) (2022)

Name of o	B (Form 990) (2022) rganization MUSEUM OF WILDLIFE ART	[1	Page 2 Employer identification number
	NITED STATES		74-2431071
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$233,4	54. Person X 54. Noncash Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$125,0	00. Person X 00. Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$555,0	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$242,2	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$103,0	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

11510222 147228 115981

	B (Form 990) (2022)			ge 3
	rganization		Employer identification number	ər
	. MUSEUM OF WILDLIFE ART INITED STATES		74-2431071	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed	1	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		
	PUBLICLY-TRADED STOCK			
3				
		\$498,	,246. 04/30/23	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	1 Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	1 Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	Data received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		
		\$		

Schedule B (Form 990) (2022)

11510222 147228 115981

Schedule	B (Form 990) (2022)				Page 4
	organization			Employer identification	
	L MUSEUM OF WILDLIFE ART				
Part III	JNITED STATES Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional s	through (e) and the followin tharitable, etc., contributions of \$	a line entry. For organ	zations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is h	eld
		 (e) Transf			
	Transferee's name, address, a			ionship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is h	eld
	Transferee's name, address, a	(e) Transf		ionship of transferor to transferee	
(2) No					
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is h	eld
		(e) Transf	ar of gift		
	Transferee's name, address, a		-	ionship of transferor to transferee	
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is h	eld
		(e) Transf	er of gift		
	Transferee's name, address, a	nd ZIP + 4	Relat	ionship of transferor to transferee	
223454 11-15	5-22			Schedule B (For	rm 990) (2022)

11510222 147228 115981

<u>م</u>			Supplementa	al Financial	S	tatements	5		OMB No.	1545-0047	
(Form 990) Complete if the org			nization answered	"Yes	s" on Form 990,			20	22		
•	Part IV, line 6, 7, 8, 9, Department of the Treasury			, 11a, 11b, 11c, 11c Attach to Form 990.	I, 11	e, 11f, 12a, or 12	b.		Open	to Public	
Interna	Revenue Service		Go to www.irs.gov/Form99	0 for instructions a	nd t	he latest informa					
Nam	e of the organization	on	NATIONAL MUSEUM OF WILDLIFE OF THE UNITED STATES	i AR'I'				Emplo	yer identificat 74-24310		
Par	t I Organiza	tio	ns Maintaining Donor Advise	d Funds or Othe	er S	Similar Funds	or Ac	counts			
	organizatior	n an	swered "Yes" on Form 990, Part IV, lin	e 6.							
				(a) Donor ad	dvise	ed funds	(b) Funds	and other acc	ounts	
1			year								
2			ntributions to (during year)								
3 4			nts from (during year) d of year								
5			form all donors and donor advisors in		ts he	eld in donor advis	ed func	ls			
	-		property, subject to the organization's	-					Yes	No	
6	Did the organizatio	n in	form all grantees, donors, and donor a	dvisors in writing that	at gra	ant funds can be	used o	nly			
			s and not for the benefit of the donor o	r donor advisor, or f	or ar	ny other purpose of	conferri	ng			
Par	impermissible priva		penefit? In Easements. Complete if the or						Yes	No No	
1			ition easements held by the organizati			es" on Form 990, I	Part IV,	line 7.			
•			and for public use (for example, recrea		рі <u>у)</u> .	Preservation of	a histo	rically im	portant land ar	ea	
	Protection of			,		Preservation of		-			
	Preservation	of c	open space								
2			ugh 2d if the organization held a quali	fied conservation co	ntrib	oution in the form	of a cor				
	day of the tax year								eld at the End of	the Tax Year	
			rvation easements					2a			
b	-		d by conservation easements n easements on a certified historic str	ucture included in (a				2b 2c			
d			in easements included in (c) acquired a					20			
								2d			
3	Number of conservy	atio	n easements modified, transferred, rel					zation du	ring the tax		
4	-	vher	—— e property subject to conservation east	sement is located							
5	Does the organizat	ion	have a written policy regarding the per	iodic monitoring, ins	spec	tion, handling of					
	,		ment of the conservation easements it						🗌 Yes	No No	
6	Staff and volunteer	hou	urs devoted to monitoring, inspecting,	handling of violation	is, ar	nd enforcing cons	ervatio	n easeme	ents during the	year	
7	Amount of expense	es ir	ncurred in monitoring, inspecting, hand	lling of violations, an	d en	nforcing conservat	tion eas	ements o	during the year		
8	Does each conserv	atic	n easement reported on line 2(d) abov	e satisfy the require	ment	ts of section 170(h)(4)(B)((i)			
	and section 170(h)								Yes	No	
9			bw the organization reports conservati			•					
			lude, if applicable, the text of the footr ing for conservation easements.	note to the organizat	ion's	s financial stateme	ents tha	t describ	es the		
Par	t III Organiza	tio	ns Maintaining Collections of	Art, Historical	Tre	asures, or Ot	her S	imilar A	Assets.		
	Complete if	the	organization answered "Yes" on Form	990, Part IV, line 8.							
1 a	8		ted, as permitted under FASB ASC 95	, I							
			res, or other similar assets held for put			-		ce of put	olic		
h			t XIII the text of the footnote to its final					aboat w	orko of		
b	-		ted, as permitted under FASB ASC 95 , or other similar assets held for public								
			mounts relating to these items:		лı, О	research in full	lerance	or public	, sei vice,		
	-	-	on Form 990, Part VIII, line 1					\$			
	(ii) Assets include										
2	-		ived or held works of art, historical tre	asures, or other simi	lar a	assets for financia					
			required to be reported under FASB A								
			Form 990, Part VIII, line 1								
			m 990, Part X						hadul E /E		
		duo	ction Act Notice, see the Instruction	s tor Form 990.				So	hedule D (For	m 990) 2022	
232051	09-01-22			26							

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	NATIONAL MU	JSEUM OF WILDLIF	E ART					
Sche	dule D (Form 990) 2022 OF THE UNIT	FED STATES				74-2433	1071	Page 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Simila	r Assets	(contin	ued)
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	e significant	use of its		
	collection items (check all that apply):							
а	X Public exhibition	d	X Loan or exc	hange program				
b	X Scholarly research	е						
с	X Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's ex	empt purpo	ose in Part >	KIII.	
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other simi	lar assets			
	to be sold to raise funds rather than to be ma	aintained as part of th	e organization's co	llection?		X	Yes	No
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organizatio	n answered "Yes"	on Form 99	0, Part IV, li	ne 9, or	
	reported an amount on Form 990, Par	rt X, line 21.						
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contribution	s or other assets ne	ot included			
	on Form 990, Part X?						Yes	No No
b	If "Yes," explain the arrangement in Part XIII					_		
							Amount	
с	Beginning balance				1c			
	Additions during the year							
	Distributions during the year							
f	Ending balance				1 f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line 2	21, for escrow or cu	istodial account lia	bility?		Yes	No No
b	If "Yes," explain the arrangement in Part XIII.							
Par	Tt V Endowment Funds. Complete i	if the organization and	swered "Yes" on Fo	rm 990, Part IV, lin				
		(a) Current year	(b) Prior year	(c) Two years back	. ,	years back	(e) Four	years back
1a	Beginning of year balance	25,293,117.	26,893,590.			168,163.		479,973.
b	Contributions	0.	282,600.	· · · · ·		004,105.	1,	600,000.
С	Net investment earnings, gains, and losses	827,641.	-1,043,073.	4,901,228	-!	564,706.		868,190.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	1,125,000.	840,000.	835,000	•	734,000.		480,000.
f	Administrative expenses							
g	End of year balance	24,995,758.	25,293,117.	26,893,590	. 22,2	L73,562.	22,	468,163.
2	Provide the estimated percentage of the curr	rent year end balance	(line 1g, column (a)) held as:				
а	Board designated or quasi-endowment	13.0000	_%					
b	Permanent endowment 78.4800	%						
С	Term endowment 8.5200	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organizat	tion that are held ar	nd administered for	the		г	
	organization by:							Yes No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		vment funds.					
Par	t VI Land, Buildings, and Equipm			a Fauna 000 Daut	V line 10			
	Complete if the organization answered					.		
	Description of property	(a) Cost or ot	. ,		Accumulat		(d) Bool	value
	Land	basis (investm	Dasis	, ,	depreciatior	•		509 020
	Land		<u>م</u>	509,930. ,904,498.	5 706	763		509,930. 197,735.
	Buildings				5,706			
	Leasehold improvements			,372,342. ,463,123.	6,550 1,049			821,998. 413,604.
	Equipment			75,554.				<u>413,804.</u> 32,580.
	Other			· ·		,974.	Q	975,847.
IUTA	I . Add lines 1a through 1e. <i>(Column (d) must e</i>	<u>qual Form 990, Part ></u>	<u>, column (B), line 1</u>	<u>UC.)</u>			· ⁻ ,	<u></u>

Schedule D (Form 990) 2022

232052 09-01-22

OF THE UNITED STATES

Schedule D (Form 990) 2022 OF THE UNITED ST	ATES		74-2431071	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. 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 e	nd-of-year market	value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(7) (8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1d See Form 990 Part X line 15		
	Description		(b) Book	value
				817,359.
()			2,	017,335.
(2)				
(3)				
<u>(4)</u>				
(5)				
<u>(6)</u>				
(7)			<u> </u>	
(8)				
<u>(9)</u>				017 250
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	e 15.)		2,	817,359.
Complete if the organization answered "Yes"	an Farm 000 Dart IV/ line 1	1. or 11f Coo Form 000 Port V line (75	
	on Form 990, Part IV, line I	Te or TTI. See Form 990, Part X, Ime 2		
1. (a) Description of liability			(b) Book	value
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin				
2. Liability for uncertain tax positions. In Part XIII, provide	e the text of the footnote to t	the organization's financial statements	s 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 ... 🕱

Schedule D (Form 990) 2022

232053 09-01-22

	NATIONAL MUSEUM OF WILDLIFE ART				
Sche	dule D (Form 990) 2022 OF THE UNITED STATES			74-2431071	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stater	nents With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	I2a.			
1	Total revenue, gains, and other support per audited financial statements			1	6,123,771.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-290,923.		
b	Donated services and use of facilities	2b	4,500.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	1,964,437.		
е	Add lines 2a through 2d			2e	1,678,014.
3	Subtract line 2e from line 1			3	4,445,757.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,445,757.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1				
1	Total expenses and losses per audited financial statements			1	6,674,723.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	4,500.	-	
b	Prior year adjustments	2b		-	
С	Other losses	2c		-	
d	Other (Describe in Part XIII.)	2d	1,506,029.		
е	Add lines 2a through 2d			2e	1,510,529.
3	Subtract line 2e from line 1			3	5,164,194.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,164,194.
Pa	t XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV, lines 1b a	nd 2b; Part V, line 4	; Part X, line 2; I	Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	additional inform	ation.		

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PART III, LINE 1A:

IN CONFORMITY WITH THE PRACTICE FOLLOWED BY MANY MUSEUMS, THE MUSEUM'S ART

COLLECTION, WHICH HAS BEEN ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS

SINCE INCEPTION, IS NOT RECOGNIZED AS AN ASSET ON THE STATEMENT OF

FINANCIAL POSITION. PROCEEDS FROM THE SALES OF COLLECTION ITEMS ARE USED

TO ACQUIRE OTHER ITEMS FOR THE COLLECTION.

STEWARDSHIP POLICIES INCLUDE WRITTEN PROCEDURES FOR ACCESSION OF ART,

DEACCESSION OF ART, ART ON LOAN TO THE MUSEUM, AND ART ON LOAN FROM THE

MUSEUM. THE POLICIES ALSO INCLUDE PROCEDURES FOR THE CARE OF THE

COLLECTION, SUCH AS PRESERVATION, SAFETY AND SECURITY, INSTALLATION, AND

PACKAGING AND SHIPPING. THE POLICIES DETAIL THE PROCEDURES FOR

232054 09-01-22

Schedule D (Form 990) 2022

NATIONAL MUSEUM OF WILDLIFE ART Schedule D (Form 990) 2022 OF THE UNITED STATES	74-2431071	
Schedule D (Form 990) 2022 OF THE UNITED STATES Part XIII Supplemental Information (continued)	/ 21310/1	Page 5
INVENTORYING THE COLLECTION, INCLUDING LABELING, MONITORING, RECORDKEEPING		
AND RECORD RECONCILIATION, ACCESS REPRODUCTION, AND INSURANCE. THE MUSEUM		
TRACKS THE COLLECTION AT ORIGINAL PURCHASED OR DONATED VALUE AND USES A		
MUTUALLY AGREED-UPON VALUE FOR LOANED ITEMS AS A WHOLE FOR PURPOSES OF		
ADEQUATE INSURANCE COVERAGE. IN ADDITION, THE MUSEUM'S FACILITY IS		
SPECIFICALLY DESIGNED TO PROTECT THE COLLECTION FROM DAMAGE.		
PART III, LINE 4:		
THE MUSEUM'S COLLECTION CONTAINS OVER 5000 CATALOGUES ITEMS INCLUDING		
PAINTINGS, SCULPTURES, PRINTS, SKETCHES, AND ARCHIVAL MATERIAL RELATED TO		
WILDLIFE AND HUMANITY'S RELATIONSHIP WITH NATURE. THE COLLECTION IS USED		
TO EDUCATE EVERYONE FROM GENERAL MUSEUM VISITORS TO RESEARCHERS INTERESTED		
IN SPECIFIC TOPICS RELATED TO WILDLIFE AND NATURE.		
PART III, LINE 5: THE MUSEUM DID SOLICIT GIFTS FOR ARTWORK TO BE SOLD. THE		
SOLICITATIONS WERE MADE ONLY TO ARTISTS FOR DONATIONS OF THEIR OWN		
ARTWORK.		
PART V, LINE 4:		
THE MUSEUM HAS AN ENDOWMENT PORTFOLIO WHOSE PRIMARY OBJECTIVE IS TO		
PROVIDE A LONG-TERM SOURCE OF INCOME (DEFINED AS APPRECIATION AND/OR		
INCOME) TO BE DISTRIBUTED ANNUALLY IN SUPPORT OF THE MUSEUM'S MISSION AND		
GOALS. AS A SECONDARY OBJECTIVE, THE MUSEUM'S ENDOWMENT ASSETS AND/OR		
RESERVE FUNDS. AS REQUIRED BY ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN		
THE UNITED STATES OF AMERICA, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS,		
INCLUDING FUNDS DESIGNATED BY THE BOARD OF TRUSTEES (THE "BOARD") TO		
FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE		
OR ABSENCE OF DONOR IMPOSED RESTRICTIONS.	Schedule D (Form	990) 2022

232055 09-01-22

Schedule D (Form 990) 2022 OF THE UNITED S Part XIII Supplemental Information (continued)

PART X, LINE 2:

THE MUSEUM IS A NOT-FOR-PROFIT CORPORATION AND IS EXEMPT FROM TAX UNDER

THE PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3). THE MUSEUM ALSO

HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER SECTION 509(A)(1)

OF THE IRC, BUT IT IS A PUBLIC CHARITY. ACCOUNTING PRINCIPLES GENERALLY

ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE

TAX POSITIONS TAKEN BY THE MUSEUM AND RECOGNIZE A TAX LIABILITY IF THE

MUSEUM HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT

BE SUSTAINED UPON EXAMINATION BY THE IRS OR OTHER APPLICABLE TAXING

AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE MUSEUM

AND HAS CONCLUDED THAT, AS OF APRIL 30, 2023, THERE ARE NO UNCERTAIN

POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF

A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS: RENTAL EXPENSES 104,666. SPECIAL EVENT EXPENSES 44,018. COST OF GOODS SOLD 1,357,345. CHANGE IN NPV OF SPLIT-INTEREST INVESTMENT 458,408. TOTAL TO SCHEDULE D, PART XI, LINE 2D 1,964,437. PART XII, LINE 2D - OTHER ADJUSTMENTS: COST OF GOODS SOLD 1,357,345. RENTAL EXPENSES 104,666. SPECIAL EVENT EXPENSES 44,018. TOTAL TO SCHEDULE D, PART XII, LINE 2D 1,506,029.

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ental Informatio	on Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities 🛛 🛛	DMB No. 1545-0047
(Form 990)	Complete if th	or if the	2022						
Department of the Treasury			ch to Form 990 d						Open to Public
Internal Revenue Service		to www.irs.gov/Fo USEUM OF WILDL		ctions	and t	he latest information	า.	Employer ide	Inspection Intification number
Name of the organization	OF THE UNI		IFE ARI					74-243107	
		Complete if the o	ganization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
c X Phone solici d X In-person sc 2 a Did the organization	tions email solicitations itations blicitations on have a written o ted in Form 990, P) highest paid indir	s or oral agreement w 'art VII) or entity in c viduals or entities (f	e X Solicita f X Solicita g X Special with any individual connection with p	tion of tion of fundra (incluc rofessi	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	-	X Yes	
(i) Name and addres or entity (fund		(ii) Ac	tivity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
MARGARET CREEL - 1	680	GRANT WRITING,	RESEARCH,	Yes	No				
QUARTERHORSE DRIVE	, JACKSON,	AND REPORTING			X	67,788.		55,067.	12,721.
Total						67,788.		55,067.	12,721.
Total 3 List all states in wh or licensing.	ich the organizatic	on is registered or li	censed to solicit o	contrib	utions		it is e		,
WY									
LHA For Paperwork R	eduction Act Not	ice, see the Instru	ctions for Form §	990 or	990-Е	Z .		Schedule	e G (Form 990) 2022

SEE PART IV FOR CONTINUATIONS

232081 10-27-22

	edule G (Form 990) 2022 OF THE UNIT art II Fundraising Events. Complete if the				-2431071 Page
<u>u</u>	of fundraising event contributions and gro				
		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events
		PLEIN AIR FESTIVAL	BLACKTAIL BASH		(add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
all					
Hevenue	1 Gross receipts	29,700.	39,846.		69,54
	2 Less: Contributions		26,555.		26,55
	3 Gross income (line 1 minus line 2)	29,700.	13,291.		42,99
	4 Cash prizes	14,725.			14,72
	5 Noncash prizes				
nses					
UIrect Expenses	7 Food and beverages	1,008.	20,651.		21,65
Ē			1,155.		3,15
	8 Entertainment9 Other direct expenses		3,183.		4,47
	10 Direct expense summary. Add lines 4 through		-,		44,01
	11 Net income summary. Subtract line 10 from lin				-1,02
a	art III Gaming. Complete if the organization a				•
	\$15,000 on Form 990-EZ, line 6a.				
۵		(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (ac
Hevenue		(,	bingo/progressive bingo	(0) 0 1101 gammig	col. (a) through col.
Ž					
	1 Gross revenue				
	2 Cash prizes				
ses					
Exper	3 Noncash prizes				
Ulrect Expenses	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes %	└── Yes % └── No	└── Yes % └── No	
	7 Direct expense summary. Add lines 2 through	5 in column (d)			
1	8 Net gaming income summary. Subtract line 7	iroin line 1, column (d)			<u>I</u>
	Enter the state(s) in which the organization conduc	cts gaming activities:			
	Is the organization licensed to conduct gaming ac				Yes
	5 5 5				
а	If "No," explain:				
а	If "No," explain:				
а	0 If "No," explain:				
a b Da	Were any of the organization's gaming licenses re-			ear?	YesI
a b)a				ear?	Yes
a b)a	Were any of the organization's gaming licenses re-			ear?	Yes I

Scł	nedule G (Form 990) 2022 OF THE UNITED STATES 74	1-2431071	L	Page 3
11	Does the organization conduct gaming activities with nonmembers?	. DY	/es	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	<u>г</u>	/es	No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		%
	b An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	. [.0.0]		,,,
14				
	Name			
	Address			
	Address			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	י 🗆 י	/es	🗌 No
I	b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
	c If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
10				
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatony diatributiona:			
	Mandatory distributions:			
i	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	┌┐、		
	retain the state gaming license?	Ľ Ľ	res	No No
I	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
D	organization's own exempt activities during the tax year \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, line	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
SCI	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:			
(1) NAME OF FUNDRAISER: MARGARET CREEL			
(I)) ADDRESS OF FUNDRAISER: 1680 QUARTERHORSE DRIVE, JACKSON, WY 83001			

Schedule G (Form 990)	OF THE UNITED STATES		7	4-2431071	Page 4
Schedule G (Form 990) Part IV Supplementa	I Information (continued)				
				0.1.1.0.7	
232084 04-01-22				Schedule G (F	orm 990)
		35			

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SC	HEDULE J	Compensation Information	I	OMB No. 1	1545-004	47
(Form 990)		- For certain Officers, Directors, Trustees, Key Employees, and Highest		2022		
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		ZU	22	-
Dena	tment of the Treasury	Attach to Form 990.		Open to		
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	ne of the organization		Employer id		on nui	mber
		OF THE UNITED STATES	74-24	31071		
Ра	rt I Question	s Regarding Compensation				<u> </u>
	o				Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
		spending account Personal services (such as maid, chauffer	ir, chet)			
l.						
b		on line 1a are checked, did the organization follow a written policy regarding payment or		416		
2		provision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors, rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	inusiees, and onice					
3	Indicate which if ar	ny, of the following the organization used to establish the compensation of the organization's				
Ũ		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.	51110			
	Compensation					
	·	compensation consultant Compensation survey or study				
		ther organizations Approval by the board or compensation c	ommittee			
			ommittee			
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 re					
а	•	e payment or change-of-control payment?		4a		x
b		eive payment from a supplemental nonqualified retirement plan?				x
c	-	eive payment from an equity-based compensation arrangement?				x
•	•	hes 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а	•			. 5a		x
	Any related organiz			I		х
	If "Yes" on line 5a c	or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the n	et earnings of:				
а	The organization?			. 6a		x
b	Any related organiz					Х
	If "Yes" on line 6a o	or 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	1			
	not described on lir	nes 5 and 6? If "Yes," describe in Part III		7		х
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section		<u></u>	. 9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedu	ıle J (Forn	n 990)) 2022

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OF THE UNITED STATES

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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.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) STEVEN SEAMONS	(i)	174,897.	12,020.	0.	7,477.	0.	194,394.	0.
MUSEUM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

OF THE UNITED STATES

Schedule J (Form 990) 2022

Page 3

Part III Supplemental Information

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

Schedule J (Form 990) 2022

SCHEDULE M

Noncash Contributions

OMB No. 1545-0047

	000	
(Form	99U)	

Department of the Treasury

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Co to your iro gov/Earm000 for instructions and the latest information

ſ ΖU **Open to Public** Inspection

Internal Revenue Service	Go to www.ir	s.gov/Form	990 for instruction	ns and the latest informatio	n.	Inspection
Name of the organization	NATIONAL MUSEUM OF	WILDLIFE	ART		Emp	loyer identification numbe
	OF THE UNITED STAT	ES				74-2431071
Part I Types of F	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) ethod of determining sh contribution amounts
1 Art - Works of art		Х	9		DONOR ES'	TIMATE
2 Art - Historical treasu	ures					
3 Art - Fractional intere	ests					
					L	

_								
3	Art - Fractional interests							
4	Books and publications	X			DONOR ESTIMATE			
5	Clothing and household goods	X			DONOR ESTIMATE			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	4	539,622.	AVG HI/LOW FOR I	DATE		
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	Х	2	4,000.	,			
18	Collectibles							
19	Food inventory	X	6	11,650.	DONOR ESTIMATE			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (OTHER: DONATED)	X	1	7,380.	DONOR ESTIMATES			
26	Other (<u>OTHER:</u> FLORAL,)	X	1	3,155.	DONOR ESTIMATES			
27	Other (OTHER: DONATED)	X	1	500.	DONOR ESTIMATES			
28	Other ()							
29	Number of Forms 8283 received by the organized	zation during	the tax year for co	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledge	ement 29			0	
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	gh 28, that it			
	must hold for at least 3 years from the date of		ntribution, and whi	ch isn't required to be used	for			
	exempt purposes for the entire holding period	?				<u>30a</u>		X

b If "Yes," describe the arrangement in Part II.

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

31

32a

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Schedule M (Form 990) 2022 OF THE UNITED STATES

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, LINE 32B:

THIRD PARTY - UBS RECEIVES OUR STOCK DONATIONS INTO OUR ACCOUNT AND

SELLS THEM UPON NOTIFICATION FROM AUTHORIZED STAFF.

SCHEDULE M, LINE 33:

DONATED ART IS FOR THE PUBLIC EXHIBIT, RESEARCH AND PRESERVATION AND

NOT REPORTED AS REVENUE UNDER SFAS 116.

Schedule M (Form 990) 2022

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SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 74-2431071

FORM 990, PART III, LINE 1

OUR MISSION:

IMPART KNOWLEDGE AND GENERATE WONDER THROUGH ART AND EDUCATION.

OF THE UNITED STATES

NATIONAL MUSEUM OF WILDLIFE ART

OUR VISION:

INSPIRE CONNECTIONS WITH WILDLIFE AND NATURE.

FORM 990, PART III, LINE 4A

MUSEUM MEMBERSHIP WAS 1,021 AND ANNUAL VISITATION WAS APPROXIMATELY

61,650. THE MUSEUM'S ART COLLECTION CONSISTS OF OVER 5,000 CATALOGUED

WORKS BY APPROXIMATELY 600 ARTISTS. THE WORK OF THESE ARTISTS

REPRESENTS HISTORIC IMAGES AND STYLES WHICH HAVE SHAPED PUBLIC

PERCEPTION OF WILDERNESS, WILDLIFE AND THE AMERICAN WEST. ARTISTS

REPRESENTED INCLUDE CARL RUNGIUS, GEORGE CATLIN, ARTHUR FITZWILLIAM

TAIT, C.M. RUSSELL, ALBERT BIERSTADT, CONRAD SCHWIERING, JOHN CLYMER,

BOB KUHN, JOHN JAMES AUDUBON AND GEORGIA O'KEEFE. CAPITALIZING ON THE

MUSEUM'S SETTING NEAR THE BIG GAME HABITATS OF GRAND TETON AND

YELLOWSTONE NATIONAL PARKS, THE NMWA COLLECTION IS UTILIZED IN A

VARIETY OF EDUCATIONAL PROGRAMS. OVER 47 VOLUNTEERS, RANGING IN AGE

FROM TEENS TO SENIOR CITIZENS, ASSIST THE MUSEUM STAFF IN ALL FACETS OF

THE MUSEUM'S OPERATION. THE "FIRST SUNDAYS" PROGRAM OFFERS FREE

ADMISSION TO LOCALS ON THE FIRST SUNDAY OF EVERY MONTH. DURING THE

WINTER MONTHS, A FREE COMMUNITY PERFORMANCE SERIES IS OFFERED ON THESE

DAYS, AS WELL AS HANDS-ON ART PROJECTS FOR CHILDREN IN THE MUSEUM

CLASSROOMS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

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Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Name of the organization NATIONAL MUSEUM OF WILDLIFE ART	
Name of the organization NATIONAL MUSEUM OF WILDLIFE ART OF THE UNITED STATES	Employer identification number 74-2431071
FORM 990, PART III, LINE 4B	
SCENES OF TRANSCENDENT BEAUTY: THOMAS MORAN'S YELLOWSTONE	
MAY 14 AUGUST 21, 2022	
BONHEUR AND BEYOND: WOMEN IN WILDLIFE ART	
JUNE 4 AUGUST 16, 2022	
WESTERN VISIONS	
SEPTEMBER 10 OCTOBER 2, 2022	
WOLVES: PHOTOGRAPHY BY RONAN DONAVAN	
NOVEMBER 5, 2022 APRIL 30, 2023	
FOR THE LOVE OF CANINES	
OCTOBER 22, 2022 AUGUST 27, 2023	
NMWA OPENED THE 2022-2023 SEASON WITH SCENES OF TRANSCENDENT BEAUTY:	
THOMAS MORAN'S YELLOWSTONE, WHICH FEATURED 20 WATERCOLORS, 10 PRINTS,	
AND VARIOUS PERSONAL ITEMS OF MORAN'S, INCLUDING HIS JOURNAL FROM THE	
HAYDEN EXPEDITION, ALL BORROWED FROM THE YELLOWSTONE RESEARCH AND	
HERITAGE CENTER. THE SHOW WAS IN HONOR OF THE 150TH ANNIVERSARY OF	
YELLOWSTONE AND WE SUPPLEMENTED THE EXHIBIT WITH WORKS FROM OUR	
PERMANENT COLLECTION. THE EXHIBIT WAS CONTAINED TO THE PATHWAYS	
GALLERY. PRIMARY COSTS FOR THIS EXHIBITION WERE SHIPPING AND PICK UP	
FOR THE PIECES FROM YELLOWSTONE RESEARCH AND HERITAGE CENTER. I FOCUSED	
ON CREATING YELLOWSTONE AS THE FIRST NATIONAL PARK IN THE WORLD. ALSO	
232212 10-28-22 42	Schedule O (Form 990) 202

Name of the organization NATIONAL MUSEUM OF WILDLIFE ART OF THE UNITED STATES	Employer identification number 74-2431071
NCLUDED TO BOOST THE NARRATIVE WERE SOME REPRINTS OF PHOTOGRAPHS TAKEN	
BY WILLIAM HENRY JACKSON AND SOME NARRATIVE ABOUT NATIVE AMERICAN	
PRESENCE IN THE PARK. COSTS FOR THE REPRINTS WERE MINIMAL. THIS EXHIBIT	
AS POPULAR WITH VISITORS AS THEY WERE INTERESTED IN THE STORY OF	
ELLOWSTONE AND THE RECOGNITION OF THOMAS MORAN.	
NE ALSO OPENED BONHEUR AND BEYOND: WOMEN IN WILDLIFE ART IN JUNE. THIS	
XHIBIT WAS DRAWN ENTIRELY FROM OUR PERMANENT COLLECTION AND THE	
MARRATIVE WAS CENTERED ON WOMEN IN THE ARTS. BECAUSE THIS EXHIBIT WAS	
ENTIRELY FROM OUR PERMANENT COLLECTION, DEVELOPMENT COSTS WERE MINIMAL,	
PRIMARILY GRAPHIC DESIGN, PRINTING OF LABELS. THIS EXHIBIT WAS IN THE	
BISON AND KING GALLERIES, AND I HAD A FEW ELEMENTS CONNECTED TO THE	
IORAN EXHIBIT. IT WAS A GREAT WAY TO HIGHLIGHT THE WOMEN IN OUR	
PERMANENT COLLECTION. IT WAS POPULAR WITH VISITORS AND ACCORDING TO	
DEBBIE, SEVERAL PEOPLE ASKED IF THERE WAS A CATALOGUE.	
VESTERN VISIONS SALE AND EXHIBIT OPENED IN SEPTEMBER AND WAS WELL	
ATTENDED. AN ACTION PORTION WAS ADDED THIS YEAR	
VE WORKED WITH NATIONAL GEOGRAPHIC ON A SHARED TOURING SHOW TITLED	
OLVES: PHOTOGRAPHY BY RONAN DONOVAN, WHICH WAS ORIGINALLY SCHEDULED	
FOR OPENING IN FALL OF 2021; HOWEVER, DUE TO COVID, WOLVES WAS	
POSTPONED UNTIL FALL OF 2022. WE OPENED WOLVES ON NOVEMBER 5, AND	
URNED THE OPENING EVENT INTO WOLF WEEKEND. RONAN DONOVAN SPOKE ON	
RIDAY EVENING TO A STANDING ROOM CROWD AND ON SUNDAY RONAN FACILITATED	
A PANEL OF FOUR PEOPLE WHO RELATED THEIR DIFFERENT PERSPECTIVES ON	
NOLVES. THIS PANEL WAS ALSO WELL-ATTENDED. OVERALL, OUR COST OF THE	
HOW WAS HALF OF THE DEVELOPMENT AND WE BOOKED RONAN SEPARATELY AND HE	
32212 10-28-22 43	Schedule O (Form 990) 20

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Schedule O (Form 990) 2022	Page 2
Name of the organization NATIONAL MUSEUM OF WILDLIFE ART OF THE UNITED STATES	Employer identification number 74-2431071
	/1 21310/1
KINDLY REDUCED HIS SPEAKER FEE FOR US. THIS WAS A SUCCESSFUL EXHIBITION	
FOR US AND OUR NAME AND BRAND WILL BE ON THE TOUR.	
FOR THE LOVE OF CANINES WAS A COMPANION PIECE FOR WOLVES DRAWN FROM OUR	
PERMANENT COLLECTION. SINCE WE HAVE A GREAT NUMBER OF ARTWORKS	
FEATURING WOLVES, FOXES, AND COYOTES, THIS EXHIBIT SERVED AS A GREAT	
WAY TO BRING OUT SOME OF OUR PERMANENT COLLECTION THAT HAD NOT BEEN	
SEEN FOR A WHILE, A FEW HAD NOT PREVIOUSLY BEEN FEATURED IN AN EXHIBIT.	
IT WAS A GREAT COMPANION EXHIBIT FOR WOLVES AND, SINCE WE HAVE A	
DIFFERENT AUDIENCE IN THE SUMMER, I KEPT THIS EXHIBITION UP THROUGH	
AUGUST, WHEN WE HAD TO BRING IN THE AUCTION PIECES FOR WESTERN VISIONS.	
FORM 990, PART III, LINE 4C	
EDUCATIONAL PROGRAMS FOR CHILDREN - NMWA TYPICALLY SERVES CHILDREN	
THROUGHOUT THE REGION ANNUALLY, RANGING IN AGE FROM PRE-K TO GRADE 12.	
THIS YEAR WE SERVED 3,926 CHILDREN IN PERSON AND ANOTHER 112 VIA ZOOM	
DURING THE '21-'22 FISCAL YEAR. THE NUMBERS WERE UP SIGNIFICANTLY OVER	
LAST YEAR (2.587 CHILDREN) DUE TO THE LIFTING OF COVID RESTRICTIONS FOR	
LOCAL SCHOOLS. THIS PAST YEAR WE HAVE RESUMED IN-PERSON CONTACTS	
SIGNIFICANTLY BUT HAVE CONTINUED TO OFFER ON-LINE CLASSES (CHILDREN)	
AND WEBINARS (ADULTS) SINCE THEY REMAIN POPULAR WITH SOME AUDIENCES.	
THROUGHOUT THE YEAR WE USE OUR COLLECTION OF FINE ART TO TEACH A WIDE	
RANGE OF SUBJECT AREAS COMPATIBLE WITH SCHOOL CURRICULA. PROGRAMS FOR	
PRE-K THROUGH HIGH SCHOOL AGE CHILDREN ARE FREE, OCCUR THROUGHOUT THE	
YEAR, AND ARE OUTLINED ON OUR WEBSITE:	
HTTPS://WWW.WILDLIFEART.ORG/LEARN/SCHOOL-PROGRAMS/	
OUR ANNUAL STATE OF THE ART: SCHOOL ART SHOW CONTINUED AS	
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AN ANNUAL ON-SITE EVENT, FEB. 26 2022 MAY 29, 2022. APPROXIMATELY 350	
WORKS OF ART BY LOCAL CHILDREN GRADES K-12 WERE EXHIBITED. FOR A FIFTH	
YEAR, LOCAL JACKSON HOLE HIGH SCHOOL STUDENTS PARTICIPATED IN OUR	
"STUDENT CURATED EXHIBITION". THE SELECTED THEME THIS YEAR WAS THE	
INFECTIOUS CULTURE OF WYOMING WILDLIFE. THE STUDENTS' ARTISTIC	
DEPICTIONS OF BACTERIA AND VIRUSES THAT AFFECT WILDLIFE WERE FABULOUS.	
STUDENT CURATORS LEARNED THE FUNDAMENTALS OF EXHIBIT CURATION INCLUDING	
SELECTING A THEME, REQUESTING EDUCATIONAL PROGRAMS FOR CHILDREN - NMWA	
TYPICALLY SERVES CHILDREN THROUGHOUT THE REGION ANNUALLY, RANGING IN	
AGE FROM PRE-K TO GRADE 12. THIS YEAR WE SERVED 3,664 CHILDREN IN	
PERSON AND ANOTHER 1,567 VIA ZOOM DURING THE '22-'23 FISCAL YEAR. THIS	
PAST YEAR WE HAVE CONTINUED OFFERING A COMBINATION OF IN-PERSON CLASSES	
AND ONLINE CLASSES FOR CHILDREN AND ADULTS SINCE THEY REMAIN POPULAR	
WITH SOME AUDIENCES. ONLINE OFFERINGS HAVE INCLUDED VIRTUAL GALLERY	
VISITS AND ART MAKING FOR CHILDREN HOSPITALIZED WITH CANCER, AND	
WEBINARS AND ART MAKING FOR ADULTS. THROUGHOUT THE YEAR WE USE OUR	
COLLECTION OF FINE ART TO TEACH A WIDE RANGE OF SUBJECT AREAS	
COMPATIBLE WITH SCHOOL CURRICULA. PROGRAMS FOR PRE-K THROUGH HIGH	
SCHOOL-AGE CHILDREN ARE FREE, OCCUR THROUGHOUT THE YEAR, AND ARE	
ADVERTISED ON OUR WEBSITE:	
HTTPS://WWW.WILDLIFEART.ORG/LEARN/SCHOOL-PROGRAMS/	
OUR ANNUAL STATE OF THE ART: SCHOOL ART SHOW CONTINUED AS	
AN ANNUAL ON-SITE EVENT, FEB. 25, 2023 JUNE 04, 2023. APPROXIMATELY	
441 LOCAL CHILDREN GRADES K-12 CONTRIBUTED TO EXHIBITED ARTWORKS. FOR	
A SIXTH YEAR, LOCAL JACKSON HOLE HIGH SCHOOL STUDENTS PARTICIPATED IN	
OUR "STUDENT CURATED EXHIBITION". THE SELECTED THEME THIS YEAR WAS	
WYOMING'S POLLI-NATION. THE STUDENTS' ARTISTIC DEPICTIONS OF GIANT	
PAPER FLOWERS AND THEIR SCULPTURES OF THE INSECTS AND BIRDS THAT	
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POLLINATE THEM WERE FABULOUS. STUDENT CURATORS LEARNED THE FUNDAMENTALS	
OF EXHIBIT CURATION INCLUDING SELECTING A THEME, REQUESTING ARTWORK	
FROM FELLOW STUDENTS, WRITING LABEL TEXT, AND HANGING THE EXHIBIT.	
FABLES, FEATHERS, AND FUR (FFF) IS OUR PROGRAM FOR PRE-K CHILDREN AND	
THEIR FAMILIES. IT CONTINUES TO DRAW APPROXIMATELY 15 PEOPLE PER	
SESSION. THE PROGRAM INCLUDES AGE-APPROPRIATE STORYTELLING AND	
ART-MAKING. IN-PERSON COLLABORATIONS WITH TETON SCIENCE SCHOOL (TSS)	
DURING THE SCHOOL YEAR PROVIDE "ART AND SCIENCE" THEMATIC TOURS.	
PERFORMANCES AND ART-MAKING ACTIVITIES FOR FAMILIES WITH CHILDREN	
CONTINUED ON THE FIRST SUNDAY OF EACH MONTH FROM NOVEMBER THROUGH	
MARCH. OUTREACH PROGRAMS CONTINUED BOTH IN PERSON AND VIA ONLINE	
PLATFORMS. OUR ONLINE VIDEO OUTREACH PROGRAM CALLED BISONCAST FOR TEENS	
THROUGH ADULTS CONTINUED TO PROVIDE REMOTE ACCESS TO THE MUSEUM'S ART	
COLLECTION AND SURROUNDING ENVIRONMENT. THREE NEW EDUCATIONAL VIDEOS	
(ON SCULPTED WINGS, PRESTO: JUST LIKE MAGIC, AND HAND AND PAW) WERE	
PRODUCED DURING THE PAST FISCAL YEAR. THESE EPISODES FEATURED BIRD	
SCULPTURE, BUTTERFLY ART, AND WOLF PHOTOGRAPHY. THE ART EXPLORATION IS	
ALWAYS PAIRED WITH RELEVANT EXPLORATIONS INTO THE GREATER YELLOWSTONE	
ECOSYSTEM, INCLUDING GRAND TETON NATIONAL PARK. OUR ON-SITE CHILDREN'S	
GALLERY PROVIDES HANDS-ON INTERACTIVE EXHIBITS FOR CHILDREN. A RANGE OF	
IN-GALLERY TECHNOLOGY-DRIVEN INTERACTIVES ARE MAINTAINED THROUGHOUT THE	
GALLERIES INCLUDING A TOUCH-SCREEN VIDEO INFORMING VISITORS ABOUT	
ROBERT BATEMAN'S PAINTING PROCESS FOR HIS POPULAR PAINTING OF A BISON,	
"CHIEF". ANOTHER INTERACTIVE TOUCHSCREEN ALLOWS VISITORS TO LEARN ABOUT	
THE OBJECTS IN THE CLYMER STUDIO. VISITORS CAN VIRTUALLY TOUCH AN	
OBJECT SEEN IN THE STUDIO AND READ ABOUT ITS SIGNIFICANCE.	

EDUCATIONAL PROGRAMS FOR ADULTS WE TYPICALLY SERVE APPROXIMATELY 4,000

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DULTS ANNUALLY WITH OUR "SNEAK PEEK" GALLERY TALKS FOR NEW EXHIBITS.	
, WIR FILMS, LECTURES, AND "MAKE IT WILD" STUDIO CLASSES. WE ALSO HAVE A	
ICH ROSTER OF COMMUNITY PROGRAMS ON THE OUTDOOR SCULPTURE TRAIL SUCH	
S YOGA ON THE TRAIL AND SUMMER WATERCOLOR PAINTING. WE CURRENTLY HAVE	
IX FREE MOBILE TOURS AVAILABLE INCLUDING EXPLORING WILDLIFE ART,	
UNGIUS LETTERS, SAVING A SPECIES, SCULPTURE TRAIL, THROUGH HER EYES,	
ND THE GREATER YELLOWSTONE BOTANICAL TOUR. THIS PAST SUMMER THE AUDIO	
CONTENT FOR EXPLORING WILDLIFE ART WAS IMPROVED WITH NEW AUDIO CONTENT	
ND SPANISH TRANSLATIONS. FOR THE THIRD YEAR, WE CONTINUED OUR ONLINE	
RT-MAKING SERIES FOR TEENS AND ADULTS CALLED MAKE IT WILD. WE HOSTED 3	
TAKE IT WILD CLASSES IN THE WINTER AND 2 CLASSES IN THE SUMMER. 3	
EBINARS WERE HOSTED IN PARTNERSHIP WITH THE YELLOWSTONE TO YUKON	
ONSERVATION INITIATIVE, AND ONE IN-PERSON TALK AND SCULPTING	
EMONSTRATION WITH SCULPTOR GEORGE BUMANN.	
ORM 990, PART III, LINE 4D	
HE MUSEUM'S COLLECTION EMBODIES THE BEST EFFORTS OF HISTORIC AND	
ONTEMPORARY ARTISTS TO DEPICT WILDLIFE, INCLUDING OVER 5,000 - 6,000	
ATALOGED ITEMS SPANNING 4,000 YEARS BY APPROXIMATELY 600 ARTISTS. AS	
NATIONAL COLLECTION, IT EMPHASIZES PRIME EXAMPLES OF WORK PRODUCED BY	
RTISTS FROM THE NATION ITSELF, WITH A REPRESENTATIVE SELECTION OF	
, UBJECTS, FORMS, STYLES, MATERIALS, AND MEDIA, SPANNING THE DIVERSITY	
F THE NATION'S ARTISTS, THEIR ANTECEDENTS, AND THE TIMES AND PLACES	
MPORTANT TO THEIR WORK. THE PRIMARY COLLECTING GOAL FOR THE NATIONAL	
USEUM OF WILDLIFE ART IS THE ENHANCEMENT OF THE PERMANENT COLLECTION	
USEUM OF WILDLIFE ART IS THE ENHANCEMENT OF THE PERMANENT COLLECTION	

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OF THE UNITED STATES		74-2431071
DIVERSITY OF THE COLLECTION WHILE ADDING THEMAN	TIC DEPTH AND BREADTH.	
FORM 990, PART VI, SECTION A, LINE 1A:		
THE EXECUTIVE COMMITTEE CONSISTS OF THE CHAIR,	CHAIR EMERITUS VICE-CHAIR	
TREASURER & FINANCE COMMITTEE CHAIR, DEVELOPMEN		
COMMITTEE CHAIR, FACILITY & GROUNDS COMMITTEE		
CHAIR, AND STRATEGIC PLANNING CHAIR. ALL ARE ME	EMBERS OF THE BOARD.	
THE EXECUTIVE COMMITTEE IS EMPOWERED TO ACT WHE		
CONVENED. IF EITHER THE BOARD DELEGATES AN ITEN	4 TO THE EXECUTIVE COMMITTEE,	
OR THE MUSEUM DIRECTOR BRINGS AN ITEM TO THE EX	KECUTIVE COMMITTEE WHICH	
NEEDS ACTION, THEY CAN ACT. IF THEY DO ACT, THE	E FULL BOARD STILL HEARS THE	
ISSUE AND COULD OVERTURN THE EXECUTIVE COMMITTE	BE, THOUGH THAT IS NOT	
ANTICIPATED.		
FORM 990, PART VI, SECTION B, LINE 11B:		
ALL TRUSTEES ARE PROVIDED WITH A COPY OF THE FO	ORM 990 PRIOR TO FILING. THE	
DETAIL REVIEW HAS BEEN DELEGATED BY THE GOVERNI	ING BODY TO THE AUDIT	
COMMITTEE.		
FORM 990, PART VI, SECTION B, LINE 12C:		
AN ANNUAL QUESTIONNAIRE IS SENT TO EACH TRUSTED	E. THE CHIEF FINANCIAL	
OFFICER REVIEWS THE RESPONSES TO DETERMINE IF A	ANY CONFLICTS EXIST. NO	
CONFLICTS HAVE BEEN NOTED.		
FORM 990, PART VI, SECTION B, LINE 15:		
PRIOR TO THE CLOSE OF EACH FISCAL YEAR, THE CHA	ATRMAN AND VICE CHATRMAN	
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OF THE UNITED STATES		74-2431071
ASSESS IN WRITING THE PERFORMANCE OF THE MUSEUM DIRE	ECTOR IN LIGHT OF STATED	
GOALS AND OBJECTIVES. IN KEEPING WITH THE TERMS AND	O CONDITIONS OF ANY	
RELEVANT EMPLOYMENT CONTRACT, A RECOMMENDATION IS TH	HEN MADE TO THE	
EXECUTIVE COMMITTEE REGARDING COMPENSATION FOR THE U	JPCOMING YEAR, WHICH	
REVIEWS AND APPROVES THE MUSEUM DIRECTOR'S COMPENSAT	ΓΤΟΝ	
AN INDEPENDENT SALARY REVIEW IS PERFORMED EVERY THRE	EE YEARS.	
THE ORGANIZATION MAINTAINS THE APPROPRIATE DOCUMENT?	ATTON OF THE	
COMPENSATION AGREEMENT.		
FORM 990, PART VI, SECTION C, LINE 19:		
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY	Y, AND FINANCIAL	
STATEMENTS ARE AVAILABLE UPON REQUEST.		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
FORM 990, PART IX, LINE 11G, OTHER FEES: PROFESSIONAL FEES:		
	337,333.	
PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES		
PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES	212,486.	
PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES		
PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES	212,486.	
PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES	212,486. 17,139.	
PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES	212,486. 17,139.	
PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES RESEARCH:	212,486. 17,139. 566,958.	
PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES	212,486. 17,139.	
PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES RESEARCH:	212,486. 17,139. 566,958.	
PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES RESEARCH: PROGRAM SERVICE EXPENSES	212,486. 17,139. 566,958. 205,600.	
PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES RESEARCH: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES	212,486. 17,139. 566,958. 205,600. 0. 0.	
PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES RESEARCH: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES	212,486. 17,139. 566,958. 205,600. 0.	
PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES RESEARCH: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES	212,486. 17,139. 566,958. 205,600. 0. 0. 205,600.	Schedule O (Form 990) 202

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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN NPV OF SPLIT-INTEREST INVESTMENT	458,408.
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