

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 01-01-2018, and ending 12-31-2018

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

C Name of organization
Autry Museum of the American West

% ROBERT W CARAGHER
Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
4700 Western Heritage Way

City or town, state or province, country, and ZIP or foreign postal code
Los Angeles, CA 90027

D Employer identification number
95-3947744

E Telephone number
(323) 495-4279

G Gross receipts \$ 19,333,614

F Name and address of principal officer
W Richard West Jr
4700 Western Heritage Way
Los Angeles, CA 90027

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

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ www.theautry.org

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1988

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
BRINGS TOGETHER THE DIVERSE STORIES OF THE PEOPLES OF THE AMERICAN WEST, CONNECTING THE PAST WITH THE PRESENT

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)	52
4 Number of independent voting members of the governing body (Part VI, line 1b)	52
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	225
6 Total number of volunteers (estimate if necessary)	204
7a Total unrelated business revenue from Part VIII, column (C), line 12	15,416
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	21,432,426	12,826,882
9 Program service revenue (Part VIII, line 2g)	1,283,871	895,541
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	673,529	689,338
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	720,772	1,026,880
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,110,598	15,438,641
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)	8,353,843	8,846,430
16a Professional fundraising fees (Part IX, column (A), line 11e)	18,136	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,078,568		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	7,913,000	7,987,847
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	16,284,979	16,834,277
19 Revenue less expenses Subtract line 18 from line 12	7,825,619	-1,395,636
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	238,995,094	237,438,503
21 Total liabilities (Part X, line 26)	30,895,222	31,869,695
22 Net assets or fund balances Subtract line 21 from line 20	208,099,872	205,568,808

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: 2019-11-07

ROBERT W CARAGHER VP of Finance & Op
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2019-11-11 Check if self-employed PTIN P01270238

Firm's name ▶ Grant Thornton LLP Firm's EIN ▶

Firm's address ▶ 515 S Flower Street 7th Floor Phone no (213) 627-1717
LOS ANGELES, CA 90071

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

THE AUTRY BRINGS TOGETHER THE STORIES OF ALL PEOPLES OF THE AMERICAN WEST, CONNECTING THE PAST WITH THE PRESENT TO INSPIRE OUR SHARED FUTURE THE AUTRY CREATES PROVOCATIVE, ENGAGING, AND COMPELLING MUSEUM EXPERIENCES THAT INCREASE PEOPLES UNDERSTANDING OF EACH OTHER AND AMERICA, HELP THE COMMUNITY ASK AND ANSWER IMPORTANT QUESTIONS ABOUT THE MOST PRESSING ISSUES OF SOCIETY, AND PROMOTE SOLUTIONS BENEFICIAL TO THE GREATER GOOD

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 \$ 8,831,034 including grants of \$) (Revenue \$ 892,004)
 See Additional Data

4b (Code) (Expenses \$ 296,076 including grants of \$) (Revenue \$ 486)
 See Additional Data

4c (Code) (Expenses \$ 1,449,970 including grants of \$) (Revenue \$ 42,064)
 See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
 (Expenses \$ 540,219 including grants of \$) (Revenue \$ 189,275)

4e Total program service expenses ▶ 11,117,299

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 campaign 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>	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>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		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>		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>		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>		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>		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>		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>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
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>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
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>		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>		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	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		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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	225		
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		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
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?					
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 (52); 1b Enter the number of voting members included in line 1a, above, who are independent (52); 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? (Yes); 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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 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 (No).

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? (No); 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? (Yes); 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 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 (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 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 (CA); 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: ROBERT W CARAGHER, 4700 WESTERN HERITAGE WAY, Los Angeles, CA 90027 (323) 495-4279.

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	346,286		
	c Fundraising events	1c	1,424,539		
	d Related organizations	1d			
	e Government grants (contributions)	1e	820,776		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,235,281		
	g Noncash contributions included in lines 1a - 1f \$ _____		22,540		
	h Total. Add lines 1a-1f		12,826,882		

Program Service Revenue			Business Code			
	2a MUSEUM ADMISSIONS			661,670	661,670	
	b VENUE RENTALS		900099	164,809	164,809	
	c FOOD SERVICE COMMISSION		900099	69,062	69,062	
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f			895,541		

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		183,438			183,438	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		11,747			11,747	
	6a Gross rents	(i) Real	(ii) Personal				
	b Less rental expenses	6,550					
	c Rental income or (loss)	6,550	0				
	d Net rental income or (loss)			6,550		6,550	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses	2,921,910	117,507				
	c Gain or (loss)	2,415,099	118,418				
	d Net gain or (loss)	506,811	-911	505,900		505,900	
	8a Gross income from fundraising events (not including \$ 1,424,539 of contributions reported on line 1c) See Part IV, line 18	a	1,800,249				
	b Less direct expenses	b	1,035,370				
	c Net income or (loss) from fundraising events			764,879		764,879	
	9a Gross income from gaming activities See Part IV, line 19	a	0				
b Less direct expenses	b	0					
c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances	a	543,441					
b Less cost of goods sold	b	326,086					
c Net income or (loss) from sales of inventory			217,355	201,939	15,416		
Miscellaneous Revenue	Business Code						
11a MISCELLANEOUS	900099		26,349	26,349			
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			26,349				
12 Total revenue. See Instructions			15,438,641	1,123,829	15,416		

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.	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	944,447	240,826	337,156	366,465
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	6,644,953	3,942,551	1,680,771	1,021,631
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	86,284	55,550	18,645	12,089
9 Other employee benefits.	591,161	380,590	127,743	82,828
10 Payroll taxes.	579,585	373,137	125,242	81,206
11 Fees for services (non-employees)				
a Management.	0			
b Legal.	646		646	
c Accounting.	92,711		92,711	
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	53,821		53,821	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	680,233	426,638	40,498	213,097
12 Advertising and promotion.	290,388	5,808	283,581	999
13 Office expenses.	443,676	214,715	175,021	53,940
14 Information technology.	467,246	260,806	119,839	86,601
15 Royalties.	0			
16 Occupancy.	1,404,331	1,266,695	136,051	1,585
17 Travel.	382,171	180,757	100,137	101,277
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	81,255	38,432	21,290	21,533
20 Interest.	26,573	24,236	2,262	75
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	1,574,350	1,432,973	137,823	3,554
23 Insurance.	401,129	371,803	22,621	6,705
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 REPAIRS & MAINTENANCE	1,149,862	1,076,738	71,443	1,681
b SUPPLIES	481,517	450,383	28,725	2,409
c ART PURCHASES	238,655	231,072		7,583
d PRODUCTION COST	168,665	138,726	24,445	5,494
e All other expenses	50,618	4,863	37,939	7,816
25 Total functional expenses. Add lines 1 through 24e.	16,834,277	11,117,299	3,638,410	2,078,568
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).				

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	142,862	1	0
	2 Savings and temporary cash investments	2,030,127	2	757,200
	3 Pledges and grants receivable, net	154,954,650	3	156,396,015
	4 Accounts receivable, net	3,346	4	4,526
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	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	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	316,492	8	345,379
	9 Prepaid expenses and deferred charges	79,771	9	244,094
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 97,318,144		
	b Less accumulated depreciation	10b 35,652,549	62,011,162	10c 61,665,595
	11 Investments—publicly traded securities	10,156,707	11	8,988,752
	12 Investments—other securities See Part IV, line 11	160,935	12	152,980
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	9,139,042	15	8,883,962
16 Total assets. Add lines 1 through 15 (must equal line 34)	238,995,094	16	237,438,503	
Liabilities	17 Accounts payable and accrued expenses	1,750,070	17	1,884,543
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	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	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	29,145,152	24	29,985,152
	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	0	25	0
	26 Total liabilities. Add lines 17 through 25	30,895,222	26	31,869,695
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	36,641,853	27	34,771,196
	28 Temporarily restricted net assets	98,917,125	28	95,594,572
	29 Permanently restricted net assets	72,540,894	29	75,203,040
	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	208,099,872	33	205,568,808	
34 Total liabilities and net assets/fund balances	238,995,094	34	237,438,503	

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	15,438,641
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,834,277
3	Revenue less expenses Subtract line 2 from line 1	3	-1,395,636
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	208,099,872
5	Net unrealized gains (losses) on investments	5	-1,135,428
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	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	205,568,808

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: 95-3947744

Name: Autry Museum of the American West

Form 990 (2018)

Form 990, Part III, Line 4a:

The Autrys museum galleries tell diverse and complicated stories of the American West. Temporary exhibitions that opened in 2018 included Investigating Griffith Park, Rick Bartow Things You Know But Cannot Explain, On Fire Recent Works by Michael Scott, Making a Big Noise The Explorations of Charles Lummis, and the annual Masters Art Exhibition. The museum experience continues in the museums permanent galleries, which explore other histories and communities of the West. The Cowboy Gallery details the evolution of the cowboy from the open-range era on the Texas grasslands, through the modern ranching period of the late Twentieth century. The history of the Western genre is explored in the Imagination Gallery. Additional exhibits, events, and community partnership activities highlight the diverse art, history, and cultures of California and the broader American West.

Form 990, Part III, Line 4b:

The Autry promotes research and educational activities, encourages the development of groundbreaking scholarship, and reaches a broad audience through programs and publications. Its research library protects and provides access to one of the nation's most comprehensive collections of books, archives and artifacts regarding Native American cultures and the history of the American West. Autry research fellowships are awarded to support scholarly projects concerning the study of people and cultures of the American West. The Autry also supports Native American playwrights through its resident theatre company, Native Voices.

Form 990, Part III, Line 4c:

The Education Department is dedicated to enriching the experience of all visitors through thoughtful, entertaining and engaging classes, programs and activities. In 2018 the Autry served more than 50,000 K-12 students on and off site. More than 9,000 of these students were from Title I schools who came through the All Aboard¹ bus program. This program provides free bus transportation and family memberships to underserved students in the Los Angeles area. The Autry's Education Department offers programs exploring diverse aspects of life in the West through art and artifacts, and meets California state content standards in history/social science for kindergarten through 12th grade. Examples of these programs include *Animals of the West* (for Kindergarten through 2nd grade), *Native Californians and the Environment* (for 3rd through 8th grades), *Adventures on The Oregon Trail* (for 3rd through 6th grades), *American Indians of the West* (for 3rd through 6th grades), *The California Gold Rush* (for 3rd through 6th grades) and *Westward Expansion* (for 8th through 12th grades). The Autry also offers older students a deeper understanding of the story of the West through innovative outreach programs. Museum educators work in local schools to bring together students, teachers, and museum professionals to learn about history in fun and engaging ways. Each Spring, the Autry presents a Student Visual Arts Exhibition to showcase artwork and perspectives from students throughout the region.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code)	(Expenses \$	292,236	including grants of \$	(Revenue \$	23,079)
Native Voices					

(Code)	(Expenses \$	22,486	including grants of \$	(Revenue \$	45,117)
Sizzling Summer Nights					

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code) (Expenses \$	225,497	including grants of \$) (Revenue \$	121,079)
AMERICAN INDIAN ARTS MARKETPLACE					

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			
David W Cartwright Chairman, Secretary	1 0 0 0	X		X				0	0	0
Theodore Craver Jr Vice Chairman	1 0 0 0	X		X				0	0	0
Stanley Schneider Treasurer	1 0 0 0	X		X				0	0	0
Jacqueline Autry Trustee	1 0 0 0	X						0	0	0
Robert Barton Trustee	1 0 0 0	X						0	0	0
Benjamin Bollenbacher Trustee	1 0 0 0	X						0	0	0
Michael L Eagle Trustee	1 0 0 0	X						0	0	0
Phyllis L Hennigan Trustee	1 0 0 0	X						0	0	0
Gary Schneider Trustee	1 0 0 0	X						0	0	0
Alan Whitman Trustee	1 0 0 0	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			
Ali Bastani Trustee	1 0 0 0	X						0	0	0
Colleen A Caballero Trustee	1 0 0 0	X						0	0	0
Vince Caballero Trustee	1 0 0 0	X						0	0	0
Raymond P Caldiero Trustee	1 0 0 0	X						0	0	0
Frank H Countner Trustee	1 0 0 0	X						0	0	0
Susan Countner Trustee	1 0 0 0	X						0	0	0
Marian Craver Trustee	1 0 0 0	X						0	0	0
Jay H Grodin Trustee	1 0 0 0	X						0	0	0
Calvin B Gross Trustee	1 0 0 0	X						0	0	0
J Michael Hennigan Trustee	1 0 0 0	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			
Michael Heumann Trustee	1 0 0 0	X						0	0	0
Alan F Horn Trustee	1 0 0 0	X						0	0	0
Don B Huntley Trustee	1 0 0 0	X						0	0	0
Ellen Jimenez Trustee	1 0 0 0	X						0	0	0
Federico Jimenez Trustee	1 0 0 0	X						0	0	0
Colleen Lee Trustee	1 0 0 0	X						0	0	0
Thomas L Lee Trustee	1 0 0 0	X						0	0	0
Mark Macarro Trustee	1 0 0 0	X						0	0	0
Greg Martin Trustee	1 0 0 0	X						0	0	0
Jane Nakagawa Trustee	1 0 0 0	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			
Sherry A Nicholas Trustee	1 0 0 0	X						0	0	0
Ronald O Nichols Trustee	1 0 0 0	X						0	0	0
James R Parks Trustee	1 0 0 0	X						0	0	0
James Rea Trustee	1 0 0 0	X						0	0	0
Jodie Rea Trustee	1 0 0 0	X						0	0	0
Keith W Renken Trustee	1 0 0 0	X						0	0	0
Lois R Rice Trustee	1 0 0 0	X						0	0	0
Carl W Robertson Trustee	1 0 0 0	X						0	0	0
Susan W Robertson Trustee	1 0 0 0	X						0	0	0
Sharon Rogers-McKay Trustee	1 0 0 0	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			
Brenda H Ruttenberg Trustee	1 0 0 0	X						0	0	0
Gary M Ruttenberg Trustee	1 0 0 0	X						0	0	0
Lora A Sandroni Trustee	1 0 0 0	X						0	0	0
Robert U Sandroni Trustee	1 0 0 0	X						0	0	0
Michael L Shannon Trustee	1 0 0 0	X						0	0	0
Thomas A Techentin Trustee	1 0 0 0	X						0	0	0
Roberta L Turner Trustee	1 0 0 0	X						0	0	0
Lynn Valbuena Trustee	1 0 0 0	X						0	0	0
Grant Withers Trustee	1 0 0 0	X						0	0	0
Marshall McKay Trustee	1 0 0 0	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			
Caryll S Mingst Trustee	1 0 0 0	X						0	0	0
Johnny Zamrzla Trustee	1 0 0 0	X						0	0	0
W Richard West Jr President & CEO	40 0 0 0			X				364,942	0	5,675
Susan Harlow VP of Development	40 0 0 0			X				251,346	0	5,027
Maren Dougherty VP,Comm & Visitors Experience	40 0 0 0			X				129,770	0	4,086
Robert W Caragher VP of Finance & Operations	40 0 0 0				X			177,350	0	6,250
Cristian Hamilton Sr Dir Relationship Mgmt	40 0 0 0					X		141,222	0	13,931
Jennifer Davidson-Goldbronn Sr Director, Major Gifts	40 0 0 0					X		143,448	0	4,453
ADAM M GREENWALD Sr Dir of Corp & major gifts	40 0 0 0					X		108,386	0	3,814

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
Autry Museum of the American West

Employer identification number
95-3947744

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.")	29,456,842	14,571,140	32,499,833	21,432,426	12,826,882	110,787,123
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	340,428	340,428	340,428	340,428	340,428	1,702,140
4 Total. Add lines 1 through 3	29,797,270	14,911,568	32,840,261	21,772,854	13,167,310	112,489,263
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)						48,547,228
6 Public support. Subtract line 5 from line 4						63,942,035

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	29,797,270	14,911,568	32,840,261	21,772,854	13,167,310	112,489,263
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	258,295	166,916	166,548	168,732	201,735	962,226
9 Net income from unrelated business activities, whether or not the business is regularly carried on	4,238	10,842	2,619	10,077	15,416	43,192
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,530,673	1,665,906	1,344,245	1,157,621	1,800,249	7,498,694
11 Total support. Add lines 7 through 10						120,993,375

12 Gross receipts from related activities, etc (see instructions) **12** 7,246,205

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	52.848 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	15	49.218 %

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.			

Additional Data

Software ID:

Software Version:

EIN: 95-3947744

Name: Autry Museum of the American West

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

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
Autry Museum of the American West

Employer identification number
95-3947744

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

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

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

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

Preservation of land for public use (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 EDUCATION
- 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	10,317,642	9,222,010	8,978,730	9,416,320	9,162,055
b Contributions					
c Net investment earnings, gains, and losses	-445,190	1,480,476	645,947	-11,279	645,703
d Grants or scholarships					
e Other expenditures for facilities and programs	676,899	330,000	350,000	372,007	339,011
f Administrative expenses	53,821	54,844	52,657	54,304	52,427
g End of year balance	9,141,732	10,317,642	9,222,020	8,978,730	9,416,320

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 22 000 %
 - b** Permanent endowment ▶ 58 000 %
 - c** Temporarily restricted endowment ▶ 20 000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | Yes | |
| (ii) related organizations | | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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		5,305,189		5,305,189
b Buildings		39,723,168	30,864,285	8,858,883
c Leasehold improvements		40,127,322	977,225	39,150,097
d Equipment		11,642,674	3,811,039	7,831,635
e Other		519,791		519,791
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				61,665,595

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	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 0

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	14,749,809
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-1,135,428
b	Donated services and use of facilities	2b	500,417
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	-635,011
3	Subtract line 2e from line 1	3	15,384,820
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	53,821
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	53,821
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	15,438,641

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	17,280,873
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	500,417
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	500,417
3	Subtract line 2e from line 1	3	16,780,456
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	53,821
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	53,821
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	16,834,277

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: 95-3947744

Name: Autry Museum of the American West

Supplemental Information

Return Reference	Explanation
ORGANIZATION ELECTION TO NOT REPORT ART, TREASURES, OR OTHER	<p>SIMILAR ASSETS SCHEDULE D, PART III, LINE 1A The Autry collection is comprised of works of art (paintings, sculptures, works on paper, and photographs), historic artifacts, archaeological and ethnographic materials, sound recordings, films, and library and research material related to the history of the West and indigenous cultures of the United States. The collections are maintained for public exhibition, education, and research purposes in furtherance of the Autry's mission. Items are catalogued, preserved, and cared for according to the American Alliance of Museums standards, and collection audits are performed regularly.</p> <p>The collections, which were acquired through purchases and contributions since the Autry's inception, are not recognized as assets on the statements of financial position. Purchases of collection items are recorded in the year in which the items were acquired as decreases in net assets with or without donor restrictions, depending on the source of the assets used to purchase the items and whether those assets were restricted by donors. Contributed collection items are not reflected in the financial statements. The Autry's collection policy requires that proceeds from deaccessions or insurance recoveries are to be used for acquisitions to the collection.</p>

Supplemental Information

Return Reference	Explanation
DESCRIPTION OF ORGANIZATIONS COLLECTIONS	SCHEDULE D, PART III, LINE 4 THE AUTRYS COLLECTIONS OF MORE THAN 600,000 WORKS OF ART AND ARTIFACTS INCLUDE THE SOUTHWEST MUSEUM OF THE AMERICAN INDIAN COLLECTION, ONE OF THE LARGEST AND MOST SIGNIFICANT OF NATIVE AMERICAN MATERIALS IN THE UNITED STATES THE AUTRY PRESENTS A WIDE RANGE OF EXHIBITIONS AND PUBLIC PROGRAMS INCLUDING LECTURES, FILM, THEATER, FESTIVALS, FAMILY EVENTS, AND MUSIC AND PERFORMS SCHOLARSHIP, RESEARCH, AND EDUCATIONAL OUTREACH THE AUTRYS DESIRED IMPACT IS TO CREATE RELEVANCY BETWEEN HISTORY AND THE PRESENT DAY AND TO ENGAGE THE PUBLIC IN EXPLORATION OF CRITICAL CONTEMPORARY CONCERNS IN ORDER TO SHAPE THE FUTURE THE COLLECTION FURTHERS THE MUSEUM'S MISSION BY SHARING THE STORY OF THE AMERICAN WEST AND THE MULTIPLE CULTURES, PERSPECTIVES, TRADITIONS, AND EXPERIENCES THAT MAKE THE WEST A SIGNIFICANT AND UNIQUE PART OF THE WORLD

Supplemental Information

Return Reference	Explanation
USE OF ORGANIZATIONS ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4 THE AUTRYS ENDOWMENT CONSISTS OF TWELVE INDIVIDUAL FUNDS INCLUDING BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND BOARD-DESIGNATED UNRESTRICTED FUNDS FUNCTION ING AS ENDOWMENT THE ANNUAL INCOME PAYOUT FROM THE ENDOWMENT FUNDS EXPENDITURES FOR EXHIB ITIONS, RESEARCH, PUBLIC PROGRAMS AND EDUCATION THE FUNDS ARE MAINTAINED IN A SINGLE POOL ED INVESTMENT ACCOUNT WITH A FINANCIAL INSTITUTION THE FINANCE COMMITTEE OF THE BOARD IS RESPONSIBLE FOR THE OVERSIGHT AND THE INVESTMENT OF THE ENDOWMENT FUNDS

Supplemental Information

Return Reference	Explanation
FIN 48 (ASC 740) FOOTNOTE	<p>SCHEDULE D, PART X, LINE 2 The Autry follows guidance that clarifies the accounting for un certainty in tax positions taken or expected to be taken in a tax return, including issues relating to financial statement recognition and measurement. This guidance provides that the tax effects from an uncertain tax position can only be recognized in the financial statements if the position is more-likely-than-not to be sustained if the position were to be challenged by a taxing authority. The assessment of the tax position is based solely on the technical merits of the position, without regard to the likelihood that the tax position may be challenged. The Autry is exempt from federal income tax under IRC Section 501(c)(3) of the Internal Revenue Code, though it is subject to tax on income unrelated to its exempt purpose, unless that income is otherwise excluded by the Code. The Autry is also exempt from California franchise taxes under Revenue and Taxation Code Section 23701d on its income other than unrelated business income. The Autry has processes presently in place to ensure the maintenance of its tax-exempt status, to identify and report unrelated income, to determine its filing and tax obligations in jurisdictions for which it has nexus, and to identify and evaluate other matters that may be considered tax positions. The Autry has determined that there are no material uncertain tax positions that require recognition or disclosure in the financial statements.</p>

**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
Autry Museum of the American West

Employer identification number
95-3947744

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 (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 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

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)
		GALA 2018 (event type)	MASTER 2018 (event type)	0 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	3,030,370	194,418		3,224,788
	2 Less Contributions	1,336,086	88,453		1,424,539
	3 Gross income (line 1 minus line 2)	1,694,284	105,965		1,800,249
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	112,319	91,798		204,117
	8 Entertainment	115,295			115,295
	9 Other direct expenses	525,430	190,528		715,958
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				1,035,370
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				764,879

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	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶
 Address ▶

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

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶
 Address ▶

16 Gaming manager information

Name ▶
 Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law 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
Autry Museum of the American West

Employer identification number
95-3947744

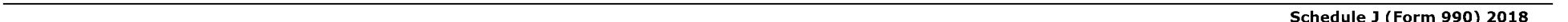
Part I Questions Regarding Compensation

	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 checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" 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 checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" 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		
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<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.

Return Reference	Explanation
COMPENSATION OF ORGANIZATIONS CEO	SCHEDULE J, PART I, LINE 3 THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATIONS OFFICERS OR KEY EMPLOYEES INCLUDES A REVIEW AND APPROVAL BY THE BOARD OF TRUSTEES COMMITTEE. WHEN SEARCHING FOR EXECUTIVES, THE AUTRY MAY CONTRACT AN OUTSIDE EXECUTIVE SEARCH FIRM TO ASSIST WITH THE PROCESS OF FINDING THE RIGHT CANDIDATE. PRIOR TO SELECTING THE CANDIDATE, THE COMMITTEE REVIEWS SALARY DATA PROVIDED BY BOTH THE HR DEPARTMENT AND THE OUTSIDE EXECUTIVE SEARCH FIRM (IF RETAINED). THE SELECTION, SALARY DETERMINATION AND REVIEW IS LED BY THE BOARDS CHAIR.



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.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Name of the organization
Autry Museum of the American West

Employer identification number

95-3947744

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS, LINE 4D	<p>NATIVE VOICES The Autrys resident theatre company is devoted to developing and producing new works for the stage by Native American, Alaska Native, and First Nations playwrights It is widely respected in Native American and theatre communities for its breakthrough plays and diverse programming, which highlight unique points of view within Native communities in North America Native Voices performances and readings take place inside the Autrys Wells Fargo Theatre</p> <p>SIZZLING SUMMER NIGHTS On Thursdays in July and August, the Autry becomes a lively, all-ages gathering place during this weekly series featuring live music, salsa lessons, refreshments, and after-hours access to museum exhibitions The program has expanded in recent years to draw approximately 1,000 people per night</p> <p>AMERICAN INDIAN ARTS MARKETPLACE The largest Native American arts fair in Southern California, the Autry Marketplace features 200 artists from more than 40 Native communities Held in November, the event features sculpture, pottery, beadwork, basketry, photography, paintings, jewelry, textiles, wooden carvings, and mixed-media works from Native American artists Weekend activities also include performances, childrens activities, artist demonstrations, and an annual Short Play Festival</p> <p>FAMILY OR BUSINESS RELATIONSHIPS FORM 990, PART VI, SECTION A, LINE 2 COLLEEN CABALLERO FAMILY RELATIONSHIP VINCE CABALLERO FAMILY RELATIONSHIP FRANK COUNTNER FAMILY RELATIONSHIP SUSAN COUNTNER FAMILY RELATIONSHIP MARIAN CRAVER FAMILY RELATIONSHIP THEODORE F CRAVER, JR FAMILY RELATIONSHIP ELLEN JIMENEZ FAMILY RELATIONSHIP FEDERICO JIMENEZ FAMILY RELATIONSHIP COLLEEN LEE FAMILY RELATIONSHIP THOMAS L LEE FAMILY RELATIONSHIP SHARON ROGERS MCKAY FAMILY RELATIONSHIP MARSHALL MCKAY FAMILY RELATIONSHIP JAMES REA FAMILY RELATIONSHIP JODIE REA FAMILY RELATIONSHIP CARL W ROBERTSON FAMILY RELATIONSHIP SUSAN W ROBERTSON FAMILY RELATIONSHIP GARY M RUTTENBERG FAMILY RELATIONSHIP BRENDA H RUTTENBERG FAMILY RELATIONSHIP LORA A SANDRONI FAMILY RELATIONSHIP ROBERT U SANDRONI FAMILY RELATIONSHIP</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
POWERS OF MEMBERS TO ELECT OR APPOINT GOVERNING BODY	FORM 990, PART VI, SECTION A, LINE 7A THE AUTRY FOUNDATION SHALL HAVE THE RIGHT TO DESIGNATE FOUR (4) OF THE TRUSTEES OF THE AUTRY AT ALL TIMES THE AUTRY FOUNDATION SHALL HAVE THE RIGHT TO DESIGNATE TWO OF THE FOUNDATION-DESIGNED TRUSTEES AS MEMBERS OF THE NOMINATING AND GOVERNANCE COMMITTEE NO NUMERICAL EXPANSION OF THE NUMBER OF TRUSTEES COMPRISING THE NOMINATING AND GOVERNANCE COMMITTEE SHALL BE PERMITTED WITHOUT THE EXPRESS WRITTEN CONSENT OF THE AUTRY FOUNDATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART VI, SECTION B, LINE 11B THE ATRY AUDIT/TAX FIRM AND THE ATRY FINANCE TEAM WORK TOGETHER TO GATHER THE REQUIRED INFORMATION NECESSARY TO COMPLETE THE FORM 990 THE TAX FIRM PREPARES AN INITIAL DRAFT FORM 990 AND REVIEWS THIS INITIAL DRAFT WITH THE ATRY FINANCE TEAM, ALL LINE ITEMS ARE REVIEWED AND ANY ITEMS IN QUESTION ARE DISCUSSED ANY RECOMMENDED CHANGES AND COMMENTS ARE CONSIDERED AND THE FORM 990 IS UPDATED THE FINAL DRAFT FORM 990 IS THEN MADE AVAILABLE TO THE AUDIT COMMITTEE MEMBERS AND OFFICERS FOR REVIEW AND COMMENTS THE FULL BOARD RECEIVES THE FINAL FORM 990 PRIOR TO THE FILING OF THE RETURN

990 Schedule O, Supplemental Information

Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, LINE 12C IN COMPLIANCE WITH FEDERAL REGULATIONS, THE AUTRY R EQUIRES ALL OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES TO COMPLETE THE "CONFLICT OF INTEREST" FORM AT LEAST ANNUALLY THIS REPORT IS UPDATED ONCE A YEAR OR WITHIN TEN DAYS WHENEVER THERE IS A CHANGE IN OUTSIDE FINANCIAL INTEREST THAT COULD GIVE APPEARANCE OF A CONFLICT OF INTEREST AS QUESTIONS ARISE, THE VICE PRESIDENT OF FINANCE AND OPERATIONS INVESTIGATES THE SITUATION AND DISCUSSES THE FINDINGS WITH THE CHAIR OF THE GOVERNING BODY TO DETERMINE A RESOLUTION TO THE ISSUE

990 Schedule O, Supplemental Information

Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO	FORM 990, PART VI, SECTION B, LINES 15A AND 15B THE ORGANIZATION HAS A PROCESS FOR DETERMINING COMPENSATION FOR THE ORGANIZATION'S CEO AND OTHER OFFICERS. A COMMITTEE OF BOARD MEMBERS APPROVES THE HIRING OF THE CEO AND OTHER OFFICERS, AND APPROVES THEIR INITIAL COMPENSATION BASED ON COMPARABLE COMPENSATION DATA FOR SIMILAR ORGANIZATIONS WHICH IS PROVIDED BY THE DIRECTOR OF HUMAN RESOURCES. THE CHAIR OF THE BOARD APPROVES ANY SUBSEQUENT INCREASES IN COMPENSATION FOR THE CEO, AND THE CEO APPROVES ANY SUBSEQUENT INCREASES IN COMPENSATION FOR THE ORGANIZATION'S OTHER OFFICERS. THE ORGANIZATION'S DIRECTOR OF HUMAN RESOURCES OBTAINS AND PROVIDES COMPENSATION SURVEY DATA TO SUPPORT ANY INCREASES IN LEVELS OF COMPENSATION FOR THE CEO AND OTHER OFFICERS. PUBLIC INSPECTION FORM 990, PART VI, SECTION C, LINE 18 THE ORGANIZATION'S FORM 1023 IS AVAILABLE UPON WRITTEN REQUEST. THE ORGANIZATION'S FORM 990 IS AVAILABLE ON GUIDESTAR'S WEBSITE AND UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
DOCUMENTS MADE AVAILABLE TO THE PUBLIC	FORM 990, PART VI, SECTION C, LINE 19 Autry's governing documents, Conflict of Interest policy, and audited financial statements are made available upon request