

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 05-01-2018, and ending 04-30-2019

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
NATIONAL MUSEUM OF WILDLIFE ART
OF THE UNITED STATES

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
PO BOX 6825

City or town, state or province, country, and ZIP or foreign postal code
JACKSON, WY 830026825

D Employer identification number
74-2431071

E Telephone number
(307) 733-5771

G Gross receipts \$ 18,652,246

F Name and address of principal officer
STEVE SEAMONS
PO BOX 6825
JACKSON, WY 830026825

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No

H(c) Group exemption number

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: WWW WILDLIFEART ORG

K Form of organization Corporation Trust Association Other

L Year of formation 1986

M State of legal domicile WY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE MISSION IS TO COLLECT, DISPLAY, INTERPRET, AND PRESERVE THE NORTH AMERICAN WILDLIFE ART

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	31
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	31
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	45
6 Total number of volunteers (estimate if necessary)	6	73
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	40,442
7b Net unrelated business taxable income from Form 990-T, line 34	7b	4,393

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	9,907,241	3,858,598
9 Program service revenue (Part VIII, line 2g)	830,301	852,604
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	570,734	40,460
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,075	241,086
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,329,351	4,992,748

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,992,712	2,089,721
16a Professional fundraising fees (Part IX, column (A), line 11e)	12,938	11,393
b Total fundraising expenses (Part IX, column (D), line 25) ▶485,798		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,797,696	2,872,340
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,803,346	4,973,454
19 Revenue less expenses Subtract line 18 from line 12	6,526,005	19,294

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	36,472,683	37,491,328
21 Total liabilities (Part X, line 26)	192,466	338,412
22 Net assets or fund balances Subtract line 21 from line 20	36,280,217	37,152,916

Part II Signature Block

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

Sign Here

Signature of officer: ***** Date: 2020-02-11

STEVE SEAMONS MUSEUM DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: 2020-02-11 Check if self-employed PTIN: P00645252

Firm's name: PLANTE & MORAN PLLC Firm's EIN: 38-1357951

Firm's address: 8181 E TUFTS AVE SUITE 600 DENVER, CO 802372579 Phone no: (303) 740-9400

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 \$	297,818	including grants of \$	(Revenue \$	690,396)
	See Additional Data					

4b	(Code)	(Expenses \$	1,889,005	including grants of \$	(Revenue \$	133,078)
	See Additional Data					

4c	(Code)	(Expenses \$	563,151	including grants of \$	(Revenue \$	6,080)
	See Additional Data					

	(Code)	(Expenses \$	548,081	including grants of \$	(Revenue \$	23,050)
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4d	Other program services (Describe in Schedule O)	(Revenue \$	
	(Expenses \$	548,081	23,050)

4e	Total program service expenses ▶	3,298,055
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Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 30	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	45		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Yes	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		3b		Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a			No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a			No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b			No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a			No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a			No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c			No
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8			
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a			No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15			No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16			No

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



Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b 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

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: LISA HOLMES PO BOX 6825 JACKSON, WY 830026825 (307) 733-5771

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c	32,695		
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,825,903		
	g Noncash contributions included in lines 1a - 1f \$ _____		299,692		
	h Total. Add lines 1a-1f		3,858,598		

Program Service Revenue			Business Code			
	2a ADMISSIONS		611600	462,159	462,159	
	b MEMBERSHIP DUES		611600	284,338	284,338	
	c PROGRAM TICKETS		611600	105,422	105,422	
	d EDUCATIONAL PROGRAMS		611600	685	685	
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f			852,604			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			423,244			423,244	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties			382			382	
	6a Gross rents	(i) Real	(ii) Personal					
			138,692					
		b Less rental expenses		98,544				
		c Rental income or (loss)		40,148				
	d Net rental income or (loss)			40,148			40,148	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			12,359,577					
		b Less cost or other basis and sales expenses		12,742,361				
		c Gain or (loss)		-382,784				
	d Net gain or (loss)			-382,784			-382,784	
	8a Gross income from fundraising events (not including \$ 32,695 of contributions reported on line 1c) See Part IV, line 18	a						
		b Less direct expenses	b	25,840				
c Net income or (loss) from fundraising events				9,228			9,228	
9a Gross income from gaming activities See Part IV, line 19	a							
	b Less direct expenses	b						
	c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a							
	b Less cost of goods sold	b	897,644					
	c Net income or (loss) from sales of inventory			95,663	95,663			
Miscellaneous Revenue		Business Code						
11a ADVERTISING INCOME		541800	40,442		40,442			
b SPONSORSHIP INCOME		900099	36,033	36,033				
c _____								
d All other revenue			19,190	19,190				
e Total. Add lines 11a-11d			95,665					
12 Total revenue. See Instructions			4,992,748	1,003,490	40,442	90,218		

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees	168,479	42,120	84,239	42,120
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,575,269	861,924	475,841	237,504
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	50,570	27,489	18,335	4,746
9 Other employee benefits	159,317	86,333	42,906	30,078
10 Payroll taxes	136,086	71,253	42,365	22,468
11 Fees for services (non-employees)				
a Management				
b Legal	7,849	1,907	5,942	
c Accounting	42,761		42,761	
d Lobbying				
e Professional fundraising services. See Part IV, line 17.	11,393			11,393
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	561,438	362,725	120,257	78,456
12 Advertising and promotion	140,080	19,658	119,179	1,243
13 Office expenses	192,334	128,342	38,677	25,315
14 Information technology	53,453	30,981	17,579	4,893
15 Royalties				
16 Occupancy	131,220	107,582	19,356	4,282
17 Travel	36,180	28,000	7,062	1,118
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,656	251	5,525	880
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	827,405	703,294	124,111	
23 Insurance	65,303	56,326	8,977	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ACCESSION OF ART	497,606	497,606		
b WESTERN VISION EXPENSES	126,967	126,967		
c ENTERTAINMENT	89,220	54,963	12,955	21,302
d LICENSES & FEES	48,340	48,340		
e All other expenses	45,528	41,994	3,534	
25 Total functional expenses. Add lines 1 through 24e	4,973,454	3,298,055	1,189,601	485,798
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	22,947	13,815	0	9,132

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	4,694	1	4,875
	2 Savings and temporary cash investments	3,221,683	2	2,559,671
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	29,979	4	35,470
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	142,743	8	127,734
	9 Prepaid expenses and deferred charges	53,634	9	47,906
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 22,297,556		
	b Less accumulated depreciation	10b 10,631,760	11,955,125	10c 11,665,796
	11 Investments—publicly traded securities	19,553,442	11	21,323,109
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	1,511,383	15	1,726,767
16 Total assets. Add lines 1 through 15 (must equal line 34)	36,472,683	16	37,491,328	
Liabilities	17 Accounts payable and accrued expenses	192,466	17	338,412
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	192,466	26	338,412
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	16,385,527	27	16,043,808
	28 Temporarily restricted net assets	4,953,083	28	4,352,118
	29 Permanently restricted net assets	14,941,607	29	16,756,990
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	36,280,217	33	37,152,916	
34 Total liabilities and net assets/fund balances	36,472,683	34	37,491,328	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,992,748
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,973,454
3	Revenue less expenses Subtract line 2 from line 1	3	19,294
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	36,280,217
5	Net unrealized gains (losses) on investments	5	638,021
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	215,384
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	37,152,916

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 in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 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 in 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 Single Audit Act and OMB Circular A-133?
- 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 in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 74-2431071

Name: NATIONAL MUSEUM OF WILDLIFE ART
OF THE UNITED STATES

Form 990 (2018)

Form 990, Part III, Line 4a:

MUSEUM MEMBERSHIP - SEE SCHEDULE O

Form 990, Part III, Line 4b:

2018-2019 EXHIBITS - SEE SCHEDULE O

Form 990, Part III, Line 4c:

EDUCATION PROGRAMS FOR CHILDREN - SEE SCHEDULE O

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SCOTT KIRKPATRICK CHAIRMAN	20 00	X		X				0	0	0
RICHARD BECK VICE CHAIRMAN	10 00	X		X				0	0	0
WILLIAM KERR CHAIRMAN EMERITUS	10 00	X		X				0	0	0
LAURENT ROUX TREASURER	10 00	X		X				0	0	0
LINDY SAYERS SECRETARY	10 00	X		X				0	0	0
LISA CARLIN TRUSTEE	3 00	X						0	0	0
BARBARA CARLSBERG TRUSTEE	3 00	X						0	0	0
TASSO COIN TRUSTEE	3 00	X						0	0	0
LYNN FRIESS TRUSTEE	3 00	X						0	0	0
SUE SIMPSON GALLAGHER TRUSTEE	3 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JIM GERSACK TRUSTEE	5 00	X						0	0	0
GIGI HALLORAN TRUSTEE	3 00	X						0	0	0
MARY JANE HUNT TRUSTEE	3 00	X						0	0	0
NADA JAIN TRUSTEE	3 00	X						0	0	0
DES JENNINGS TRUSTEE	3 00	X						0	0	0
LISA JENNINGS TRUSTEE	3 00	X						0	0	0
AVI KANTOR TRUSTEE	3 00	X						0	0	0
KAVAR KERR TRUSTEE	3 00	X						0	0	0
MERRIE ANN KING TRUSTEE	3 00	X						0	0	0
CAROL LINTON TRUSTEE	3 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ADRIENNE MARS TRUSTEE	3 00	X						0	0	0
PEGGY MAYS TRUSTEE	3 00	X						0	0	0
PAM NINER TRUSTEE	3 00	X						0	0	0
RICHARD O'LEARY TRUSTEE	3 00	X						0	0	0
PETER SAFIR TRUSTEE	3 00	X						0	0	0
CHARLOTTE STIFEL TRUSTEE	3 00	X						0	0	0
CAROLINE TAYLOR TRUSTEE	3 00	X						0	0	0
MARCIA TAYLOR TRUSTEE	3 00	X						0	0	0
GEORGENE TOZZI TRUSTEE	3 00	X						0	0	0
SUZANNE WHITMORE TRUSTEE	3 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BETTINA WHYTE TRUSTEE	3 00	X						0	0	0
STEVEN SEAMONS MUSEUM DIRECTOR	50 00			X				163,317	0	6,566
MICHAEL HOFHIENS DIRECTOR OF OPERATIONS	40 00					X		113,856	0	21,860
JANE LAVINO EDUCATION	40 00					X		102,377	0	8,523

SCHEDULE A
(Form 990 or 990-EZ)

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 for the latest information.

2018

Open to Public Inspection

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 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 or 990-EZ))
- 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 **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 in 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		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	4,033,390	3,048,696	3,641,162	9,907,241	3,858,598	24,489,087
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	4,033,390	3,048,696	3,641,162	9,907,241	3,858,598	24,489,087
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						9,231,468
6	Public support. Subtract line 5 from line 4						15,257,619

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	4,033,390	3,048,696	3,641,162	9,907,241	3,858,598	24,489,087
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	626,047	648,334	531,910	677,823	562,318	3,046,432
9	Net income from unrelated business activities, whether or not the business is regularly carried on	11,375	8,598	15,710	0	26,524	62,207
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	32					32
11	Total support. Add lines 7 through 10						27,597,758
12	Gross receipts from related activities, etc. (see instructions)					12	9,724,181

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	55.290%
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	51.220%

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	MISCELLANEOUS INCOME - 2014 AMOUNT \$ 32

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 the latest information.

OMB No 1545-0047
2018
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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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	20,479,973	13,447,192	12,025,636	12,130,381	11,438,622
b Contributions	1,600,000	6,500,000	507,282	541,500	291,851
c Net investment earnings, gains, and losses	868,190	832,781	1,345,520	-286,246	799,757
d Grants or scholarships					
e Other expenditures for facilities and programs	480,000	300,000	431,246	359,999	399,849
f Administrative expenses					
g End of year balance	22,468,163	20,479,973	13,447,192	12,025,636	12,130,381

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 14 840 %
 - b** Permanent endowment ▶ 74 580 %
 - c** Temporarily restricted endowment ▶ 10 580 %
- 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
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | | No |
| (ii) related organizations | Yes | No |
| 3a(ii) | | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | No |
| 3b | | |
- 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	4,913,491	4,991,007
c Leasehold improvements		10,574,714	4,835,338	5,739,376
d Equipment		1,265,185	839,702	425,483
e Other		43,229	43,229	0
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				11,665,796

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

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

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

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

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

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

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	6,768,590
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	638,021
b	Donated services and use of facilities	2b	5,300
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	1,132,521
e	Add lines 2a through 2d	2e	1,775,842
3	Subtract line 2e from line 1	3	4,992,748
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	4,992,748

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

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

1	Total expenses and losses per audited financial statements	1	5,895,891
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	5,300
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	917,137
e	Add lines 2a through 2d	2e	922,437
3	Subtract line 2e from line 1	3	4,973,454
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	4,973,454

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 74-2431071

Name: NATIONAL MUSEUM OF WILDLIFE ART
OF THE UNITED STATES

Supplemental Information

Return Reference	Explanation
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 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.

Supplemental Information

Return Reference	Explanation
PART III, LINE 4	<p>THE MUSEUM'S COLLECTION CONTAINS OVER 5,000 CATALOGUED 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</p> <p>THE MUSEUM DID SOLICIT GIFTS FOR ARTWORK TO BE SOLD THE SOLICITATIONS WERE MADE ONLY TO ARTISTS FOR DONATIONS OF THEIR OWN ARTWORK</p>

Supplemental Information

Return Reference	Explanation
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 DONORIMPOSED RESTRICTIONS

Supplemental Information

Return Reference	Explanation
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, 2019, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 98,544 SPECIAL EVENT EXPENSES 16,612 COST OF GOODS SOLD 801,981 CHANGE IN NPV OF SPLIT-INTEREST INVESTMENT 215,384

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD 801,981 RENTAL EXPENSES 98,544 SPECIAL EVENT EXPENSES 16,612

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2018

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ.

Go to 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 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 Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events. 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (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. Includes a Total row at the bottom.

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		PLEIN AIR FESTIVAL (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
1	Gross receipts	58,535			58,535
2	Less Contributions	32,695			32,695
3	Gross income (line 1 minus line 2)	25,840			25,840
Direct Expenses	4 Cash prizes	12,870			12,870
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	104			104
	8 Entertainment	1,200			1,200
	9 Other direct expenses	2,438			2,438
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
11	Net income summary Subtract line 10 from line 3, column (d) ▶				9,228

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.

Revenue		(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 | % |
| b | An outside facility | % |

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 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.

Return Reference	Explanation
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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 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
NATIONAL MUSEUM OF WILDLIFE ART
OF THE UNITED STATES

Employer identification number
74-2431071

Part I Questions Regarding Compensation

		Yes	No		
<p>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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in 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</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2				
<p>3 Indicate which, if any, of the following the filing 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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>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</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a		No		
	4b		No		
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>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</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a		No		
	5b		No		
<p>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</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		No		
<p>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</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part III **Supplemental Information**

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **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 for the latest information.**

Open to Public Inspection

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	54		DONOR ESTIMATE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		146	DONOR ESTIMATE
5 Clothing and household goods	X		1,000	DONOR ESTIMATE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	9	278,046	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	X	4	12,000	DONOR ESTIMATE
18 Collectibles				
19 Food inventory	X	2	5,500	DONOR ESTIMATE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>EVENT FLORAL</u>)	X	1	3,000	DONOR ESTIMATE
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 4

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

Part II Supplemental Information.

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

Return Reference	Explanation
PART I, LINE 32B	THIRD PARTY - MERRILL LYNCH RECEIVES OUR STOCK DONATIONS INTO OUR ACCOUNT AND SELLS THEM UPON NOTIFICATION FROM AUTHORIZED STAFF
PART I, LINE 33	DONATED ART IS FOR THE PUBLIC EXHIBIT, RESEARCH AND PRESERVATION AND NOT REPORTED AS REVENUE UNDER SFAS 116

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

**Open to Public
Inspection**

Department of the Treasury

Name of the organization

NATIONAL MUSEUM OF WILDLIFE ART
OF THE UNITED STATES

Employer identification number

74-2431071

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	THE MISSION OF THE NATIONAL MUSEUM OF WILDLIFE ART IS TO COLLECT, DISPLAY, INTERPRET AND PRESERVE THE HIGHEST QUALITY NORTH AMERICAN WILDLIFE ART, SUPPLEMENTED BY WILDLIFE ART FOUND THROUGHOUT THE WORLD THE MUSEUM ENRICHES AND INSPIRES APPRECIATION AND KNOWLEDGE OF HUMANITY'S RELATIONSHIP WITH NATURE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	MUSEUM MEMBERSHIP APPROX 1,352 VISITATION WAS APPROX 63,349 ANNUALLY - THE MUSEUM'S ART COLLECTION CONSISTS OF ALMOST 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 RUNGUIS, 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 93 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	2018-2019 EXHIBITS CC XX COLLECTORS CIRCLE 20TH ANNIVERSARY, 1998 - 2018 CELEBRATE 20 YEARS OF SPECIAL ART ACQUISITIONS IN JACKSON HOLE, WYOMING MAY 5, 2018 - AUGUST 26, 2018 KIDS COLLECT DISCOVER WHAT KIDS LIKE TO COLLECT! MAY 5, 2018 - AUGUST 19, 2018 INVISIBLE BOUNDARIES EXPLORING YELLOWSTONE'S GREAT ANIMAL MIGRATIONS CREATED BY THE BUFFALO BILL CENTER OF THE WEST JUNE 1, 2018 - AUGUST 19, 2018 SNEAK PEEK, MAY 31 MIX'D MEDIA WITH JAMES PROSEK, MAY 31 MIX'D MEDIA WITH JOE RIIS, JUNE 26 WESTERN VISIONS SHOW AND SALE SEPTEMBER 8, 2018 - OCTOBER 7, 2018 PALETTES AND PALATES, SEPTEMBER 7 ARTISTS' PARTY, SEPTEMBER 13 SHOW AND SALE, SEPTEMBER 14 FAREWELL TO FALL, SEPTEMBER 16 THOMAS D MANGELSEN A LIFE IN THE WILD NATURE PHOTOGRAPHER THOMAS MANGELSEN'S IMPRESSIVE RETROSPECTIVE COLLECTION OCTOBER 20, 2018 - MAY 5, 2019 SNEAK PEEK, OCTOBER 19 MIX'D MEDIA, OCTOBER 19 LIVING LEGENDS DISCOVERING THE MASTERS OF WILDLIFE ART NOVEMBER 3, 2018 - APRIL 14, 2019 SNEAK PEEK, NOVEMBER 2 MAN-MADE BEASTS JACKSON HOLE HIGH SCHOOL STUDENT-CURATED EXHIBIT JANUARY 26, 2019 - FEBRUARY 24, 2019 STATE OF THE ART STUDENT ART SHOW MARCH 9, 2019 - APRIL 12, 2019

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	<p>EDUCATIONAL PROGRAMS FOR CHILDREN - NMWA DIRECTLY SERVES APPROXIMATELY 5,795 CHILDREN THROUGHOUT THE REGION ANNUALLY, RANGING IN AGE FROM PRE-K TO GRADE 12 WE USE OUR COLLECTION OF FINE ART TO TEACH A WIDE RANGE OF SUBJECT AREAS COMPATIBLE WITH SCHOOL CURRICULA PROGRAMS FOR PRE-K THROUGH HIGH SCHOOL AGE CHILDREN ARE FREE, OCCUR THROUGHOUT THE YEAR, AND ARE OUTLINED ON OUR WEBSITE HTTPS //WWW WILDLIFEART ORG/LEARN/SCHOOL-PROGRAMS/ FOR A THIRD YEAR, LOCAL HIGH SCHOOL STUDENTS PARTICIPATED IN THE STUDIO PROJECT, A COLLABORATION BETWEEN THE NATIONAL MUSEUM OF WILDLIFE ART AND THE ART ASSOCIATION OF JACKSON HOLE STUDENTS MET EVERY MONDAY NIGHT FROM FEBRUARY - MAY TO LEARN THE FUNDAMENTALS OF BRONZE CASTING AND WORKED ON BUILDING PROFESSIONAL ARTIST PORTFOLIOS PARTICIPANTS CREATED THEIR SCULPTURES, INSPIRED BY ARTWORK IN THE NMWA COLLECTION, AND EXHIBITED IN A SHOW AT THE NATIONAL MUSEUM OF WILDLIFE ART THE VOICES AND ARTWORK OF THESE YOUNG ARTISTS ARE CURRENTLY FEATURED AS A MUSEUM APP AUDIO TOUR FOR THE FIRST TIME WE HOSTED A 6-WEEK STUDIO PROJECT SERIES FOR MIDDLE SCHOOL STUDENTS THEY CAST SMALL PEWTER SCULPTURES, WHICH WERE ALSO INCLUDED IN THE EXHIBIT AT OUR MUSEUM IN JANUARY AND FEBRUARY, WE ORGANIZED IN-GALLERY ACTIVITIES AND ART MAKING PROJECTS FOR LOCAL NON-PROFITS CREST AND PARTNERS SERVING ELEMENTARY AND MIDDLE SCHOOL STUDENTS DURING TEACHER IN-SERVICE DAYS A PRE-K STORYTELLING AND ART MAKING PROGRAM, "FABLES, FEATHERS, AND FUR (FFF)," TAKES PLACE EVERY FRIDAY, DURING SUMMER MONTHS AND THE FIRST AND THIRD FRIDAY DURING WINTER MONTHS, SERVING YOUNG CHILDREN AND THEIR FAMILIES IN JAN, FEB, AND MARCH, WE PARTNERED WITH THE TETON LITERACY CENTER TO HOST A SERIES OF 3 FAMILY LITERACY NIGHTS THAT INCLUDED IN-GALLERY ACTIVITIES AND FAMILY ART MAKING PROJECTS INSPIRED BY THE CURRENT EXHIBITIONS WE HOSTED A VISITING ARTIST, CHILDREN'S BOOK ILLUSTRATOR ROB DUNLAVY, FOR 6 DAYS DURING THIS TIME, HE TRAVELED TO LOCAL SCHOOLS WORKING WITH SEVERAL HUNDRED ELEMENTARY SCHOOL CHILDREN WE ENGAGED IN COLLABORATIONS WITH TETON SCIENCE SCHOOL (TSS) DURING THE SCHOOL YEAR TO PROVIDE "ART AND LITERATURE" THEMATIC TOURS, AND "MUSEUM TOOL BOX TRAINING" FOR TSS'S AMERICORPS AND GRADUATE-LEVEL FIELD STAFF PERFORMANCES AND ART MAKING ACTIVITIES FOR CHILDREN TAKE PLACE ON THE FIRST SUNDAY OF EACH MONTH FROM NOVEMBER THROUGH MARCH OUTREACH PROGRAMS ARE AVAILABLE IN LOCAL SCHOOL CLASSROOMS, AND VIA OUR ON-LINE CURRICULUM LESSONS AND EDUCATIONAL GAMES OUR ON-SITE CHILDREN'S GALLERY PROVIDES HANDS-ON INTERACTIVE EXHIBITS FOR CHILDREN A RANGE OF IN-GALLERY TECHNOLOGY-DRIVEN INTERACTIVES WERE OFFERED INCLUDING AN INTERACTIVE TOUCH-SCREEN INFORMING VISITORS ABOUT STEVE KESTREL'S BRONZE SCULPTURE SILENT MESSENGER, AND A ROBERT KUHN ACRYLIC PAINTING VIDEO DEMONSTRATION, AND AN ANCIENT ART INTERACTIVE TOUCH-SCREEN EDUCATIONAL PROGRAMS FOR ADULTS - WE SERVE APPROXIMATELY 3,850 ADULTS ANNUALLY WITH OUR "SNEAK PEEK" BEHIND THE SCENES GALLERY TALKS, OUR FILMS, AND</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	STUDIO CLASSES WE ALSO HAVE A RICH ROSTER OF COMMUNITY PROGRAMS ON THE OUTDOOR SCULPTURE TRAIL SUCH AS "YOGA ON THE TRAIL AND FOUR FREE MOBILE TOURS INCLUDING RUNGIUS LETTERS, SAV ING A SPECIES, SCULPTURE TRAIL, AND THE STUDIO PROJECT A PROGRAM FOR YOUNG ADULTS CALLED "MIX'D MEDIA" PROVIDES EVENING ACCESS TO THE MUSEUM'S ART, AND OFFERS MUSIC, ART MAKING, A RTIST INTERACTIONS, ALONG WITH EXHIBIT THEMED FOOD & DRINK TO THE PUBLIC THIS YEAR, WE IN ITIATED A 7-WEEK SENIOR PAINTING CLASS, TO ENGAGE LOCAL SENIOR CITIZENS IN DISCUSSIONS ABO UT ART, ARTISTS, AND PROVIDE SEQUENTIAL INSTRUCTION IN ACRYLIC WILDLIFE PAINTING THIS SER IES TOOK PLACE IN OUR MUSEUM ART GALLERIES AND IN OUR CLASSROOM

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 CATALOGED ITEMS SPANNING 4,000 YEARS BY APPROXIMATELY 600 ARTISTS AS 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE CONSISTS OF THE CHAIRMAN, CHAIRMAN EMERITUS, VICE-CHAIRMAN, TREASURER & FINANCE COMMITTEE CHAIRMAN, DEVELOPMENT CHAIRMAN, COLLECTIONS COMMITTEE CHAIRMAN, FACILITY & GROUNDS COMMITTEE CHAIR, COMMUNITY FOCUS COMMITTEE CHAIRMAN, NOMINATING COMMITTEE CHAIRMAN, AND STRATEGIC PLANNING CHAIRMAN 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	FAMILY RELATIONSHIP WILLIAM G KERR AND KAVAR KERR FAMILY RELATIONSHIP SCOTT KIRKPATRICK AND LYNN FRIESS

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 FINANCE COMMITTEE

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 362,725 MANAGEMENT AND GENERAL EXPENSES 120,257 FUNDRAISING EXPENSES 78,456 TOTAL EXPENSES 561,438

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN NPV OF SPLIT-INTEREST INVESTMENT 215,384