Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For the	e 2023 calendar year, or tax year beginning $JUL 1, 2023$ and end	ding JU	N 30, 2024			
В	Check if applicable	C Name of organization		D Employer	identific	ation number	
	Addre chang						
	Name chang	e Doing business as LOS ANGELES COUNTY MUSEUM OF ART (LACMA)		95-22	64067		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	om/suite	E Telephone	number		
	Final return	5905 WILSHIRE BLVD.		323-857	7-6142		
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts	\$	161,006	,895.
	Amen return	LOS ANGELES, CA 90030		H(a) Is this a	group re	turn	
	Applic tion	F Name and address of principal officer: MAKK MITCHELL		for subor	dinates′	?Yes	No
	pendi	SAME AS C ABOVE		H(b) Are all subor	rdinates ind	cluded? Yes	No
Ι.	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	If "No," a	ttach a	list. See instruction	IS
_	Websi			H(c) Group ex	emption	n number	
		organization: X Corporation Trust Association Other	L Year o	f formation: 19	38 M	State of legal domic	ile: CA
Pa	art I	Summary					
Φ	1	Briefly describe the organization's mission or most significant activities: SEE SCHED	DULE O				
Governance							
ž	2	Check this box if the organization discontinued its operations or disposed	of more t	than 25% of its	1 1	ets.	
Š	3	Number of voting members of the governing body (Part VI, line 1a)					59
		Number of independent voting members of the governing body (Part VI, line 1b)					57
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)					581
Activities &	6	Total number of volunteers (estimate if necessary)				400	130
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12				-429	,195.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			. 7b	O Va a	0.
		0 17 17 17 17 17 17 17 17 17 17 17 17 17	—	Prior Year	120	Current Yea	
ne	8	Contributions and grants (Part VIII, line 1h) SEE SCHEDULE		130,255		87,956	
Revenue	9	Program service revenue (Part VIII, line 2g)		44,254 16,669		45,292 19,228	
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,302		3,638	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		194,481		156,115	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			,894.	•	,554.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		013	0.	70	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		36,605		36,575	
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		55,555	0.	•	,600.
Sen	h	Total fundraising expenses (Part IX, column (D), line 25) 6,676,036	5.				,
ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		64,874	672.	71,322	523.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		102,095		108,034	
	1	Revenue less expenses. Subtract line 18 from line 12		92,385		48,080	
7.0		Toverside loce experience. Calabrater limb 10 from limb 12	Beg	inning of Curren		End of Year	
Assets or	20	Total assets (Part X, line 16)		1,566,993	,617.	1,664,831	,782.
Ass	21	Total liabilities (Part X, line 26)		746,541	,505.	752,793	
E E	22	Net assets or fund balances. Subtract line 21 from line 20		820,452	,112.	912,038	,775.
P	art II	Signature Block					
Unc	ler pena	alties of perjury, I declare that I have examined this return, including accompanying schedules and	d statemer	nts, and to the be	st of my	knowledge and belief	, it is
true	, correc	et, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer h	nas any knowledo	je.		
Sig	ın	Signature of officer		Date			
Hei	re	MARK MITCHELL, CHIEF FINANCIAL OFFICER					
		Type or print name and title					
		Print/Type preparer's name Preparer's stanature			Check	PTIN	
Pai		LIOR TEMKIN LIOR TEMKIN	04	/00 /0E	self-employe	•	
	parer	Firm's name SINGERLEWAK, LLP		Firm's	EIN S	95-2302617	
Use	Only	Firm's address 10960 WILSHIRE BLVD. SUITE 1100					
		LOS ANGELES, CA 90024		Phone	no.(310	0) 477-3924	
Ma	y the II	RS discuss this return with the preparer shown above? See instructions				X Yes	No

Form 990 (2023) MUSEUM ASSOCIATES

Part III | Statement of Program Service Accomplishments 95-2264067 Page 2

	Statement of Program Service Accomplishments	X
_	Check if Schedule O contains a response or note to any line in this Part III	<u>A</u>
1	Briefly describe the organization's mission: SEE SCHEDULE O	
		
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X 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 X 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 experience of the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section of the s	xpenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$46,570,230. including grants of \$78,554.) (Revenue \$	2,071,548.
	EXHIBITION, CURATORIAL, CONSERVATION & ART PROGRAMS	
	LACKA DESCRIPTION 22 DANGED AND DEDVANDAM COLLEGISTON INCRESS AND DEDVANDAM COLLEGISTON INCRESS AND DEDVANDAM	
	LACMA PRESENTED 23 EXHIBITIONS AND PERMANENT COLLECTION INSTALLATIONS IN FISCAL 2023-2024, FEATURING ARTWORKS FROM ITS OWN COLLECTION AND	
	FROM LENDERS AROUND THE WORLD. PUBLIC PROGRAMS, FILMS, AND CONCERTS ARE	
	DEVELOPED IN COORDINATION WITH SPECIAL EXHIBITIONS, MANY WORKS FROM THE	
	MUSEUM'S COLLECTION OF OVER 150,000 OBJECTS ARE TREATED BY	
	CONSERVATORS, WHILE THE MUSEUM'S RESEARCH LIBRARY AND SCHOLARLY	
	PUBLICATIONS PROVIDE REFERENCE SUPPORT TO MUSEUM STAFF AND OUTSIDE	
	SCHOLARS. ALL OF THESE ACTIVITIES SERVE TO MEET THE GOALS OF	
	CONSERVATION, EXHIBITION AND INTERPRETATION OF ART INTO MEANINGFUL	
	AESTHETIC, INTELLECTUAL, AND CULTURAL EXPERIENCES.	
4b	(Code:) (Expenses \$ 17,383,375. including grants of \$) (Revenue \$)
	FACILITY ENHANCEMENT	
	IN FISCAL 2023-2024, LACMA CONTINUED WORK TOWARDS A MAJOR, NEW MUSEUM	
	BUILDING, MOST OF THESE COSTS WERE CAPITALIZED AND ARE NOT REFLECTED ON	
	THIS LINE. THIS CATEGORY OF EXPENSE ALSO REFLECTS FINANCING AND	
	DEPRECIATION EXPENSE REPRESENTING AMORTIZATION OF THE CAPITALIZED COSTS OF CONSTRUCTING THE MUSEUM'S PHYSICAL FACILITIES. AN ACTIVITY THAT IS	
	ONE OF THE CORE REASONS MUSEUM ASSOCIATES WAS FOUNDED.	
	ONE OF THE CORE REASONS MUSEUM ASSOCIATES WAS FOUNDED.	
4c	(Code:) (Expenses \$ 12,238,959. including grants of \$) (Revenue \$	15,101.)
	PUBLIC AND PROTECTIVE SERVICES AND ENGAGEMENT	· · · · · · · · · · · · · · · · · · ·
	IT IS A MUSEUM GOAL TO CONTINUOUSLY EXPAND AND SERVE AUDIENCES OF ALL	
	AGES, ETHNICITIES, AND SOCIO-ECONOMIC BACKGROUNDS BY CREATING WELCOMING	
	ENVIRONMENTS AND PROGRAMS. THIS IS ACCOMPLISHED THROUGH A VARIETY OF	
	MEANS, INCLUDING ON-SITE STAFF AND CONTRACTORS PROTECTING ART AND	
	PROVIDING SERVICE TO THE PUBLIC, SPECIAL EVENTS, PROMOTIONAL CAMPAIGNS,	
	CAMPUS WAY-FINDING MEDIA, AND THE MUSEUM MAGAZINE.	
4-1	Other presume any ince (December on Calcabula O.)	
40	Other program services (Describe on Schedule O.) (Expenses \$ 13,828,934. including grants of \$) (Revenue \$ 44,152,94	8 \
40	(Expenses \$ 13,828,934 including grants of \$) (Revenue \$ 44,152,94 Total program service expenses 90,021,498.	-•)
-10	Total program sorvice expenses	Form 990 (2023)

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Form 990 (2023) MUSEUM ASSOCIATES 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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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	3_		X
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	4	X	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	X	
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	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	11a	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446	х	
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
А	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	<u> </u>		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a	Х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	Х	
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	15		Х
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	16		Х
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	17	Х	
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	18	Х	
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	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	21	X	
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	· · · ·		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? If "Yes," complete Schedule I, Parts I and III	22	Х	
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	Х	<u> </u>
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	Х	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	١		v
	any tax-exempt bonds?	24c		X
	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	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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			
	, ,	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	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		х
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		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		v	
0.4	contributions? If "Yes," complete Schedule M	30	Х	x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	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, or IV, and			
٠.	Part V, line 1	34	х	
35a	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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	1
ı al	Check if Schedule O contains a response or note to any line in this Part V			
	Elication de destinante a respense of from to any into in this tract v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		. 55	
	Enter the number of Forms W-2G included on 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	х	

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	1 990 (2023)	MUSEUM ASSUCIATES	95-226406	<u>'</u>	P	age ɔ
Pai	rt V Statements	Regarding Other IRS Filings and Tax Compliance (continued)				
			1		Yes	No
2 a		ployees reported on Form W-3, Transmittal of Wage and Tax Statements,	504			
	•	ar ending with or within the year covered by this return	2a 581			
	•	d on line 2a, did the organization file all required federal employment tax return	ıs?	2b	Х	
				3a		Х
		orm 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a		calendar year, did the organization have an interest in, or a signature or other a	•	_ ا		x
		preign country (such as a bank account, securities account, or other financial account, or other financial accounts.	ccount)?	4a		
D	If "Yes," enter the name					
E-		g requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac		Ea		х
	-	party to a prohibited tax shelter transaction at any time during the tax year? otify the organization that it was or is a party to a prohibited tax shelter transac		<u>5a</u> 5b		X
b		, did the organization file Form 8886-T?		5c		
		nave annual gross receipts that are normally greater than \$100,000, and did the		- 		
oa		vere not tax deductible as charitable contributions?		6a		x
h	•	eation include with every solicitation an express statement that such contribution				
D	were not tax deductible			6b		
7		y receive deductible contributions under section 170(c).				
a		re a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices provided to the payor?	7a	х	
			payer	7b	Х	
С		I, exchange, or otherwise dispose of tangible personal property for which it wa				
		, 3, 1	•	7c		х
d		ımber of Forms 8282 filed during the year	7d			
е		ceive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		х
f	-	uring the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		Х
g	If the organization recei	ved a contribution of qualified intellectual property, did the organization file For		7g		
h	If the organization recei	ved a contribution of cars, boats, airplanes, or other vehicles, did the organizat	ion file a Form 1098-C?	7h		
8	Sponsoring organizati	ons maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization	h have excess business holdings at any time during the year?		88		
9	Sponsoring organizati	ons maintaining donor advised funds.				
а	Did the sponsoring orga	anization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring orga	anization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) orga	nizations. Enter:	1			
а	•	al contributions included on Part VIII, line 12	10a			
b	Gross receipts, included	d on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) org		1			
а		mbers or shareholders	11a			
b		er sources. (Do not net amounts due or paid to other sources against				
		d from them.)	11b			
		n-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	12a		
		unt of tax-exempt interest received or accrued during the year	12b			
13		lified nonprofit health insurance issuers.		40-		
а		used to issue qualified health plans in more than one state?		13a		
h		ons for additional information the organization must report on Schedule O. serves the organization is required to maintain by the states in which the				
b		,	13b			
•		to issue qualified health plans	13c			
с 14а		erves on hand	•	14a		х
		orm 720 to report these payments? If "No," provide an explanation on Scheduli		14b		
15		ect to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
		nent(s) during the year?		15	х	
		tions and file Form 4720, Schedule N.				
16		ducational institution subject to the section 4968 excise tax on net investment	income?	16		х
	If "Yes," complete Form					
17		anizations. Did the trust, or any disqualified or other person engage in any act	ivities			
		imposition of an excise tax under section 4051, 4052 or 40532		17	1	

Form **990** (2023)

If "Yes," complete Form 6069.

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

<u>C</u>	·					X
Sec	tion A. Governing Body and Management				1	_
			ı		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5	9		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	5	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other			
	officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			1.5		
~	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			1.5		
	The governing body?	-	=	8a	х	
a b				8b	X	
				OD		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			9		x
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
000	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>venue</u>	Code.)		V	
40-	Did the constant is the board of the standard boards of the standard of the st			40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		
р	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.			١		
	· · · · · · · · · · · · · · · · · · ·			10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	beto	re filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ	es," a	lescribe		l	
	on Schedule O how this was done			12c		
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 process for determining compensation of the following persons include a review and approval	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	vith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	า'ร			
	exempt status with respect to such arrangements?			16b	1	
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filedAL,AR,CA,FL,GA,HI,I	L,KS	, KY, MD, MA, MI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990)-T (section 501(c)(3)s only	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X Another's website X Upon request Other (explain	on So	chedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		,	nd finar	cial	
	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 boo	ks an	d records			
	MARK MITCHELL, CHIEF FINANCIAL OFFICER - (323) 857-6142					
	5900 WILSHIRE BLVD. 15TH FLOOR, LOS ANGELES, CA 90036					

Form 990 (2023) MUSEUM ASSOCIATES 95-2264067 Page **7**

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

X

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

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

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

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Name and title	(A)	(B)	Jiga	ıı ıı∠a			ιροι	Jak	(D)	(E)	(F)
			(-)		Pos	ition			1 ' '	7 7	
The component of the		_	box	, unle	ss pe	rson i	s both	n an	<u> </u>	·	
MICHAEL GOVAN				cer ar	id a d	irecto	r/trus	tee)			
MICHAEL GOVAN		I	directo				_				
MICHAEL GOVAN		1	9e or (stee			nsatec		1	•	
MICHAEL GOVAN			trust	nal tru		oyee	om pe		1 '	,	"
MICHAEL GOVAN			vidua	itution	cer	empl	hest c	mer			organizations
X		<u> </u>	lndi	lnst	ij	Key	Hig	For			
Chief Operating Officer		40.00	-						4 505 255	0.70 0.47	225 664
X		40.00			Х				1,527,357.	279,047.	337,661.
33 MARK MITCHELL		40.00	-			,,			0.61 107	_	01 017
CHIEF FINANCIAL OFFICER		40.00				X			961,187.	0.	81,91/.
A		40.00	1						200 522	_	264 727
SR. DEPUTY DIRECTORART ADM		40.00			X				290,532.	0.	264,727.
S JEFFREY BLAIR		40.00	1			v			130 101	157 105	192 920
SENERAL COUNSEL & ASSISTAN		40 00				_			139,191.	137,103.	192,920.
CHIEF FINANCIAL OFFICER		40.00	1		x				388 942	0	53 461
CHIEF FINANCIAL OFFICER		40 00							300,342.		33,401.
VP, FACILITIES AND SECURIT			1		x				53 813.	157 915.	188 965.
VP, FACILITIES AND SECURIT		40.00									
SEPHANIE BARRON			1			х			318,785.	0.	75,870.
X	_ ·	40.00							,		,
DIANA MAGALONI-KERPEL			1				x		85,126.	137,695.	171,540.
COCHAIR OF THE BOARD COCHAIR OF THE BOARD COCHAIR OF THE BOARD COCCHAIR OF THE BOARD COCCHAI	(9) DIANA MAGALONI-KERPEL	40.00									-
COCHAIR OF THE BOARD COCHAIR OF THE BOARD COCHAIR OF THE BOARD COCCHAIR OF THE BOARD COCCHAI	DEPUTY DIRECTOR, PROGRAM D						х		275,528.	0.	94,780.
Correction Cor	(10) ELIZABETH WIATT	40.00									
DEPUTY DIRECTOR FOR CURATORIAL & EXH	SVP, DEVELOPMENT					Х			282,083.	0.	46,684.
AVP, PEOPLE & CULTURE	(11) JENNIFER FIONA RAGHEB	40.00									
AVP, PEOPLE & CULTURE (13) BRITT SALVESEN CURATOR & DEPT HEAD VP, EDUCATION & PUBLIC PRO (15) TONY P. RESSLER CO-CHAIR OF THE BOARD X X X X X X X X X X X X X X X X X X X	DEPUTY DIRECTOR FOR CURATORIAL & EXH					Х			301,225.	0.	21,098.
(13) BRITT SALVESEN 40.00 CURATOR & DEPT HEAD X 221,736. 0. 50,885. (14) NAIMA KEITH 40.00 X 226,294. 0. 24,052. VP, EDUCATION & PUBLIC PRO X X 226,294. 0. 24,052. (15) TONY P. RESSLER 0.50 X X 0. 0. 0. CO-CHAIR OF THE BOARD X X X 0. 0. 0. CO-CHAIR OF THE BOARD X X X 0. 0. 0. CO-CHAIR OF THE BOARD X X X 0. 0. 0. VICE CHAIR X X X 0. 0. 0. 0.	(12) TIFFANY AUGUST	40.00									
CURATOR & DEPT HEAD X 221,736. 0. 50,885. (14) NAIMA KEITH 40.00 X 226,294. 0. 24,052. VP, EDUCATION & PUBLIC PRO X X 226,294. 0. 24,052. (15) TONY P. RESSLER 0.50 X X 0. 0. 0. CO-CHAIR OF THE BOARD X X X 0. 0. 0. CO-CHAIR OF THE BOARD X X X 0. 0. 0. (17) WILLOW BAY 0.50 X X 0. 0. 0. VICE CHAIR X X X 0. 0. 0. 0.	AVP, PEOPLE & CULTURE						Х		221,228.	0.	59,780.
(14) NAIMA KEITH 40.00 X 226,294. 0. 24,052. VP, EDUCATION & PUBLIC PRO X X 226,294. 0. 24,052. (15) TONY P. RESSLER 0.50 X X 0. 0. 0. CO-CHAIR OF THE BOARD X X X 0. 0. 0. CO-CHAIR OF THE BOARD X X X 0. 0. 0. (17) WILLOW BAY 0.50 X X 0. 0. 0. VICE CHAIR X X X 0. 0. 0.		40.00									
VP, EDUCATION & PUBLIC PRO X 226,294. 0. 24,052. (15) TONY P. RESSLER 0.50 X X 0. 0. 0. 0. CO-CHAIR OF THE BOARD X X X 0. 0. 0. 0. CO-CHAIR OF THE BOARD X X X 0. 0. 0. 0. (17) WILLOW BAY 0.50 X X 0. 0. 0. 0. VICE CHAIR X X X 0. 0. 0. 0.							Х		221,736.	0.	50,885.
(15) TONY P. RESSLER CO-CHAIR OF THE BOARD X X X 0. 0. 0. 0. (16) ELAINE P. WYNN 0.50 CO-CHAIR OF THE BOARD X X X 0. 0. 0. 0. (17) WILLOW BAY 0.50 VICE CHAIR X X 0. 0. 0. 0.		40.00	1								
CO-CHAIR OF THE BOARD X X X 0. 0. 0. 0. (16) ELAINE P. WYNN 0.50 X X 0. 0. 0. 0. CO-CHAIR OF THE BOARD X X X 0. 0. 0. 0. (17) WILLOW BAY 0.50 X X 0. 0. 0. 0. VICE CHAIR X X X 0. 0. 0. 0.	VP, EDUCATION & PUBLIC PRO						Х		226,294.	0.	24,052.
(16) ELAINE P. WYNN 0.50 CO-CHAIR OF THE BOARD X X (17) WILLOW BAY 0.50 VICE CHAIR X X 0. 0. 0. 0. 0. 0.		0.50	-								
CO-CHAIR OF THE BOARD X X 0. 0. 0. 0. (17) WILLOW BAY 0.50			Х		Х				0.	0.	0.
(17) WILLOW BAY 0.50 VICE CHAIR X X 0. 0. 0.		0.50	1_								
VICE CHAIR X X 0. 0. 0.			Х	-	Х	-	-		0.	0.	0.
		0.50	ł							_	_
	-		Х		X				0.	0.	

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Form 990 (2023) MUSEUM ASSOCIATES 95-2264067 Page **8**

Form 990 (2023) MUSEUM ASSOCI	LATES								95-226406	Page •
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)	(D)	(E)	(F)						
Name and title	Name and title Average hours per					than o s both		Reportable compensation	Reportable compensation	Estimated amount of
	week					r/trus		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	or dire	a a			ted		organization	(W-2/1099-MISC/	from the
	related	stee	truste			pensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	nal tru	onal		ploye	ee com		1099-NEC)		and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(18) ROBERT KOTICK	0.50				_					
VICE CHAIR		Х		Х				0.	0.	0.
(19) WILLIAM H. AHMANSON	0.50									
TRUSTEE		Х						0.	0.	0.
(20) H.E. SHEIKHA AL MAYASSA BINT HA	0.50									
TRUSTEE		Х						0.	0.	0.
(21) WALLIS ANNENBERG	0.50									
TRUSTEE		Х						0.	0.	0.
(22) MARK ATTANASIO	0.50									
TRUSTEE		Х						0.	0.	0.
(23) THE HONORABLE NICOLE AVANT	0.50									
TRUSTEE		Х						0.	0.	0.
(24) THE HONORABLE COLLEEN BELL	0.50									
TRUSTEE		Х						0.	0.	0.
(25) DR. REBECKA BELLDEGRUN	0.50									
TRUSTEE		Х						0.	0.	0.
(26) ALLISON BERG	0.50									
TRUSTEE		Х						0.	0.	0.
1b Subtotal								5,293,027.	731,762.	1,664,340.
c Total from continuation sheets to Part VI	, Section A							0.	0.	0.
d Total (add lines 1b and 1c)	<u></u>							5,293,027.	731,762.	1,664,340.

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

Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

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

(A) Name and business address	(B)	(C)
Name and business address	Description of services	Compensation
CLARK CONSTRUCTION GROUP		
18201 VON KARMAN, STE 800, IRVINE, CA 92612	CONSTRUCTION	132,598,294.
ALLIED UNIVERSAL SECURITY SERVICES, P.O.		
BOX 31001-2374, PASADENA, CA 91110-2374	SECURITY	6,687,878.
SKIDMORE, OWINGS & MERRILL LLP, 15 WALL		
STREET, 24TH FLOOR, NEW YORK, NY 10005	ARCHITECTURAL CONSULTING	5,743,185.
UNISERVE PROJECT MANAGEMENT, 5211		
WASHINGTON BLVD., STE. 2 #158, COMMERCE,	CUSTODIAL SERVICES	1,463,134.
ANCHOR STREET COLLECTIVE		
2831 ANCHOR AVENUE, LOS ANGELES, CA 90064	EVENT PRODUCTION	1,449,827.
2 Total number of independent contractors (including but not limited to	o those listed above) who received more than	
\$100,000 of compensation from the organization	37	
		000

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2023)

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Form 990 MUSEUM ASSOCIATES 95-2264067

Form 990 MUSEUM ASSO	CIATES								95-22640)67
Part VII Section A. Officers, Directors, T	rustees, Key Er	nplo	yee	s, ar	nd H	ligh	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	ı		Reportable	Reportable	Estimated
	hours	(cl	neck	all t	that	app	ly)	compensation	compensation	amount of
	per week (list any hours for related organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	_	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
	line)	Indivic	Institu	Officer	Key en	Highes	Former			
(27) NICOLAS BERGGRUEN	0.50									
TRUSTEE		Х						0.	0.	0
(28) SUZANNE DEAL BOOTH	0.50									
TRUSTEE		х						0.	0.	0.
(29) ANDREW BRANDON-GORDON	0.50									
TRUSTEE		х						0.	0.	0.
(30) JON BROOKS	0.50									
TRUSTEE		х						0.	0.	0.
(31) TROY CARTER	0.50									-
TRUSTEE	1.00	х						0.	0.	0.
(32) EVA CHOW	0.50								••	
TRUSTEE	0.30	х						0.	0.	0.
(33) ANN COLGIN	0.50		\vdash					· ·	٠.	
TRUSTEE	0.30	х						0.	0.	0.
(34) JANET CROWN	0.50	Λ						0.	0.	0
TRUSTEE	0.30	x						0.	0.	0.
(35) KELVIN DAVIS	0.50	Λ						0.	٠.	0,
TRUSTEE	0.50	x						0.	0.	0.
(36) JOSHUA S. FRIEDMAN	0.50	Λ	\vdash			\vdash		0.	٠.	0
TRUSTEE	0.50	x						0.	0.	0
(37) THELMA GOLDEN	0.50	Λ						0.	٠.	0
TRUSTEE	0.50	x						0.	0	0
(38) SUSAN HESS	0.50	Λ						0.	0.	0
	0.50	.,							0	
TRUSTEE AND WORKEN	0.50	Х						0.	0.	0
(39) MELLODY HOBSON	0.50									
TRUSTEE	0.50	Х	_			_		0.	0.	0
(40) VICTORIA JACKSON	0.50	ł							•	
TRUSTEE	0.50	Х						0.	0.	0
(41) DAVID KAPLAN	0.50	ł							•	
TRUSTEE		Х						0.	0.	0
(42) SUZANNE KAYNE	0.50	-							_	_
TRUSTEE		Х						0.	0.	0
(43) LYN DAVIS LEAR	0.50	1_								_
TRUSTEE	1	Х				_		0.	0.	0
(44) BOOJIN LEE	0.50	-								
TRUSTEE		Х	_			_		0.	0.	0.
(45) CHEECH MARIN	0.50	1								
TRUSTEE	1	Х	_			_		0.	0.	0.
(46) RICHARD MERKIN, M.D.	0.50	-								
TRUSTEE	1	Х	ı		i l	ı	İ	0.	0.	0.

Form 990 MUSEUM ASSOCIATES 95-2264067

Form 990 MUSEUM ASSO	OCIATES								95-22640)67
Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average			Posi	ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all t	that	app	ly)	compensation	compensation	amount of
	per week (list any hours for related	stee or director	ustee			Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related
	organizations	altrus	ınal tr		loyee	dwoo				organizations
	below line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest (Former			
(47) ASHLEY MERRILL	0.50									
TRUSTEE		Х						0.	0.	0.
(48) WENDY STARK MORRISSEY	0.50									
TRUSTEE		Х						0.	0.	0.
(49) WENDI MURDOCH	0.50									
TRUSTEE		Х						0.	0.	0.
(50) JANE NATHANSON	0.50									
TRUSTEE		Х						0.	0.	0.
(51) DASHA ZHUKOVA NIARCHOS	0.50									
TRUSTEE		Х						0.	0.	0.
(52) PETER NORTON	0.50									
TRUSTEE		Х						0.	0.	0.
(53) GEOFF PALMER	0.50									
TRUSTEE		Х						0.	0.	0.
(54) RICH PAUL	0.50							_	_	_
TRUSTEE		Х						0.	0.	0.
(55) VIVECA PAULIN-FERRELL TRUSTEE	0.50	х						0.	0.	0.
(56) JANET DREISEN RAPPAPORT	0.50							· · ·	· ·	•
TRUSTEE	3.55	х						0.	0.	0.
(57) CARTER REUM	0.50									
TRUSTEE		Х						0.	0.	0.
(58) LIONEL RITCHIE	0.50									
TRUSTEE		Х						0.	0.	0.
(59) ROBBIE ROBINSON	0.50									
TRUSTEE		Х						0.	0.	0.
(60) STEVEN F. ROTH	0.50									
TRUSTEE		Х						0.	0.	0.
(61) CAROLE BAYER SAGER	0.50									
TRUSTEE		Х						0.	0.	0.
(62) RYAN SEACREST	0.50									
TRUSTEE		Х						0.	0.	0.
(63) FLORENCE SLOAN	0.50	-						_	_	_
TRUSTEE	0.50	Х						0.	0.	0.
(64) ERIC SMIDT	0.50								^	_
TRUSTEE C CMOOVE	0.50	Х						0.	0.	0.
(65) MICHAEL G. SMOOKE	0.50	х							^	^
TRUSTEE (66) JONATHAN D. SOKOLOFF	0.50	Α.						0.	0.	0.
TRUSTEE	0.50	X						0.	0.	0.
INOUIEE		Λ		1 1				۱ ۰۰۱	0.	L 0.

Form 990 MUSEUM ASSOCIATES 95-2264067

Form 990 MUSEUM ASSOC	CIATES								95-22640	067
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employe	ees (continued)	
(A)	(B)		(D)	(E)	(F)					
Name and title	Average				C) sition	ı		Reportable	Reportable	Estimated
	hours	(cl			that		ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_)yee		the	organizations	compensation
	(list any	recto				em plc		organization	(W-2/1099-MISC)	from the
	hours for	ordi	e e			ated		(W-2/1099-MISC)		organization
	related organizations	ustee	trust		ee	ubeus				and related
	below	dual tr	tiona	١.	nploy	stcor	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) ANDY SONG	0.50									
TRUSTEE		х						0.	0.	0.
(68) JIM TANANBAUM	0.50									
TRUSTEE		х						0.	0.	0.
(69) STEVE TISCH	0.50									
TRUSTEE		х						0.	0.	0.
(70) MAGGIE TSAI	0.50									
TRUSTEE		х	L	L	L	L	L	0.	0.	0.
(71) CASEY WASSERMAN	0.50									
TRUSTEE		Х						0.	0.	0.
(72) GREGORY ANNENBERG WEINGARTEN	0.50									
TRUSTEE		Х						0.	0.	0.
(73) JEFF YABUKI	0.50									
TRUSTEE		Х						0.	0.	0.
		-								
			_							
		-								
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		-								
					[
Total to Part VII, Section A, line 1c										

95-2264067

Form 990 (2023) MUSEUM ASSO Part VIII Statement of Revenue

		Check if Schedule O conta	ins a response o	or note to any lin	e in this Part VIII			X
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
SS	1 a	Federated campaigns	1a					
ant		Membership dues		3,716,265.				
جَ جَ		Fundraising events		3,822,650.				
ffs,		Related organizations		0,022,000.				
Contributions, Gifts, Grants and Other Similar Amounts				509,212.				
Sir		Government grants (contribution		305,212.				
utic	1	All other contributions, gifts, grants		79,907,950.				
ë		similar amounts not included abov						
o d	_	Noncash contributions included in lines 1:	a-1f 1g \$	5,862,793.	87,956,077.			
O a	<u>n</u>	Total. Add lines 1a-1f		Business Code	07,330,077.			
	•	COUNTY OPERATING CONTR		900099	34 833 000	34 833 000		
ice	2 a	ADMISSIONS		900099	34,833,000.	34,833,000.		
er v	р	PARKING REVENUE			4,451,243.	4,451,243.		
n S	С			900099	3,326,236.	3,326,236.		
yrar Re	d	EXHIBITION REVENUE		900099	1,629,066.	1,629,066.		
Program Service Revenue	е	SPECIAL PROJECT REVENU		900099	442,482.	442,482.		
_	f	All other program service rever	nue	900099	610,449.	610,449.		
	g				45,292,476.			
	3	Investment income (including of			14 407 747		420 105	14 056 040
	_	other similar amounts)			14,427,747.		-429,195.	14,856,942.
	4	Income from investment of tax		roceeds	F00 207			F00 207
	5	Royalties		(*) D	509,287.			509,287.
			(i) Real	(ii) Personal				
		Gross rents 6a	2,175,935.					
		Less: rental expenses 6b	0.					
		Rental income or (loss) 6c	2,175,935.		0.455.005			0.455.005
		Net rental income or (loss)		/::\ O!!	2,175,935.			2,175,935.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory 7a	4,800,956.					
	b	Less: cost or other basis						
e		and sales expenses	0.					
Revenue		Gain or (loss) 7c						
		Net gain or (loss)		EE SCHEDULE O	4,800,956.			4,800,956.
ther	8 a	Gross income from fundraising eve	I					
ᄚ			650. of					
		contributions reported on line	′ I					
		Part IV, line 18	I					
			<u>8b</u>	4,242,285.				
		Net income or (loss) from funda	-		0.			
	9 a	Gross income from gaming act	I					
		Part IV, line 19						
			<u>9b</u>					
		Net income or (loss) from gami						
	10 a	Gross sales of inventory, less r		1 245 001				
		and allowances		1,347,881.				
		Less: cost of goods sold		649,351.	600 530	600 530		
\rightarrow	С	Net income or (loss) from sales	of inventory	Desire C :	698,530.	698,530.		
2		EOOD GEDUTGEG		Business Code	040 501	040 501		
eor re	11 a			900099	248,591.	248,591.		F 660
Miscellaneous Revenue	b			900099	5,660.			5,660.
Se Se	С							
Μis		All other revenue			254 251			
					254,251.	46,020,505	100 105	22 242 722
	12	Total revenue. See instructions			156,115,259.	46,239,597.	-429,195.	22,348,780.

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Form 990 (2023) MUSEUM ASSOCIATES Part IX Statement of Functional Expenses

De	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	$\label{prop:continuous} \mbox{Grants and other assistance to domestic organizations}$				
	and domestic governments. See Part IV, line 21	46,000.	46,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	29,054.	29,054.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign $% \left\{ 1,2,\ldots \right\}$				
	individuals. See Part IV, lines 15 and 16	3,500.	3,500.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	4,701,801.	1,486,773.	2,287,987.	927,043
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	29,063,267.	21,990,901.	3,950,356.	3,122,010
8	Pension plan accruals and contributions (include	SEE SCHEDULE 0			
	section 401(k) and 403(b) employer contributions)	-2,996,240.	-1,910,822.	-766,707.	-318,711
9	Other employee benefits	3,569,976.	2,592,461.	599,182.	378,333
10	Payroll taxes	2,237,144.	1,635,057.	363,239.	238,848
11	Fees for services (nonemployees):				
а	Management				
b	Legal	362,745.	98,690.	264,055.	
	Accounting	97,641.		97,641.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	57,600.			57,600
f	Investment management fees	1,573,322.		1,573,322.	·
g	Other. (If line 11g amount exceeds 10% of line 25,	, ,			
9	column (A), amount, list line 11g expenses on Sch O.)	10,465,128.	9,748,014.	358,271.	358,843
12	Advertising and promotion	198,019.	183,715.	12,884.	1,420
13	Office expenses	4,109,174.	2,768,580.	758,434.	582,160
14	Information technology	1,934,708.	1,303,284.	487,124.	144,300
15	Royalties	30,686.	29,538.	990.	158
16		14,225,693.	13,082,794.	720,394.	422,505
10 17	Occupancy	1,248,717.	1,006,826.	42,694.	199,197
	Travel Payments of travel or entertainment expenses	2,210,717.	2,000,020.	,	200,20
18					
40	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20		8,432,602.	8,432,602.		
20 21	Interest Payments to effiliates	5,102,002.	0,102,002.		
21	Payments to affiliates	9,267,770.	8,950,773.	316,997.	
	La companya a	1,874,142.	1,863,229.	4,268.	6,645
23	Insurance Other expanses, Itamize expanses not expand	1,071,112.	1,003,223.	1,200.	0,010
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	ART ACQUISITION	8,729,676.	8,729,676.		
b	ART INSTALLATION & PUBL	5,308,168.	5,260,426.		47,742
c	CONSTRUCTION COSTS	930,295.	930,295.		•
d	HOSPITALITY	750,255.	413,186.	24,107.	312,962
-	All other expenses	1,783,782.	1,346,946.	241,853.	194,983
25	Total functional expenses. Add lines 1 through 24e	108,034,625.	90,021,498.	11,337,091.	6,676,030
<u>26</u>	Joint costs. Complete this line only if the organization	, -,	, =,====	, , ,	, , , , , ,
	reported in column (B) joint costs from a combined	CURRENT YEAR:	83.33%	10.49%	6.18%
	educational campaign and fundraising solicitation.	PRIOR YEAR:	83.45%	10.44%	6.10%
	oudoational campaign and fundraising solicitation.	I			

Page **11** Form 990 (2023)
Part X Balance Sheet MUSEUM ASSOCIATES 95-2264067

Ра	rt X	Balance Sneet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			46,797,406.	2	15,935,844
	3	Pledges and grants receivable, net			156,291,235.	3	175,081,994
	4	Accounts receivable, net			2,385,909.	4	5,145,073
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	contributor, or 35%			
		controlled entity or family member of any of th	ese perso	onsL		5	
	6	Loans and other receivables from other disqua	alified per				
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
Ø	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			655,026.	8	777,266
As	9	B ::			155,141.	9	405,710
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		964,789,204.			
	b	Less: accumulated depreciation		133,674,567.	705,005,434.	10c	831,114,637
	11	Investments - publicly traded securities		SEE SCHEDULE O	351,251,950.	11	277,841,769
	12	Investments - other securities. See Part IV, line			244,038,552.	12	275,012,912
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			60,412,964.	15	83,516,577
	16	Total assets. Add lines 1 through 15 (must ed			1,566,993,617.	16	1,664,831,782
	17	Accounts payable and accrued expenses	16,775,923.	17	18,254,906		
	18	Grants payable		18			
	19	Deferred revenue			30,089,476.	19	28,863,419
	20				334,090,837.	20	334,701,751
	21	Escrow or custodial account liability. Complet				21	
w	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub					
ig		controlled entity or family member of any of th				22	
Ë	23	Secured mortgages and notes payable to unre			285,445,422.	23	279,810,449
	24	Unsecured notes and loans payable to unrelate		· · · · · · · · · · · · -		24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin					
		•	•	SEE SCHEDULE O	80,139,847.	25	91,162,482
	26	Total liabilities. Add lines 17 through 25			746,541,505.	26	752,793,007
		Organizations that follow FASB ASC 958, cl					
es		and complete lines 27, 28, 32, and 33.		_			
auc	27				576,792,523.	27	644,321,886
Bal	28	Net assets with donor restrictions			243,659,589.	28	267,716,889.
힏		Organizations that do not follow FASB ASC					
Ξ		and complete lines 29 through 33.	,				
ō	29	Capital stock or trust principal, or current fund	ls			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			820,452,112.	32	912,038,775
Z	33	Total liabilities and net assets/fund balances			1,566,993,617.	33	1,664,831,782.

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Pai	rt XI Reconciliation of Net Assets				
	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			259.
2	Total expenses (must equal Part IX, column (A), line 25)	2			625.
3	Revenue less expenses. Subtract line 2 from line 1	3	48	080,	634.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	820	452,	112.
5	Net unrealized gains (losses) on investments	5	36	416,	429.
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 on Schedule O)	9	7	089,	600.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	912	038,	775.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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?		2b	Х	
	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				
С	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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on School	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

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SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open to Published Inspection

OMB No. 1545-0047

ZUZ3Open to Public

Name of the organization **Employer identification number** MUSEUM ASSOCIATES 95-2264067 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990) 2023 MUSEUM ASSOCIATES 95-2264067 Page 2

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

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

Sec	ction A. Public Support		•	-			
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	,	, ,	, ,	,,	, ,	,
•	membership fees received. (Do not						
	include any "unusual grants.")	106,567,413.	54,878,591.	86,583,680.	130,255,128.	87,956,077.	466,240,889.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	106,567,413.	54,878,591.	86,583,680.	130,255,128.	87,956,077.	466,240,889.
	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)						11,076,893.
6	Public support. Subtract line 5 from line 4.						455,163,996.
	ction B. Total Support						, ,
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	106,567,413.	54,878,591.	86,583,680.	130,255,128.	87,956,077.	466,240,889.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	7,423,336.	1,533,504.	1,543,126.	2,022,687.	2,685,223.	15,207,876.
9	Net income from unrelated business						
_	activities, whether or not the						
	business is regularly carried on	85,265.	83,864.	18,798.			187,927.
10	Other income. Do not include gain	,	·	·			
	or loss from the sale of capital						
	assets (Explain in Part VI.)	378,904.	922,146.	263,573.	262,904.	254,251.	2,081,778.
11	Total support. Add lines 7 through 10	,	,	·	,	,	483,718,470.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	211,641,733.
	First 5 years. If the Form 990 is for the					01(c)(3)	
	organization, check this box and stor			· · · · · · · · · · · · · · · · · · ·			
Sed	tion C. Computation of Publi						
14	Public support percentage for 2023 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	94.10 %
15	Public support percentage from 2022	Schedule A, Part I	I, line 14			15	93.81 %
	33 1/3% support test - 2023. If the					ore, check this box	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te				rachian		
b	10% -facts-and-circumstances test	-	•		-		
	more, and if the organization meets the	•				•	
	organization meets the facts-and-circu						
18	Private foundation. If the organization		-		• • •		s
							(Form 990) 2023

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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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired ofter June 20, 1075						
,	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on 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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fir	rst. second. third. 1	ourth, or fifth tax	vear as a section 5	01(c)(3) organizatio	on.
	check this box and stop here			· · · · · · · · · · · · · · · · · · ·			
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2022					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)23 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualit	fies as a publicly s	upported organiza	tion	
b	33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

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Schedule A (Form 990) 2023 MUSEUM ASSOCIATES 95-2264067 Page 4

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

	Yes	No
4		
1		
2		
3a		
3b		
- GD		
3с		
- 00		
4a		
4b		
4c		
5a		
5b		
5c		
•		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Т.,

332024 12-21-23 Schedule A (Form 990) 2023

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а				
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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? 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.	2		
Sec	ction 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)? 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).	1		
Sec	tion D. All Type III Supporting Organizations			1
			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?	1		
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? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. Stion 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		,-		
b				
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	etruction	10)	
2	Activities Test. Answer lines 2a and 2b below.	Struction	Yes	No
a				
	the supported organization(s) to which the organization was responsive? 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.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

332025 12-21-23

<u>Schedule A (Form 990) 2023</u> <u>MUSEUM ASSOCIATES</u> 95-2264067 Page **6**

Pai	art 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	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.			
	All other Type III non-functionally integrated supporting organizations mus		•				
Sect	ion 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					
Sect	ion 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):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	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 0.015 of line 3 (for greater amount,						
	see instructions).	4					
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
_6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functiona	lly integrate	ed Type III supporting orga	nization (see			
	instructions).						

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exer							
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpose							
4	Amounts paid to acquire exempt-use assets		4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5					
6	Other distributions (describe in Part VI). See instructions.		6					
7	Total annual distributions. Add lines 1 through 6.		7					
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions.		8					
9	Distributable amount for 2023 from Section C, line 6		9					
10	Line 8 amount divided by line 9 amount		10					
		(i)	(ii)	(iii)				
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023				
1	Distributable amount for 2023 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2023 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2023							
a	From 2018							
b	From 2019							
c	From 2020							
d	From 2021							
е	From 2022							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2023 distributable amount							
<u>_i</u>	Carryover from 2018 not applied (see instructions)							
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2023 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2023 distributable amount							
c	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2023, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2023. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2024. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2019							
b	Excess from 2020							
С	Excess from 2021							
d	Excess from 2022							
е	Excess from 2023							

SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization **Employer identification number** MUSEUM ASSOCIATES 95-2264067 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures Volunteer hours for political campaign activities Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ______\$ ____ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No 4a Was a correction made? Yes Nο b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2023	MUSEUM ASSOCIATES	95-2264067	Page 2
N		05.0064065	

	(MUSEUM ASSOCIATES				264067 Page 2
Part II-		anization is exen	npt under section	501(c)(3) and file	d Form 5768 (ele	ction under
	section 501(h)).					
A Check	if the filing organiza	tion belongs to an affil	iated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
	expenses, and shar	re of excess lobbying e	xpenditures).			
B Check	if the filing organiza	tion checked box A an	d "limited control" pro	visions apply.		
		ts on Lobbying Exper ditures" means amou			(a) Filing organization's totals	(b) Affiliated group totals
1a Tota	lobbying expenditures to influ	uence public opinion (g	rassroots lobbying)			
b Tota	lobbying expenditures to influ	uence a legislative bod	y (direct lobbying)			
c Tota	lobbying expenditures (add li	nes 1a and 1b)				
d Othe	r exempt purpose expenditure	es			108,034,627.	
e Tota	exempt purpose expenditure	s (add lines 1c and 1d)			108,034,627.	
f_Lobb	ying nontaxable amount. Ente	er the amount from the	following table in both	columns.	1,000,000.	
If the	amount on line 1e, column (a) o	r (b) is: The lob	bying nontaxable amo	ount is:		
not c	ver \$500,000,	20% of t	he amount on line 1e.			
over	\$500,000 but not over \$1,000	,000, \$100,00	0 plus 15% of the exce	ess over \$500,000.		
over	\$1,000,000 but not over \$1,50	00,000, \$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
over	\$1,500,000 but not over \$17,0	000,000, \$225,00	0 plus 5% of the exces	s over \$1,500,000.		
over	\$17,000,000,	\$1,000,0	000.			
g Gras	sroots nontaxable amount (en	ter 25% of line 1f)			250,000.	
h Subt	ract line 1g from line 1a. If zer	o or less, enter -0			0.	
	ract line 1f from line 1c. If zero	,			0.	
j If the	re is an amount other than ze	ro on either line 1h or l	ine 1i, did the organiza	tion file Form 4720	_	
repo	ting section 4911 tax for this	year?				Yes No
	(Some organizations the	nat made a section 50	raging Period Under 01(h) election do not h ate instructions for lin	ave to complete all o	f the five columns be	·low.
		Lobbying Exper	ditures During 4-Yea	r Averaging Period		
(or f	Calendar year scal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobb	ying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobb	vina ceilina amount					

(150% of line 2a, column(e)) 6,000,000. 39,179. 3,072. 42,251. c Total lobbying expenditures 250,000. 250,000. 250,000. 250,000. 1,000,000. d Grassroots nontaxable amount e Grassroots ceiling amount 1,500,000. (150% of line 2d, column (e)) f Grassroots lobbying expenditures

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	ch "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		,,	o)
ot the i	lobbying activity.	Yes	No	Amo	ount
1 [During the year, did the filing organization attempt to influence foreign, national, state, or				
ŀ	local legislation, including any attempt to influence public opinion on a legislative matter				
c	or referendum, through the use of:				
a \	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c N	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f (Grants to other organizations for lobbying purposes?				
_	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h F	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912			<u> </u>	
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		05.00	tion	
	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	11 30 1 (0)(3)	, or se	Stion	
art					
art				Yes	N
	Were substantially all (90% or more) dues received nondeductible by members?		1	Yes	N
1 \				Yes	Ne
1 \ 2 [Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	e prior year? n 501(c)(5)	2 3), or se	ction	
1 \ 2 [3 ['art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	e prior year? n 501(c)(5) 'No" OR (I), or seeb) Part	ction	
1 \2 [3 [7] 2 art 1 [2 [8]	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	e prior year? n 501(c)(5) 'No" OR (I), or seeb) Part	ction	
1 \2 [3 [7] 2 art 1 [2 5	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the lill-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	e prior year? n 501(c)(5) 'No" OR (l	2 3), or se b) Part	ction	
11 \\22 [33 [art]	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	e prior year? n 501(c)(5) 'No" OR (l	2 3), or se b) Part	ction	
1 \2 [3 [3] 2 art 1 [2] 2 a (4)	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the lill-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	e prior year? n 501(c)(5) 'No" OR (l	2 3), or see b) Part	ction	
11 \ 22 [2art 11 [22	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the lill-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year	e prior year? n 501(c)(5) 'No" OR (I	2 3), or sec b) Part	ction	
1 \ \22 \ [\ \23 \ [\ \24 \] \] 11 \ [\ \24 \] 6 \ 6 \ 6 \ \ c \ \ \33 \ \A4 \]	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	e prior year? n 501(c)(5) 'No" OR (l	2 3), or sec b) Part	ction	3, is
1 \ \ 22 \ [\] 3 \ [2 \] 1 \ [2 \] 6 \ 6 \ (\) c \ \ 3 \ A \ 4 \ 1 \ \]	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	e prior year? n 501(c)(5) 'No" OR (I	2 3), or sec b) Part	ction	
1 \\2 [3] 2 art 1 [2] 6 6 6 7 7 7 7 7 7 7 7 7 7	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues of notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political section 162(e) to the reasonable estimate of nondeductible lobbying and political section 162(e) dues does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political section 162(e) the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political section 162(e) the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political section 162(e) the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political section 162(e) the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political section 162(e) the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political section 162(e) the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political section 162(e) the organization 162(e) th	e prior year? n 501(c)(5) 'No" OR (I	2 3), or seeb) Part	ction	
11 \\22 \[\frac{1}{2}\] 11 \[\frac{1}{2}\] 22 \[\frac{1}{2}\] 3 \[\hat{A}\] 4 \[\hat{A}\] 6 \[\frac{1}{2}\]	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	e prior year? n 501(c)(5) 'No" OR (l	2 3), or sec b) Part	ction	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

Name of the organization **Employer identification number** MUSEUM ASSOCIATES 95-2264067 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 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? 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

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

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

	Preservation of land for public use (for example, recreation or education)	rically	important land area
	Protection of natural habitat Preservation of a certification of a certification of the certi	fied his	storic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	nserva	tion easement on the last
	day of the tax year.		Held at the End of the Tax Ye
а	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
С	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not		
	on a historic structure listed in the National Register	2d	
2	Number of concernation assemble modified transferred released extinguished or terminated by the organi	zation	during the tay

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

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i)

and section 170(h)(4)(B)(ii)? 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. 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 FASB 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 FASB 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 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

Schedule D (Form 990) 2023

Vear

MUSEUM ASSOCIATES <u> Page</u> **2** Schedule D (Form 990) 2023 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply). X Public exhibition Loan or exchange program X Other PUBLIC EDUCATION X Scholarly research h X Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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? 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 If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c 1d d Additions during the year 1e Distributions during the year Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (d) Three years back (a) Current year (b) Prior year (e) Four years back 158792895. 160494576 175671461 134933568 136803911. **1a** Beginning of year balance 4,428,223 415,215. 1,171,053. 545,054 485,583. Contributions 16762658. 9,341,972. -8930379. 47396179. 5,535,050. Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities 8,253,938. 8,055,506. 9,119,240. 7,203,340. 7,890,976. and programs Administrative expenses 173431519. 160494576. 158792895, 175671461 134933568. End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 50.3000 a Board designated or quasi-endowment Permanent endowment 31.1000 % 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 Yes No organization by: X

organization by:

(i) Unrelated organizations?

(ii) Related organizations?

(iii) Related organizations?

(iii) Related organizations?

(iv) If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

3a(ii) X

3b S

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		32,177,991.		32,177,991.
b Buildings		302,088,709.	118,094,155.	183,994,554.
c Leasehold improvements		11,814,615.	3,610,021.	8,204,594.
d Equipment		13,355,555.	11,970,391.	1,385,164.
e Other		605,352,334.		605,352,334.
Total. Add lines 1a through 1e. (Column (d) must equal	831,114,637.			

Schedule D (Form 990) 2023 MUSEUM ASSOCIATES 95-2264067 Page 3

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.

1	, , , , , , , , , , , , , , , , , , , ,	,
(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) ABSOLUTE RETURN INVESTMENTS	99,687,118.	END-OF-YEAR MARKET VALUE
(B) OTHER PARTNERSHIPS AND OTHER FUNDS	175,325,794.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	275,012,912.	

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)		
otal. (Col. (b) must equal Form 990. Part X. line 13. col. (B))		

Part IX Other Assets

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

(a) Description	(b) Book value
(1) RIGHT OF USE LEASE ASSETS	59,774,494.
(2) NET PENSION BENEFIT ASSET	14,583,046.
(3) PREPAID INTEREST & FEES	9,159,037.
(4)	
(5)	
<u>(6)</u>	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. line 15. col. (B))	83,516,577.

Part X Other Liabilities

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	RIGHT-OF-USE LEASE LIABILITIES	71,000,415.
(3)	INTEREST RATE SWAPS	19,820,000.
(4)	SPLIT-INTEREST AGREEMENT LIABILITIES	342,067.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	91,162,482.

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

2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Contact services and use of facilities c Recoveries of prior year grants c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2 at through 2d 3 155, 941 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 b Other (Describe in Part XIII) c Add lines 4a and 4b c Add lines 3 and 4c. (This must equal Form 990, Part III, line 12) 5 156, 115 Part XIII (Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete If the organization answered "Yes" on Form 990, Part IV, line 12. 1 Total expenses and losses per audited financial statements Complete If the organization answered "Yes" on Form 990, Part IV, line 12. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: a Donated services and use of facilities b Prior year adjustments 2 De Cother losses d Other (Describe in Part XIII) 2 Add lines 2 at through 2 d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IV, line 25, but not on line 1: a Investment expenses in cliculated on Form 990, Part IVII, line 7b 4 Amounts included on Form 990, Part IVII, line 7b 5 Total expenses, Add lines 3 and 4c. (This must equal Form 1990, Part IVII, line 7b 5 Total expenses, Add lines 2 and 4c. (This must equal Form 1990, Part IVII, line 7b 7 Tear 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 IV, line 4; Part IX, line 2, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b, Also complete this part to provide any additional 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 IV, line 4; Part IX, line 2; Part IX, li	1	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total revenue, gains, and other support per audited financial statements			1	198,523,772
a Not unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) 2						, ,
b Donated services and use of facilities		· · · · · · · · · · · · · · · · · · ·	2a	36,416,429.		
C. Recoveries of prior year grants 2c	_			, ,		
d Other (Describe in Part XIII)						
e Add lines 2a through 2d 3 Subtract line 2a from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 1 Total expenses and losses per audited financial Statements With Expenses per Return Complete if the organization answered 'Yes' on Form 990, Part I, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Amounts included on line 1 but not no Form 990, Part IX, line 25: a Donated services and use of facilities 2 De Prior year adjustments 2 De Prior year ad		OH (D. 11 - D. 12011)	1 4 - 1	6,165,630.		
3 155,941 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 173,546. b Other (Describe in Part XIII) 4b 173,546. c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part II, line 12) 5 156,115				, ,	2e	42,582,059
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 b Other (Describe in Part XII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must coust Form 990, Part I, line 12) 5 Total revenue Add lines 3 and 4c. (This must coust Form 990, Part I, line 12) Fart XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered 'Yes' on Form 990, Part I, line 12a. 1 Total expenses and loses be a raudited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 2 2c d Other (Describe in Part XIII) e Add lines 2a through 2d 2 3 Subtract line 2e from line 1 3 99,255 4 Amounts included on Form 990, Part IX, line 15: a Investment expenses not included on Form 990, Part IV, line 7b d Other (Describe in Part XIII) b Other (Describe in Part XIII) c Add lines 2a dand 4b 4 Manualis included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 7b 1 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 11) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Part III						155,941,713
b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) 1 Total expenses and losses per audited financial Statements With Expenses per Return Complete if the organization answered "Nes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: 2 Amounts expressed services and use of facilities 3 Donated services and use of facilities 4 Other (Describe in Part XIII.) 2 Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IV, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 25, but not on line 1: a Investment expenses and lones 3 and 4c. (This must equal Form 990, Part I line 18) 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I line 18) 6 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I line 18) 7 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I line 18) 10 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part II line 18) 11 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part II line 18) 12 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part II line 18) 13 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part II line 18) 14 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part II line 18) 15 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part II line 18) 16 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part II line 18) 17 Total expenses, Add lines 4c. This equal Form 990, Part II line 18) 18 Total expenses, Ad						
b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) 1 Total expenses and losses 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 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: 2 Amounts earlies and use of facilities 3 Donated services and use of facilities 4 Other (Describe in Part XIII.) 2 Add lines 2a through 2d 3 Subtract line 2a from line 1 4 Amounts included on Form 990, Part IV, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 25, but not on line 1: a Investment expenses in thickled on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 25, but not on line 1: a Investment expenses and losses per audited financial statements 4 C 8, 775 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part II line 18) 6 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part II line 18) 7 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part II line 18) 8 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part II line 18) 6 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part II line 18) 7 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part II line 18) 8 Total expenses and losses per audited line in 18, 18, 19, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20	а	Investment expenses not included on Form 990. Part VIII. line 7b	4a			
c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12a. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses 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 2				173,546.		
5 Total revenue. Acid lines 3 and 4c. This must equal Form 990. Part I, line 12). Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses per audited financial statements 2 Amounts included on line 1 but not on Form 990. Part IX, line 25: a Donated services and uses of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 2 Amounts included on Form 990, Part IX, line 25: a Subtract line 2a from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 11: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses and ad 6b 5 Total expenses had lines 3 and 4c. (This must equal Form 990. Part I line 18) 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. Also complete this part to provide any additional information. Part III, LINE 1a: IN CONFORMITY WITH THE PRACTICE FOLLOWED BY MANY MUSEUMS, ART OBJECTS EACH OF THE ITEMS IS CATALOGUED, PRESERVED AND CARED FOR, AND ACTIVITIES. EACH OF THE ITEMS IS CATALOGUED, PRESERVED AND CARED FOR, AND ACTIVITIES. EACH OF THE ITEMS IS CATALOGUED, PRESERVED AND CARED FOR, AND ACTIVITIES. EACH OF THE ITEMS IS CATALOGUED, PRESERVED AND CARED FOR, AND ACTIVITIES. EACH OF THE ITEMS IS CATALOGUED, PRESERVED AND CARED FOR, AND ACTIVITIES. EACH OF THE ITEMS IS CATALOGUED, PRESERVED AND CARED FOR, AND ACTIVITIES. EACH OF THE ITEMS IS CATALOGUED, PRESERVED AND CARED FOR, AND ACTIVITIES. EACH OF THE ITEMS IS CATALOGUED, PRESERVED AND CARED FOR, AND ACTIVITIES. EACH OF THE ITEMS IS CATALOGUED, PRESERVED AND CARED FOR, AND ACTIVITIES. EACH OF THE ITEMS IS CATALOGUED, PRESERVED AND CARED FOR, AND ACTIVITIES.					4c	173,546
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lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART III, LINE 1A: IN CONFORMITY WITH THE PRACTICE FOLLOWED BY MANY MUSEUMS, ART OBJECTS PURCHASED BY OR DONATED TO THE MUSEUM ARE NOT CAPITALIZED IN THE STATEMENT OF FINANCIAL POSITION. THE MUSEUM'S ART COLLECTION IS MADE UP OF ART OBJECTS THAT ARE HELD FOR EXHIBITION AND VARIOUS OTHER PROGRAM ACTIVITIES. EACH OF THE ITEMS IS CATALOGUED, PRESERVED AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY, PURCHASED COLLECTION ITEMS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED.	Par	t XIII Supplemental Information	·/			
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IN CONFORMITY WITH THE PRACTICE FOLLOWED BY MANY MUSEUMS, ART OBJECTS PURCHASED BY OR DONATED TO THE MUSEUM ARE NOT CAPITALIZED IN THE STATEMENT OF FINANCIAL POSITION. THE MUSEUM'S ART COLLECTION IS MADE UP OF ART OBJECTS THAT ARE HELD FOR EXHIBITION AND VARIOUS OTHER PROGRAM ACTIVITIES. EACH OF THE ITEMS IS CATALOGUED, PRESERVED AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. PURCHASED COLLECTION ITEMS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED.						
PURCHASED BY OR DONATED TO THE MUSEUM ARE NOT CAPITALIZED IN THE STATEMENT OF FINANCIAL POSITION. THE MUSEUM'S ART COLLECTION IS MADE UP OF ART OBJECTS THAT ARE HELD FOR EXHIBITION AND VARIOUS OTHER PROGRAM ACTIVITIES. EACH OF THE ITEMS IS CATALOGUED, PRESERVED AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY, PURCHASED COLLECTION ITEMS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED.	PART	III, LINE 1A:				
OF FINANCIAL POSITION. THE MUSEUM'S ART COLLECTION IS MADE UP OF ART OBJECTS THAT ARE HELD FOR EXHIBITION AND VARIOUS OTHER PROGRAM ACTIVITIES. EACH OF THE ITEMS IS CATALOGUED, PRESERVED AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. PURCHASED COLLECTION ITEMS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED.	IN C	ONFORMITY WITH THE PRACTICE FOLLOWED BY MANY MUSEUMS, ART	OBJECTS			
OBJECTS THAT ARE HELD FOR EXHIBITION AND VARIOUS OTHER PROGRAM ACTIVITIES. EACH OF THE ITEMS IS CATALOGUED, PRESERVED AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. PURCHASED COLLECTION ITEMS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED.	PURC	HASED BY OR DONATED TO THE MUSEUM ARE NOT CAPITALIZED IN	THE STATEMENT			
OBJECTS THAT ARE HELD FOR EXHIBITION AND VARIOUS OTHER PROGRAM ACTIVITIES. EACH OF THE ITEMS IS CATALOGUED, PRESERVED AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. PURCHASED COLLECTION ITEMS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED.	OF F	TNANCTAL POSTTION THE MUSEUM'S ART COLLECTION IS MADE UP	OF ART			
EACH OF THE ITEMS IS CATALOGUED, PRESERVED AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. PURCHASED COLLECTION ITEMS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED.						
VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. PURCHASED COLLECTION ITEMS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED.	OBJE	CTS THAT ARE HELD FOR EXHIBITION AND VARIOUS OTHER PROGRA	M ACTIVITIES.			
CONTINUOUSLY. PURCHASED COLLECTION ITEMS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED.	EACH	OF THE ITEMS IS CATALOGUED, PRESERVED AND CARED FOR, AND	ACTIVITIES			
UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED.	VERI	FYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE P	ERFOR M ED			
	CONT	INUOUSLY. PURCHASED COLLECTION ITEMS ARE RECORDED AS DECR	EASES IN			
CONTENT OF LEGITOR THEMS ARE EVOLUTED FROM THE ETNANCIAL STATEMENTS	UNRE	STRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE AC	QUIRED.			
			•			
CONTRIBUTED COLLECTION ITEMS ARE EXCLUDED FROM THE FINANCIAL STATEMENTS.	CONT	RIBGIED COLLECTION ITEMS ARE EXCLUDED FROM THE FINANCIAL	STATEMENTS.			

MUSEUM ASSOCIATES 95-2264067 Schedule D (Form 990) 2023 Page 5 Part XIII Supplemental Information (continued) THE LOS ANGELES COUNTY MUSEUM OF ART (THE "MUSEUM") IS THE PREMIER ENCYCLOPEDIC ART MUSEUM IN THE WESTERN UNITED STATES. THE MUSEUM'S COLLECTION OF OVER 150,000 ARTWORKS FROM AROUND THE WORLD SPANS THE HISTORY OF ART, FROM ANCIENT TO CONTEMPORARY TIMES, INCLUDING ESPECIALLY STRONG COLLECTIONS OF ASIAN, LATIN AMERICAN, EUROPEAN, AND AMERICAN ART. THROUGH ITS VARIED COLLECTIONS. THE MUSEUM IS BOTH A RESOURCE TO AND A REFLECTION OF THE MANY CULTURAL COMMUNITIES AND HERITAGES IN SOUTHERN CALIFORNIA AND THROUGHOUT THE WORLD. PART V, LINE 4: THE EARNINGS OF THE MUSEUM'S ENDOWMENT FUNDS SUPPORT EDUCATION AND ART PROGRAMS, AND THE MISSION OF THE MUSEUM. PART X, LINE 2: THE MUSEUM IS A CALIFORNIA NONPROFIT CORPORATION AND IS EXEMPT FROM TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND IS ALSO EXEMPT FROM STATE FRANCHISE TAXES. IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION TOPIC NO. 740, UNCERTAINTY IN INCOME TAXES, THE MUSEUM RECOGNIZES THE IMPACT OF TAX POSITIONS IN THE FINANCIAL STATEMENTS IF THAT POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED ON AUDIT BASED ON THE TECHNICAL MERITS OF THE POSITION. DURING THE YEAR ENDED JUNE 30, 2024 THE MUSEUM PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS AND DID NOT NOTE ANY MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR WHICH MAY HAVE AN EFFECT ON ITS TAX-EXEMPT STATUS AND TO DATE HAS NOT RECORDED ANY UNCERTAIN TAX Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 MUSEUM ASSOCIATES Part XIII Supplemental Information (continued)		95-2264067	Page 5
POSITIONS.			
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
cogs	649,351.		
	-1,573,322.		
	7,077,941.		
CHANGE IN VALUE OF CRT			
TOTAL TO SCHEDULE D, PART XI, LINE 2D			
	, ,		
DADE VI IINE AD OBUED ADTHORMENING.			
COLLECTION ITEMS SOLD	127,643.		
GIFT ANNUITY RESERVE CHANGE	45,903.		
TOTAL TO SCHEDULE D, PART XI, LINE 4B	173,546.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
COGS			
INVESTMENT MANAGEMENT FEES			
TOTAL TO SCHEDULE D, PART XII, LINE 2D	-923,971.		
PART XII, LINE 4B - OTHER ADJUSTMENTS:			
COLLECTION ITEMS PURCHASED	8,729,676.		
GIFT ANNUITY RESERVE CHANGE	45,903.		
ROUNDING	-1.		
TOTAL TO SCHEDULE D, PART XII, LINE 4B	8,775,578.		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Open to Public

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** MUSEUM ASSOCIATES 95-2264067 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region EAST ASIA AND THE PACIFIC TRAVELING EXHIBITIONS 0. MIDDLE EAST AND NORTH AFRICA TRAVELING EXHIBITIONS 0. 0 0 0. 3 a Subtotal **b** Total from continuation 0 sheets to Part I c Totals (add lines 3a 0. and 3b)

LHA 332071 11-29-23

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

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter tot	al number	of other	organizations	or entities
--------------------	-----------	----------	---------------	-------------

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

ditional space is neede	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	(c) Number of	(c) Number of (d) Amount of		(b) Region (c) Number of recipients (d) Amount of cash grant (e) Manner of cash disbursement (f) Amount of noncash	(b) Region (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of cash disbursement noncash noncash assistance

Schedule F (Form 990) 2023 MUSEUM ASSOCIATES 95-2264067 Page 4

Pari	Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see the Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes."		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing	X Yes	
	Fund (see the Instructions for Form 8621)	X Yes	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see the Instructions for Form 8865)	X Yes	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Ves." the organization may be required to separately file Form 5713. International Roycott Report (see		

the Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2023

Yes X No

332075 11-29-23 Schedule F (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization **Employer identification number** MUSEUM ASSOCIATES 95-2264067 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. X Mail solicitations X Solicitation of non-government grants X Internet and email solicitations X Solicitation of government grants X Phone solicitations X Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) PENNINGTON GRAY LLC - 7 ANNUAL FUND CONSULTATION Yes No WINSTON FARM LANE, FAR HILLS COPYWRITING & PROD. MGMT Х 695,445 45,000 650,445. THE LUKENS COMPANY - 2800 ANNUAL FUND CONSULTATION. COPYWRITING & PROD. MGMT SHIRLINGTON ROAD, 9TH FLOOR Х 190,552 12,600 177,952. 885,997. 57,600. 828 397. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NV, NC, ND, NH, NJ, NM, NY OH, OK, OR, PA, RI, SC, TN, VA, WA, WV, WI

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

Schedule G (Form 990) 2023

SEE PART IV FOR CONTINUATIONS

332081 09-13-23

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 COLLECTOR'S (add col. (a) through COMMITTEE ART & FILM GALA col. (c)) (event type) (event type) (total number) 4,845,848. 3,217,731. 1,356. 8,064,935. 1 Gross receipts 1,351,628 2,469,666. 1,356 3,822,650. 2 Less: Contributions **3** Gross income (line 1 minus line 2) 3,494,220. 748,065. 4,242,285. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 3,494,220. 4,242,285. 9 Other direct expenses 4,242,285. **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 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? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: _

Schedule G (Form 990) 2023

332082 09-13-23

Schedule G (Form 990) 2023 MOSEUM ASSOCIATES	95-226406	/ Page 3
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 former	ed	
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 r	ecords:	
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	ne amount	
of gaming revenue retained by the third party \$		
c If "Yes," enter name and address of the third party:		
Name		
Address		
16 Gaming manager information:		
Name		
Gaming manager compensation \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	,	Yes 🔲 No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sp	ent 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) ar 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ıd (v); and Part III, line	es 9, 9b, 10b,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
(I) NAME OF FUNDRAISER: PENNINGTON GRAY LLC		
(I) ADDRESS OF FUNDRAISER: 7 WINSTON FARM LANE, FAR HILLS, NJ 07931		
(II) ACTIVITY: ANNUAL FUND CONSULTATION, COPYWRITING & PROD. MGMT SERVICES		
(I) NAME OF FUNDRAISER: THE LUKENS COMPANY		
(I) ADDRESS OF FUNDRAISER: 2800 SHIRLINGTON ROAD, 9TH FLOOR, ARLINGTON, VA 22206		
2000 BILINGTON NORD, SIN FROOK, ARRINGTON, VA 22200		

Sche	edule G	(Form 9	990)		MUSE	UM ASS	OCIATES						95	-226406	7	Page 4
Pa	rt IV	Supp	990) olement	al Inf	ormatio	n (conti	nued)									
(II)) ACTI	VITY:	ANNUAL	FUND	CONSULT	TATION,	COPYWRI	TING &	PROD.	MGMT	SERVICES	S				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
MUSEUM ASSOCIA	ATES						95-2264067
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t							
criteria used to award the grants or assis	tance?						X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to I recipient that received more than \$						es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NOT THE THE							
NOT THE INC 2650 N HIGHVIEW AVE							
ALTADENA, CA 91001	85-4257073		16,000.	0	CASH GRANTS	N/A	CURATORIAL
			20,000.				
IYOIYO LLC 1225 CYPRESS AVE STE 3 #V270			45.000				
LOS ANGELES, CA 90065	82-0903372		15,000.	0.	CASH GRANTS	N/A	CURATORIAL
PACIFIC TRADITIONS SOCIETY PO BOX 189							
ANAHOLA, HI 96703-0189	94-3099578	501(C)(3)	15,000.	0.	CASH GRANTS	N/A	CURATORIAL
O Entertate annual and for the EO(1/2)			line d telete				1.
2 Enter total number of section 501(c)(3) ar	-	•	e line 1 table				2,
3 Enter total number of other organizations	s iistea in the line 1	ı ladie					

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

Schedule I (Form 990) 2023

MUSEUM ASSOCIATES 95-2264067 Schedule I (Form 990) 2023 Page 2 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. (e) Method of valuation (book, FMV, appraisal, other) (b) Number of (c) Amount of (a) Type of grant or assistance (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance CURATORIAL 0.CASH N/A 29,054, Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: THE MUSEUM MONITORS THE USE OF GRANT FUNDS ON A CASE-BY-CASE BASIS BUT DOES NOT HAVE OFFICIAL PROCEDURES FOR SUCH MONITORING. GRANT MAKING IS NOT A PRIORITY OF THE MUSEUM. GRANTS ARE MADE ON A CASE-BY-CASE BASIS AND ONLY IF THEY SUPPORT LACMA'S MISSION.

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SCHEDULE J (Form 990)

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.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Employer identification number

95-2264067

Part I Questions Regarding Compensation

MUSEUM ASSOCIATES

Yes No 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. X First-class or charter travel X Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or X reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, X trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee | X | Written employment contract X Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee 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: Х a Receive a severance payment or change-of-control payment? 4a Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b Х **c** Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a Х b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: Х a The organization? 6a Х **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Х 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 MUSEUM ASSOCIATES 95-2264067 Page 2

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

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

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

		(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MICHAEL GOVAN	(i)	1,131,517.	200,000.	195,840.	78,410.	0.	1,605,767.	0.
CEO AND WALLIS ANNENBERG D	(ii)	272,339.	0.	6,708.	0.	259,251.	538,298.	0.
(2) DIANA VESGA	(i)	861,187.	100,000.	0.	39,872.	42,045.	1,043,104.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARK MITCHELL	(i)	290,532.	0.	0.	258,471.	6,256.	555,259.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) NANCY THOMAS	(i)	126,691.	12,500.	0.	64,109.	0.	203,300.	0.
SR. DEPUTY DIRECTORART ADM	(ii)	157,105.	0.	0.	0.	128,811.	285,916.	0.
(5) JEFFREY BLAIR	(i)	388,942.	0.	0.	39,183.	14,278.	442,403.	0.
GENERAL COUNSEL & ASSISTAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ANN ROWLAND	(i)	53,813.	0.	0.	9,739.	0.	63,552.	0.
CHIEF FINANCIAL OFFICER	(ii)	157,915.	0.	0.	0.	179,226.	337,141.	0.
(7) LORI JO HARTMAN	(i)	318,785.	0.	0.	61,592.	14,278.	394,655.	0.
VP, FACILITIES AND SECURIT	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) STEPHANIE BARRON	(i)	85,126.	0.	0.	50,924.	0.	136,050.	0.
SENIOR CURATOR & DEPT. HEA	(ii)	137,695.	0.	0.	0.	120,616.	258,311.	0.
(9) DIANA MAGALONI-KERPEL	(i)	275,528.	0.	0.	60,634.	34,146.	370,308.	0.
DEPUTY DIRECTOR, PROGRAM D	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ELIZABETH WIATT	(i)	282,083.	0.	0.	32,406.	14,278.	328,767.	0.
SVP, DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JENNIFER FIONA RAGHEB	(i)	281,225.	0.	20,000.	6,820.	14,278.	322,323.	0.
DEPUTY DIRECTOR FOR CURATORIAL & EXH	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) TIFFANY AUGUST	(i)	221,228.	0.	0.	35,506.	24,274.	281,008.	0.
AVP, PEOPLE & CULTURE	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) BRITT SALVESEN	(i)	221,736.	0.	0.	44,389.	6,496.	272,621.	0.
CURATOR & DEPT HEAD	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) NAIMA KEITH	(i)	226,294.	0.	0.	12,312.	11,740.	250,346.	0.
VP, EDUCATION & PUBLIC PRO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 3

Schedule J (Form 990) 2023

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

2023
Open to Public Inspection

Name of the organization

MUSEUM ASSOCIATES

Employer identification number 95-2264067

(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issu	ue price	(f) Description	on of purpose	(g) De	feased	(h) On			
							Yes	No	 			-
							1.00		100	-10		
63-0304653	13034AN30	01/21/21	228,5	500,000.R	EFUNDING OF	2017 BONDS	5	х		х		х
63-0304653	13034AN48	01/21/21	71,5	500,000.R	EFUNDING OF	2017 BONDS	;	х		х		Х
63-0304653	13034ACT5	06/10/21	43,0	00,000.R	EFUNDING OF	2013 BONDS	5	х		х		Х
				F	UNDING LACM	A EAST CAME	US					
95-6000927	2020SERA1	11/03/20	301,2	292,146.P	ROJECT			х		х		Х
		Α			В	С				D		
Total proceeds of issue			500,000.	7	71,500,000.	43,	000,000	٠.		301,	,292,	146.
										1,	,292,	146.
		228	500,000.	7	71,500,000.	43,	000,000	٠.		300,	,000,	000.
			2010		2010		2010				2025	
		Yes	No	Yes	No	Yes	No		Yes		No	
issue of tax-exempt	bonds (or,											
ue)?		Х		Х		Х				\perp		Х
Were the bonds issued as part of a refunding issue of taxable bonds (or, if		1								- 1		
issue of taxable bor	ıds (or, if											
issue of taxable bor sue)?	•		Х		х		Х					х
	•	X	Х	х	Х	Х	Х		Х			<u>x</u>
	63-0304653 63-0304653 95-6000927	63-0304653 13034AN48 63-0304653 13034ACT5 95-6000927 2020SERA1	63-0304653	63-0304653 13034AN30 01/21/21 228,5 63-0304653 13034AN48 01/21/21 71,5 63-0304653 13034ACT5 06/10/21 43,0 95-6000927 2020SERA1 11/03/20 301,2 A 228,500,000. 228,500,000. Yes No issue of tax-exempt bonds (or,	63-0304653 13034AN30 01/21/21 228,500,000.R 63-0304653 13034AN48 01/21/21 71,500,000.R 63-0304653 13034ACT5 06/10/21 43,000,000.R 95-6000927 2020SERA1 11/03/20 301,292,146.P A 228,500,000. 228,500,000. Yes No Yes issue of tax-exempt bonds (or,	63-0304653 13034AN30 01/21/21 228,500,000. REFUNDING OF 63-0304653 13034AN48 01/21/21 71,500,000. REFUNDING OF 63-0304653 13034ACT5 06/10/21 43,000,000. REFUNDING OF 95-6000927 2020SERA1 11/03/20 301,292,146. PROJECT A B 228,500,000. 71,500,000. 228,500,000. 71,500,000. 228,500,000. 71,500,000. 301,292,146. PROJECT	63-0304653 13034AN30 01/21/21 228,500,000. REFUNDING OF 2017 BONDS 63-0304653 13034AN48 01/21/21 71,500,000. REFUNDING OF 2017 BONDS 63-0304653 13034ACT5 06/10/21 43,000,000. REFUNDING OF 2013 BONDS 95-6000927 2020SERA1 11/03/20 301,292,146. PROJECT A B C 228,500,000. 71,500,000. 43, 228,500,000. 71,500,000. 43, 228,500,000. 71,500,000. 43, 228,500,000. 71,500,000. 43, 228,500,000. 71,500,000. 43, 228,500,000. 71,500,000. 43, 228,500,000. 71,500,000. 43, 228,500,000. 71,500,000. 43, 228,500,000. 71,500,000. 43, 228,500,000. 71,500,000. 43, 228,500,000. 71,500,000. 43, 228,500,000. 71,500,000. 43, 228,500,000. 71,500,000. 43, 228,500,000. 71,500,000. 43, 228,500,000. 71,500,000. 43, 228,500,000. 71,500,000. 43,	Yes No Yes Y	Yes No Yes Yes	Of is Yes No Yes Yes	Column C	A B C D

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

Schedule K (Form 990) 2023

Х

Х

final allocation of proceeds?

Х

Schedule K (Form 990) 2023 MUSEUM ASSOCIATES 95-2264067 Page 2

Par	t III Private Business Use								
			4	E	3	(Ç)
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		Х		Х		Х		Х
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		Х		Х		Х		Х
За	Are there any management or service contracts that may result in private								
	business use of bond-financed property?	Х		Х		Х		Х	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?	Х		Х		X		Х	
С	Are there any research agreements that may result in private business use of								
	bond-financed property?		Х		Х		Х		Х
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities						l		
	other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a								
	result of unrelated trade or business activity carried on by your organization,								
	another section 501(c)(3) organization, or a state or local government		%		%		%		%
_6	Total of lines 4 and 5		%		%		%		%
7	Does the bond issue meet the private security or payment test?		Х		Х		Х		Х
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		Х		Х		Х		Х
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		<u>%</u>
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?	Х		Х		Х		Х	
Par	t IV Arbitrage								
			4	E	3	(Ç])
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		Х		Х		Х		Х
_2	If "No" to line 1, did the following apply?								ı
a	Rebate not due yet?	Х		Х		X		Х	
<u>b</u>	Exception to rebate?	Х		Х		Х			Х
<u>c</u>	No rebate due?		Х		Х		Х		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed								,
3	Is the bond issue a variable rate issue?	Х		Х		Х			X

Schedule K (Form 990) 2023 MUSEUM ASSOCIATES 95-2264067 Page **3**

Part IV Arbitrage (continued)	Part IV	Arbitrage	(continued)
-------------------------------	---------	-----------	-------------

	Ą		В		Ç		D	
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Х		X		Х		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		Х		Х		Х
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		Х		Х		Х
7 Has the organization established written procedures to monitor the		•			·			
requirements of section 148?		Х		Х		х		X

Part V Procedures To Undertake Corrective Action

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?

 A
 B
 C
 D

 Yes
 No
 Yes
 No
 Yes
 No

 X
 X
 X
 X
 X
 X

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

PART I LINE C AND LINE D:

ON NOVEMBER 3, 2020 THE MUSEUM ENTERED INTO A FUNDING AGREEMENT WITH THE COUNTY OF LOS ANGELES (THE COUNTY) WHEREBY THE COUNTY LOANED THE MUSEUM \$300,000,000 TO HELP FUND THE MUSEUM'S BUILDING FOR THE PERMANENT COLLECTION PROJECT FROM PROCEEDS OF LEASE REVENUE BONDS THAT THE COUNTY ISSUED. UNDER THE AGREEMENT THE MUSEUM IS RESPONSIBLE FOR THE REPAYMENT OF ALL DEBT SERVICE RELATED TO THE \$300,000,000 TO THE COUNTY, ALL DEBT SERVICE IS TO BE PAID TO THE COUNTY IN JUNE EACH FISCAL YEAR FOR THE DEBT SERVICE DUE IN THE FOLLOWING FISCAL YEAR AND THE REPAYMENT OBLIGATION IS SUBORDINATE TO ALL MUSEUM EXISTING INDEBTEDNESS.

ON JUNE 10, 2021, \$171,500,000 IN BONDS WERE ISSUED BY CA

INFRASTRUCTURE & ECONOMIC DEVELOPMENT BANK AS A REFUNDING OF BONDS

ORIGINALLY ISSUED IN 2013. OF THAT AMOUNT, \$128,500,000 WAS REDEEMED

LEAVING THE OUTSTANDING AMOUNT INDICATED IN PART I, LINE C OF

\$43,000,000 WHICH WAS EXTENDED ON MAY 14, 2024.

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Nam	ne of the organization							Em	ploye	r ident	ificati	on nu	mber
		USEUM ASSO								54067			
Pa	rt I Excess Bene	efit Transa	ctions (section :	501(c)(3), sect	ion 501(c)(4), and sec	ction 501(c)(29) org	janizatio	ons on	ıly)			
	Complete if the o	organization a	ınswered "Yes" on	Form 9	90, Pa	art IV, line 25a or 25b	; or Form 990-EZ,	Part V,	line 40)b.			
1	(a) Name of disqualified p	orson (I	b) Relationship be			ified) Description of tr	neactic	nn.		(d)	(d) Corrected	
	(a) Name of disqualified p	Derson	person and	organiza	ation	,,	c) Description of tra	ansacu	JII		Y	es	No
(1)													
(2)											\perp		
(3)													
(4)											4		
(5)											+		
(6)													
2	Enter the amount of tax i	ncurred by th	e organization ma	nagers	or disc	qualified persons dur	ing the year under						
3	Enter the amount of tax,	if any, on line	2, above, reimbur	rsed by	the or	ganization			\$				
Da	rt II Loans to and	l/or From I	Interested Pe	reone									
ı a					000 F7	Doubly Bas 00s and	F 000 D+ IV	l' 00-					
	•	•				, Part V, line 38a, or	Form 990, Part IV,	line 26;	or if th	ne orga	anızatı	on	
			990, Part X, line 5,	<u> </u>	an to or	(a) Original	(A) Deleveredos	1	A In	(h) Ap	proved	(:) \/	/ritton
	(a) Name of interested person	(b) Relationsl		fron	n the	(e) Original principal amount	(f) Balance due		ı) In ault?	by bo	ard or	(,)	Vritten ement?
	i i				From			Yes	т —	Yes		Yes	т —
(1)				To	FIOIII			165	No	165	No	162	No
<u>(1)</u> <u>(2)</u>													
(3)				1									1
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Tota						\$							
Pa	rt III Grants or As	sistance B	Benefiting Inte	reste	d Per	sons							
	Complete if the o	organization a	ınswered "Yes" on	Form 9	990, Pa	art IV, line 27.							
	(a) Name of interested p	person	(b) Relationshi	p betwe	en	(c) Amount of	(d) Typ	e of		(е) Purp	ose o	f
			interested pe		d	assistance	assista	ınce		;	assista	ance	
			the organi	zation									
_(1)									_				
(2)													
(3)													
(4)													
(5)													
(6)													

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

Schedule L (Form 990) 2023

(7) (8) (9)
 Schedule L (Form 990) 2023
 MUSEUM ASSOCIATES
 95-2264067
 Page 2

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	3b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		aring of ation's ues?
				Yes	No
(1)JOSHUA S. FRIEDMAN	TRUSTEE	160,907.	SEE PART V	Х	
(2)JONATHAN SOKOLOFF	TRUSTEE	6,069.	SEE PART V	Х	
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Part V Supplemental Information					
Provide additional information for resp	onses to questions on Schedule L. See i	nstructions.			
SCH L, PART IV, BUSINESS TRANSACTIONS	INVOLVING INTERESTED PERSONS:				
(A) NAME OF PERSON: JOSHUA S. FRIEDMAN					
(B) RELATIONSHIP BETWEEN INTERESTED PE	RSON AND ORGANIZATION:				
TRUSTEE					
(C) AMOUNT OF TRANSACTION \$ 160,907.					
(D) DESCRIPTION OF TRANSACTION: INV. M	GMT FEES				
MR. FRIEDMAN IS ALSO A FOUNDER, CO-CHA	IR AND CO-CHIEF EXECUTIVE OFF	CER			
FOR CANYON CAPITAL ADVISORS LLC (CCA,	LLC), AN INVESTMENT FIRM THAT	IS			
PAID FOR MANAGEMENT SERVICES FOR INVES	TING FUNDS OF THE ORGANIZATION	١,			
WHICH ARE BASED IN PART, ON REVENUES F	ROM THE PERFORMANCE OF THESE				
				_	
INVESTMENTS. MUSEUM ASSOCIATES INVESTE	D WITH CCA, LLC IN 2005, FOUR	YEARS			

PRIOR TO MR. FRIEDMAN JOINING THE BOARD. MUSEUM ASSOCIATES HAS NOT

INVESTED ANY ADDITIONAL FUNDS IN CCA, LLC SINCE THE DATE OF THE INITIAL

INVESTMENT.

LESS THAN 2% OF THE MUSEUM'S TOTAL PORTFOLIO IS INVESTED WITH MR.

FRIEDMAN'S FIRM.

FEES ARE BASED ON A PERCENTAGE OF ASSETS UNDER INVESTMENT MANAGEMENT AND

AN INCENTIVE FEE BASED ON THE INVESTMENT PERFORMANCE.

(E) SHARING OF ORGANIZATION REVENUES? = YES

Schedule L (Form 990) 2023

19520428 701224 4530

Schedule L	(Form 990) MUSEUM ASSOCIATES	95-2264067	Page 2
Part V	Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instruction	ne)	<u> </u>
(A) NAME	OF PERSON: JONATHAN SOKOLOFF	<u></u>	
(B) RELAT	FIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:		
TRUSTEE			
(C) AMOUN	NT OF TRANSACTION \$ 6,069.		
(D) DESCE	RIPTION OF TRANSACTION: INV. MGMT FEES		
MR. SOKOI	LOFF IS ALSO A MANAGING PARTNER OF LEONARD GREEN & PARTNERS L.P.,		
AN INVEST	TMENT FIRM THAT IS PAID FOR MANAGEMENT SERVICES FOR INVESTING		
FUNDS OF	THE ORGANIZATION, WHICH ARE BASED IN PART, ON REVENUES FROM THE		
PERFORMAN	NCE OF THESE INVESTMENTS. MUSEUM ASSOCIATES INVESTED WITH LEONARD		
GREEN & I	PARTNERS IN 2012, TWO AND A HALF YEARS PRIOR TO MR. SOKOLOFF		
JOINING T	THE BOARD. MUSEUM ASSOCIATES HAS MADE NO NEW INVESTMENT		
COMMITMEN	NTS WITH LEONARD GREEN & PARTNERS SINCE THE DATE OF THE INITIAL		
INVESTMEN	VT.		
LESS THAN	N 1% OF THE MUSEUM'S TOTAL PORTFOLIO IS INVESTED WITH MR.		
SOKOLOFF	'S FIRM.		
FEES ARE	BASED ON A PERCENTAGE OF ASSETS UNDER INVESTMENT MANAGEMENT AND		
AN INCENT	TIVE FEE BASED ON THE INVESTMENT PERFORMANCE.		
(E) SHAR	ING OF ORGANIZATION REVENUES? = YES		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

MUSEUM ASSOCIATES

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

Attach to Form 990.

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

Inspection
Employer identification number

95-2264067

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	(d) Method of de noncash contribu	termin		s
1	Art - Works of art	Х	143	,	SEE PART II			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	34	5 862 793	. FMV OF AVG. STOC	K VAL	UE	
10	Securities - Closely held stock			-,,				
11	Securities - Partnership, LLC, or							
••								
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
10								
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	`							
27	,							
28	Other () Other ()							
29	Number of Forms 8283 received by the organization	zation during	the tax year for o	ontributions				
	for which the organization completed Form 82	-	•				29	
	101 Which the organization completed form 02	00, 1 alt v, L	onee Acknowledg	ement 29			Yes	No
302	During the year, did the organization receive b	v contributio	n any property rep	orted in Part I lines 1 throu	igh 28 that it		163	140
ooa	must hold for at least 3 years from the date of	-	* * * * *		-			
	exempt purposes for the entire holding period'					30a		х
h	If "Yes," describe the arrangement in Part II.	·				30a		
31	Does the organization have a gift acceptance	oolicy that re	equires the review (of any nonstandard contrib	ıtions?	31	Х	
	Does the organization hire or use third parties							
JZa			_	•		32a	х	
h	If "Yes," describe in Part II.					UZa		
33	If the organization didn't report an amount in c	olumn (c) for	r a type of property	y for which column (a) is ch	ackad			
-	describe in Part II.		a type of property	To writer column (a) is on	Jonou,			

332141 09-11-23

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

Schedule M (Form 990) 2023

Supplemental information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, LINE 32B:
THE MUSEUM USES BROKERS TO SELL SECURITIES AND USES AUCTION HOUSES AND
ART DEALERS TO SELL WORKS ON CONSIGNMENT.
SCHEDULE M, LINES 1 AND 33:
IN CONFORMITY WITH THE PRACTICES OF MANY MUSEUMS, ART OBJECTS PURCHASED
OR DONATED TO THE MUSEUM ARE NOT CAPITALIZED IN THE STATEMENT OF
FINANCIAL POSITION. THE MUSEUM'S ART COLLECTION IS MADE UP OF ART
OBJECTS THAT ARE HELD FOR EXHIBITION AND VARIOUS OTHER PROGRAM
ACTIVITIES. EACH OF THE ITEMS IS CATALOGUED, PRESERVED AND CARED FOR,
AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION
ARE PERFORMED CONTINUOUSLY. PURCHASED COLLECTION ITEMS ARE RECORDED AS
DECREASES IN NET ASSETS WITHOUT DONOR RESTRICTIONS IN THE YEAR IN WHICH
THE ITEMS ARE ACQUIRED. CONTRIBUTED COLLECTION ITEMS ARE EXCLUDED FROM
THE FINANCIAL STATEMENTS.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

2023 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection
Employer identification number

MUSEUM ASSOCIATES 95-2264067 PART I & PART III LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO SERVE THE PUBLIC THROUGH THE COLLECTION. CONSERVATION. EXHIBITION AND INTERPRETATION OF SIGNIFICANT WORKS OF ART FROM A BROAD RANGE OF CULTURES AND HISTORICAL PERIODS. AND THROUGH TRANSLATION OF THESE COLLECTIONS INTO MEANINGFUL EDUCATIONAL, AESTHETIC, INTELLECTUAL AND CULTURAL EXPERIENCES FOR THE WIDEST ARRAY OF AUDIENCES. THE LOS ANGELES COUNTY MUSEUM OF ART (THE "MUSEUM") IS THE PREMIER ENCYCLOPEDIC ART MUSEUM IN THE WESTERN UNITED STATES. THE MUSEUM'S COLLECTION OF OVER 150,000 ARTWORKS FROM AROUND THE WORLD SPANS THE HISTORY OF ART. FROM ANCIENT TO CONTEMPORARY TIMES. INCLUDING ESPECIALLY STRONG COLLECTIONS OF ASIAN, LATIN AMERICAN, EUROPEAN, AMERICAN ART. THROUGH ITS VARIED COLLECTIONS. THE MUSEUM IS BOTH A RESOURCE TO AND A REFLECTION OF THE MANY CULTURAL COMMUNITIES AND HERITAGES IN SOUTHERN CALIFORNIA AND THROUGHOUT THE WORLD, THIS FISCAL YEAR, THE MUSEUM PRESENTED 23 EXHIBITIONS AND PERMANENT COLLECTION INSTALLATIONS, ACQUIRED 284 NEW WORKS OF ART, PROVIDED PROGRAMS FOR 23,076 SCHOOL CHILDREN. TOTAL ATTENDANCE AT THE MUSEUM WAS 873,825. FORM 990, PART I, LINE 8: THE DECREASE IN CONTRIBUTIONS FROM FISCAL YEAR END 06/30/23 TO FISCAL YEAR END 06/30/24 IS ATTRIBUTABLE TO LOWER GIFTS FOR LACMA'S BUILDING CAMPAIGN AS CONSTRUCTION PROGRESSES.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

Employer identification number Name of the organization MUSEUM ASSOCIATES 95-2264067 FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: THE MUSEUM COLLECTS WORKS OF ART IN ALL MEDIA, FROM EVERY HISTORICAL PERIOD, AND FROM EVERY CORNER OF THE GLOBE TO ENHANCE ITS PERMANENT COLLECTION. EXPENSES REFLECT FUNDS PAID BY THE MUSEUM FOR THE ACQUISITION OF ART WORKS, BUT DO NOT REFLECT THE VALUE OF IN-KIND GIFTS OF ART. THE MUSEUM OFFERS MANY EDUCATIONAL OUTREACH PROGRAMS IN LOCAL SCHOOLS AND ON-SITE FOR CHILDREN AND TEENS AS WELL AS CLASSES AND OTHER PROGRAMS AND INTERPRETIVE MATERIALS FOR COLLEGE STUDENTS AND ADULTS. EXPENSES \$ 13,828,934. INCLUDING GRANTS OF \$ 0. REVENUE \$ 44,152,948. FORM 990, PART VI, SECTION A, LINE 1A: THE MUSEUM'S BYLAWS ESTABLISH AN EXECUTIVE COMMITTEE AS ONE OF ITS STANDING COMMITTEES ELECTED ANNUALLY BY THE BOARD OF TRUSTEES. THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO ACT, BETWEEN MEETINGS OF THE BOARD OF TRUSTEES, ON BEHALF OF THE BOARD OF TRUSTEES, SUBJECT TO CERTAIN EXCEPTIONS, INCLUDING THOSE SET FORTH IN APPLICABLE STATE LAW. THE SCOPE OF THE COMMITTEE'S AUTHORITY, INCLUDING THE EXCEPTIONS THERETO, IS SET FORTH IN THE BYLAWS OF THE MUSEUM, WHICH ARE PUBLISHED ON THE MUSEUM'S WEBSITE. THE COMMITTEE IS COMPRISED OF THE CO-CHAIRS OF THE BOARD. THE CHAIRS OF EACH STANDING COMMITTEE OF THE BOARD AND OTHER TRUSTEES ELECTED BY THE BOARD. ALL MEMBERS OF THE COMMITTEE ARE VOTING TRUSTEES. FORM 990, PART VI, SECTION A, LINE 2: WALLIS ANNENBERG, TRUSTEE, AND GREGORY ANNENBERG WEINGARTEN, TRUSTEE ARE MOTHER AND SON.

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page **2**

Employer identification number Name of the organization MUSEUM ASSOCIATES 95-2264067 FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED BY OUTSIDE TAX ACCOUNTANTS AND REVIEWED AND APPROVED BY THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES. ONCE APPROVED BY THE AUDIT COMMITTEE, THE AUDIT COMMITTEE REPORTS TO THE FULL BOARD OF TRUSTEES AND THE RETURN IS MADE AVAILABLE TO THE REST OF THE BOARD BEFORE IT IS ELECTRONICALLY FILED. FORM 990, PART VI, SECTION B, LINE 12C: THE CHAIRMAN OF THE AUDIT COMMITTEE SENDS AN ANNUAL CONFLICT OF INTEREST DISCLOSURE FORM TO EACH TRUSTEE, AND, WITH THE OFFICE OF GENERAL COUNSEL, MONITORS RESPONSES AND FOLLOWS UP WITH TRUSTEES TO ACHIEVE AS HIGH A RESPONSE RATE AS POSSIBLE. THE OFFICE OF GENERAL COUNSEL REVIEWS THESE FORMS AND REPORTS SIGNIFICANT CONFLICTS TO THE AUDIT COMMITTEE, WHICH REVIEWS ANY SPECIFIC TRANSACTIONS THAT MIGHT INVOLVE A CONFLICT OF INTEREST WITH A TRUSTEE. THE GENERAL COUNSEL OF THE MUSEUM SENDS OFFICERS, KEY EMPLOYEES, AND OTHERS AN ANNUAL CONFLICT OF INTEREST FORM, WHICH KEY EMPLOYEES ARE ASKED TO COMPLETE AND RETURN, WHO REVIEWS SUCH FORMS FOR POSSIBLE CONFLICTS AND MONITORS COMPLIANCE WITH LACMA'S ETHICS POLICY INCLUDING THE CONFLICT OF INTEREST POLICIES CONTAINED IN THE ETHICS POLICY. FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION OF THE CEO AND DIRECTOR OF LACMA IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES, WITH THE PARAMETERS ESTABLISHED BY THE MULTI-YEAR EMPLOYMENT AGREEMENT ENTERED INTO BY LACMA AND THE CEO AND DIRECTOR IN 2022.

<u>Schedule O (Form 990) 2023</u> Page **2**

Employer identification number Name of the organization MUSEUM ASSOCIATES 95-2264067 THE DIRECTOR ANNUALLY DETERMINES THE COMPENSATION OF EACH OF THE OTHER OFFICERS AND KEY EMPLOYEES. IN EACH CASE, THE COMPENSATION IS BASED ON (1) THE EMPLOYEE'S PERFORMANCE DURING THE PRIOR YEAR; (2) THE CONTEXT OF LACMA'S OVERALL OPERATING BUDGET; AND (3) COMPARABILITY DATA FOR PERSONS HOLDING SIMILAR POSITIONS IN SIMILAR ORGANIZATIONS. SUCH COMPARABILITY DATA IS GENERALLY PREPARED BY SENIOR MANAGEMENT. INCLUDING THE CHIEF FINANCIAL OFFICER AND THE AVP OF HUMAN RESOURCES AND INCLUDES A REVIEW OF PUBLICLY FILED FORMS 990 OF OTHER, COMPARABLE INSTITUTIONS. THE PROPOSED COMPENSATION FOR ALL OFFICERS AND KEY EMPLOYEES AND THE UNDERLYING DATA, INCLUDING THE PERFORMANCE REVIEWS AND COMPARABILITY ANALYSES, ARE PRESENTED TO THE AUDIT COMMITTEE, TO DETERMINE WHETHER, IN THE AUDIT COMMITTEE'S JUDGMENT, SUCH PROPOSED COMPENSATION IS APPROPRIATE, FAIR AND REASONABLE TO LACMA. THE APPROVAL OF THE AUDIT COMMITTEE IS REPORTED TO THE FULL BOARD OF TRUSTEES AT ITS NEXT REGULARLY SCHEDULED MEETING. NOTE THAT LACMA DOES NOT HAVE A SEPARATE "COMPENSATION COMMITTEE". THE AUDIT COMMITTEE FUNCTIONS AS THE COMPENSATION COMMITTEE. ALL MEMBERS OF THE AUDIT COMMITTEE ARE INDEPENDENT TRUSTEES OF LACMA. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NC, ND, NH, NJ, NM, NY, OR, PA, RI, SC, TN VA,WV,WI FORM 990, PART VI, SECTION C, LINE 19: ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, INFORMATIONAL RETURNS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST AND ON

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** MUSEUM ASSOCIATES 95-2264067 THE MUSEUM'S WEBSITE. THE WHISTLEBLOWER POLICY, POLICY ON REVIEW OF EXECUTIVE COMPENSATION, BOARD POLICY ON DIVERSITY, AND COLLECTIONS MANAGEMENT POLICY ARE ALSO MADE AVAILABLE ON THE MUSEUM'S WEBSITE. PART VII, SECTION A & SCHEDULE J, PART II ALTHOUGH THE COUNTY OF LOS ANGELES IS NOT A "RELATED ORGANIZATION" COMPENSATION PAID BY THE COUNTY OF LOS ANGELES TO CERTAIN OFFICERS AND EMPLOYEES OF THE MUSEUM LISTED IN PART VII AND SCHEDULE J, IS INCLUDED IN THE INTEREST OF TRANSPARENCY AND FULL DISCLOSURE. FORM 990, PART VII AND SCHEDULE J THE TITLES LISTED ON FORM 990 PART VII AND SCHEDULE J PART II ARE FOR THE FISCAL YEAR THIS RETURN COVERS, AS OF 6/30/2024, WHILE COMPENSATION AMOUNTS ARE FOR THE CALENDAR YEAR ENDING IN THE FISCAL YEAR, PER 990 INSTRUCTIONS. FORM 990, PART VIII, LINE 7B: PROCEEDS FROM SALE OF SECURITIES: LACMA HAS INVESTMENT ACCOUNTS AND HEDGE FUNDS WITH MANY STOCK TRANSACTIONS. DUE TO THE LARGE QUANTITY OF STOCK TRANSACTIONS, THIS INFORMATION IS NOT INCLUDED IN THE RETURN.

FORM 990, PART IX, LINE 8:

AS IS TYPICAL FOR DEFINED BENEFIT PLANS, WHEN INTEREST RATES RISE, THE

PLAN'S FUNDED STATUS IMPROVES. THE SAME OCCURS WHEN THE ACTUAL RETURN

ON PLAN ASSETS EXCEEDS THE EXPECTED RETURN. A MATERIAL INCREASE IN THE

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** 95-2264067 MUSEUM ASSOCIATES APPLICABLE INTEREST RATES AND A SIGNIFICANT EXCESS OF ACTUAL OVER EXPECTED PLAN ASSETS RESULTED IN A SUBSTANTIAL DECREASE IN PENSION EXPENSE TO THE POINT THAT EXPENSES WERE NEGATIVE FOR FY24. FORM 990, PART X, LINES 2 AND 11: THE DECREASE ON THESE LINES REFLECT SPENDING OF CAMPAIGN PROCEEDS ON CONSTRUCTION PROJECT. FORM 990, PART X, LINE 10C: THE INCREASE ON THIS LINE REFLECTS CAPITALIZING SPENDING ON LACMA'S NEW BUILDING FOR THE PERMANANENT COLLECTION. FORM 990, PART X, LINE 25: THE INCREASE IN OTHER LIABILITIES IS PRINCIPALLY TIED TO AN INCREASE IN LEASE LIABILITIES, RECOGNIZING A LONG-TERM LEASE FOR ART STORAGE. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: UNREALIZED GAINS (LOSSES) ON INTEREST RATE SWAP 7,077,940. CHANGE IN VALUE OF CRT 11,660. TOTAL TO FORM 990, PART XI, LINE 9 7,089,600. FORM 990, PART XII, LINE 2C: THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT. THE MUSEUM PERIODICALLY CHANGES AUDIT FIRMS OR ROTATES PARTNERS WITHIN OUR CONTRACTED FIRM.

Name of the organization	Employer identification number 95-2264067
MUSEUM ASSOCIATES	95-2264067

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

Department of the Treasury Internal Revenue Service

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of	the organization MUSEUM ASSOCIATES					E	mployer identific 95-2264067	cation nu	ımber
Part I	Identification of Disregarded Entities. Comp	lete if the organization answered "Yes	" on Form 990, Part IV, line 33	3.					
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-year	assets	s Direct c	(f) ontrolling ntity	9
Part II	Identification of Related Tax-Exempt Organi organizations during the tax year.	zations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, t	pecause it had one o	or mor	re related tax-exer	mpt	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dire	(f) rect controlling entity	cont ent	g) 512(b)(13) rolled tity?
					501(c)(3))			Yes	No

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

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 MUSEUM ASSOCIATES 95-2264067 Page **2**

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	ontrolling created, unrelated, excluded from tax under sections 512-514) Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income end-of-year assets Share of total end-of-year assets Yes No K-1 (Form		Share of Disproportionate end-of-year allocations? Code V-U amount in I	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or Programment of Control	Percentage ownership			
		foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes I	lo	
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
CRT (2)								162	INO
5905 WILSHIRE BLVD.									
LOS ANGELES, CA 90036	TRUST	CA	N/A	TRUST					х

MUSEUM ASSOCIATES 95-2264067 Schedule R (Form 990) 2023 Page 3

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

b	Gift, grant, or capital contribution to related organization(s)				1b		X	
С	Gift, grant, or capital contribution from related organization(s)		1c		Х			
d	Loans or loan guarantees to or for related organization(s)				1d		Х	
е	Loans or loan guarantees by related organization(s)				1e		Х	
f	Dividends from related organization(s)				1f		Х	
	Sale of assets to related organization(s)				1g		Х	
h	Purchase of assets from related organization(s)				1h		Х	
i	Exchange of assets with related organization(s)				1i		Х	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х	
ı					11		Х	
	 i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction threshold 							
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Х	
0	Sharing of paid employees with related organization(s)				10		X	
р	Reimbursement paid to related organization(s) for expenses				1p		X	
q	Reimbursement paid by related organization(s) for expenses				1q		X	
r	Other transfer of cash or property to related organization(s)				1r		X	
s	Other transfer of cash or property from related organization(s)				1s		Х	
2	If the answer to any of the above is "Yes," see the instructions for information on who must	t complete this	s line, including covered re	elationships and transaction thresholds.				
		(b) Insaction Tipe (a-s)	(c) Amount involved	(d) Method of determining amount invo	olved			
1)								
2)								
3)								
4)								
_,								
5)								
٥,								
6)				Out of the) /Fam::	000) (2000	
3216	63 09-28-23			Schedule F	ና (Form	990) 2	2023	

Yes No

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Schedule R (Form 990) 2023 MUSEUM ASSOCIATES 95-2264067 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0000