# Form **990**

(Rev. January 2020)

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 Open to Public

Inspection

A	FOF	tne 2019		2019, and ending		, 20
В	Check	if applicable:	C Name of organization		D Employer identif	īcation number
r	_	ldress	AUTRY MUSEUM OF THE AMERICAN WEST		95-39477	44
		ange	Doing business as			
1	Na	ime change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb	er
L	_	tial return	4700 WESTERN HERITAGE WAY		(323) 495-	4279
1	lei	nal return/ rminated	City or town, state or province, country, and ZIP or foreign postal code	· · · · · · · · · · · · · · · · · · ·		
L		nended lurn	LOS ANGELES, CA 90027		G Gross receipts \$	24,508,374
L	Ap pe	plication nding	F Name and address of principal officer: W. RICHARD WEST		H(a) Is this a group re	
_			4700 WESTERN HERITAGE WAY, LOS ANGELES,	CA 90027	subordinates?  H(b) Are all subordinate	-
$\perp$	Tax-	exempt sta	alus: X 501(c)(3) 501(c)( ) ◀ (insert no.) 4947	7(a)(1) or 527	_	a list, (see instructions)
J			WWW.THEAUTRY.ORG		H(c) Group exemption	
K	Forn	n of organ	ization: X Corporation Trust Association Other	L Year of form	nation: 1988 M Sta	
E	art l	Su	mmary			te triuger derinione,
	1	Briefly	describe the organization's mission or most significant activities: BR	INGS TOGETHER	THE DIVERSE	STORIES OF
ö		THE	PEOPLES OF THE AMERICAN WEST, CONNECTING	THE PAST WITH		
Governance		THE	PRESENT.			
Ver	2	Check	this box 🕨 🔲 if the organization discontinued its operations or o	lisposed of more than 25	% of its net assets	
ŝ	3	Numbe	er of voting members of the governing body (Part VI, line 1a)	sopood of more than 20	3	52.
<b>⊲</b> ජ	4	Numbe	er of independent voting members of the governing body (Part VI, line	+ + 18 10 1000000000 01 10 100000 - 1h)	4	52.
tie	5	Total r	number of individuals employed in calendar year 2019 (Part V, line 2a)		5	219.
Activities &	6	Total n	number of volunteers (estimate if necessary)		6	205.
Ac	7 7 2	Total u	unrelated business revenue from Part VIII, column (C), line 12		7-	10 -11
	L i	Net un	related business taxable income from Form 990-T, line 39		7a	
			The state of the s		Prior Year	
41	8	Contrib	outions and grants (Part VIII, line 1h)		12,826,882.	Current Year 19,814,920.
Revenue	9	Progra	m service revenue (Part VIII, line 2g)		895,541.	
3ve	10	Investr	ment income (Part VIII, column (A), lines 3, 4, and 7d).	• • • • • • • • • • • • • • • • • • • •		709,839.
ñ	11	Other	revenue (Part VIII, column (A), lines 5, 4, and 70).		689,338.	666,206.
	12	Total re	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,026,880.	508,061.
	13	Grante	evenue - add lines 8 through 11 (must equal Part VIII, column (A), line	12),	15,438,641.	21,699,026.
	14	Ronofit	and similar amounts paid (Part IX, column (A), lines 1-3)		0.	7,500.
	14-	Solorio	ts paid to or for members (Part IX, column (A), line 4)	* #00000 M W #0000	0.	0.
Expenses	163	Drofos	s, other compensation, employee benefits (Part IX, column (A), lines 5-	-10).	8,846,430.	9,832,330.
pen	100	Total fo	sional fundraising fees (Part IX, column (A), line 11e)		0 ,,	0.
Ĕ	17		undraising expenses (Part IX, column (D), line 25) 2, 181,		7 005 045	
	18	Total	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,987,847.	10,737,972.
		Deve	xpenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		16,834,277.	20,577,802.
L S	19	Revent	ue less expenses. Subtract line 18 from line 12		-1,395,636.	1,121,224.
t Assets or	20	T-4-1	1 (D 1 X II 1 1 2 )		nning of Current Year	End of Year
Bala	20	Totalas	ssets (Part X, line 16)	t todat e e energe	237,438,503.	236,668,640.
	21	rotal lie	abilities (Falt A, line 20)		31,869,695.	29,398,874.
			sets or fund balances. Subtract line 21 from line 20		205,568,808.	207,269,766.
	rt II		nature Block			
lrue	, corre	ect, and co	perjury, I declare that I have examined this return, including accompanying s omplete. Declaration of preparer (other than officer) is based on all information of	schedules and statements, of which preparer has any k	and to the best of my	knowledge and belief, it is
		×			11/10	lan
Sigi	n	Sic	inature of officer		1 11 113	1200
ler			ACDIDE DELLA		Dale	
	- 1		De or print name and title	OF FINANCE & OF	Pto	
aid		1 .	a War a	(ans) 11/11/2020	Clieck ii	PTIN
rep	arer	QI WE	CDENE BUODINGS	11/11/2020	self-employed	P01270238
lse	Only	Firm's n			Firm's EIN ▶ 36-6	
10	tha	Firm's a	ddress >515 s. FLOWER STREET, 7TH FLOOR LOS ANGELES, CA 9007	1	Phone no 213-	-627-1717
			cuss this return with the preparer shown above? (see instruction	ons)		. X Yes No
or F	-apei	rwork Re	eduction Act Notice, see the separate instructions.			Form 990 (2019)

#### Form 8868

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

■ Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filling of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automotio	C Month Futurious of Time Only subm	14 a state 21	7				
	6-Month Extension of Time. Only subm			0.0 (11.00)			
must use Fo	ons required to file an income tax return othe orm 7004 to request an extension of time to f	er than For	m 990-1 (including 112)	U-C filers), partnerships	, RE	:MICs	s, and trusts
mast asc i c	on 7004 to request an extension of time to	ile income	tax returns.				
	Name of exempt organization or other filer, see in	structions.		Taxpayer identification n	umb	or /TIM	D)
Type or				Taxpayor Identification II	JIIID	SI (TIIV	')
print	AUTRY MUSEUM OF THE AMERICAN	WEST		95-394774	14		
File by the	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.				
due date for filing your	4700 WESTERN HERITAGE WAY						
return, See	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.		_		
instructions.	LOS ANGELES, CA 90027						
Enter the Re	eturn Code for the return that this application	is for (file	a senarate application fo	or oach roturn)	_		0 1
	tain code for the retain that this application	is for the	a separate application it	or each return)	• •		•• ——
Application		Return	Application				Return
ls For		Code	Is For				Code
Form 990 or	Form 990-EZ	01	Form 990-T (corporat	ion)			07
Form 990-BI		02	Form 1041-A				08
Form 4720	(individual)	03	Form 4720 (other tha	n individual)			09
Form 990-PF		04	Form 5227				10
	(sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 990-T	(trust other than above)	06	Form 8870				12
	GASPARE BENSO						
<ul><li>The books</li></ul>	s are in the care of $\blacktriangleright$ 4700 WESTERN HEI	RITAGE V	VAY LOS ANGELES	CA 90027			
	e No. ▶ 323 495-4279		ax No. ▶				
<ul> <li>If the orga</li> </ul>	anization does not have an office or place of t	ousiness in	the United States, chec	k this box	• (•)	3000 ·	▶ 🗀
<ul><li>If this is for</li></ul>	or a Group Return, enter the organization's for	ur digit Gro	up Exemption Number (	GEN)		: If	this is
for the whole	e group, check this box ▶ 🔲 . If	it is for pa	rt of the group, check the	nis box • • • • • ▶ [		and a	attach
a list with the	names and TINs of all members the extensi	on is for.					
1 I reque	st an automatic 6-month extension of time ur	ntil	<u>11/16</u> , 20 <u>2</u>	0 , to file the exemp	t or	ganiza	ation return
for the	organization named above. The extension is	for the org	anization's return for:				
. 📆	F F 7 7 7 4 4 4 4						
X	calendar year 20 19 or						
	tax year beginning	, 20	, and ending		20		£
	x year entered in line 1 is for less than 12 m	onths, chec	k reason: Initial re	turn Final retur	n		
	hange in accounting period	NO T 4700	0000		_	-	
	application is for Forms 990-BL, 990-PF, 99	30-1, 4/20	, or 6069, enter the t	entative tax, less any			•
	ndable credits. See instructions.	1700	0000		3a	\$	0
	application is for Forms 990-PF, 990-T,			fundable credits and			0
	ed tax payments made. Include any prior year			FETDO	3b	\$	0
	e due. Subtract line 3b from line 3a. Include yonic Federal Tax Payment System). See instruc		ent with this form, if red	juirea, by using EFTPS		_	^
			1)ith this Fe 0000	- F 0.450 50 15	3c		0
nstructions.	are going to make an electronic funds withdrawal	(direct debi	ı) with this Form 8868, se	e Form 8453-EO and Form	า 88	/9-EO	for payment
	ct and Paperwork Reduction Act Notice, see instru	uetions			_	-000	0
or invacy A	re wire i aperwork Neduction Act Notice, 366 IUSILI	uctions,			For	n <b>886</b>	8 (Rev. 1-2020

**COPY** 

) (Revenue \$

198,022.

(Expenses \$

**4e Total program service expenses** ► 16,677,275.

566, 324. including grants of \$

	IV Checklist of Required Schedules		Yes	T
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			t
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	t
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			t
	candidates for public office? If "Yes," complete Schedule C, Part I	3		ı
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	_		t
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		l
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		t
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		ı
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	<b>+</b>		
٠			X	
9	complete Schedule D, Part III	8	Λ	
3	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			
0	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
U	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
4	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	116	W.S.	
	VII, VIII, IX, or X as applicable.	SHIP	100	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	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	11c		
d	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	11d		
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	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	12b		
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
5	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	15		
õ	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		_	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
9	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	19		
0 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		_	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200	-	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
			118	

	990 (2019)			Page 4
rai	t 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		103	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
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? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		= 5	
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):	-	-	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			١
_	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			,,
20	"Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Δ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31	_	
-	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 21
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	- 55		
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
1	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		erau e	
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 141			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0.	11.0	٥	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
ISA	reportable gaming (gambling) winnings to prize winners?	1c	Х	

Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			ayo
	g and tax complained (committee)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 219			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	(None		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	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		X
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		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		Х
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).	101		
а	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	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	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	2 -		
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		=1 1	
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	- 4		
	Initiation fees and capital contributions included on Part VIII, line 12	41	i i	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-17		
11	1 - 1	8.7	, = y	
	Gross income from members or shareholders		152	
D	against amounts due or received from them.)	111		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120	M T	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.	100		
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	0.0		
C	Enter the amount of reserves on hand			Ť
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	1	Х
	If "Yes," complete Form 4720, Schedule O.			

Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See ir	struc	ctions
Sec	tion A. Governing Body and Management		• • •	Λ
000	don'A. Governing body and management	_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		W	
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	10.	100	
-	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct	F		
3		3		X
4	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		X
_	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	-		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	l _ [		
	one or more members of the governing body?	7a	X	-
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	l		
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	0-	Х	
a	The governing body?	8a	X	-
_	Each committee with authority to act on behalf of the governing body?	8b	Λ	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			37
Cont	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Coae	-	F 11
		_	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	_
14	Did the organization have a written document retention and destruction policy?	14	Х	_
15	Did the present for determining comment retention and destruction policy?	100		
13	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Х	
a	The organization's CEO, Executive Director, or top management official		X	-
b	Other officers or key employees of the organization	15b	- 21	-
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	The second of th			,,
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	W 2		
	organization's exempt status with respect to such arrangements?	16b		L
Secti	on 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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  X Upon request  Other (explain on Schedule O)	(Sec	tion 5	01(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	f inter	est p	olicy,
20	and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and record GASPARE BENSO 4700 WESTERN HERITAGE WAY LOS ANGELES, CA 90027	s <b>&gt;</b>		

JSA

Form **990** (2019)

### Part VIII Statement of Revenue

		Check if Schedule O co	ontains a respor	nse or note to an	y line in this Part \	/111		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
र्घ र	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	Ь	Membership dues		388,132.				
ΩĔ	C	Fundraising events	1c	19,345.	A 15 5			
ifts	d	Related organizations						10.3
يٰۃِ	e	Government grants (contribu		175,144.				
Sir	f	All other contributions, gifts,						
e E		and similar amounts not include		19,232,299.	Sec. 25	1 - 2 - 1		= "
들본	g	Noncash contributions inclu			A			165 2
d if	ا ا	lines 1a-1f	1 1	s		Later Tolland		2 2
SE	l h	Total. Add lines 1a-1f			19,814,920.	- TO 1		
		Total Tide IIII oo Ta Ti I I I I		Business Code	13701173201			
æ	2.	MUSEUM ADMISSIONS		712110	607,676.	607,676		
ž	2a	VENUE RENTALS		712110	78,880	78,880		
Se	b	FOOD SERVICE COMMISSIONS		712110	23,283.			
ES	C	TOOD DERVICE COMMISSIONS		712110	23,203.	23,283.		
Reg	a	=						
Program Service Revenue	e f g	All other program service rev			709,839			
_	_	Total. Add lines 2a-2f			709,639.			
	3	Investment income (include	-		102 006			102.005
	١.	other similar amounts)		. [	193,986.			193,986.
	5	Income from investment of	•	111111	0.			
	9	Royalties	(i) Real	(ii) Personal	7,772.			7,772.
			<u> </u>	(II) Personal				-5-7
	6a	Gross rents 6a	6,000.		0.00			
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c	6,000.					
	d	Net rental income or (loss).		7/37	6,000.			6,000.
	7a	Gross amount from	(i) Securities	(ii) Other				
		sales of assets				4 1 1 1		
		other than inventory 7a	2,375,982	307,538.				1 1 1 1 1 1 1 1 1
ther Revenue	b	Less: cost or other basis			100	1 2 10 10		11.2
/en		and sales expenses 7b	1,909,857.	301,443.		THE R 18 YEAR		March 1997 at
Ş.	С	Gain or (loss) 7c	466,125.	6,095.	45			
ē	ď	Net gain or (loss)	· · · · · <u>· · ·</u>		472,220.			472,220.
	8a		undraising			N Test		
0		events (not including \$	19,345		35177			
		of contributions reported	on line					
		1c), See Part IV, line 18	8a	227,293.		11.51		
	b	Less: direct expenses	. 8b	259,504.				Maria Service
	C	Net income or (loss) from ful	ndraising events.		-32,211.			-32,211.
	9a	Gross income from	gaming			7. 7. 7. 7		
		activities, See Part IV, line 19	9a	0.				
	b	Less: direct expenses	, 9b	0.				
	С	Net income or (loss) from ga	aming activities.		0.			
	10a	Gross sales of invento	ory, less	10				
		returns and allowances		553,977.				-1, 87,
	b	Less: cost of goods sold	10b	338,544.				
	С	Net income or (loss) from sale	es of inventory, .		215,433.	166,921.	48,512.	
<u>0</u>				Business Code				
اہِ چ	11a	MISCELLANEOUS		900099	52,425.	52,425.		
ᇎ	b	PROCEEDS FROM SALES OF NO	NACCESIONED AR	900099	258,642.	258,642.		
اة <u>ج</u>	c							
Miscellaneous Revenue	d	All other revenue						
2	е	Total. Add lines 11a-11d	STATE OF THE ACTION		311,067.			
	12	Total revenue. See instruction			21,699,026.	1,187,827.	48,512.	647,767.
SA					. ,	-,,02.4	-5/5125	0.00

### 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).

	nice of flote to ally line	III this Fait 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.
		100,000.	23372301	312,330
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.	5 040 660	500.005	
7 Other salaries and wages	7,517,327.	5,940,663.	698,336.	878,328.
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 (nonemployees):				
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.	0,000.	1,721.
21 Payments to affiliates	0.	300,0101		
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		300,070.	22/151.	7,200.
above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
REPAIRS AND MAINTENANCE	1,257,304.	1,244,285.	10,816.	2,203.
PRODUCTION COST	400,677.	399,275.	1,402.	2,200.
centertainment	329,472.	126,922.	20,374.	182,176.
dSUPPLIES	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		20, 31, 1, 213	1,110,302	m / 101 / 040.
fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	I			

### Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	0	1	0.0
	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 receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
	1	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0 .	6	0.
ţ	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	345,379.	8	402,440.
Ä	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 10a 97,756,214.		- 1	
	b	Less: accumulated depreciation 10b 38,345,472.	61,665,595.	10c	59,410,742.
	11	Investments - publicly traded securities	8,988,752.	11	9,984,199.
	12	Investments - other securities. See Part IV, line 11	152,980.		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 33)	237,438,503.	16	236,668,640.
	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.
S	22	Loans and other payables to any current or former officer, director,	THE STATE OF THE		
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		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.
seo		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			M
lan	27	Net assets without donor restrictions	34,771,196.	27	35,729,143.
8	28	Net assets with donor restrictions	170,797,612.	28	171,540,623.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.		20	
0	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
\ss	31	Retained earnings, endowment, accumulated income, or other funds.		31	
at /	32	Total net assets or fund balances	205,568,808.	32	207,269,766.
ž	33	Total liabilities and net assets/fund balances.	237,438,503.	33	236,668,640.
		The second of the second secon	201,100,0001	JJ	230,000,040.

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Part	XI Reconciliation of Net Assets					9-
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		21,6	99,0	026.
2	Total expenses (must equal Part IX, column (A), line 25)	2		20,5	77,8	302.
3	Revenue less expenses. Subtract line 2 from line 1	3		1,1	21,2	224.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	05,5	68,8	308.
5	Net unrealized gains (losses) on investments	5		1,2	34,	463.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-6	54,	729.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	2	07,2	69,7	166.
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," e Schedule O.	xplair	n in		Yes	No
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 con reviewed on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	 ipiled	or	2a		Х
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 audit separate basis, consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis	ed o	n a	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent accountail f the organization changed either its oversight process or selection process during the tax year, exchedule O.	nt?.		2c	X	
	As a result of a federal award, was the organization required to undergo an audit or audits as set for Single Audit Act and OMB Circular A-133?	(1000)		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au			3b	990	(2019)
				⊢orm	ココリ	(2019)

Pa	art III Organizations Maintaining Co	llections of	Art, Histo	orical Tre	easures	, or Othe	r Similar As	sets (c	continue	d)	
3	Using the organization's acquisition, acc	ession, and	other reco	rds, chec	k any of	the follo	wing that ma	ke siar	nificant u	se of	fits
	collection items (check all that apply):			,	•		•				
а	X Public exhibition		d [	Loan	or evcha	nge progr	am				
b	X Scholarly research			_	EDUCA		aiii				
c	X Preservation for future generations		E [_2	Other	EDUCA	1101				_	_
4											
7	Provide a description of the organization XIII.	rs collections	s and expi	ain now	tney turt	ner the o	rganization's	exemp	t purpos	) in i	art
5	During the year, did the organization solic	it or receive of	donations of	of art, hist	orical tre	asures, or	r other similar				
	assets to be sold to raise funds rather than	n to be mainta	ained as pa	art of the	organiza	tion's colle	ection?	Г	Yes	X	No
	Complete if the organization at 990, Part X, line 21.	ements. Inswered "Ye	es" on For	m 990, F	Part IV, I	ine 9, or	reported an	-	nt on Fo		
1 a	Is the organization an agent, trustee, cus	todian or othe	er intermed	liary for c	ontributi	ons or oth	er assets not				_
	included on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part	XIII and comp	olete the fo	llowing tal	ole:	in at 16202					
	·	•			Γ		Α	mount			
С	Beginning balance					1c					
d	Additions during the year			* *******		1d					
e	Distributions during the year	• • • • • • •			• • • • •						
f	Distributions during the year					1e					
-	Ending balance		Dank V. Bus	04.5		11				_	
	Did the organization include an amount of								Yes	Н	No
_ D	If "Yes," explain the arrangement in Part	KIII. Check ne	ere if the ex	xplanation	has bee	n provided	on Part XIII .			·	
Pa	rt V Endowment Funds.	1 115.7	=								
	Complete if the organization ar										
		Current year	(b) Prio			years back	(d) Three year	s back	(e) Four y	ears ba	ack
1 a	Beginning of year balance 9,	141,732.	10,31	7,642.	9,2	22,010.	8,978,	730.	9,4	16,3	320.
b	Contributions										
C	Net investment earnings, gains,										
	and losses	851,136.	-44	5,190.	1,4	80,476.	645,	947.	_	11,2	279.
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs	900,000.	67	6,899.	3.	30,000.	350.	000.	3	72,0	007.
f	Administrative expenses			3,821.		54,844.		657.		54,3	
g g	End of year balance	092,868.		1,732.		17,642.				78,7	
2	-ind or jour buildings i i i i i i i i							0201	0/9		
a	Provide the estimated percentage of the or Board designated or quasi-endowment	current year e 21,8100	end balance	e (line 1g,	column (	a)) held as	S:				
b	Permanent endowment ► 52.5400 %		_ /0								
	Term endowment ▶ 25.6500 %	o .									
·	The percentages on lines 2a, 2b, and 2c s	should oqual 1	000/								
3 2	Are there endowment funds not in the pos			Ain - Al A							
Ja	organization by:	session of th	e organiza	tion that i	are neid	and admi	nistered for the	9	lv.	- 1	
	=								_		No
	(i) Unrelated organizations			* * * * * *	CO	*** * * **	6000 W 6000 W X		3a(i) 2	-	
L	(ii) Related organizations	Control of the	C-000	* * *C**	600 × 40043				3a(ii)		X
	If "Yes" on line 3a(ii), are the related organ							• • • •	3b		
4	Describe in Part XIII the intended uses of	the organizat	ion's endov	vment fun	ds.						
Pai	t VI Land, Buildings, and Equipment Complete if the organization are	it. newered "Ve	e" on For	m 000 E	2art I\ / 1	ino 11a	Soo Form Of	00 Day	+ V line	10	
	Description of property	(a) Cost or	other basis	(b) Cost o		s (c) Ac	cumulated reciation		Book valu		_
1a	Land				05,189				5,305	,18	9.
	Buildings				23,168		23,665.		6,999		_
	Leasehold improvements				00,290	V	97,504.		39,302		
	Equipment				72,114	1.0	24,303.		7,047		
	Other				55,453					5,45	_
Fotal	. Add lines 1a through 1e. (Column (d) mu	st equal Form	990 Part				•		59,410		_
	(4) 114	- squar onn	zee, runt,	y column	(D), mile	, 00./		Schodu	le D (Form		_

	(a) Description of security or category	(b) Book value	art IV, line 11b. See Form 990,	
	(including name of security)		Cost or end-of-year marke	
(1) Financia	al derivatives			
	held equity interests	7		
(3) Other_				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	(b) must equal Form 990, Part X, col. (B) line 12.) .		The state of the s	
Part VIII				
i ait viii	Complete if the organization answer			
	(a) Description of investment	(b) Book value	(c) Method of valuation  Cost or end-of-year marke	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	South to the second sec			
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.  Complete if the organization answer	ed "Vec" on Form 000. De	art IV line 11d See Form 000 I	Dort V. line 15
=	100	ed res on Form 990, Pa Description	art IV, line 11d. See Form 990, I	7777
(1)	(u)	Description		(b) Book value
(2)				
(3)				
(3) (4)				
(3) (4) (5)				
(3) (4) (5) (6)				
(3) (4) (5) (6) (7)				
(3) (4) (5) (6) (7) (8) (9)				
(3) (4) (5) (6) (7) (8) (9)	mn (b) must equal Form 990, Part X, col. (B	) line 15.)	<b>&gt;</b>	
(3) (4) (5) (6) (7) (8) (9)	mn (b) must equal Form 990, Part X, col. (B Other Liabilities. Complete if the organization answer			990. Part X.
(3) (4) (5) (6) (7) (8) (9) Total. (Colu	Other Liabilities. Complete if the organization answer line 25.	ed "Yes" on Form 990, Pa		
(3) (4) (5) (6) (7) (8) (9) Total. (Colu	Other Liabilities. Complete if the organization answer line 25.  (a) Description			990, Part X, (b) Book value
(3) (4) (5) (6) (7) (8) (9)  Total. (Columnation X	Other Liabilities. Complete if the organization answer line 25.  (a) Description (a) Description (b) Description (c) Descripti	ed "Yes" on Form 990, Pa		(b) Book value
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(3) (4) (5) (6) (7) (8) (9) Total. (Columnation X  (1) Federa (2) INTER (3) (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization answer line 25.  (a) Description (a) Description (b) Description (c) Descripti	ed "Yes" on Form 990, Pa		(b) Book value
(3) (4) (5) (6) (7) (8) (9)  Fotal. (Columnation of the columnation of	Other Liabilities. Complete if the organization answer line 25.  (a) Description (a) Description (b) Description (c) Descripti	ed "Yes" on Form 990, Pa	art IV, line 11e or 11f. See Form	(b) Book value 654,729.
(3) (4) (5) (6) (7) (8) (9) Fotal. (Column (2) (1) Federa (2) (2) INTER (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (2) (1) Inter (2) (2) Inter (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answer line 25.  (a) Description (a) Description (b) Description (c) Descripti	ed "Yes" on Form 990, Paription of liability	art IV, line 11e or 11f. See Form	(b) Book value 654,729.

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.	n.	
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:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	112	
е	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 43,439.		
b	Other (Describe in Part XIII.)	1	
	Add lines 4a and 4b	4c	43,439.
5 Dout	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	21,699,026.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
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:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses	101	
d	Other (Describe in Part XIII.)		
е	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 43,439.		
b	Other (Describe in Part XIII.)		42 420
	Add lines 4a and 4b	4c	43,439.
5 Doub	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	20,577,802.
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5	ation.	
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