

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
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

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

% GASPARE BENSO
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 \$ 24,508,374

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 2019 (Part V, line 2a)	219
6 Total number of volunteers (estimate if necessary)	205
7a Total unrelated business revenue from Part VIII, column (C), line 12	48,512
7b Net unrelated business taxable income from Form 990-T, line 39	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	12,826,882	19,814,920
9 Program service revenue (Part VIII, line 2g)	895,541	709,839
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	689,338	666,206
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,026,880	508,061
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,438,641	21,699,026
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	7,500
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)	8,846,430	9,832,330
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,181,545		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	7,987,847	10,737,972
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	16,834,277	20,577,802
19 Revenue less expenses. Subtract line 18 from line 12	-1,395,636	1,121,224
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	237,438,503	236,668,640
21 Total liabilities (Part X, line 26)	31,869,695	29,398,874
22 Net assets or fund balances. Subtract line 21 from line 20	205,568,808	207,269,766

Part II Signature Block

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

Sign Here
Signature of officer: ***** Date: 2020-11-12
GASPARE BENSO VP of Finance & Op. Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2020-11-11
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 \$ 14,402,102 including grants of \$ 0) (Revenue \$ 961,113)
 See Additional Data

4b (Code:) (Expenses \$ 296,606 including grants of \$ 7,500) (Revenue \$ 0)
 See Additional Data

4c (Code:) (Expenses \$ 1,412,243 including grants of \$ 0) (Revenue \$ 39,508)
 See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O.)
 (Expenses \$ 566,324 including grants of \$) (Revenue \$ 198,022)

4e Total program service expenses ▶ 16,677,275

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	141	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

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

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	<table border="1"> <tr> <td style="width: 100px;">2a</td> <td style="width: 150px;">219</td> </tr> </table>	2a	219				
2a	219						
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	<table border="1"> <tr> <td style="width: 100px;">7d</td> <td></td> </tr> </table>	7d					
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				
9 Sponsoring organizations maintaining donor advised funds.							
a 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	<table border="1"> <tr> <td style="width: 100px;">10a</td> <td></td> </tr> </table>	10a					
10a							
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<table border="1"> <tr> <td style="width: 100px;">10b</td> <td></td> </tr> </table>	10b					
10b							
11 Section 501(c)(12) organizations. Enter:							
a Gross income from members or shareholders	<table border="1"> <tr> <td style="width: 100px;">11a</td> <td></td> </tr> </table>	11a					
11a							
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<table border="1"> <tr> <td style="width: 100px;">11b</td> <td></td> </tr> </table>	11b					
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.	<table border="1"> <tr> <td style="width: 100px;">12b</td> <td></td> </tr> </table>	12b				12a	
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	<table border="1"> <tr> <td style="width: 100px;">13b</td> <td></td> </tr> </table>	13b					
13b							
c Enter the amount of reserves on hand	<table border="1"> <tr> <td style="width: 100px;">13c</td> <td></td> </tr> </table>	13c					
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 5 main rows and 3 sub-columns (1a, 1b, 2-9) and 2 final columns (Yes, No). Row 1a: 52. Row 1b: 52. Row 2: Yes. Row 3: No. Row 4: No. Row 5: No. Row 6: No. Row 7a: Yes. Row 7b: No. Row 8a: Yes. Row 8b: Yes. Row 9: No.

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

Table with 16 main rows and 3 sub-columns (10a-10b, 11a-11b, 12a-12c, 13-14, 15a-15b, 16a-16b) and 2 final columns (Yes, No). Row 10a: No. Row 10b: Yes. Row 11a: Yes. Row 12a: Yes. Row 12b: Yes. Row 12c: Yes. Row 13: Yes. Row 14: Yes. Row 15a: Yes. Row 15b: Yes. Row 16a: No. Row 16b: Yes.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: CA
18 Section 6104 requires an organization to make its 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.
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: GASPARE BENSO 4700 WESTERN HERITAGE WAY Los Angeles, CA 90027 (323) 495-4279

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
See Additional Data Table										

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (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.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c). Values: 1,425,389; 0; 65,372.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 8

Table for questions 3, 4, and 5 regarding compensation reporting. Columns: Question, Yes, No.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like AIR CONDITIONING DEPOT, CAFE OPERATOR, etc.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 8

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	388,132		
	c Fundraising events	1c	19,345		
	d Related organizations	1d			
	e Government grants (contributions)	1e	175,144		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	19,232,299		
	g Noncash contributions included in lines 1a - 1f:\$	1g			
	h Total. Add lines 1a-1f		19,814,920		

Program Service Revenue			Business Code				
	2a MUSEUM ADMISSIONS		712110	607,676	607,676	0	0
b VENUE RENTALS		712110	78,880	78,880	0	0	
c FOOD SERVICE COMMISSIONS		712110	23,283	23,283	0	0	
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f.			709,839				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			193,986			193,986	
	4 Income from investment of tax-exempt bond proceeds			0				
	5 Royalties			7,772			7,772	
	6a Gross rents	6a	(i) Real	6,000				
			(ii) Personal					
		b Less: rental expenses	6b					
		c Rental income or (loss)	6c	6,000	0			
	d Net rental income or (loss)			6,000			6,000	
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	2,375,982	307,538			
			(ii) Other					
		b Less: cost or other basis and sales expenses	7b	1,909,857	301,443			
		c Gain or (loss)	7c	466,125	6,095			
	d Net gain or (loss)			472,220			472,220	
	8a Gross income from fundraising events (not including \$ 19,345 of contributions reported on line 1c). See Part IV, line 18	8a		227,293				
			8b	259,504				
		c Net income or (loss) from fundraising events			-32,211			-32,211
	9a Gross income from gaming activities. See Part IV, line 19	9a		0				
			9b	0				
		c Net income or (loss) from gaming activities			0			
	10a Gross sales of inventory, less returns and allowances	10a		553,977				
10b			338,544					
c Net income or (loss) from sales of inventory				215,433	166,921	48,512		
Miscellaneous Revenue		Business Code						
11a MISCELLANEOUS		900099	52,425	52,425	0	0		
	b PROCEEDS FROM SALES OF NONACCESSIONED ART		900099	258,642	258,642			
	c							
	d All other revenue							
e Total. Add lines 11a-11d			311,067					
12 Total revenue. See instructions			21,699,026	1,187,827	48,512	647,767		

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
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	7,500	7,500		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	776,741	180,893	253,250	342,598
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	7,517,327	5,940,663	698,336	878,328
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	110,613	84,537	8,966	17,110
9 Other employee benefits	834,143	679,057	50,622	104,464
10 Payroll taxes	593,506	455,108	57,394	81,004
11 Fees for services (non-employees):				
a Management	0			
b Legal	69,828		69,828	
c Accounting	99,080		99,080	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	43,439		43,439	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	633,844	351,671	59,141	223,032
12 Advertising and promotion	544,388	456,216	47,231	40,941
13 Office expenses	589,269	399,079	31,737	158,453
14 Information technology	528,052	385,785	21,781	120,486
15 Royalties	0			
16 Occupancy	1,542,747	1,542,747		
17 Travel	143,350	64,201	68,991	10,158
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	71,433	61,409	8,300	1,724
20 Interest	936,543	936,543		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	2,692,923	2,582,630	106,773	3,520
23 Insurance	396,267	366,876	22,191	7,200
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 AND MAINTENANCE	1,257,304	1,244,285	10,816	2,203
b PRODUCTION COST	400,677	399,275	1,402	0
c ENTERTAINMENT	329,472	126,922	20,374	182,176
d SUPPLIES	244,308	243,681	577	50
e All other expenses	215,048	168,197	38,753	8,098
25 Total functional expenses. Add lines 1 through 24e	20,577,802	16,677,275	1,718,982	2,181,545
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	0	1	0
	2 Savings and temporary cash investments	757,200	2	2,479,167
	3 Pledges and grants receivable, net	156,396,015	3	155,363,010
	4 Accounts receivable, net	4,526	4	3,665
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	345,379	8	402,440
	9 Prepaid expenses and deferred charges	244,094	9	93,396
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	97,756,214		
	b Less: accumulated depreciation	38,345,472		
	11 Investments—publicly traded securities	8,988,752	11	9,984,199
	12 Investments—other securities. See Part IV, line 11	152,980	12	108,669
	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	8,883,962	15	8,823,352
16 Total assets. Add lines 1 through 15 (must equal line 34)	237,438,503	16	236,668,640	
Liabilities	17 Accounts payable and accrued expenses	1,884,543	17	1,968,993
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	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	29,985,152	24	26,775,152
	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	654,729
	26 Total liabilities. Add lines 17 through 25	31,869,695	26	29,398,874
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	34,771,196	27	35,729,143
	28 Net assets with donor restrictions	170,797,612	28	171,540,623
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	205,568,808	32	207,269,766	
33 Total liabilities and net assets/fund balances	237,438,503	33	236,668,640	

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	21,699,026
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,577,802
3	Revenue less expenses. Subtract line 2 from line 1	3	1,121,224
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	205,568,808
5	Net unrealized gains (losses) on investments	5	1,234,463
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	-654,729
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	207,269,766

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 (2019)

Form 990, Part III, Line 4a:

THE AUTRYS MUSEUM GALLERIES TELL DIVERSE AND COMPLICATED STORIES OF THE AMERICAN WEST. TEMPORARY EXHIBITIONS THAT OPENED IN 2019 INCLUDED INDIAN COUNTRY: THE ART OF DAVID BRADLEY, COYOTE LEAVES THE RES: THE ART OF HARRY FONSECA, GOLD AT THE [AU]TRY, AND THE ANNUAL MASTERS OF THE AMERICAN WEST ART EXHIBITION AND SALE. 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. THE COLT REVOLVER IN THE AMERICAN WEST EXPLORES THE HISTORY AND IMPACT OF SAMUEL COLTS REVOLUTIONARY REVOLVER.

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 PROVIDES ACCESS TO ONE OF THE NATIONS MOST COMPREHENSIVE COLLECTIONS OF BOOKS, ARCHIVES AND ARTIFACTS REGARDING NATIVE AMERICAN CULTURES AND THE HISTORY OF THE AMERICAN WEST. AUTRY RESEARCH FELLOWSHIP ARE AWARDED ANNUALLY TO SUPPORT SCHOLARLY PROJECTS CONCERNING THE STUDY OF PEOPLE AND CULTURES OF THE AMERICAN WEST.

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 2019 THE AUTRY SERVED MORE THAN 50,000 K-12 STUDENTS ON AND OFF SITE. MORE THAN 12,000 OF THESE STUDENTS WERE FROM TITLE I SCHOOLS WHO CAME THROUGH THE ALL ABOARD BUS PROGRAM. THIS PROGRAM PROVIDES FREE BUS TRANSPORTATION AND FAMILY MEMBERSHIPS TO UNDERSERVED STUDENTS IN THE LOS ANGELES AREA. THE EDUCATION DEPARTMENT OFFERS PROGRAMS EXPLORING DIVERSE ASPECTS OF LIFE IN THE WEST THROUGH THE AUTRYS ART AND ARTIFACTS AND MEETS CALIFORNIA STATE CONTENT STANDARDS IN HISTORY/SOCIAL SCIENCE FOR KINDERGARTEN THROUGH 12TH GRADE. EXAMPLES OF THESE STANDARDS INCLUDE ANIMALS OF THE WEST (FOR KINDERGARTEN THROUGH 2ND GRADE), CALIFORNIA'S FIRST PEOPLES (FOR 3RD THROUGH 8TH GRADES), ADVENTURES ON THE OREGON TRAIL (FOR 3RD THROUGH 6TH GRADES), AMERICAN INDIAN OF THE WEST (FOR 3RD THROUGH 6TH GRADES), THE CALIFORNIA GOLD RUSH (FOR 3RD THROUGH 6TH GRADES), ART OF THE WEST (FOR 8TH THROUGH 12TH GRADES), AND DAY OF DELIBERATION (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, INCLUDING THE ANNUAL STUDENT VISUAL ARTS EXHIBITION. THE AUTRY ALSO SUPPORTS THE PROFESSIONAL DEVELOPMENT OF EDUCATORS THROUGH THE AUTRY CLASSROOM CURATORS PROGRAM, WHICH HELP LOS ANGELES-AREA TEACHERS TO CREATE OBJECT- AND PROJECT-BASED LEARNING UNITS.

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 \$	344,405	including grants of \$	(Revenue \$	30,356)
native voices					

(Code:)	(Expenses \$	29,986	including grants of \$	(Revenue \$	46,908)
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 \$ 191,933 including grants of \$) (Revenue \$ 120,758)
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			
W Richard West Jr President & CEO	40.0 0.0			X				370,295	0	5,775
Susan Harlow EVP of Development Department	40.0 0.0			X				254,808	0	5,594
Cristian Hamilton Sr Dir Relationship Mgmt	40.0 0.0					X		149,717	0	15,060
Jennifer Davidson-Gold Sr Director, Major Gifts	40.0 0.0					X		143,448	0	10,804
Maren Dougherty EVP, Comm & Visitors Experience	40.0 0.0					X		135,520	0	10,374
Robert W Caragher VP of Fin. and Op.(thru 12/19)	40.0 0.0			X				138,145	0	4,929
AMY SCOTT EVP OF Curatorial Department	40.0 0.0					X		133,269	0	2,970
LaLena Lewark VP of Collections & Conservat.	40.0 0.0					X		100,187	0	9,866
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

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			
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
Ali Bastani Trustee	1.0 0.0	X						0	0	0
Colleen A Caballero 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			
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
Michael Heumann Trustee	1.0 0.0	X						0	0	0
Alan F Horn 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			
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
Sherryl A Nicholas Trustee	1.0 0.0	X						0	0	0
Ronald O Nichols Trustee (THRU 06/2019)	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			
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
Brenda H Ruttenberg Trustee	1.0 0.0	X						0	0	0
Gary M Ruttenberg 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			
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
Caryll S Mingst Trustee	1.0 0.0	X						0	0	0
Johnny Zamrzla 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			
PATRICIA CHAVEZ TRUSTEE	1.0 0.0	X						0	0	0

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 instructions and the latest information.

OMB No. 1545-0047
2019
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) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
 If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	14,571,140	32,499,833	21,432,426	12,826,882	19,814,920	101,145,201
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	14,911,568	32,840,261	21,772,854	13,167,310	20,155,348	102,847,341
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).						64,041,730
6 Public support. Subtract line 5 from line 4.						38,805,611

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4.	14,911,568	32,840,261	21,772,854	13,167,310	20,155,348	102,847,341
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	166,916	166,548	168,732	201,735	207,758	911,689
9 Net income from unrelated business activities, whether or not the business is regularly carried on	10,842	2,619	10,077	15,416	48,512	87,466
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	1,665,906	1,344,245	1,157,621	1,800,249	227,293	6,195,314
11 Total support. Add lines 7 through 10						110,041,810
12 Gross receipts from related activities, etc. (see instructions)					12	6,926,896

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 2019 (line 6, column (f) divided by line 11, column (f))	14	35.264 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	52.848 %

- 16a 33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	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

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

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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

OMB No. 1545-0047
2019
Open to Public Inspection

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

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

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other 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:
- c** Beginning balance
 - d** Additions during the year
 - e** Distributions during the year
 - f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,141,732	10,317,642	9,222,010	8,978,730	9,416,320
b Contributions					
c Net investment earnings, gains, and losses	1,851,136	-445,190	1,480,476	645,947	-11,279
d Grants or scholarships					
e Other expenditures for facilities and programs	900,000	676,899	330,000	350,000	372,007
f Administrative expenses		53,821	54,844	52,657	54,304
g End of year balance	10,092,868	9,141,732	10,317,642	9,222,020	8,978,730

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 21.810 %
 - b** Permanent endowment ▶ 52.540 %
 - c** Temporarily restricted endowment ▶ 25.650 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)	Yes	No
3a(ii)	No	No
3b		

- 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	32,723,665	6,999,503
c Leasehold improvements		40,300,290	997,504	39,302,786
d Equipment		11,672,114	4,624,303	7,047,811
e Other		755,453		755,453
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				59,410,742

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.)	654,729

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	22,679,684
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,234,463
b	Donated services and use of facilities	2b	444,363
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-654,729
e	Add lines 2a through 2d	2e	1,024,097
3	Subtract line 2e from line 1	3	21,655,587
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	43,439
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	43,439
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	21,699,026

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	20,978,726
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	444,363
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	444,363
3	Subtract line 2e from line 1	3	20,534,363
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	43,439
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	43,439
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	20,577,802

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	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 Autrys mission. Items are catalogued, preserved, and cared for according to the American Alliance of Museums standards, and collection audits are performed regularly. 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 Autrys collection policy requires that proceeds from deaccessions or insurance recoveries are to be used for acquisitions to the collection.

Supplemental Information

Return Reference	Explanation
DESCRIPTION OF ORGANIZATIONS COLLECTIONS	<p>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.</p>

Supplemental Information

Return Reference	Explanation
USE OF ORGANIZATIONS ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4 THE AUTRY'S ENDOWMENT CONSISTS OF TWELVE INDIVIDUAL FUNDS INCLUDING BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND BOARD-DESIGNATED UNRESTRICTED FUNDS FUNCTIONING AS ENDOWMENT. THE ANNUAL INCOME PAYOUT FROM THE ENDOWMENT FUNDS EXPENDITURES FOR EXHIBITIONS, RESEARCH, PUBLIC PROGRAMS AND EDUCATION. THE FUNDS ARE MAINTAINED IN A SINGLE POOLED 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 sta tements 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 t he technical merits of the position, without regard to the likelihood that the tax positio n 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 ex empt purpose, unless that income is otherwise excluded by the Code. The Autry is also exem pt from California franchise taxes under Revenue and Taxation Code Section 23701d on its i ncome 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 was nexus; and t o 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>

Supplemental Information

Return Reference	Explanation
RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS	PART XI, LINE 2D UNREALIZED LOSS ON INTEREST RATE SWAP \$(654,729)

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		master 2019 (event type)	(event type)	0 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	246,638			246,638
	2 Less: Contributions	19,345			19,345
	3 Gross income (line 1 minus line 2)	227,293			227,293
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	111,910			111,910
	8 Entertainment	1,000			1,000
	9 Other direct expenses	146,594			146,594
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				259,504
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-32,211

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law 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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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Name of the organization Autry Museum of the American West

Employer identification number 95-3947744

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Research Fellowships	3	7,500			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Schedule I, Part I, Line 2	MONITORING THE USE OF GRANT FUNDS IN THE U.S. AUTRY MUSEUM REQUIRES POTENTIAL FELLOW RECIPIENTS TO SUBMIT AN APPLICATION FOR THE AUTRY RESEARCH FELLOWSHIP PROGRAM. RESEARCH FELLOWS ARE REQUIRED TO BE IN RESIDENCE AND COMPLETE THEIR RESEARCH WITHIN A SPECIFIED TIMELINE, PARTICIPATE IN AN INFORMAL STAFF SEMINAR AND/OR WRITE A BRIEF ARTICLE FOR A MUSEUM PUBLICATION ON RESEARCH CONDUCT, AND SUBMIT A WRITTEN REPORT ON RESEARCH COMPLETED AND RESOURCES USED. AN INITIAL FELLOWSHIP STIPEND IS PROVIDED AT THE BEGINNING OF THE PROGRAM AND FINAL PAYMENT IS AWARDED AFTER RECEIPT OF THE WRITTEN REPORT.

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

2019

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 border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</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 on 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 border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	No								
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 W Richard West Jr President & CEO	(i)	370,295	0	0	5,600	175	376,070	0
	(ii)	0	0	0	0	0	0	0
2 Susan Harlow EVP of Development Department	(i)	254,808	0	0	5,096	498	260,402	0
	(ii)	0	0	0	0	0	0	0
3 Cristian Hamilton Sr Dir Relationship Mgmt	(i)	149,717	0	0	3,042	12,018	164,777	0
	(ii)	0	0	0	0	0	0	0
4 Jennifer Davidson-Goldbronn Sr Director, Major Gifts	(i)	143,448	0	0	2,956	7,848	154,252	0
	(ii)	0	0	0	0	0	0	0

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

2019

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. 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. AMERICAN INDIAN ARTS MARKETPLACE: The largest Native American arts fair in Southern California, the Autrys 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. 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 STANLEY SCHNEIDER - FAMILY RELATIONSHIP GARY SCHNEIDER - 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 AUTRY AUDIT/TAX FIRM AND THE AUTRY 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 AUTRY 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 ORGANIZATIONS CEO	FORM 990, PART VI, SECTION B, LINES 15A AND 15B THE ORGANIZATION HAS A PROCESS FOR DETERMINING COMPENSATION FOR THE ORGANIZATIONS 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9 UNREALIZED LOSS ON INTEREST RATE SWAP \$(654,729)