PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury

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

A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change FRIST ART MUSEUM Name change 62-1731492 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 615-244-3340 919 BROADWAY 24,037,671. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 37203 NASHVILLE, TN H(a) Is this a group return Applica-tion pending F Name and address of principal officer: SETH FEMAN, Yes X No for subordinates? SAME AS C ABOVE __Yes **H(b)** Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)(insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.FRISTARTMUSEUM.ORG H(c) Group exemption number K Form of organization: X Corporation Association Other L Year of formation: 1998 M State of legal domicile: TN ☐ Trust Part I Summary Briefly describe the organization's mission or most significant activities: HIGH QUALITY EXHIBITIONS WITH **Activities & Governance** RELATED EDUCATIONAL PROGRAMS AND COMMUNITY OUTREACH ACTIVITIES. 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 85 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 213 Total number of volunteers (estimate if necessary) 6 217,943. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 15,137,195. $\overline{13,7}10,438.$ Contributions and grants (Part VIII, line 1h) 8 1,434,369. 1,507,238. Program service revenue (Part VIII, line 2g) 10,601. 433,390. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 645,387. 539,254. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 16,190,320. 17,227,552. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 5,857,935. 5,879,918. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) 4,400. **b** Total fundraising expenses (Part IX, column (D), line 25) 6,788,234. 7,430,029. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 12,646,169. 13,314,347. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,581,383. 2,875,973. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 32,978,116. 35,413,391 Total assets (Part X, line 16) 2,207,794 2,282,532. 21 Total liabilities (Part X, line 26) 三年 30,695,584. 33,205,597 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign SETH FEMAN, PH.D., EXECUTIVE DIRECTOR & CEO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 11/14/24 P00713593 FRANCES E. LEAHY FRANCES E. LEAHY Paid self-employed Firm's name KRAFTCPAS PLLC Firm's EIN 62-0713250 Preparer Firm's address 555 GREAT CIRCLE ROAD Use Only Phone no. 615-242-7351 NASHVILLE, TN 37228 X Yes May the IRS discuss this return with the preparer shown above? See instructions

Pa	Till Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
_	
1	Briefly describe the organization's mission: TO PRESENT AND ORIGINATE HIGH QUALITY EXHIBITIONS WITH RELATED
	EDUCATIONAL PROGRAMS AND COMMUNITY OUTREACH ACTIVITIES.
	EDUCATIONAL INCOMEND AND COMMONITY CONTINUES ACTIVITIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 7,412,152. including grants of \$) (Revenue \$1,073,892.) EXHIBITIONS: HOSTED TRAVELING ART EXHIBITIONS FROM THE UNITED STATES
	AND ABROAD, AS WELL AS INTERNAL DEVELOPMENT OF ART EXHIBITIONS ON A
	DIVERSE RANGE OF THEMES
	DIVERSE TARIOL OF PRESENT
41.	7
4b	(Code:) (Expenses \$ 2,031,939. including grants of \$) (Revenue \$27,581.) EDUCATION AND ENGAGEMENT: OFFERED A WIDE VARIETY OF ACCESSIBLE AND
	AFFORDABLE PROGRAMS DESIGNED TO ASSIST PEOPLE OF ALL AGES AND
	BACKGROUDS TO BECOME MORE KNOWLEDGEABLE AND APPRECIATIVE OF ART.
4c	(Code:) (Expenses \$ 842,714. including grants of \$) (Revenue \$ \$ 405,765.)
40	(Code:) (Expenses \$
	MEMBER AND GUEST EXPERIENCE THROUGH GALLERY GUIDANCE. EXHIBITION
	CONTENT IS MADE AVAILABLE TO MEMBERS AND GUESTS THROUGH MEMBER
	PUBLICATIONS, AUDIO GUIDES, AND EXHIBITION BROCHURES.
	·
ا- ۸	Other program convices (Describe on Schodule O.)
4 0	Other program services (Describe on Schedule O.) (Expenses \$ 386,750 • including grants of \$) (Revenue \$ 319,606 •)
4e	Total program service expenses 10,673,555.
	Form 990 (2023)

Form 990 (2023) FRIST ART MUSEUM
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	X	
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		Х
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		Х
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,	_ <u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
8	, ,		Х	
•	Schedule D, Part III	8	Λ	
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		X
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,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_ X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	Х	
h	, , , , , , , , , , , , , , , , , , ,	IZa	- 21	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406	Х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	21	x
13	Did the approximation projection on office approximation of the United Obstaco	13	v	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_X_	
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		X
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			\ _{3,7}
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		<u> X</u>
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		<u> </u>
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	<u> </u>
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		X
20a	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		Х
		_		_

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Form 990 (2023) FRIST ART MUSEUM
Part IV Checklist of Required Schedules (continued)

	(SOMMOS)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		х
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		Х
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		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See 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		_X_
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
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	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
•	contributions? If "Yes," complete Schedule M	30		<u>X</u>
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	20		х
22	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	- 55		
5 †	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D-	Note: All Form 990 filers are required to complete Schedule 0	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
,	5.to the number of the total of 5 1000 5 0. Year 11		Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Ia 142 Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable Ib 0	4		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
C	(gambling) winnings to prize winners?	1c	х	
	\ <u>U</u>	,	1	

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023) FRIST ART MUSEUM
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2a	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	. 3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. 4a		X
b	If "Yes," enter the name of the foreign country	_		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	. <u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			,,
	any contributions that were not tax deductible as charitable contributions?	. <u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		37	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		x
لم	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		Α_
d	• • • • • • • • • • • • • • • • • • • •	7e		х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
9 h	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?	·· ——		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	. 13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	,			
_	organization is licensed to issue qualified health plans There the amount of recovers on hand			
C 1/10	Enter the amount of reserves on hand	140		Х
14a				25
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
		15		x
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 23			
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 direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b				
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	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 with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed TN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole
	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 Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	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 books and records			
	CAROL L. VOLLBRECHT - 615-244-3340			
	919 BROADWAY, NASHVILLE, TN 37203			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

(A) Name and title	(B) Average hours per week	box	not c	(C) Position of check more than one nless person is both an and a director/trustee)			n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) SETH FEMAN	40.00	-		3,7				200 020	0.	22 206
EXEC. DIRECTOR & CEO (2) MARK SCALA	40.00			Х				299,928.	0.	23,306.
CHIEF CURATOR	40.00	1			х			170,978.	0.	19,570.
(3) ANNE HENDERSON	40.00	-			^			110,310.	0.	19,370.
DIRECTOR-EDUCATION AND ENG	40.00	1				X		141,288.	0.	16,604.
(4) CAROL VOLLBRECHT	40.00							,	-	,
DIRECTOR-FINANCE				Х				138,759.	0.	14,311.
(5) ELLEN PRYOR	40.00									-
DIRECTOR-COMMUNICATIONS						Х		134,995.	0.	17,767.
(6) HANS SCHMITT-MATZEN	40.00									
DIRECTOR-INTERNAL AFFAIRS						Х		122,676.	0.	27,129.
(7) SHERI HORN	40.00									
DIRECTOR-HUMAN RESOURCES						X		117,162.	0.	14,896.
(8) JONATHAN NORRIS	40.00									
CHIEF DEVELOPMENT OFFICER						X		108,850.	0.	6,231.
(9) WILLIAM R. FRIST	10.00									
CHAIRMAN & PRESIDENT		Х		Х				0.	0.	0.
(10) JACK F. STRINGHAM II	2.00									
SECRETARY				Х				0.	0.	0.
(11) H. LEE BARFIELD II	2.00								_	_
TRUSTEE		Х						0.	0.	0.
(12) CLAY BLEVINS	2.00	l								
TRUSTEE	 	Х						0.	0.	0.
(13) LAURA CHADWICK	2.00	l								
TRUSTEE		Х						0.	0.	0.
(15) ELIZABETH SHAUGHNESSY DENNIS	2.00	 								_
TRUSTEE		Х						0.	0.	0.
(16) KARYN MCLAUGHLIN FRIST	2.00	₩.							^	_
TRUSTEE (17) FRANK M CARRICON ID	2 00	Х	-			-		0.	0.	0.
(17) FRANK M. GARRISON, JR. TRUSTEE	2.00	X						0.	0.	_
(18) HOWARD C. GENTRY	2.00	_^						"	0.	0.
TRUSTEE	2.00	X						0.	0.	0.
	1	21		<u> </u>				0.	0.	Form 990 (2022)

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	KI MOSEON	1							62-1/31	492 Page o
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)	_ '						(D)	(E)	(F)
Name and title	Average	(do		Pos		າ than d	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	person is both an a director/trustee)		n an	compensation	compensation	amount of
	week (list any	_	Cei aii	uau	liecto	T	(66)	from	from related	other
	hours for	lirecto				L		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	9e or (stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		1099-NEC)	, , , , , , , , , , , , , , , , , , , ,	and related
	below	idual	tution	er	Key employee	est co	Jer	·		organizations
	line)	Indiv	Insti	Officer	Key 6	High	Former			
(19) BOB GORDON	2.00									
TRUSTEE		Х						0.	0.	0.
(20) CLAIRE GULMI	2.00									
TRUSTEE		Х						0.	0.	0.
(21) JAMES HARBISON	2.00									
TRUSTEE		Х						0.	0.	0.
(22) AUBREY B. HARWELL, JR.	2.00									
TRUSTEE		Х						0.	0.	0.
(23) MELVIN N. JOHNSON, DBA	2.00									
TRUSTEE		Х						0.	0.	0.
(24) NEIL B. KRUGMAN	2.00									
TRUSTEE		Х				<u> </u>		0.	0.	0.
(25) WANDA LYLE	2.00									
TRUSTEE		Х						0.	0.	0.
(26) KAREN MOORE	2.00									
TRUSTEE		Х						0.	0.	0.
(27) JAMAAL B. SHEATS	2.00									
TRUSTEE		Х						0.	0.	0.
1b Subtotal								1,234,636.	0.	139,814.
c Total from continuation sheets to Part	VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								1,234,636.	0.	139,814.

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

3 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

4 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

5 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) Description of services	(C) Compensation
DSI SECURITY SERVICES		
P.O. BOX 7163, DOTHAN, AL 36302	SECURITY SERVICES	796,954.
MAXWELL ROOFING & SHEET METAL, INC.		
2500 DICKERSON ROAD, NASHVILLE, TN 37207	ROOFING SERVICES	672,265.
WOLFE WOODWORKING	EXHIBITION	
1220 GARFIELD AVENUE, MARINETTE, WI 54143	CONSTRUCTION	410,501.
TRANSPORT CONSULTANTS INTERNATIONAL, INC.,		
30 UNION AVENUE SOUTH, 2ND FLOOR,	EXHIBITION SHIPPING	390,657.
BOHAN ADVERTISING		
124 12TH AVENUE SOUTH, NASHVILLE, TN 37203	ADVERTISING	353,882.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization 15		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2023)

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Form 990 FRIST ART MUSEUM 62-1731492

Part VII Section A Officers Directors Tru										1492
Section A. Onicers, Directors, Irt	est (Compensated Employees (continued)								
(A) Name and title	(B) Average hours			(C Pos	C) ition that			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(28) JOHN SMITHWICK TRUSTEE	2.00	Х						0.	0.	0.
(29) JOE N. STEAKLEY TRUSTEE	2.00	Х						0.	0.	0.
(30) DEBORAH E. STORY TRUSTEE	2.00	х						0.	0.	0.
(31) JULIE W. WALKER TRUSTEE	2.00	х						0.	0.	0.
(32) GAIL WILLIAMS TRUSTEE	2.00	X						0.	0.	0.
								, , , , , , , , , , , , , , , , , , ,		

Form 990 (2023)
Part VIII

ment of Revenue
ment of Reven

		Check if Schedule O cor	ntains a response o	or note to any lin	e in this Part VIII			
		Check if Concadic C con	itamo a response c	or mote to uny iiii	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
'0 '0	_	a Federated campaigns 1a						300010113 0 12 0 14
Contributions, Gifts, Grants and Other Similar Amounts	1		4.	765,295.				
S S		b Membership dues		,				
ts, An		c Fundraising events	11	952,746.				
ig ig			1d	2,384,678.				
ons, Simi		e Government grants (contribu		1,255,782.				
e ë		f All other contributions, gifts, gra		0 251 025				
년 된		similar amounts not included ab	***	8,351,937.				
id di		g Noncash contributions included in line	s 1a-1f 1g \$	7,037,055.	40 =40 400			
<u>a</u> <u>C</u>		h Total. Add lines 1a-1f			13,710,438.			
				Business Code				
Ce	2			713990	1,073,892.	1,073,892.		
e vi		b MEMBERSHIP REVENUE		713990	405,765.	405,765.		_
Sco		c EDUCATION PROGRAM FEE	S	713990	27,581.	27,581.		_
e a		d						
Program Service Revenue		e						
ā		f All other program service rev						
		g Total. Add lines 2a-2f			1,507,238.			
	3	Investment income (including	g dividends, intere	st, and				
		other similar amounts)			433,390.			433,390.
	4	Income from investment of t	ax-exempt bond p	roceeds				
	5	Royalties						
			(i) Real	(ii) Personal				
	6	a Gross rents6	ia	251,870.				
		b Less: rental expenses 6	6b	33,927.				
		c Rental income or (loss) 6	ic	217,943.				
		d Net rental income or (loss)			217,943.		217,943.	
	7	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory 7	a 7,037,055.					
		b Less: cost or other basis						
ne		and sales expenses 7	b 7,037,055.					
her Revenue		c Gain or (loss)7	'c 0.					
Be		d Net gain or (loss)	<u></u>					
Ē	8	a Gross income from fundraising	events (not					
₹		including \$95	2,746. of					
		contributions reported on lin	e 1c). See					
		Part IV, line 18	8a	69,300.				
		b Less: direct expenses	8b	327,698.				
		c Net income or (loss) from fur	ndraising events		-258,398.			-258,398.
	9	a Gross income from gaming a	activities. See					
		Part IV, line 19	9a					
		b Less: direct expenses	9b					
		c Net income or (loss) from ga	ming activities					
	10	a Gross sales of inventory, les	s returns					
		and allowances	10a	732,817.				
		b Less: cost of goods sold	10b	448,671.				
		c Net income or (loss) from sa		284,146.	284,146.			
				Business Code				
Miscellaneous Revenue	11	a PARKING REVENUE		812930	260,103.			260,103.
ane Dut		b MISCELLANEOUS INCOME		812930	35,460.	35,460.		
e e e		с						
Alsc B		d All other revenue	 _					
2		e Total. Add lines 11a-11d			295,563.			
	12	Total revenue. See instructions			16,190,320.	1,826,844.	217,943.	435,095.

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

0(501(-)(0) - 1501(-)(1)			(.)	
Secti	on 501(c)(3) and 501(c)(4) organizations must comp			npiete column (A).	
	Check if Schedule O contains a respon	ise or note to any line in		(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	672,220.	600,258.	23,987.	47 075
	trustees, and key employees	0/2,220.	000,230.	23,301.	47,975.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	4 150 000	2 160 445	606 506	400 050
7	Other salaries and wages	4,172,893.	3,162,445.	606,596.	403,852.
8	Pension plan accruals and contributions (include	400	444 4-4	22 21 -	40
	section 401(k) and 403(b) employer contributions)	188,325.		28,217.	18,438.
9	Other employee benefits	505,676.	384,795.	64,893.	55,988.
10	Payroll taxes	340,804.	254,335.	55,745.	30,724.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	25,700.		25,700.	
	Accounting	40,688.		40,688.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	4,400.			4,400.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	207,731.	109,548.	90,218.	7,965.
12	Advertising and promotion	443,390.	43,835.	398,680.	875.
13	Office expenses	697,497.	519,340.	141,558.	36,599.
14	Information technology				
15	Royalties				
16	Occupancy	1,201,676.	1,074,295.	98,381.	29,000.
17	Travel	248,090.	212,851.	25,664.	9,575.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	712,174.	634,896.	63,126.	14,152.
23	Insurance	204,593.	41,984.	162,609.	
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 0.)				
а	EXHIBITIONS	2,254,681.	2,254,681.		
b	TEMPORARY LABOR	1,051,430.	1,037,026.	14,387.	17.
c	DUES AND LICENSES	221,219.	156,638.	46,946.	17,635.
d	MISCELLANEOUS EXPENSE	97,384.	25,609.	64,872.	6,903.
-	All other expenses	23,776.	19,349.	2,956.	1,471.
25	Total functional expenses. Add lines 1 through 24e	13,314,347.	10,673,555.	1,955,223.	685,569.
26	Joint costs. Complete this line only if the organization	, ,	, , , , , , , ,	, ,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					000

Form 990 (2023)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			9,441,634.	1	1,412,943.
	2	Savings and temporary cash investments			3,700,986.	2	14,024,264.
	3	Pledges and grants receivable, net			903,986.	3	657,069.
	4	Accounts receivable, net			5,481.	4	216,099.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sec	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			257,596.	8	296,221.
Ä	9	Prepaid expenses and deferred charges			1,127,967.	9	1,211,621.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	27,159,318.			
	b	Less: accumulated depreciation		13,448,302.	13,979,813.	10c	13,711,016.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			2 560 652	14	2 004 150
	15	Other assets. See Part IV, line 11			3,560,653.	15	3,884,158.
	16	Total assets. Add lines 1 through 15 (must equ			32,978,116.	16	35,413,391.
	17	Accounts payable and accrued expenses			1,338,627.	17	1,115,284.
	18	Grants payable			830,337.	18	1 000 420
	19	Deferred revenue			030,337.	19	1,000,439.
	20	Tax-exempt bond liabilities		- 4 O - 1 1 - 1 - D		20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst				22	
Lia	23	controlled entity or family member of any of the Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa				27	
		parties, and other liabilities not included on lines	-				
		of Schedule D			113,568.	25	92,071.
	26	Total liabilities. Add lines 17 through 25			2,282,532.	26	2,207,794.
		Organizations that follow FASB ASC 958, che	ck her	e X	·		, ,
es		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions			23,783,122.	27	27,223,094.
Bai	28				6,912,462.	28	27,223,094. 5,982,503.
pu		Organizations that do not follow FASB ASC 9					
Ē		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ed				30	
As	31	Retained earnings, endowment, accumulated in		Г		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			30,695,584.	32	33,205,597.
	33				32,978,116.	33	35,413,391.

Pa	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,19</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	13	,31	<u>4,3</u>	<u>47.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	2	<u>, 87</u>	5,9	73.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	30	,69	5,5	84.
5	Net unrealized gains (losses) on investments	5			5,2	
6	Donated services and use of facilities	6		-71	1,2	04.
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	33	,20	5,5	97.
Pa	t 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: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
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					
	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	X	
	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 X 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 Sche	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 aud	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	

SCHEDULE A

(Form 990)

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

FRIST ART MUSEUM

Employer identification number

								2-1731492	
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	า 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local government	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	-	ntial part of its support fr	om a gove	ernmental	unit or from th	e general _l	public described in
		section 170(b)(1)(A)(vi). (C							
8	Н	A community trust describe							
9	Ш	An agricultural research org				-		-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
40		university:	II	than 00 1/00/ of its accord					
10	ш	An organization that norma activities related to its exem							
		income and unrelated busin		•	` '				•
		See section 509(a)(2). (Coi		(less section of reax) inc	iii busiiles	sses acqui	red by the org	anization	arter durie 30, 1973.
11		An organization organized a		ively to test for public sat	fety See	section 50	09(a)(4).		
12	П	An organization organized a						rv out the	purposes of one or
		more publicly supported or	•	•	•			-	•
		lines 12a through 12d that	~						
а		Type I. A supporting orga	* *			-		-	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organization	n(s), by hav	/ing
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	oorted
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С			grated. A supporting	g organization operated	in connect	tion with, a	and functionall	y integrate	ed with,
	_	its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ections A,	D, and E.		
d							• •	•	* *
		that is not functionally int	-		•		·=	an attentiv	veness
		requirement (see instructi	•	•	•				
е		□ Check this box if the orga □					Type I, Type I	I, Type III	
_	- Cot	functionally integrated, or	vaanizationa		ng organiz	ation.			
		er the number of supported on vide the following information	•	ad organization(s)					
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	ng document?	support (see in	structions)	support (see instructions)
				above (see instructions)		110			
Tota	II						I		I

332021 12-21-23

(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	tion
fails to qualify under the tests listed below, please complete Part III.)	

Sec	Section A. Public Support							
Cale	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.")	11293233.	11048829.	12721620.	<u> 15137195</u> .	13699676.	63900553.	
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	711,204.	711,204.	711,204.	711,204.	711,204.	3556020.	
4	Total. Add lines 1 through 3	12004437.	11760033.	13432824.	15848399.	14410880.	67456573.	
	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)						31287610.	
6	Public support. Subtract line 5 from line 4.						36168963.	
	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	12004437.						
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	24,281.	33,362.	45,103.	10,601.	433,390.	546,737.	
9	Net income from unrelated business	,	•	•	·	·	,	
•	activities, whether or not the							
	business is regularly carried on				76,097.		76,097.	
10	Other income. Do not include gain				.,		. ,	
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						68079407.	
	Gross receipts from related activities,	etc. (see instruction	ins)				,212,366.	
	First 5 years. If the Form 990 is for the	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				, , , , , , , ,	
	organization, check this box and stop							
Sec	tion C. Computation of Publi							
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	column (f))		14	53.13 %	
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	53.11 %	
16a	33 1/3% support test - 2023. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	x and	
	stop here. The organization qualifies						77	
b	33 1/3% support test - 2022. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box	
	and stop here. The organization qual							
17a	10% -facts-and-circumstances test							
	and if the organization meets the fact	-						
	meets the facts-and-circumstances te							
b	10% -facts-and-circumstances test	-			-			
	more, and if the organization meets the	-						
	organization meets the facts-and-circle				-			
18	Private foundation. If the organization							
			•				(Form 990) 2023	

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	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	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.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

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		
_		
За		
3b		
Зс		
4a		
4b		
4c		
F		
5a		
5b		
5c		
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9a		
01-		
9b		
90		
9c		
10a		
.54		
10b		
	n 990)	2023

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Pa	TIV Supporting Organizations (continued)			
		\rightarrow	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	1a		
	,	1b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<u> </u>		1c		
Sec	tion B. Type I Supporting Organizations		1	
			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 englineations and multiported to each period adming 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,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
	tion of Type in Supporting Organizations	$\overline{}$	V	
4	Ways a majority of the expeniention's divectors by twistops during the toy year also a majority of the divectors		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	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	<u>. </u>		
	and 217 in Type in Cupper in g Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	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			
		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			
	, ,	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	tion 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).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	ctions	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? 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	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	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.	Ba		
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 placed by the organization in this regard.	3b		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	g			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations mu						
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					
c	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-function	ally integrate	ed Type III supporting orga	nization (see			

Schedule A (Form 990) 2023

instructions).

	t V Type III Non-Functionally Integrated 509(nizations (continu	red)	Z 1/31432 Page /
Sect	ion D - Distributions	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(continu	cu)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	<u> </u>			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
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)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	S	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				
<u>a</u>	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				
<u>h</u>	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u> </u>	Applied to 2023 distributable amount				
<u>c</u>	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:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
<u> </u>	Excess from 2023				h - dula A (Farrer 000) 0000

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Attach to Form 990, 990-EZ, or 990-PF. Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

Schedule B (Form 990) (2023)

Name of the organization

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

Schedule of Contributors

Employer identification number

FI	RIST ART MUSEUM	62-1731492							
Organization type (check of	Organization type (check one):								
Filers of:	Filers of: Section:								
Form 990 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization								
	4947(a)(1) nonexempt charitable trust not treated as a private foundation								
	527 political organization								
Form 990-PF	501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private foundation								
	501(c)(3) taxable private foundation								
	is covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions.							
General Rule									
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor.								
Special Rules									
sections 509(a)(1) contributor, during	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (2, line 1. Complete Parts I and II.	and that received from any one							
contributor, during literary, or educati	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.								
year, contributions is checked, enter l purpose. Don't co	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$								
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).									

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

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

FRIST ART MUSEUM

62-1731492

FRIST	RIST ART MUSEUM 62					
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution			
1		\$ 7,111,03	Person X Payroll Noncash X (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution			
2		\$ 2,384,67	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution			
3		\$1,108,18	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution			
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Page 3

Name of organization Employer identification number

FRIST ART MUSEUM

62-1731492

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	HCA HEALTHCARE, INC. COMMON STOCK - 21,000 SHARES		
		\$ 5,998,495.	04/28/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	HCA HEALTHCARE, INC. COMMON STOCK - 4,300 SHARES		
		\$ 986,850.	11/13/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		¢	
000450 40.00	<u> </u>	\$	Cabadula D (Farm 000) (0000)

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** FRIST ART MUSEUM 62-1731492 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

323454 12-26-23

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.

OMB No. 1545-0047 Inspection

Name of the organization

FRIST ART MUSEUM

Employer identification number 62-1731492

Par	t I Organizations Maintaining Donor Advised Fund	ls or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing the	nat the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's exclusive	e legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	n writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or donor a	advisor, or for any other purpose	conferring
	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the organization	n answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check		
	Preservation of land for public use (for example, recreation or ed	ducation) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified cons	servation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
_			4.
b			
C	Number of conservation easements on a certified historic structure in		2c
d	Number of conservation easements included on line 2c acquired after		
•	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, released, e	xtinguished, or terminated by the	e organization during the tax
	year	- In a set of	
4	Number of states where property subject to conservation easement is	<u>- </u>	
5	Does the organization have a written policy regarding the periodic mo		Yes No
6	violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing con	
U	Stan and volunteer hours devoted to monitoring, inspecting, narraing	or violations, and emorcing con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of vi	iolations and enforcing conserva	ation easements during the year
•	7 thount of expenses mounted in monitoring, inspecting, nariding of vi	iolations, and officioning conscive	ation casements during the year
8	Does each conservation easement reported on line 2d above satisfy t	he requirements of section 170(h	n)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easen		
	balance sheet, and include, if applicable, the text of the footnote to the	•	
	organization's accounting for conservation easements.	3	
Par	t III Organizations Maintaining Collections of Art, H	istorical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to	report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for public exhib	oition, education, or research in fo	urtherance of public
	service, provide in Part XIII the text of the footnote to its financial state	ements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 958, to rep	ort in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition	on, education, or research in furt	herance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$ <u></u>
2	If the organization received or held works of art, historical treasures, c		
	the following amounts required to be reported under FASB ASC 958 in	relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions for For		Schedule D (Form 990) 2023

	t III Organizations Maintaining C	ollections of Art	, Historical Tre	easures, or	Othe	r Simila		S (conti		age Z
3	Using the organization's acquisition, accession							Toorien	<u>raca</u>	
	collection items (check all that apply).									
а	TT									
b	Scholarly research	е		3 1 3						
С	Preservation for future generations	_								
4	Provide a description of the organization's co	llections and explain	how they further th	ne organizatior	n's exer	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma							Yes	X	No
Par	t IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Par		3				,	,		
	Is the organization an agent, trustee, custodia	an, or other intermedi	ary for contribution	ns or other ass	ets not	included				
	on Form 990, Part X?		-					Yes		No
b	If "Yes," explain the arrangement in Part XIII									
		•	· ·					Amoun	t	
С	Beginning balance					1c				
	Additions during the year									
е	Distributions during the year									
f	Ending balance					1f				
2a	Did the organization include an amount on Fo					lity?		Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds Complete if	the organization ansv	vered "Yes" on Fo	rm 990, Part I\	/, line 1	0.				
		(a) Current year	(b) Prior year	(c) Two years	s back	(d) Three	years back	(e) Four	r years	back
1a	Beginning of year balance	182,275.	199,600.	199	,600.	1	.99,600.		194,	940.
b	Contributions									
С	Net investment earnings, gains, and losses	18,267.	-17,325.	37	,107.		28,246.		26,	318.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	942.		37	,107.		28,246.		21,	658.
f	Administrative expenses									
g	End of year balance	199,600.	182,275.	199	,600.	1	.99,600.		199,	600.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a	i)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment100	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organizat	ion that are held a	nd administere	ed for th	ne		1		
	organization by:								Yes	No
								3a(i)	 -	<u>X</u>
								3a(ii)	X	
b	If "Yes" on line 3a(ii), are the related organiza							3b	Х	
4	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		ment funds.							
Pai	t VI Land, Buildings, and Equipm Complete if the organization answered		Doubly line dde C	S F 000	D-4 V	line 10				
	·			<u> </u>						
	Description of property	(a) Cost or other basis (investment)		t or other		ccumulat		(d) Boo	k value	Э
		<u> </u>	,	(other)	de	preciation		2 71	<u>~ ~ </u>	7 -
	Land		2,/1	.0,375.				2,71	U, 3	13.
b	Buildings		14 00	2 601	0	005 0	<u> </u>	6 16	0 2	26
С	Leasehold improvements			3,601. 9,554.		<u>825,2</u> 929,4	96	6,16	$\frac{6,35}{0,06}$	50.
d	Equipment			5,788.		929, <u>4</u> 693,6				
	Other					093,0		4,50 3,71	<u>4,1</u>	16
ı otal	L AUGUILLES TA HITOUGH TE. (C'Alumn (d) must A	nuai Form 440 Part X	une IDC column	/HU			1 4	· · / I	_ , _ ,	

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 FRIST ART M Part VII Investments - Other Securities		<u> </u>	2-1731492 Page 3
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives			•
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
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 er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (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) FUNDS DEPOSTED WITH FRIST	ART MUSEUM F	OUNDATION	3,589,790.
(2) ENDOWMENT ASSETS			199,600.
(3) RIGHT OF USE ASSETS			94,768.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	I. (B))		3,884,158.
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 2	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILITY			92,071.

1.	1. (a) Description of liability			
(1)	Federal income taxes			
(2)	OPERATING LEASE LIABILITY	92,071.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total.	(Column (h) must equal Form 990 Part X line 25 col (RI)	92,071.		

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

Schedule D (Form 990) 2023

			MUSEUM			1731	L 4 92	Page 4
Part XI	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return							
	Complete if the organization answ	ered "Y	es" on Form 990,	Part IV, line 12a.				
					-	4 =	~ 4 =	252

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements	1	17,345,860.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	345,244.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	345,244.
3	Subtract line 2e from line 1			3	17,000,616.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-810,296.		
С	Add lines 4a and 4b			4c	-810,296.
5	Total revenue Add lines 3 and 4c. (This must accord Form 000 Part I line 12)			5	16 190 320.

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

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	14,835,847.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	711,204.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	810,296.		
е	Add lines 2a through 2d			2e	1,521,500.
3	Subtract line 2e from line 1			3	13,314,347.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b	4c	0.		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	13,314,347.		
Da	rt VIII Supplemental Information				

| 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, LINE 1A:

ALTHOUGH FRIST ART MUSEUM IS A NON-COLLECTING INSTITUTION, MANAGEMENT AGREED TO ACCEPT THE PRIVATE DONATION OF A SCULPTURE IN 2013, WHICH WAS INSTALLED ON THE PROPERTY FOR PUBLIC VIEWING. THE DONATED COLLECTION ITEM IS DEEMED TO BE HELD IN FURTHERANCE OF PUBLIC SERVICE RATHER THAN FOR FINANCIAL GAIN AND, ACCORDINGLY, WILL BE PROTECTED, KEPT ENCUMBERED, CARED FOR, AND PRESERVED. IN THE EVENT FRIST ART MUSEUM DECIDES TO DE-ACCESS THE SCULPTURE, IT WOULD BE DONATED TO ANOTHER NOT-FOR-PROFIT ARTS INSTITUTION. MANAGEMENT HAS ADOPTED A NON-CAPITALIZATION ACCOUNTING POLICY IN REGARD TO THE VALUATION AND REPORTING OF COLLECTED ART OBJECTS. IN ACCORDANCE WITH GAAP, A LINE ITEM CAPTION FOR THE DONATED COLLECTION ITEM IS PRESENTED IN THE STATEMENT OF FINANCIAL POSITION, HOWEVER, NO VALUE HAS BEEN REPORTED

15141114 781331 23474-23474

FOR THIS ITEM.

PART III, LINE 4:

THE SCULPTURE ACQUIRED IN 2013 IS AVAILABLE FOR PUBLIC VIEWING ON THE

PROPERTY AND ITS INSTALLATION IS CONSISTENT WITH FRIST ART MUSEUM'S

MISSION OF PRESENTING HIGH QUALITY VISUAL ART.

PART V, LINE 4:

FRIST ART MUSEUM ESTABLISHED AN ENDOWMENT DURING 2016, UPON AGREEING TO

ACCEPT A RESTRICTED CONTRIBUTION FROM A DONOR. THE PURPOSE OF THIS

ENDOWMENT, AS SPECIFIED BY THE DONOR, IS TO PROVIDE ANNUAL SUPPORT FOR

EXHIBITIONS IN THE CONTEMPORARY ARTISTS' PROJECT GALLERY.

PART X, LINE 2:

MANAGEMENT PERFORMS AN EVALUATION OF ALL INCOME TAX POSITIONS TAKEN OR

EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING FRIST ART MUSEUM'S INCOME

TAX RETURNS TO DETERMINE WHETHER THE INCOME TAX POSITIONS MEET A "MORE

LIKELY THAN NOT" STANDARD OF BEING SUSTAINED UNDER EXAMINATION BY THE

APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS PERFORMED ITS EVALUATION OF

ALL INCOME TAX POSITIONS TAKEN ON ALL OPEN INCOME TAX RETURNS AND HAS

DETERMINED THAT THERE WERE NO POSITIONS TAKEN THAT DO NOT MEET THE "MORE

LIKELY THAN NOT" STANDARD. ACCORDINGLY, THERE ARE NO PROVISIONS FOR INCOME

TAXES, PENALTIES OR INTEREST RECEIVABLE OR PAYABLE RELATING TO UNCERTAIN

INCOME TAX POSITIONS IN THE ACCOMPANYING FINANCIAL STATEMENTS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT SPECIAL EVENT EXPENSES

-327,698.

COST OF SALES

-482,598.

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	RT MUSEUM					Employer ide 62-1731	ntification number
	- Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17		
Indicate whether the organization rais	sed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual cart VII) or entity in connection with previduals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising ding of onal fu	overnment grants nment grants events fficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organization or licensing.			utions	or has been notified	it is e	exempt from re	gistration

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

Schedule G (Form 990) 2023

Schedule G (Form 990) 2023 FRIST ART MUSEUM 62-1731492 Page 2 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 FUNDRAISING	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GALA			col. (c)
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	1,022,046.			1,022,046.
	2	Less: Contributions	952,746.			952,746.
	3	Gross income (line 1 minus line 2)	69,300.			69,300.
	4	Cash prizes				
Ø		Noncash prizes				
esued	6	Rent/facility costs	159,956.			159,956.
Direct Expenses	7	Food and beverages	72,917.			72,917.
Ճ	ı	Entertainment				
	ı	Other direct expenses	00 000			88,036.
	ı	Direct expense summary. Add lines 4 through				320,909.
_	11	Net income summary. Subtract line 10 from li				-251,609.
Pa	rt I	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		ψ10,000 cm cm coo LL, ino ca.	() 5:	(b) Pull tabs/instant		(d) Total gaming (add
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
ш	1	Gross revenue				
	2	Cash prizes				
nses						
Expe	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		·	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
		Not receive in a consequence O debag divine 7	Constant Para de la constant (all)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)	<u></u>		
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
а	ls t	the organization licensed to conduct gaming ac	tivities in each of these s	states?		Yes No
b	lf "	No," explain:				
	_					
		ere any of the organization's gaming licenses re			rear?	Yes No
~		. 50, одран.				

Schedule G (Form 990) 2023 332082 09-13-23

Schedule G (Form 990) 2023 FRIST ART MUSEUM 62	-1/31492 Page
11 Does the organization conduct gaming activities with nonmembers?	Yes
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes N
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	. [100]
The Lines are dadress of the potent this property the organizations garming openial orante source and records.	
Name	
Address	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes N
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount	
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
• II 100, Onto hand address of the time party.	
Name	
Name	
Address	
Address	
16 Gaming manager information:	
16 Gaming manager information:	
Name	
Name	
Coming manager companyation \$	
Gaming manager compensation \$	
Description of any incompanied	
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 L
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
organization's own exempt activities during the tax year \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines 9, 9b, 10b
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

Schedule (G (Form 990) FRIST ART MUSEUM	62-1731492 Page 4
Part IV	G (Form 990) FRIST ART MUSEUM Supplemental Information (continued)	<u> </u>
	Continuos	

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

Internal Revenue Service Name of the organization

Department of the Treasury

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

FRIST ART MUSEUM

 $\begin{array}{c} \text{Employer identification number} \\ 62 - 1731492 \end{array}$

Pa	art I Questions Regarding Compensation			
			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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	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			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	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			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	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	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2023

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	V-2 and/or 1099-MISO 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) SETH FEMAN	(i)	299,928.	0.	0.	17,400.	5,906.	323,234.	0.
EXEC. DIRECTOR & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARK SCALA	(i)	170,978.	0.	0.	10,395.	9,175.	190,548.	0.
CHIEF CURATOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ANNE HENDERSON	(i)	141,288.	0.	0.	8,663.	7,941.	157,892.	0.
DIRECTOR-EDUCATION AND ENG	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CAROL VOLLBRECHT	(i)	138,759.	0.	0.	8,405.	5,906.	153,070.	0.
DIRECTOR-FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ELLEN PRYOR	(i)	134,995.	0.	0.	8,361.	9,406.	152,762.	0.
DIRECTOR-COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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**

	FRIST ART MU	SEOM				62-	I/31	494			
Pai	rt I Types of Property										
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	no	(c Method of c ncash contrib	determin	_	s		
1	Art - Works of art										
2	Art - Historical treasures										
3	Art - Fractional interests										
4	Books and publications										
5	Clothing and household goods										
6	Cars and other vehicles										
7											
8	Boats and planes										
	Intellectual property	Х	11	7,037,055.	777C	HT/IOW	MIZM	DD.	TCE		
9	Securities - Publicly traded			1,031,033.	AVG	HI/LOW	MKI	PK.	ICE		
10	Securities - Closely held stock				-						
11	Securities - Partnership, LLC, or										
	trust interests				-						
12	Securities - Miscellaneous										
13	Qualified conservation contribution -										
	Historic structures										
14	Qualified conservation contribution - Other										
15	Real estate - Residential										
16	Real estate - Commercial										
17	Real estate - Other										
18	Collectibles										
19	Food inventory										
20	Drugs and medical supplies										
21	Taxidermy										
22	Historical artifacts										
23	Scientific specimens										
24											
25	Archeological artifacts										
	Other ()				1						
26	Other ()										
27	Other ()										
28	Other (<u>.</u>		<u> </u>							
29	Number of Forms 8283 received by the organiz	•	•								
	for which the organization completed Form 82	33, Part V, D	onee Acknowledg	ement 29							
								Yes	No		
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 throu	gh 28, th	at it					
	must hold for at least 3 years from the date of										
	exempt purposes for the entire holding period?)					30a		X		
b	If "Yes," describe the arrangement in Part II.										
31	Does the organization have a gift acceptance p	oolicy that re	quires the review of	of any nonstandard contribu	tions?		31	X			
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash							
	contributions?										
b	If "Yes," describe in Part II.										
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is che	cked.						
-	describe in Part II.	(-, , -,	71 [[- 5]		,						

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

Schedule M (Form 990) 2023

332142 09-11-23 Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FRIST ART MUSEUM

Employer identification number 62-1731492

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

GIFT SHOP: OFFERED WIDE SELECTION OF ARTS AND CRAFTS SUPPLIES,

EDUCATIONAL MATERIALS, PUBLICATIONS, CATALOGUES AND GIFT ITEMS THAT ARE

RELATED TO EXHIBITIONS AND PROGRAMS. ALSO FEATURED ARE SELECT

EXHIBITION-RELATED ITEMS BY LOCAL ARTISANS

EXPENSES \$ 386,750. INCLUDING GRANTS OF \$ 0. REVENUE \$ 319,606.

FORM 990, PART VI, SECTION A, LINE 6:

THE GOVERNING DOCUMENTS OF FRIST ART MUSEUM ESTABLISH THE FRIST ART MUSEUM

FOUNDATION (A SUPPORTING ORGANIZATION) AS THE SOLE MEMBER OF THE FRIST ART

MUSEUM. AS THE SOLE MEMBER, THE BOARD OF THE FRIST ART MUSEUM FOUNDATION

HAS THE POWER TO APPOINT FRIST ART MUSEUM'S BOARD OF DIRECTORS.

ADDITIONALLY, EACH MEMBER OF THE FRIST ART MUSEUM FOUNDATION BOARD SERVES

ON THE BOARD OF FRIST ART MUSEUM. HOWEVER, THE FOUNDATION'S BOARD IS

LIMITED TO 1/3 OF THE TOTAL VOTING MEMBERS OF FRIST ART MUSEUM'S BOARD.

FORM 990, PART VI, SECTION A, LINE 7A:

AS DESCRIBED IN THE EXPLANATION FOR PART VI, SECTION A, LINE, 6, THE BOARD

OF DIRECTORS OF FRIST ART MUSEUM FOUNDATION ANNUALLY ELECTS THE TRUSTEES OF

FRIST ART MUSEUM. ALL OTHER GOVERNANCE DECISIONS ARE RESERVED TO THE

TRUSTEES OF FRIST ART MUSEUM.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF FORM 990 WAS PROVIDED TO THE TRUSTEES VIA E-MAIL FOR REVIEW AND APPROVAL PRIOR TO ITS SUBMISSION TO THE INTERNAL REVENUE SERVICE.

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

Name of the organization **Employer identification number** 62-1731492

FORM 990, PART VI, SECTION B, LINE 12C:

FRIST ART MUSEUM

EACH OFFICER AND TRUSTEE REVIEWS AND SIGNS A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY. FRIST ART MUSEUM'S CONFLICT OF INTEREST POLICY SETS FORTH THE PROCESS FOR DISCLOSURE OF ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

EXECUTIVE COMPENSATION IS BASED ON THE EMPLOYEE'S ASSIGNED JOB DUTIES AND EXPECTATIONS. COMPARATIVE COMPENSATION DATA IS OBTAINED FROM THE NATIONAL SURVEY OF COMPENSATION COMPILED ANNUALLY BY THE ASSOCIATION OF ART MUSEUM DIRECTORS. THE ASSOCIATION PUBLISHES COMPENSATION DATA FOR THE PREVIOUS YEAR BASED ON BUDGET, GEOGRAPHICAL LOCATIONS, AND POPULATION DENSITY. A RANGE OF DATA IS AVAILABLE WHICH REFLECTS THE HIGHEST TO LOWEST COMPENSATION IN ALL PUBLISHED CATEGORIES.

MEMBERS OF THE HUMAN RESOURCES COMMITTEE CONSIDER THE SALARIES OF THE EXECUTIVE DIRECTORS IN THE SOUTHEAST WORKING AT INSTITUTIONS WITH A BUDGET OVER \$10 MILLION, WHICH ARE LOCATED IN A METROPOLITAN AREA WITH A POPULATION OF 1.5 MILLION. HISTORICALLY, THE COMMITTEE'S OBJECTIVE HAS BEEN TO COMPENSATE THE EXECUTIVE DIRECTOR AT THE MEDIAN TO 75TH PERCENTILE. THE EXECUTIVE DIRECTOR RECEIVES NO CAR ALLOWANCE, NO CLUB MEMBERSHIPS, NO HOUSING ALLOWANCE, NO TRAVEL FOR COMPANIONS, NO REIMBURSEMENT FOR PERSONAL SERVICES, AND NO FIRST-CLASS TRAVEL. COMPENSATION FOR KEY EMPLOYEES IS DETERMINED BY THE HUMAN RESOURCES COMMITTEE IN CONJUNCTION WITH THE EXECUTIVE DIRECTOR, USING THE SAME SOURCE OF STATISTICAL DATA DESCRIBED ABOVE FOR THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 18:

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** FRIST ART MUSEUM 62-1731492 FRIST ART MUSEUM'S FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION AT THE ORGANIZATION'S WEBSITE WWW.FRISTARTMUSEUM.ORG AS WELL AS WWW.GIVINGMATTERS.COM AND GUIDESTAR.ORG. IN ADDITION, FORMS 990-T AND 1023 ARE AVAILABLE FOR REVIEW UPON REQUEST FORM 990, PART VI, SECTION C, LINE 19: FRIST ART MUSEUM'S AUDITED FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION AT THE ORGANIZATION'S WEBSITE, WWW.FRISTARTMUSEUM.ORG. THE ORGANIZATION DOES NOT MAKE GOVERNING DOCUMENTS OR THE CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC. FORM 990, PART XII, LINE 2C FRIST ART MUSEUM HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR SELECTION OF THE INDEPENDENT ACCOUNTANT AND OVERSIGHT OF THE ANNUAL AUDIT.

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization 62-1731492 FRIST ART MUSEUM Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	me End-of-yea		Direct o	(f) controlling ntity	3
	_							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, I	Decause it had one	or more	related tax-exe	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		(f) et controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))			Yes	No
FRIST ART MUSEUM FOUNDATION - 62-1731495 3100 WEST END AVENUE, SUITE 1050	_			LINE 12C,				
NASHVILLE, TN 37203	SUPPORTING ORGANIZATION	TENNESSEE	501(C)(3)	III-FI	N/A			Х

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

Schedule R (Form 990) 2023

		0 11 77 1	"\"	
David III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990, Part IV, line 3	34, because it had one or more related
Part III	organizations treated as a partnership during the tax year.		, ,	•
	organizations treated as a partition input uning the tax year.			

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop alloca	h) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule	(j) General managir partner	(k) Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0

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	(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	Sec 512(k contr enti	tion b)(13) rolled tity?
		country)		,				Yes	No
									<u> </u>

Page 3

Yes No

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

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?

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

b Gift, grant, or capital contribution to related organization(s)					1b		X
c Gift, grant, or capital contribution from related organization(s)					1c	Х	
d Loans or loan guarantees to or for related organization(s)					1d		X
e Loans or loan guarantees by related organization(s)					1e		Х
f Dividends from related organization(s)					1f		<u>X</u>
g Sale of assets to related organization(s)					1g		X
h Purchase of assets from related organization(s)					1h		X
i Exchange of assets with related organization(s)					1i		<u>X</u>
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
I Performance of services or membership or fundraising solicitations for related organ					11		X
m Performance of services or membership or fundraising solicitations by related organ	nization(s)				1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization					1n		X
Sharing of paid employees with related organization(s)					10		X
p Reimbursement paid to related organization(s) for expenses					1 p		<u>X</u>
q Reimbursement paid by related organization(s) for expenses					1q		X
r Other transfer of cash or property to related organization(s)					1r	Х	
					1s		<u>X</u>
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered	relationships a	nd transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved		(d) Method of determining amount in	volved		
(1) FRIST ART MUSEUM FOUNDATION	С	2,384,678.	CASH				
(2) FRIST ART MUSEUM FOUNDATION	R	75,000.	CYCH				
2) FRIST ART MOSEOM FOUNDATION	I I	75,000.	CASH				
(3)							
(4)							
(5)							
(6)							
332163 09-28-23				Schedule	R (For	n 990)	2023
	4.0						

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

Part VII | Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART V, LINE 1C

FRIST ART MUSEUM RECEIVED OPERATING SUPPORT TOTALING \$2,384,678 FROM

THE FRIST ART MUSEUM FOUNDATION, ITS SUPPORTING ORGANIZATION AS

IDENTIFIED IN PART II.

PART V, LINE 1R

SINCE 2011, FRIST ART MUSEUM ("FAM") HAS DEPOSITED CASH BALANCES

AVAILABLE FOR INVESTMENT WITH THE FIRST ART MUSEUM FOUNDATION (THE

"FOUNDATION"). THE PURPOSE OF THIS ARRANGEMENT IS TO ALLOW THE

PROFESSIONAL INVESTMENT MANAGERS WHO OVERSEE THE FOUNDATION'S

INVESTMENTS TO ALSO INVEST AND MANAGE FAM'S FUNDS AVAILABLE FOR

INVESTMENT. ACCORDINGLY, FAM'S OBJECTIVE IS TO INCREASE ITS INVESTMENT

YIELD AND REDUCE ITS CASH CONCENTRATION IN BANK DEPOSITORY ACCOUNTS.

FUNDS OF FAM THAT ARE HELD UNDER THIS ARRANGEMENT ARE SUBJECT TO

INCREASE OR DECREASE FOR AN ALLOCABLE SHARE OF THE APPRECIATION OR

DEPRECIATION IN FAIR VALUE OF THE SPECIFIED INVESTMENTS HELD IN THE

FOUNDATION'S INVESTMENT PORTFOLIO. GENERALLY, FAM FUNDS ON DEPOSIT ARE

REPAYABLE BY THE FOUNDATION WITHIN 30 TO 60 DAYS AFTER RECEIVING FAM'S

WITHDRAWAL REQUEST. THE CUMULATIVE AMOUNT ON DEPOSIT WAS \$3,589,790 AT

DECEMBER 31, 2023.

FAM ESTABLISHED AN ENDOWMENT DURING 2016, UPON AGREEING TO ACCEPT A

RESTRICTED CONTRIBUTION FROM A DONOR. THE AGREEMENT WITH THE DONOR

PROVIDES THAT THE ENDOWMENT FUNDS MAY BE POOLED WITH THE FOUNDATION'S

INVESTMENT PORRTFOLIO FOR INVESTMENT MANAGEMENT PURPOSES. ACCORDINGLY,

THE ENDOWMENT FUND REPORTED IN SCHEDULE D, PART V IS HELD BY THE

FOUNDATION.

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2024

Name FRIST ART MUSEUM	Employer Identificat	ion Number 9 2
Based on the information provided with this return, the following are possible carryover amounts to next year.	•	
FEDERAL POST-2017 NET OPERATING LOSS - VENUE RENTALS A	AND REL	272,351.
FEDERAL PRE-2018 NET OPERATING LOSS		1,470,140.

Name: FRIST ART MUSEUM FEIN: 62-1731492

	and Entity: VEN	UE RENTALS AN	D RELA POST-201 Section 382 Carryover	.7 NO	DETAIL C	ARRYOVER SCH	IEDULE				
Year Origi- nated	Original Carryover	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
	9 46 800 1										
A 2011 B 2021 C 2021											
D	,										
E F											
G H											
1											
J K											
L M											
N											
O P											
Q											
R S											
S T											
U V											
W	E Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
Detai	I S Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
Type	B									<u> </u>	
A											
B C											
D E F											
F											
G H											
1											
J K											
L M											
N											
O P											
Q											
R S											
Т											
U V											
W											

312571 04-01-23 Name: FRIST ART MUSEUM FEIN: 62-1731492

	e and En	ntity: PRE- ual Limitation	-2018 NOL FED	Section 382 Carryover		DETAIL C	ARRYOVER SCH	EDULE				
Yea Orio	ar (Original arryover	Total Amount Used	Amount Used for 12/31/22	Amount Used for 12/31/23	Amount Used for						
A 20 B 20 C 20	03 04	144,206. 109,863. 203,446.	144,206. 105,721.	131,138.	13,068. 105,721.							
D 20 E 20 F 20	0 6 0 7	144,206. 109,863. 203,446. 404,577. 270,496. 280,461.										
G 20 H 20 I 20	09 11	200,218. 40,649. 8,434. 3,117. 12,233.										
J 20 K 20 L 20	13 14	3,117. 12,233. 42,367.										
M N O		,,,,,,										
P Q B												
S T U												
W	E	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
Det Typ		Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
A B C												
D E F												
G H I												
J K L M	н											
N O P												
Q R S												
T U V												
w												

312571 04-01-23

Form 8879-TF

IRS E-file Signature Authorization for a Tax Exempt Entity

or calendar year 2023, or fiscal year beginning	, 2023, and ending	, 20
, , , , , ,		

OMB No. 1545-0047

Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN Name of filer FRIST ART MUSEUM 62-1731492 SETH FEMAN PHD Name and title of officer or person subject to tax EXECUTIVE DIRECTOR & CEO Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here Form 1120-POL check here **b Total tax** (Form 1120-POL, line 22) 3a Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 6a 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5227 check here **b Tax due** (Form 5330, Part II, line 19) Form 5330 check here 9a 10a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information processary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X I authorize KRAFTCPAS PLLC 98765 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 62570798765 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 11/14/24 ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA 302521 01-05-24

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2023)

EXTENDED TO NOVEMBER 15, 2024

Form	990-T	E	Exempt Organization Business Income Tax Retu	r n	OMB No. 1545-0047
			(and proxy tax under section 6033(e))		0000
		For ca	lendar year 2023 or other tax year beginning , and ending		2023
Departm Internal I	nent of the Treasury Revenue Service		Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
Α	Check box if address changed.		Name of organization (D Em	nployer identification number
B Exe	mpt under section	Print	FRIST ART MUSEUM	6	52-1731492
	501(c)(3)	or	Number, street, and room or suite no. If a P.O. box, see instructions.	E Gr	oup exemption number ee instructions)
	408(e) 220(e)	Туре	919 BROADWAY	(30	e mandenona)
	408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code NASHVILLE, TN 37203	F	Check box if
		СВо	ok value of all assets at end of year		an amended return.
G C	neck organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university
			6417(d)(1)(A) Applicable entity		
H C	neck if filing only t	o claim	Credit from Form 8941 Refund shown on Form 2439 Elective payr	nent amo	ount from Form 3800
I C	neck if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>	
J Er	nter the number of	f attach	ed Schedules A (Form 990-T)		1
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
			d identifying number of the parent corporation	<u> </u>	044 2240
	ne books are in ca		CAROL L. VOLLBRECHT Telephone number d Business Taxable Income	615-	-244-3340
Parl					110 700
1			ess taxable income computed from all unrelated trades or businesses (see instructions)	1	118,789.
2					118,789.
3	Add lines 1 and 2	<u> </u>	Associated the Book of the Boo	. 3	110,709.
4			(see instructions for limitation rules)		118,789.
5 6			s taxable income before net operating losses. Subtract line 4 from line 3 ting loss. See instructions STATEMENT 1	6	118,789.
7			ess taxable income before specific deduction and section 199A deduction.	. 6	110,700.
′	Subtract line 6 fr		_	7	
8			erally \$1,000, but see instructions for exceptions)		1,000.
9			eduction. See instructions		
10			lines 8 and 9		1,000.
11			table income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.
Part					•
1	Organizations ta	axable	as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2			rates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11, fro	om:	Tax rate schedule or Schedule D (Form 1041)	. 2	
3	Proxy tax. See in	nstructi	ons	. 3	
4	Other tax amoun	ts. See	instructions	. 4	
5	Alternative minim	num tax		. 5	
6			acility income. See instructions		
7	Total. Add lines	3 throu	gh 6 to line 1 or 2, whichever applies	7	0.
Part					
1a			orations attach Form 1118; trusts attach Form 1116) 1a	_	
b	Other credits (se		· · · · · · · · · · · · · · · · · · ·	_	
C			Attach Form 3800 (see instructions) mum tax (attach Form 8801 or 8827) 1d	_	
d			/	- 40	
e	Total credits. Ad				0.
2 3a	Amount due fron		urt II, line 7	. 2	<u> </u>
ъа b	Amount due from				
D	Amount due fron		0007		
d	Amount due fron		200		
e	Other amounts d				
f		•	lines 3a through 3e	3f	0.
4			nd 3f (see instructions). Check if includes tax previously deferred under	· <u> </u>	
			x amount here	. 4	0.
5			lity paid from Form 965-A. Part II. column (k)	5	0.

Form 990-T (2023) Page 2 Tax and Payments (continued) Part III Payments: Preceding year's overpayment credited to the current year Current year's estimated tax payments. Check if section 643(g) election applies Tax deposited with Form 8868 6c Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Elective payment election amount from Form 3800 6g Payment from Form 2439 6h 6i Credit from Form 4136 Other (see instructions) j 7 Total payments. Add lines 6a through 6j Estimated tax penalty (see instructions). Check if Form 2220 is attached 8 8 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 9 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 10 Enter the amount of line 10 you want: Credited to 2024 estimated tax Part IV | Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country Х During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a 2 Х foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year \$ 3 Enter available pre-2018 NOL carryovers here \$ 1,588,929. Do not include any post-2017 NOL carryover 4 shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. 5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. **Business Activity Code** Available post-2017 NOL carryover 272,351. 532000 \$ \$ \$ 6 a Reserved for future use **b** Reserved for future use Part V Supplemental Information Provide any additional information. See instructions.

Sign	Under penalties of perju correct, and complete.	ury, I declare that I have examined Declaration of preparer (other than	this return, including accomp taxpayer) is based on all info	oanying schedules a	nd statements, and to the	e best of my knov ge.	wledge	and belief, it is	true,	
Here				& CEC				the IRS discuss		th
	Signature of officer		Date	Title			instru	uctions)?	Yes	No
	Print/Type prepa	arer's name	Preparer's signature		Date	Check	if	PTIN		
Paid						self-employe	d			
Preparei	FRANCES	E. LEAHY	FRANCES E.	LEAHY	11/14/24			P0071	.3593	
Use Only	1 =	KRAFTCPAS PL	LC			Firm's EIN		62-07	13250)
000 0	′	555 GREAT	CIRCLE ROAI)						
	Firm's address	NASHVILLE,	TN 37228			Phone no.	61	5-242-	7351	
			<u> </u>			•			000 T	

Form **990-T** (2023)

FRIST ART MUSEUM 62-1731492

FORM 990-T	PRE 2018 NOL SCHEDULE	STATEMENT 1
	FORWARD FROM PRIOR YEAR ION INCLUDED IN PART I, LINE 6	1,588,929. 118,789.
SCHEDULE A PORTION SCHEDULE A ENTITY	OF PRE-2018 NOL SCHEDULE A SHARE	
1	0.	
TOTAL SCHEDULE A SH.		0. 118,789.
BALANCE AFTER PRE-2 EXPIRING NET OPERAT	018 NOL DEDUCTION ING LOSSES	0.
EXPIRING NET OPERAT CARRY FORWARD OF NE		0. 1.470.140.

FORM 990-T	PRE-201	8 NET OPERATING	LOSS DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/03	144,206.	131,138.	13,068.	13,068.
12/31/04	109,863.	0.	109,863.	109,863.
12/31/05	203,446.	0.	203,446.	203,446.
12/31/06	404,577.	0.	404,577.	404,577.
12/31/07	270,496.	0.	270,496.	270,496.
12/31/08	280,461.	0.	280,461.	280,461.
12/31/09	200,218.	0.	200,218.	200,218.
12/31/11	40,649.	0.	40,649.	40,649.
12/31/12	8,434.	0.	8,434.	8,434.
12/31/13	3,117.	0.	3,117.	3,117.
12/31/14	12,233.	0.	12,233.	12,233.
12/31/17	42,367.	0.	42,367.	42,367.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	1,588,929.	1,588,929.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service 501(c)(3) Organizations Only B Employer identification number Name of the organization FRIST ART MUSEUM 62-1731492 532000 **D** Sequence: Unrelated business activity code (see instructions) VENUE RENTALS AND RELATED CATERING SERVICES Describe the unrelated trade or business

Pai	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6	251,870.	33,927.	217,943.
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	251,870.	33,927.	217,943.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	41,584.
3	Repairs and maintenance	3	3,781.
4	Bad debts	4	
5	Interest (attach statement). See instructions	5	
6	Taxes and licenses	6	8,276.
7	Depreciation (attach Form 4562). See instructions		
8	Less depreciation claimed in Part III and elsewhere on return 8a	8b	
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	8,800.
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement) SEE STATEMENT 3	14	36,713.
15	Total deductions. Add lines 1 through 14	15	99,154.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,		
	column (C)	16	118,789.
17	Deduction for net operating loss. See instructions	17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16	18	118,789.
For	Panarwork Paduation Act Natice, see instructions	Schodul	o A (Form 000 T) 2022

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

	1
Page	2

Inventory at beginning of year Purchases Cost of labor Additional section 263A costs (attach statement) Total. Add lines 1 through 5 Inventory at end of year Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)	Yes No
2 Purchases 3 Cost of labor 4 Additional section 263A costs (attach statement) 5 Other costs (attach statement) 6 Total. Add lines 1 through 5 7 Inventory at end of year 7 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes No
3 Cost of labor 4 Additional section 263A costs (attach statement) 5 Other costs (attach statement) 6 Total. Add lines 1 through 5 7 Inventory at end of year 7 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes No
4 Additional section 263A costs (attach statement) 5 Other costs (attach statement) 5 Total. Add lines 1 through 5 6 Inventory at end of year 7 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes No
5 Other costs (attach statement) 5 Total. Add lines 1 through 5 6 Inventory at end of year 7 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes No
6 Total. Add lines 1 through 5 6 Inventory at end of year 7 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes No
7 Inventory at end of year 7 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes No
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes No
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes No
1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.	
A X VENUE RENTALS 919 BROADWAY, NASHVILLE, TN 37203	
В 🔲	
c 🗆	
D	
A B C	D
2 Rent received or accrued	
a From personal property (if the percentage of	
rent for personal property is more than 10%	
but not more than 50%)	
b From real and personal property (if the	
percentage of rent for personal property exceeds	
50% or if the rent is based on profit or income) 251,870.	
c Total rents received or accrued by property.	
Add lines 2a and 2b, columns A through D 251,870.	
Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	251,870.
Deductions directly connected with the income	
4 in lines 2a and 2b (attach statement) STMT 5 33,927.	
	22 22
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	33,927.
Part V Unrelated Debt-Financed Income (see instructions)	
1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.	
A	
B	
<u> </u>	
D	
A B C	D
2 Gross income from or allocable to debt-financed	
property	
3 Deductions directly connected with or allocable	
to debt-financed property	
a Straight line depreciation (attach statement)	
b Other deductions (attach statement)	
c Total deductions (add lines 3a and 3b,	
columns A through D)	
4 Amount of average acquisition debt on or allocable	
to debt-financed property (attach statement)	
5 Average adjusted basis of or allocable to debt-	
financed property (attach statement)	
6 Divide line 4 by line 5 % % %	%
7 Gross income reportable. Multiply line 2 by line 6	0.
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	<u>U•</u>
Allocable deductions Multiply line 2a by line 6	
9 Allocable deductions. Multiply line 3c by line 6	0.
11 Total dividends-received deductions included in line 10	0.

Part VI Interest, Annu	ities, R	oyalties, and Re	ents Fro	m Contro	led O	rganization	S (se	ee instruct	ions)		rage o
	<u> </u>				E	xempt Contro	lled Or	ganization	ıs		
Name of controlled organization	d	2. Employer identification number	incon	unrelated ne (loss) structions)		al of specified nents made	that is	art of colur s included olling orga s gross inc	in the aniza-	6. Deduction connection income in	
(1)											
(2)											
(3)											
(4)											
= Touchte terrors				Controlled Or		1				Darkartian	
7. Taxable Income	ir	Net unrelated come (loss) e instructions)		otal of specifi yments made		that is inc controlling gross	luded	in the zation's		Deductions connected come in col	with
(1)											
(2)											
(3)											
(4)											
						Add colum Enter here line 8, c	and or	n Part I,	Ente	d columns 6 er here and ine 8, colun	on Part I,
Totals								0.			0.
Part VII Investment I	ncome	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee inst	ructions)			
	eription of	income		2. Amoui incom		3. Deduction directly connected (attach states	ected	4. Set- (attach st	asides tatemer	nt) and s	deductions et-asides ols 3 and 4)
(1)											
(2)											
(3)											
(4)				Add amou column 2. here and or line 9, colu	Enter n Part I,					colum here an	mounts in in 5. Enter id on Part I, column (B).
Totals Part VIII Exploited Fi	xemnt A	activity Income,	Other 1	⊥ Than Δdve	• •	Income	ooo in	l structions)			<u></u>
1 Description of exploite		carry moonie,	Julio I	Hall Adve		, (300 III	3.1 UC(1011S)			
2 Gross unrelated busine		e from trade or busir	ness Ente	r here and or	Part I	line 10. colum	n (Δ)		2		
3 Expenses directly conr						•	. ,				
line 10, column (B)									3		
4 Net income (loss) from											
					-				4		
5 Gross income from act									5		
6 Expenses attributable									6		
7 Excess exempt expens											
4. Enter here and on P	art II, line	12							7		

Schedule A (Form 990-T) 2023

Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if report	ting two or	more periodicals on a	consolidated basis.		
	A					
	В					
	c 🗆					
	D					
Enter a	amounts for each periodical listed above in th	e correspoi	nding column.			
	·	·	A	В	С	D
2	Gross advertising income					
	Add columns A through D. Enter here and co		e 11, column (A)			0.
а	· ·					
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and o		e 11, column (B)			0.
4	Advertising gain (loss). Subtract line 3 from	line				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column	ı in				
	line 4 showing a loss or zero, do not comple	ete				
	lines 5 through 7, and enter -0- on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less that					
	line 5, subtract line 6 from line 5. If line 5 is					
	than line 6, enter -0-					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gair					
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the	greater of t	he line 8a columns to	tal or -0- here and or	n	
	Part II, line 13					0.
Part	X Compensation of Officers, D	Directors,	, and Trustees (see instructions)		
Part	X Compensation of Officers, D	Directors,	, and Trustees (s	see instructions)	3. Percentage	4. Compensation
Part	Part II, line 13 X Compensation of Officers, D 1. Name	Directors	, and Trustees (see instructions)	3. Percentage of time devoted	4. Compensation attributable to
	X Compensation of Officers, D	Directors	, and Trustees (s	see instructions)	3. Percentage of time devoted to business	4. Compensation
(1)	X Compensation of Officers, D	Directors,	, and Trustees (s	see instructions)	3. Percentage of time devoted to business	4. Compensation attributable to
(1) (2)	X Compensation of Officers, D	Directors	, and Trustees (s	see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
(1) (2) (3)	X Compensation of Officers, D	Directors	, and Trustees (s	see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
(1) (2)	X Compensation of Officers, D	Directors	, and Trustees (s	see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
(1) (2) (3) (4)	1. Name	Directors	, and Trustees (s	see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Enter here and on Part II, line 1	Directors	, and Trustees (see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
(1) (2) (3) (4)	1. Name 1. Enter here and on Part II, line 1	Directors,	, and Trustees (see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Enter here and on Part II, line 1	Directors	, and Trustees (see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Enter here and on Part II, line 1	Directors	, and Trustees (see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Enter here and on Part II, line 1	Directors	, and Trustees (see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Enter here and on Part II, line 1	Directors	, and Trustees (see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Enter here and on Part II, line 1	Directors	, and Trustees (see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Enter here and on Part II, line 1	Directors	, and Trustees (see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Enter here and on Part II, line 1	Directors	, and Trustees (see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Enter here and on Part II, line 1	Directors	, and Trustees (see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Enter here and on Part II, line 1	Directors	, and Trustees (see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Enter here and on Part II, line 1	Directors	, and Trustees (see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
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(1) (2) (3) (4)	1. Name 1. Enter here and on Part II, line 1	Directors	, and Trustees (see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Enter here and on Part II, line 1	Directors	, and Trustees (see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Enter here and on Part II, line 1	Directors	, and Trustees (see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Enter here and on Part II, line 1	Directors	, and Trustees (see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	1. Name 1. Enter here and on Part II, line 1	Directors	, and Trustees (see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business

FRIST ART MUSEUM 62-1731492

FORM 990-T	[(A) 	OTHER DEDUCT	'IONS	STATEMENT 3
DESCRIPTIC	DN			AMOUNT
TELEPHONE,	— , INTERNET, AND WEB	SITE		296.
OCCUPANCY				24,184.
	AND OTHER MISCELLAN	EOUS EXPENSE		1,035.
ADVERTISIN	• •			1,500.
PROFESSION DEPRECIATI	NAL FEES AND TEMP L	ABOR		764. 8,934.
DHINDCIAII				0,554.
TOTAL TO S	SCHEDULE A, PART II	, LINE 14		36,713.
TOTAL TO S		1, LINE 14 17 NET OPERATING	LOSS DEDUCTION	36,713. STATEMENT 4
			LOSS DEDUCTION	
990-т ѕсн	A POST-20	17 NET OPERATING LOSS PREVIOUSLY	LOSS	STATEMENT 4 AVAILABLE
990-Т SCH		17 NET OPERATING		STATEMENT 4
990-T SCH	A POST-20 LOSS SUSTAINED	17 NET OPERATING LOSS PREVIOUSLY	LOSS REMAINING	STATEMENT 4 AVAILABLE THIS YEAR
990-T SCH TAX YEAR 12/31/19	A POST-20	LOSS PREVIOUSLY APPLIED	LOSS	STATEMENT 4 AVAILABLE
	A POST-20 LOSS SUSTAINED 46,800.	LOSS PREVIOUSLY APPLIED	LOSS REMAINING 46,800.	AVAILABLE THIS YEAR

FORM 990-T (A)	DEDUCTIONS	CONNECTED	WITH RENTAL	INCOME	STATEMENT 5
DESCRIPTION			ACTIVITY NUMBER	AMOUNT	TOTAL
COST OF GOOD SOL)	- SUBTOTA	L - 1	33,927.	33,927.
TOTAL TO FORM 99	О-Т, SCHEDUI	LE A, PART	IV, LINE 4		33,927.