

# 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.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2023

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning MAY 1, 2023 and ending APR 30, 2024

Form header section containing organization name (NATIONAL MUSEUM OF WILDLIFE ART), EIN (74-2431071), address (JACKSON, WY), and other identifying information.

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, membership counts, revenue breakdown, and expense details.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block section with fields for officer signature (STEVE SEAMONS), preparer name (RYAN C. HARRIS), and firm information (PLANTE & MORAN, PLLC).

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
SEE SCHEDULE O.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ 365,487. including grants of \$ \_\_\_\_\_) (Revenue \$ 775,285.)  
MUSEUM MEMBERSHIP - SEE SCHEDULE O

**4b** (Code: \_\_\_\_\_) (Expenses \$ 2,400,494. including grants of \$ \_\_\_\_\_) (Revenue \$ 118,280.)  
2023-2024 EXHIBITS - SEE SCHEDULE O

**4c** (Code: \_\_\_\_\_) (Expenses \$ 682,951. including grants of \$ \_\_\_\_\_) (Revenue \$ 10,805.)  
EDUCATION PROGRAMS FOR CHILDREN - SEE SCHEDULE O

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ 27,634. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses 3,476,566.

**Part IV Checklist of Required Schedules**

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

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

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

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

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

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

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

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

		Yes	No
<b>2a</b>	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 ..... <b>2a</b> 47		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? .....		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> .....		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....		X
<b>b</b>	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .....		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? .....		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .....	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? .....	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year ..... <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? .....		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .....		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 ..... <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ..... <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders ..... <b>11a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) ..... <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? .....		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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 ..... <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand ..... <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? .....		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> .....		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....		X
	If "Yes," see the instructions and file Form 4720, Schedule N.		
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....		X
	If "Yes," complete Form 4720, Schedule O.		
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? .....		
	If "Yes," complete Form 6069.		

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... 20 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>b</b>	Enter the number of voting members included on line 1a, above, who are independent ..... 20		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b>	Did the organization have members or stockholders? .....		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
 LISA HOLMES - (307) 733-5771  
 P.O. BOX 6825, JACKSON, WY 83002-6825

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEVEN SEAMONS MUSEUM DIRECTOR	50.00 0.00				X		186,221.	0.	7,449.	
(2) PONTEIR SACKREY DIRECTOR OF ADVANCEMENT	40.00 0.00				X		135,328.	0.	18,707.	
(3) MIKE HOFHIENS DIRECTOR OF OPERATIONS	40.00 0.00				X		144,669.	0.	5,819.	
(4) JANE LAVINO CURATOR OF EDUCATION	50.00 0.00				X		112,102.	0.	16,300.	
(5) LISA HOLMES CHIEF FINANCIAL OFFICER	50.00 0.00				X		116,906.	0.	10,353.	
(6) LINDY SAYERS CHAIRMAN	10.00 0.00	X		X			0.	0.	0.	
(7) CAROL LINTON VICE CHAIRMAN	20.00 0.00	X		X			0.	0.	0.	
(8) AVI KANTOR TREASURER	10.00 0.00	X		X			0.	0.	0.	
(9) JILL LARSON SECRETARY	10.00 0.00	X		X			0.	0.	0.	
(10) BARBARA CARLSBERG TRUSTEE	3.00 0.00	X		X			0.	0.	0.	
(11) BARBARA CASEY TRUSTEE	3.00 0.00	X					0.	0.	0.	
(12) ERIKA JANE CESTIA TRUSTEE	3.00 0.00	X					0.	0.	0.	
(13) TASSO COIN TRUSTEE	3.00 0.00	X					0.	0.	0.	
(14) LORI FAVERSHAM TRUSTEE	5.00 0.00	X					0.	0.	0.	
(15) RANDY FOUTCH TRUSTEE	3.00 0.00	X					0.	0.	0.	
(16) JEFF GILBERT TRUSTEE	3.00 0.00	X					0.	0.	0.	
(17) GIGI HALLORAN TRUSTEE	3.00 0.00	X					0.	0.	0.	



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARY JANE HUNT TRUSTEE	3.00 0.00	X						0.	0.	0.
(19) DES JENNINGS TRUSTEE	3.00 0.00	X						0.	0.	0.
(20) CHUCK NELSON TRUSTEE	3.00 0.00	X						0.	0.	0.
(21) PAM NINER TRUSTEE	3.00 0.00	X						0.	0.	0.
(22) SALLY PAINTER TRUSTEE	3.00 0.00	X						0.	0.	0.
(23) LAURENT ROUX TRUSTEE	3.00 0.00	X						0.	0.	0.
(24) CAROLINE TAYLOR TRUSTEE	3.00 0.00	X						0.	0.	0.
(25) MARCIA TAYLOR TRUSTEE	3.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								695,226.	0.	58,628.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								695,226.	0.	58,628.

**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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
KONE INC. P.O. BOX 102425, PASADENA, CA 91189-2425	ELEVATOR MAINTENANCE	255,611.
HJH ART ADVISORY LLC P.O. BOX 4731, JACKSON, WY 83001	RESEARCH AND CREATE A CATALOG	226,636.
JACKSON HOLE HOSPITALITY GROUP P.O. BOX 4196, JACKSON, WY 83001	EVENT CATERING	119,655.
BENEFACTOR GROUP 450 S. FRONT STREET, COLUMBUS, OH 43215	RESEARCH & HELP WITH FUNDRAISING	117,957.
BUD HILL'S SECURITY LLC 1233 W. STATE HWY. 33, TETONIA, ID 83452	NIGHT SECURITY	113,277.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 6

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	20,155.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	9,642.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	4,756,563.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 845,056.				
	<b>h Total.</b> Add lines 1a-1f			4,786,360.			
	Program Service Revenue	<b>2 a</b> ADMISSIONS	Business Code				
		611600	560,157.	560,157.			
<b>b</b> MEMBERSHIP DUES		611600	214,578.	214,578.			
<b>c</b> PROGRAM TICKETS		611600	103,906.	103,906.			
<b>d</b> EXHIBIT FEES		611600	14,000.	14,000.			
<b>e</b> EDUCATIONAL PROGRAMS		611600	4,010.	4,010.			
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f				896,651.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		821,232.			821,232.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	273,135.			
			(ii) Personal				
				82,726.			
	<b>b</b> Less: rental expenses	<b>6b</b>		190,409.			
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)			190,409.		190,409.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	11,771,465.			
			(ii) Other				
				11,763,149.			
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		8,316.			
	<b>c</b> Gain or (loss)	<b>7c</b>					
	<b>d</b> Net gain or (loss)			8,316.		8,316.	
<b>8 a</b> Gross income from fundraising events (not including \$ 20,155. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		61,356.				
			50,612.				
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events			10,744.		10,744.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		902,267.				
			919,943.				
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory			-17,676.	-17,676.			
Miscellaneous Revenue	<b>11 a</b> MISCELLANEOUS REVENUE	Business Code					
		900099	7,719.	7,719.			
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			7,719.			
<b>12 Total revenue.</b> See instructions			6,703,755.	886,694.	0.	1,030,701.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	204,842.	81,937.	81,937.	40,968.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	1,974,271.	1,252,787.	436,205.	285,279.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	67,521.	43,565.	16,918.	7,038.
<b>9</b> Other employee benefits .....	162,970.	94,413.	47,243.	21,314.
<b>10</b> Payroll taxes .....	182,082.	110,795.	45,073.	26,214.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	388.		68.	320.
<b>c</b> Accounting .....	47,300.		47,300.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17	153,859.			153,859.
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	868,660.	527,254.	171,262.	170,144.
<b>12</b> Advertising and promotion .....	119,603.	20,523.	98,822.	258.
<b>13</b> Office expenses .....	193,565.	139,441.	31,506.	22,618.
<b>14</b> Information technology .....	66,689.	44,961.	15,207.	6,521.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	118,111.	97,741.	16,439.	3,931.
<b>17</b> Travel .....	37,987.	22,368.	12,841.	2,778.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	4,635.	4,392.	90.	153.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	842,211.	715,879.	126,332.	
<b>23</b> Insurance .....	76,515.	67,267.	9,248.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> ENTERTAINMENT	114,405.	25,888.	32,539.	55,978.
<b>b</b> WESTERN VISION EXPENSES	108,572.	108,572.		
<b>c</b> LICENSES & FEES	65,926.	65,899.	27.	
<b>d</b> REPAIRS & MAINTENANCE	43,600.	36,874.	6,726.	
<b>e</b> All other expenses	16,010.	16,010.		
<b>25</b> Total functional expenses. Add lines 1 through 24e	5,469,722.	3,476,566.	1,195,783.	797,373.
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	4,960.	<b>1</b>	4,956.
	<b>2</b> Savings and temporary cash investments .....	3,470,550.	<b>2</b>	3,996,586.
	<b>3</b> Pledges and grants receivable, net .....	1,404,243.	<b>3</b>	1,003,904.
	<b>4</b> Accounts receivable, net .....	100,528.	<b>4</b>	62,119.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	117,096.	<b>8</b>	100,585.
	<b>9</b> Prepaid expenses and deferred charges .....	90,720.	<b>9</b>	98,442.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 23,777,542.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 14,175,311.	9,975,847.	<b>10c</b> 9,602,231.
	<b>11</b> Investments - publicly traded securities .....	23,240,565.	<b>11</b>	28,862,822.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	2,817,359.	<b>15</b>	0.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	41,221,868.	<b>16</b>	43,731,645.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	244,948.	<b>17</b>	369,499.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	50,076.	<b>19</b>	69,219.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	42,803.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	295,024.	<b>26</b>	481,521.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	15,309,939.	<b>27</b>	14,896,108.
	<b>28</b> Net assets with donor restrictions .....	25,616,905.	<b>28</b>	28,354,016.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	40,926,844.	<b>32</b>	43,250,124.
<b>33</b> Total liabilities and net assets/fund balances .....	41,221,868.	<b>33</b>	43,731,645.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	6,703,755.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	5,469,722.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,234,033.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	40,926,844.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,089,247.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	43,250,124.

**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  Accrual  Other \_\_\_\_\_  
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:  
 Separate 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, 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2023)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

<b>Name of the organization</b> NATIONAL MUSEUM OF WILDLIFE ART OF THE UNITED STATES	<b>Employer identification number</b> 74-2431071
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	6,357,723.	3,096,599.	2,817,753.	2,619,552.	4,786,360.	19,677,987.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	6,357,723.	3,096,599.	2,817,753.	2,619,552.	4,786,360.	19,677,987.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						5,426,251.
<b>6 Public support.</b> Subtract line 5 from line 4.						14,251,736.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	6,357,723.	3,096,599.	2,817,753.	2,619,552.	4,786,360.	19,677,987.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	893,367.	508,198.	892,707.	920,361.	1,094,367.	4,309,000.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	9,839.	10,031.	9,149.	0.	10,744.	39,763.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....				3,020.		3,020.
<b>11 Total support.</b> Add lines 7 through 10						24,029,770.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	8,672,202.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	59.31	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	61.39	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

Schedule A (Form 990) 2023

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

(Complete only if you checked a box 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**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2023

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

**Part VI**

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2022 AMOUNT: \$ 3,020.

2023 AMOUNT: \$ 0.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization NATIONAL MUSEUM OF WILDLIFE ART OF THE UNITED STATES Employer identification number 74-2431071

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

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

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (table with 2a-2d). 3-9. Monitoring and reporting requirements (Yes/No questions).

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

Form with sections 1a-1b and 2. 1a: Text of footnote for art collection. 1b: Amounts for art collection (revenue/assets). 2: Amounts for art collection for financial gain (revenue/assets).

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	24,995,758.	25,293,117.	26,893,590.	22,173,562.	22,468,163.
b Contributions	1,792,800.		282,600.	653,800.	1,004,105.
c Net investment earnings, gains, and losses	1,787,082.	827,641.	-1,043,073.	4,901,228.	-564,706.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,115,893.	1,125,000.	840,000.	835,000.	734,000.
f Administrative expenses					
g End of year balance	27,459,747.	24,995,758.	25,293,117.	26,893,590.	22,173,562.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 12.1800 %
  - b Permanent endowment 9.2300 %
  - c Term endowment 78.5900 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		509,930.		509,930.
b Buildings		9,904,498.	5,905,082.	3,999,416.
c Leasehold improvements		11,709,150.	7,062,323.	4,646,827.
d Equipment		1,486,057.	1,139,251.	346,806.
e Other		167,907.	68,655.	99,252.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				9,602,231.

**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) .....	

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



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	8,852,853.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b> 1,089,247.		
<b>b</b>	Donated services and use of facilities	<b>2b</b> 6,570.		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> 1,053,281.		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	2,149,098.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	6,703,755.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	6,703,755.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	6,529,573.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b> 6,570.		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> 1,053,281.		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	1,059,851.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	5,469,722.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	5,469,722.

**Part XIII Supplemental Information**

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

PART III, LINE 1A:

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

**Part XIII** Supplemental Information (continued)

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.

**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, 2024, 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	82,726.
SPECIAL EVENT EXPENSES	50,612.
COST OF GOODS SOLD	919,943.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,053,281.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD	919,943.
RENTAL EXPENSES	82,726.
SPECIAL EVENT EXPENSES	50,612.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,053,281.

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2023**

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization NATIONAL MUSEUM OF WILDLIFE ART OF THE UNITED STATES	Employer identification number 74-2431071
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**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |  |   |
|--|---|
| a <input checked="" type="checkbox"/> Mail solicitations               | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants     |
| c <input checked="" type="checkbox"/> Phone solicitations              | g <input checked="" type="checkbox"/> Special fundraising events            |
| d <input checked="" type="checkbox"/> In-person solicitations          |   |
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
EMERAL GROUP - 29425 CHAGRIN BLVD., PEPPER PIKE, OH 44122	GRANT WRITING, RESEARCH, AND REPORTING		X	131,504.	20,912.	110,592.
MARGARET CREEL - 1680 QUARTERHORSE DRIVE, JACKSON, OH	GRANT WRITING, RESEARCH, AND REPORTING		X	6,842.	14,990.	0.
BENEFACTOR - 450 S. FRONT STREET, COLUMBUS, OH 43215	GRANT WRITING, RESEARCH, AND REPORTING		X	0.	117,957.	0.
<b>Total</b>				138,346.	153,859.	110,592.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- WY

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

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		PLEIN AIR FESTIVAL (event type)	BLACKTAIL BASH (event type)	(total number)	
Revenue	1	Gross receipts	51,750.	29,761.	81,511.
	2	Less: Contributions	2,500.	17,655.	20,155.
	3	Gross income (line 1 minus line 2)	49,250.	12,106.	61,356.
Direct Expenses	4	Cash prizes	24,625.		24,625.
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	1,347.	19,267.	20,614.
	8	Entertainment	1,950.	1,000.	2,950.
	9	Other direct expenses	1,525.	898.	2,423.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			50,612.
11	Net income summary. Subtract line 10 from line 3, column (d)			10,744.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 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?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- 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:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: MARGARET CREEL

(I) ADDRESS OF FUNDRAISER: 1680 QUARTERHORSE DRIVE, JACKSON, WY 83001



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization NATIONAL MUSEUM OF WILDLIFE ART OF THE UNITED STATES	Employer identification number 74-2431071
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**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2023



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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) STEVEN SEAMONS MUSEUM DIRECTOR	(i)	186,221.	0.	0.	7,449.	0.	193,670.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PONTEIR SACKREY DIRECTOR OF ADVANCEMENT	(i)	135,328.	0.	0.	5,838.	12,869.	154,035.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MIKE HOFHIENS DIRECTOR OF OPERATIONS	(i)	144,669.	0.	0.	5,819.	0.	150,488.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

Multiple horizontal lines for providing supplemental information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization **NATIONAL MUSEUM OF WILDLIFE ART  
OF THE UNITED STATES** Employer identification number  
**74-2431071**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	5		DONOR ESTIMATE
2 Art - Historical treasures				
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	X	12	836,151.	AVG HI/LOW FOR 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				
18 Collectibles				
19 Food inventory	X	1	2,500.	DONOR ESTIMATE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( ROOM RENTALS )	X	2	3,000.	DONOR ESTIMATES
26 Other ( 12 NEW CHAIRS F )	X	1	2,630.	DONOR ESTIMATES
27 Other ( SMALL SCULPTURE )	X	1	400.	DONOR ESTIMATES
28 Other ( FLORAL, LINENS, )	X	2	225.	DONOR ESTIMATES

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a** X

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

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **31** X

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** X

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2023

**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.

PART I, OTHER TYPES OF PROPERTY:

STATIONARY BIKE

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII § 150.

(D) METHOD OF DETERMINING REVENUE: DONOR ESTIMATES

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 O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization	NATIONAL MUSEUM OF WILDLIFE ART OF THE UNITED STATES	Employer identification number	74-2431071
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FORM 990, PART III, LINE 1

OUR MISSION:

IMPART KNOWLEDGE AND GENERATE WONDER THROUGH ART AND EDUCATION.

OUR VISION:

INSPIRE CONNECTIONS WITH WILDLIFE AND NATURE.

FORM 990, PART III, LINE 4A

MUSEUM MEMBERSHIP WAS 975 AND ANNUAL VISITATION WAS APPROXIMATELY

57,371. 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.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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FORM 990, PART III, LINE 4B

SURVIVAL OF THE FITTEST: ENVISIONING WILDLIFE AND WILDERNESS WITH THE

BIG FOUR

MAY 27 AUGUST 20, 2023

FOR THE LOVE OF CANINES

OCTOBER 22, 2022 AUGUST 27, 2023

WESTERN VISIONS

SEPTEMBER 9 OCTOBER 1, 2023

BENJAMAN MAKAPA AFRICAN WILDLIFE PHOTOGRAPHY AWARDS

NOVEMBER 4, 2023 APRIL 23, 2024

TRANSFORMATIONS: WILDLIFE IN INUIT ART AND CULTURE

OCTOBER 21, 2023 MAY 5, 2024

NMWA OPENED THE 2023-2024 SEASON WITH SURVIVAL OF THE FITTEST:

ENVISIONING WILDLIFE AND WILDERNESS WITH THE BIG FOUR WHICH FEATURED

THE ARTWORKS OF FOUR PROMINENT WILDLIFE ARTISTS, CARL RUNGIUS, WILHELM

KUHNERT, BRUNO LILJEFORS, AND RICHARD FRIESE, WHO ARE SIGNIFICANT TO

OUR PERMANENT COLLECTION. TWENTY-EIGHT OF THE 46 PAINTINGS WERE DRAWN

FROM OUR PERMANENT COLLECTION, WHILE EIGHTEEN PAINTINGS WERE SENT FROM

THE RIJKSMUSEUM TWENTHE IN ENSCHEDE, NETHERLANDS. THIS EXHIBITION IS

CURRENTLY ON TOUR ACROSS THE UNITED STATES WITH FIVE VENUES, INCLUDING

THE NATIONAL SPORTING LIBRARY AND MUSEUM, SEPTEMBER 2023 JANUARY,

2024; THE JAMES MUSEUM OF WESTERN AND WILDLIFE ART, FEBRUARY MAY 2024;

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THE BRISCO MUSEUM OF WESTERN ART, JUNE SEPTEMBER 2024; THE LEIGH

YAWKEY WOODSON ART MUSEUM, DECEMBER 2024 FEBRUARY 2025; AND THE NELSON

ATKINS MUSEUM OF ART, MARCH SEPTEMBER 2025.

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.

WESTERN VISIONS SALE AND EXHIBIT OPENED IN SEPTEMBER AND WAS WELL

ATTENDED. THE AUCTION PORTION WAS CONTINUED THIS YEAR.

TRANSFORMATIONS: WILDLIFE IN INUIT ART AND CULTURE OPENED ON OCTOBER

21, AND FEATURED ARTWORKS MOSTLY FROM THE DALE AND JAY KAPLAN

COLLECTION, A PART OF WHICH HAS BEEN ACQUIRED INTO NMWA'S PERMANENT

COLLECTION. SIX PRINTS AND DRAWINGS, AND TWO INUIT WALL-HANGINGS WERE

BOORROWED FROM FEHLEY GALLERY IN TORONTO, CANADA. WE WERE FORTUNATE THAT

THE GALLERY WAS ABLE TO SHIP US THE WORKS AND WE HAD THEM FRAMED HERE.

THIS SAVED US A CONSIDERABLE AMOUNT ON SHIPPING. HAVING AN OVERALL NEED

FOR PEDESTALS, WE ALSO PURCHASED TWO NEW PEDESTALS THAT WE WERE ABLE TO

PAINT AND MATCH TO THE PEDESTALS WE ALREADY OWN. WE ALSO PURCHASED TWO

NEW COVERS THAT WERE HELPFUL IN THE EXHIBITION, AND WE WILL HAVE GOOD

USE FOR THEM IN FUTURE EXHIBITIONS. THE INUIT WORKS WERE FAVORABLY

RECEIVED BY THE PUBLIC AS WELL AS BY JAY AND DALE. JAY AND DALE ARE

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DONATING THEIR ENTIRE COLLECTION TO THE MUSEUM, WHICH ADDS TO OUR GOALS

OF BECOMING MORE INCLUSIVE OF MARGINALIZED VOICES.

ON NOVEMBER 4TH WE OPENED THE BENJAMIN MAKAPA AFRICAN WILDLIFE

PHOTOGRAPHY EXHIBITION, WHICH WAS DONE IN CONJUNCTION WITH THE AFRICAN

WILDLIFE FOUNDATION AND NATURE'S BEST PHOTOGRAPHY. KADDU SEBUNYA

PRESIDENT OF THE AFRICAN WILDLIFE FOUNDATION AND OTHER MEMBERS ATTENDED

THE OPENING EVENT HELD ON FRIDAY, NOVEMBER 3RD. STEVE FRELIGH, FROM

NATURE'S BEST PHOTOGRAPHY WAS ALSO IN ATTENDANCE. THE SUBJECT MATTER,

AFRICAN WILDLIFE, WAS TAKEN BY PHOTOGRAPHERS FROM ALL OVER THE WORLD.

IT WAS THE MOST DIVERSE GROUP OF PHOTOGRAPHERS THAT WE HAVE EVER HAD

INCLUDED IN AN EXHIBIT. ONE OF THE PHOTOGRAPHERS LIVES IN JACKSON,

WYOMING AND HE ATTENDED THE SNEAK PEEK ON FRIDAY MORNING NOVEMBER 3RD.

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 3,301 CHILDREN IN PERSON AND ANOTHER 437 OFF SITE

DURING THE '23-'24 FISCAL YEAR. ONLINE OFFERINGS HAVE INCLUDED VIRTUAL

GALLERY VISITS. 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/](https://www.wildlifeart.org/learn/school-programs/)

OUR ANNUAL STATE OF THE ART: STUDENT ART SHOW IN HONOR OF

MARION BUCHENROTH CONTINUED AS AN ANNUAL ON-SITE EVENT, FEB. 24, 2024

MAY 25, 2024. APPROXIMATELY 450 LOCAL CHILDREN GRADES K-12 CONTRIBUTED



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TO EXHIBITED ARTWORKS. FOR A SEVENTH YEAR, LOCAL JACKSON HOLE HIGH SCHOOL STUDENTS PARTICIPATED IN OUR "STUDENT CURATED EXHIBITION", NOV. 24 FEB. 23. THE SELECTED THEME THIS YEAR WAS SUCCESSION. THE STUDENTS OF JACKSON HOLE WORKED COLLABORATIVELY WITH STUDENTS FROM MAUI PREP (MANY FORMERLY AT LAHAINALUNA HIGH SCHOOL). THE STUDENTS FROM HAWAII WERE PAINFULLY IMPACTED IN AUGUST 2023 BY A HISTORIC WILDFIRE. THE EXHIBIT FEATURED CERAMICS, DRAWINGS, PAINTINGS, AND MIXED MEDIA ARTWORKS INSPIRED BY POEMS WRITTEN BY THE STUDENTS IN LAHAINA. THE POWERFUL JUXTAPOSITION OF ART AND POETRY EXPLORED THE DEEP EMOTIONS OF LOSS, GROWTH, CHANGE, AND ULTIMATELY REGENERATION. 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 (THE LOST PAINTING: CARL RUNGIUS RAISONNE, PART 1, THE RUNGIUS LEGACY: CARL RUNGIUS RAISONNE, PART 2, AND WHY ALL THE ANTLERS?) WERE PRODUCED DURING THE PAST FISCAL YEAR AND PRODUCED 1,869 WATCHES. THESE EPISODES FEATURED CARL RUNGIUS ARTWORKS, LOCAL GUESTS, AND ELK PAINTINGS AND SUCLPTURES. THE ART EXPLORATION FOOTAGE IS ALWAYS

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PAIRED WITH RELEVANT EXPLORATIONS INTO THE GREATER YELLOWSTONE ECOSYSTEM, INCLUDING GRAND TETON NATIONAL PARK AND THE NATIONAL ELK REFUGE. 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 3D TACTILE DISPLAY INFORMING VISITORS (ESPECIALLY BLIND AND LOW VISION VISITORS) ABOUT ROBERT BATEMAN'S 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 ADULTS ANNUALLY WITH OUR "SNEAK PEEK" GALLERY TALKS FOR NEW EXHIBITS, OUR FILMS, LECTURES, AND "MAKE IT WILD" STUDIO CLASSES. WE ALSO HAVE A RICH ROSTER OF COMMUNITY PROGRAMS ON THE OUTDOOR SCULPTURE TRAIL SUCH AS YOGA ON THE TRAIL AND SUMMER ART MAKING SUCH AS BOTANICAL SKETCHING AND WATERCOLOR PAINTING. WE CURRENTLY HAVE SIX FREE MOBILE TOURS AVAILABLE INCLUDING EXPLORING WILDLIFE ART, RUNGIUS LETTERS, SAVING A SPECIES, SCULPTURE TRAIL, THROUGH HER EYES, AND THE GREATER YELLOWSTONE BOTANICAL TOUR. ALL AUDIO TOURS INCLUDE SPANISH LANGUAGE OPTIONS. FOR THE FOURTH YEAR, WE CONTINUED OUR ONLINE ART-MAKING SERIES FOR TEENS AND ADULTS CALLED MAKE IT WILD. WE HOSTED THREE MAKE IT WILD CLASSES IN THE WINTER AND TWO CLASSES IN THE SUMMER.

FORM 990, PART III, LINE 4D  
THE MUSEUM'S COLLECTION EMBODIES THE BEST EFFORTS OF HISTORIC AND CONTEMPORARY ARTISTS TO DEPICT WILDLIFE, INCLUDING OVER 5,000- 6,000 CATALOGED ITEMS SPANNING 4,000 YEARS BY APPROXIMATELY 600 ARTISTS. AS

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A NATIONAL COLLECTION, IT EMPHASIZES PRIME EXAMPLES OF WORK PRODUCED BY ARTISTS FROM THE NATION ITSELF, WITH A REPRESENTATIVE SELECTION OF SUBJECTS, FORMS, STYLES, MATERIALS, AND MEDIA, SPANNING THE DIVERSITY OF THE NATION'S ARTISTS, THEIR ANTECEDENTS, AND THE TIMES AND PLACES IMPORTANT TO THEIR WORK. THE PRIMARY COLLECTING GOAL FOR THE NATIONAL MUSEUM OF WILDLIFE ART IS THE ENHANCEMENT OF THE PERMANENT COLLECTION THROUGH STRATEGIC ACQUISITIONS RANGING FROM MAJOR ARTWORKS TO SUPPLEMENTAL PIECES, WHICH WILL ENHANCE THE OVERALL QUALITY AS WELL AS DIVERSITY OF THE COLLECTION WHILE ADDING THEMATIC 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, DEVELOPMENT CHAIR, COLLECTIONS COMMITTEE CHAIR, FACILITY & GROUNDS COMMITTEE CHAIR, NOMINATING COMMITTEE CHAIR, AND STRATEGIC PLANNING CHAIR. ALL ARE MEMBERS OF THE BOARD.

THE EXECUTIVE COMMITTEE IS EMPOWERED TO ACT WHEN THE FULL BOARD HAS NOT CONVENED. IF EITHER THE BOARD DELEGATES AN ITEM TO THE EXECUTIVE COMMITTEE, OR THE MUSEUM DIRECTOR BRINGS AN ITEM TO THE EXECUTIVE COMMITTEE WHICH NEEDS ACTION, THEY CAN ACT. IF THEY DO ACT, THE FULL BOARD STILL HEARS THE ISSUE AND COULD OVERTURN THE EXECUTIVE COMMITTEE, THOUGH THAT IS NOT ANTICIPATED.

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

ALL TRUSTEES ARE PROVIDED WITH A COPY OF THE FORM 990 PRIOR TO FILING. THE DETAIL REVIEW HAS BEEN DELEGATED BY THE GOVERNING BODY TO THE AUDIT COMMITTEE.

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

AN ANNUAL QUESTIONNAIRE IS SENT TO EACH TRUSTEE. THE CHIEF FINANCIAL OFFICER REVIEWS THE RESPONSES TO DETERMINE IF 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 CHAIRMAN AND VICE CHAIRMAN ASSESS IN WRITING THE PERFORMANCE OF THE MUSEUM DIRECTOR IN LIGHT OF STATED GOALS AND OBJECTIVES. IN KEEPING WITH THE TERMS AND CONDITIONS OF ANY RELEVANT EMPLOYMENT CONTRACT, A RECOMMENDATION IS THEN MADE TO THE EXECUTIVE COMMITTEE REGARDING COMPENSATION FOR THE UPCOMING YEAR, WHICH REVIEWS AND APPROVES THE MUSEUM DIRECTOR'S COMPENSATION.

AN INDEPENDENT SALARY REVIEW IS PERFORMED EVERY THREE YEARS.

THE ORGANIZATION MAINTAINS THE APPROPRIATE DOCUMENTATION OF THE COMPENSATION AGREEMENT.

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	315,486.
MANAGEMENT AND GENERAL EXPENSES	76,569.
FUNDRAISING EXPENSES	148,644.

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TOTAL EXPENSES 540,699.

RESEARCH:

PROGRAM SERVICE EXPENSES 211,768.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 211,768.

DONATION/MEMBERSHIP DATA ENTRY & REPORT/LETTER CREATION:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 21,500.

TOTAL EXPENSES 21,500.

HUMAN RESOURCES - THE HAYS APPROACH:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 35,358.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 35,358.

ADMINISTRATION ASSISTANT - ALEXANDRA WILKINSON-DUDA:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 59,335.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 59,335.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 868,660.