

## **Public Disclosure Copy**

This public disclosure copy is being provided to the organization pursuant to Section 6104(e).

Tax-exempt organizations are required to make a copy of the annual information return, e.g., Forms 990, 990-EZ, 990-PF, as well as Forms 990-T and 4720, if applicable, available for public inspection and to provide copies of such forms to individuals or organizations that request copies. The public inspection requirement applies to all required schedules and attachments of the annual information return. Most commonly, the public inspection copy redacts contributor information such as name and address from public record. The public inspection rules apply to annual information returns filed for the last three years. Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

### **Where Must Information Be Provided?**

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there. As an alternative to providing copies, an organization may provide access to these forms through the organization's website. The website must provide instructions for downloading the document(s). The information on the website must be in such a format that it may be accessed, downloaded, viewed, or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

### **How Quickly Must Organizations Reply?**

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent. Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

For more information about the IRS' public disclosure requirements, please visit:

*<https://www.irs.gov/charities-non-profits/exempt-organization-public-disclosure-and-availability-requirements>*

Please contact your Forvis Mazars advisor if you have questions about these rules.

PUBLIC DISCLOSURE COPY

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

Open to Public Inspection

Form header section A-M containing organization details, tax-exempt status, and website information.

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances.

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.

Signature block section for officer and preparer, including names, titles, and dates.

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE DES MOINES ART CENTER ENGAGES DIVERSE LOCAL, NATIONAL, AND INTERNATIONAL AUDIENCES WITH THE ART OF TODAY THROUGH ITS MUSEUM AND SCHOOL, ADDING TO THE CULTURAL RECORD THROUGH COLLECTIONS AND PROGRAMS. THE DES MOINES ART CENTER BELIEVES IN THE POWER OF ART TO INSPIRE PERSONAL, (CONTINUED ON SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 5,743,978 including grants of \$ 0 ) (Revenue \$ 25,584 ) FOR OUR 75TH ANNIVERSARY YEAR, THE EXHIBITION PROGRAM FOR THE ANNA K. MEREDITH GALLERY WAS CHOSEN TO HIGHLIGHT THE BEST OF THE PAST, PRESENT, AND FUTURE OF THIS INSTITUTION. EACH EXHIBITION FEATURED WORK BY IOWA-BASED ARTISTS AS WELL AS WORKS FROM THE PERMANENT COLLECTION, CELEBRATING ART MADE IN THIS STATE AND GROUNDED IN OUR COMMUNITY. KICKING OFF 2023, ART CENTER: 75 YEARS OF IOWA ART FEATURED OVER 100 WORKS BY DOZENS OF ARTISTS, MOSTLY TAKEN FROM THE PERMANENT COLLECTION. ALL OF THE INCLUDED ARTISTS ARE CONNECTED TO IOWA IN SOME WAY, HAVE LIVED, WORKED, AND MADE ART IN THE STATE. PERFORMANCE ARTWORKS BY RACHEL MERRILL AND FIRAT ERDIM WERE COMMISSIONED FOR THE EXHIBITION, AND A SELECTION OF WORKS CHOSEN WITH DUANE SLICK WAS FEATURED IN THE EXIT GALLERY. THE COMMUNITY GROUP AL EXITO COLLABORATED WITH CURATORS LAURA BURKHALTER AND MIA LAUFER TO CREATE ARTISTIC INTERVENTIONS IN THE EXHIBITION COMMEMORATING THE PRESENCE OF THE LATINX COMMUNITY IN IOWA'S HISTORY. (CONTINUED ON SCHEDULE O)

4b (Code: ) (Expenses \$ 966,944 including grants of \$ 0 ) (Revenue \$ 0 ) WITH A FOCUS ON INCLUSION AND BELONGING, THE DES MOINES ART CENTER ENGAGED IN A VARIETY OF DYNAMIC AND MEANINGFUL EVENTS, PROGRAMS, AND OPPORTUNITIES THROUGHOUT 2023. OUR EFFORTS CENTERED ON BEING A VIBRANT SPACE FOR OUR COMMUNITY TO GATHER, SHARING OUR UNIQUE CREATIVE SELVES, AND COLLECTIVELY CREATING WORK THAT RESONATES BEYOND OUR WALLS AND INTO THE FUTURE. THE MUSEUM WELCOMED 101,593 VISITORS THROUGHOUT 2023. OUR KEYSTONE FAMILY EVENTS, DAY OF THE DEAD (IN ITS 23RD YEAR) AND OUR BIENNIAL ENTIRELY KIDS DAYS, EXPLORED THE THEMES OF "PAST, PRESENT, FUTURE" AND "HOME." THESE EVENTS COLLECTIVELY BROUGHT IN OVER 3,800 VISITORS WHO EXPERIENCED OUR CAMPUS THROUGH HANDS-ON, ARTIST-FACILITATED, FAMILY-FRIENDLY PROGRAMMING. THIS CONTRIBUTED TO A COMMUNITY-CREATED SENSE OF WELCOME AND CREATIVE PARTICIPATION FOR ALL AGES. THE SENSE OF HOME WAS FURTHER CATALYZED DURING ANOTHER SUMMER FAMILY EVENT HONORING THE DES MOINES ART CENTER'S 75TH ANNIVERSARY. ON AUGUST 18, 2023, (CONTINUED ON SCHEDULE O)

4c (Code: ) (Expenses \$ 895,813 including grants of \$ 0 ) (Revenue \$ 402,490 ) OUR EFFORTS INCLUDE PROVIDING ART MAKING EDUCATION AND CLASSES THROUGH OUR STUDIO ARTS SCHOOL. IN 2023 THE STUDIO DEPARTMENT PROVIDED 123 ADULT CLASSES (18+), 101 YOUTH CLASSES (AGES 3-18), AND 8 WEEKS OF 2-A-DAY CAMPS THAT SERVED 856 UNIQUE STUDENTS IN OUR AREA FROM AGES 5 - 16. THROUGH OUR SCHOOL AND VAST NETWORK OF 46 TEACHING ARTISTS, WE CAN ENGAGE WITH NUMEROUS SOCIAL AND HUMAN SERVICES WITHIN THE SURROUNDING COMMUNITY. WE OFFER ON AND OFFSITE SCHOOL ENRICHMENT PROGRAMING THAT AIMS TO CREATE OPPORTUNITIES FOR CHILD CENTERED LEARNING AND FAMILY ENGAGEMENT. THE ART CENTERS STUDIO PROGRAM PROVIDES MULTIPLE ART MAKING MEDIUMS FROM PAINTING AND DRAWING TO METALS AND CERAMICS THROUGH BOTH TUITION-BASED ART CLASSES AND FREE ART PROGRAMMING THANKS TO OUR COLLABORATING ORGANIZATIONS AND DONATION NETWORK. IN 2023, WE PROVIDED 145 SCHOLARSHIPS TO YOUTH AND ADULTS IN OUR SURROUNDING COMMUNITY.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 7,606,735

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I. See instructions . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part IV Checklist of Required Schedules** *(continued)*

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

<b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i>		Yes	No		
<b>2a</b>	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	<b>2a</b>	130		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		✓	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>		✓	
<b>4a</b>	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)?	<b>4a</b>			✓
<b>b</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).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	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?	<b>6a</b>			✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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?	<b>7a</b>		✓	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		✓	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>			✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			✓
<b>17</b>	<b>Section 501(c)(21) organizations.</b> 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? If "Yes," complete Form 6069.	<b>17</b>			

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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>1a</b> 27		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
	<b>1b</b> 27		
<b>2</b>	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? . . . . .		✓
<b>3</b>	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? . . . . .		✓
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		✓
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		✓
<b>6</b>	Did the organization have members or stockholders? . . . . .		✓
<b>7a</b>	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? . . . . .		✓
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		✓
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	✓	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	✓	
<b>9</b>	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 . . . . .		✓

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		✓
<b>b</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? . . . . .		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	✓	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	✓	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	✓	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .	✓	
<b>12c</b>		✓	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	✓	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	✓	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	✓	
<b>b</b>	Other officers or key employees of the organization . . . . .	✓	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. . . . .		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		✓
<b>b</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? . . . . .		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 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) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     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 financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
BONNIE VALVERDE, 4700 GRAND AVENUE, DES MOINES, IA 50312, (515) 271-0305

**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.
- 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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KELLY BAUM EXECUTIVE DIRECTOR (INCOMING 05/01/2023)	40.0 0.0			✓				235,336	0	21,844
(2) JEFF FLEMING EXECUTIVE DIRECTOR (OUTGOING 04/30/2023)	40.0 0.0			✓				203,332	0	22,896
(3) BONNIE VALVERDE SENIOR DIR OF FINANCE & OPS	40.0 0.0			✓				159,272	0	27,325
(4) JILL FEATHERSTONE SENIOR DIR OF EDUCATION	40.0 0.0					✓		103,277	0	3,017
(5) ANDREA ABEL TREASURER	1.0 0.0	✓		✓				0	0	0
(6) DARREN JIRSA PRESIDENT	1.0 0.0	✓		✓				0	0	0
(7) GRAHAM COOK CHAIRPERSON AND EX-OFFICIO	1.0 0.0	✓		✓				0	0	0
(8) JEFF CHUNGATH VICE PRESIDENT	1.0 0.0	✓		✓				0	0	0
(9) RENEE MONTZ SECRETARY	1.0 0.0	✓		✓				0	0	0
(10) AMY ANDERSON TRUSTEE	1.0 0.0	✓						0	0	0
(11) CRAIG SHADUR TRUSTEE	1.0 0.0	✓						0	0	0
(12) DAN KEOUGH TRUSTEE	1.0 0.0	✓						0	0	0
(13) DAWN MARTINEZ OROPEZA TRUSTEE	1.0 0.0	✓						0	0	0
(14) ELLEN HUBBELL TRUSTEE	1.0 0.0	✓						0	0	0



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ELLEN YEE ----- TRUSTEE	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(16) JASON GROSS ----- TRUSTEE	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(17) JOHN KRANTZ ----- TRUSTEE	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(18) JOSHUA MANDELBAUM ----- TRUSTEE	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(19) KATE HIGHTSHOE ----- TRUSTEE	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(20) KYLE KRAUSE ----- TRUSTEE	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(21) LIZ ADELMAN ----- TRUSTEE	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(22) MARY CHAPMAN ----- TRUSTEE	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(23) PAMELA BASS-BOOKEY ----- TRUSTEE	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(24) PATRICIA MCFARLAND ----- TRUSTEE	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT) -----										
<b>1b Subtotal</b> . . . . .								701,217	0	75,082
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								0	0	0
<b>d Total (add lines 1b and 1c)</b> . . . . .								701,217	0	75,082

**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 4

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .					
	<b>1b</b>	Membership dues . . . . .	346,887				
	<b>1c</b>	Fundraising events . . . . .	197,481				
	<b>1d</b>	Related organizations . . . . .					
	<b>1e</b>	Government grants (contributions)	84,000				
	<b>1f</b>	All other contributions, gifts, grants, and similar amounts not included above	3,040,697				
	<b>1g</b>	Noncash contributions included in lines 1a-1f . . . . .	\$				
	<b>1h</b>	<b>Total.</b> Add lines 1a-1f . . . . .	3,669,065				
	<b>Program Service Revenue</b>	<b>2a</b>	STUDIO PROGRAMS Business Code 611610	402,490	402,490		
<b>2b</b>		SALES OF COMMISSIONED PRINTS Business Code 712110	3,585	3,585			
<b>2c</b>		REPRODUCTION & LOAN FEES Business Code 712110	5,752	5,752			
<b>2d</b>		SALES OF EXHIBITION CATALOGS Business Code 712110	16,247	16,247			
<b>2e</b>							
<b>2f</b>		All other program service revenue . . . . .	0	0	0	0	
<b>2g</b>		<b>Total.</b> Add lines 2a-2f . . . . .	428,074				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .	1,552,460			1,552,460	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties . . . . .					
	<b>6a</b>	Gross rents . . . . .	(i) Real	50,306			
			(ii) Personal				
			<b>6a</b>	50,306			
	<b>6b</b>	Less: rental expenses	146,105				
	<b>6c</b>	Rental income or (loss)	(95,799)	0			
	<b>6d</b>	Net rental income or (loss) . . . . .	(95,799)		(36,029)	(59,770)	
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	2,871,002			
			(ii) Other				
			<b>7a</b>	2,871,002			
	<b>7b</b>	Less: cost or other basis and sales expenses . . . . .					
	<b>7c</b>	Gain or (loss) . . . . .	2,871,002	0			
	<b>7d</b>	Net gain or (loss) . . . . .	2,871,002			2,871,002	
<b>8a</b>	Gross income from fundraising events (not including \$ 197,481 of contributions reported on line 1c). See Part IV, line 18 . . . . .	63,725					
<b>8b</b>	Less: direct expenses . . . . .	128,661					
<b>8c</b>	Net income or (loss) from fundraising events . . . . .	(64,936)			(64,936)		
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .						
<b>9b</b>	Less: direct expenses . . . . .						
<b>9c</b>	Net income or (loss) from gaming activities . . . . .						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .		376,145				
			188,464				
		<b>10a</b>	376,145				
<b>10b</b>	Less: cost of goods sold . . . . .	188,464					
<b>10c</b>	Net income or (loss) from sales of inventory . . . . .	187,681		4,124	183,557		
<b>Miscellaneous Revenue</b>	<b>11a</b>	INCOME FROM FUNDS HELD IN TRUST Business Code 900099	2,003,440			2,003,440	
	<b>11b</b>	ALL OTHER REVENUE Business Code 900099	220,781			220,781	
	<b>11c</b>						
	<b>11d</b>	All other revenue . . . . .	0	0	0	0	
	<b>11e</b>	<b>Total.</b> Add lines 11a-11d . . . . .	2,224,221				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .	10,771,768	428,074	(31,905)	6,706,534		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	670,005	598,231	53,188	18,586
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	3,322,236	2,118,397	915,171	288,668
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	67,367	44,316	16,548	6,503
<b>9</b> Other employee benefits	363,795	206,590	122,982	34,223
<b>10</b> Payroll taxes	269,785	189,867	58,930	20,988
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	24,094		24,094	
<b>c</b> Accounting	41,112		41,112	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	269,568	84,260	257,427	(72,119)
<b>12</b> Advertising and promotion	298,344	237,056	25,761	35,527
<b>13</b> Office expenses	235,709	133,051	85,448	17,210
<b>14</b> Information technology	193,425	174,889	11,952	6,584
<b>15</b> Royalties				
<b>16</b> Occupancy	820,960	705,382	4,659	110,919
<b>17</b> Travel	308,092	103,955	110,939	93,198
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	410,383	410,383		
<b>23</b> Insurance	221,372	157,434	57,891	6,047
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> PURCHASED WORKS OF ART	1,679,150	1,679,150		
<b>b</b> PACKING & SHIPPING	455,275	455,275		
<b>c</b> ALL OTHER EXPENSES	354,517	198,421	40,124	115,972
<b>d</b> PROGRAM SUPPLIES	110,078	110,078		
<b>e</b> All other expenses	0	0	0	0
<b>25</b> Total functional expenses. Add lines 1 through 24e	10,115,267	7,606,735	1,826,226	682,306
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	5,184,889	<b>1</b>	5,342,973
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	3,145,798	<b>3</b>	1,450,781
	<b>4</b> Accounts receivable, net . . . . .	1,511,605	<b>4</b>	255,052
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	109,613	<b>8</b>	119,517
	<b>9</b> Prepaid expenses and deferred charges . . . . .	201,812	<b>9</b>	379,998
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 21,836,353		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 18,008,307	3,914,567	<b>10c</b> 3,828,046
	<b>11</b> Investments—publicly traded securities . . . . .	59,367,611	<b>11</b>	69,676,331
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	71,244,005	<b>15</b>	78,700,454
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	144,679,900	<b>16</b>	159,753,152	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	691,831	<b>17</b>	945,218
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	335,705	<b>19</b>	496,678
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .	302,772	<b>25</b>	241,916
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,330,308	<b>26</b>	1,683,812
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	31,584,729	<b>27</b>	34,083,297
	<b>28</b> Net assets with donor restrictions . . . . .	111,764,863	<b>28</b>	123,986,043
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	143,349,592	<b>32</b>	158,069,340
<b>33</b> Total liabilities and net assets/fund balances . . . . .	144,679,900	<b>33</b>	159,753,152	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	10,771,768
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	10,115,267
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	656,501
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	143,349,592
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	14,063,247
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	158,069,340

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
<b>3a</b> 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?		✓
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		

**Part VII**

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) RICHARD DEMING ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(26) RICK BALLINGER ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(27) ROSEMARY PARSON ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(28) TOM KOEHN ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(29) VICTORIA BRENTON ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(30) VIRGINA LAURIDSEN ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0
(31) WAYNE REAMES ----- TRUSTEE	1.0 ----- 0.0	✓						0	0	0

**SCHEDULE A  
(Form 990)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2023**

Department of the Treasury  
Internal Revenue Service

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.

**Open to Public  
Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization <b>EDMUNDSON ART FOUNDATION, INC</b>	Employer identification number <b>42-0680419</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10  An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	4,035,480	1,711,964	9,259,689	5,879,593	3,669,065	24,555,791
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	4,035,480	1,711,964	9,259,689	5,879,593	3,669,065	24,555,791
<b>5</b> 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) . . . . .						2,619,846
<b>6 Public support.</b> Subtract line 5 from line 4						21,935,945

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 . . . . .	4,035,480	1,711,964	9,259,689	5,879,593	3,669,065	24,555,791
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	1,693,132	1,612,459	1,167,112	836,959	1,552,460	6,862,122
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	226	3,124	3,350
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	2,009,082	1,908,758	1,270,736	1,662,754	2,224,221	9,075,551
<b>11 Total support.</b> Add lines 7 through 10						40,496,814
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	3,623,811
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	54.17 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 . . . . .	<b>15</b>	56.11 %
<b>16a 33 1/3% support test—2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</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						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%

**19a 33 1/3% support tests—2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

**b 33 1/3% support tests—2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . .

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 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**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	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? <i>If "Yes," provide detail in Part VI.</i>		
9c	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? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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 <b>Part VI</b> 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.	Yes	No
<b>2a</b>		
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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 <b>Part VI</b> .		
<b>3a</b>		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

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

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2023





**Part VI**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	(1) INCOME FROM FUNDS HELD IN TRUST	1,927,729	1,821,953	1,255,588	1,639,081	2,003,440	8,647,791
	(2) ALL OTHER REVENUE	81,353	86,805	15,148	23,673	220,781	427,760
	Total	2,009,082	1,908,758	1,270,736	1,662,754	2,224,221	9,075,551

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization EDMUNDSON ART FOUNDATION, INC

Employer identification number 42-0680419

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ [x] 501(c)( 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

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- [ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- [x] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
[ ] 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.
[ ] 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).



Name of organization <b>EDMUNDSON ART FOUNDATION, INC</b>	Employer identification number <b>42-0680419</b>
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**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 contributions	(d) Type of contribution
1	----- ----- -----	\$ ----- 117,144	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ ----- 120,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ ----- 122,100	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ ----- 144,600	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ ----- 159,250	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ ----- 193,402	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>EDMUNDSON ART FOUNDATION, INC</b>	Employer identification number <b>42-0680419</b>
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**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 contributions	(d) Type of contribution
7	----- ----- -----	\$ ----- 333,511	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ ----- 434,820	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ ----- 73,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	----- ----- -----	\$ ----- 424,226	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>EDMUNDSON ART FOUNDATION, INC</b>	Employer identification number <b>42-0680419</b>
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----

Name of organization <b>EDMUNDSON ART FOUNDATION, INC</b>	Employer identification number <b>42-0680419</b>
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**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 information once. See instructions.) \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	-----	-----	-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	-----	-----	-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	-----	-----	-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	-----	-----	-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization: EDMUNDSON ART FOUNDATION, INC; Employer identification number: 42-0680419

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions about donor advisement.

Part II Conservation Easements

Form for Part II Conservation Easements. Includes questions about purpose of easements, total number and acreage, and monitoring expenses. Includes a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets for financial gain, with revenue and asset amounts.

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange program
- e**  Other \_\_\_\_\_

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	56,838,012	70,180,586	62,607,883	58,495,244	50,079,303
<b>b</b> Contributions	291,133	81,064	256,064	115,000	399,906
<b>c</b> Net investment earnings, gains, and losses	10,745,028	(10,945,117)	9,719,426	6,277,904	10,252,678
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	2,796,002	2,478,521	2,402,787	2,280,265	2,236,643
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	65,078,171	56,838,012	70,180,586	62,607,883	58,495,244

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

- a** Board designated or quasi-endowment 38.00 %
- b** Permanent endowment 36.00 %
- c** Term endowment 26.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** Unrelated organizations?
- (ii)** Related organizations?

	Yes	No
<b>3a(i)</b>	✓	
<b>3a(ii)</b>		✓
<b>3b</b>		

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

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings		20,197,623	16,688,070	3,509,553
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		1,475,017	1,320,237	154,780
<b>e</b> Other		163,713	0	163,713
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				3,828,046

**Part VII Investments—Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (Column (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 end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (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) BENEFICIAL INTEREST IN TRUSTS	78,622,517
(2) OTHER ASSET	77,937
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) . . . . .	78,700,454

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	241,916
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . .	241,916

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





**Part XIII**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	COST OF GOODS SOLD	188,464
	RENTAL EXPENSES	146,105
	DIRECT FUNDRAISING EXPENSES	128,661
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	COST OF GOODS SOLD	188,464
	RENTAL EXPENSES	146,105
	DIRECT FUNDRAISING EXPENSES	128,661

Part XIII

**Supplemental Information.** Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference - Identifier	Explanation
<p>SCHEDULE D, PART III, LINE 1A - COLLECTIONS OF ART - FINANCIAL STATEMENT FOOTNOTE</p>	<p>COLLECTIONS OF WORKS OF ART, HISTORICAL TREASURES AND SIMILAR ASSETS, WHICH WERE ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE THE FOUNDATION'S INCEPTION, ARE NOT CAPITALIZED IN AS MUCH AS THE ITEMS ARE PRESERVED AND CARED FOR CONTINUOUSLY. PURCHASES OF COLLECTION ITEMS ARE REPORTED IN THE YEAR OF ACQUISITION AS DECREASES IN NET ASSETS WITHOUT DONOR RESTRICTIONS OR IN NET ASSETS WITH DONOR RESTRICTIONS IF THE ASSETS USED TO PURCHASE THE ITEMS WERE RESTRICTED TO THAT USE BY DONOR STIPULATION. CONTRIBUTIONS OF COLLECTION ITEMS ARE NOT REPORTED IN THE FINANCIAL STATEMENTS. PROCEEDS FROM DISPOSAL OF AND INSURANCE RECOVERIES RELATED TO COLLECTION ITEMS ARE REPORTED AS INCREASES IN THE APPROPRIATE NET ASSET CLASSES. THE FOUNDATION'S COLLECTIONS CONSIST OF WORKS OF ART AND HISTORICAL TREASURES. NO COLLECTION ITEMS WERE SOLD OR REMOVED IN 2023 OR 2022.</p>
<p>SCHEDULE D, PART III, LINE 4 - COLLECTIONS OF ART - DESCRIPTION OF COLLECTIONS</p>	<p>THE MISSION OF THE FOUNDATION IS TO COLLECT, PRESERVE, AND STUDY THE BEST EXAMPLES OF MODERN AND CONTEMPORARY ART FROM AROUND THE WORLD AND TO ENGAGE DIVERSE LOCAL, REGIONAL, AND NATIONAL AUDIENCES. THE FOUNDATION'S COLLECTION, WHICH GROWS INCREMENTALLY EVERY YEAR, INCLUDES OVER 6,000 WORKS OF ART IN ALL MEDIA. ALTHOUGH IT ACQUIRES AND DISPLAYS MOSTLY ART FROM THE 20TH AND 21ST CENTURIES, THE FOUNDATION ALSO OWNS AROUND 3,500 WORKS ON PAPER THAT SPAN SEVEN CENTURIES. MANY WORLD-RENOWNED ARTISTS ARE REPRESENTED IN THE FOUNDATION'S COLLECTION, INCLUDING HISTORICAL ARTISTS SUCH AS FRANCIS BACON, ALBERTO GIACOMETTI, AND EDWARD HOPPER AS WELL AS LIVING ARTISTS SUCH AS CECILY BROWN, WANGECHI MUTU, AND AI WEIWEI. THE FOUNDATION HOUSES ITS COLLECTION IN SECURE, CLIMATE-CONTROLLED STORAGE AREAS. IT ALSO MAINTAINS A RIGOROUS COLLECTIONS MANAGEMENT POLICY, WHICH GUIDES THE LONG-TERM CARE AND PRESERVATION OF THE OBJECTS IT HOLDS IN TRUST, INCLUDING PROCEDURES FOR LOANS, ACQUISITION, AND DEACCESSIONING.</p> <p>IN ADDITION, THE FOUNDATION ORGANIZES APPROXIMATELY TWELVE EXHIBITIONS EVERY YEAR, SOME FEATURING OBJECTS FROM THE COLLECTION, OTHERS HIGHLIGHTING WORKS OF ART BORROWED FROM INSTITUTIONS AND PRIVATE COLLECTORS. EXHIBITIONS MIGHT FOCUS ON A SINGLE ARTIST, OR THEY MIGHT GROUP WORKS OF ART BY DIFFERENT ARTISTS UNDER A THEMATIC RUBRIC. THESE PROJECTS ARE FREQUENTLY ACCOMPANIED BY SCHOLARLY CATALOGUES THAT PLACE MODERN AND CONTEMPORARY ART IN A HISTORICAL CONTEXT AND ILLUMINATE ITS RELATIONSHIP TO URGENT ISSUES IN THE PRESENT. THE FOUNDATION'S EXHIBITIONS REGULARLY TRAVEL TO OTHER INSTITUTIONS. AT THE SAME TIME, THE FOUNDATION HOSTS ONE OR TWO EXHIBITIONS PRODUCED BY OTHER MUSEUMS ANNUALLY.</p>
<p>SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS</p>	<p>FUNDS FROM THIS ENDOWMENT ARE USED FOR THE PURCHASE OF WORKS OF ART.</p>

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization

EDMUNDSON ART FOUNDATION, INC

Employer identification number

42-0680419

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>ANNUAL GALA</u> (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	261,206			261,206
	<b>2</b> Less: Contributions . . . . .	197,481			197,481
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	63,725	0	0	63,725
Direct Expenses	<b>4</b> Cash prizes . . . . .				0
	<b>5</b> Noncash prizes . . . . .				0
	<b>6</b> Rent/facility costs . . . . .	43,125			43,125
	<b>7</b> Food and beverages . . . . .	36,414			36,414
	<b>8</b> Entertainment . . . . .	17,415			17,415
	<b>9</b> Other direct expenses . . . . .	31,707			31,707
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . .					(64,936)

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

**b** If "No," explain: \_\_\_\_\_

\_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

EDMUNDSON ART FOUNDATION, INC

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Employer identification number

42-0680419

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel                      <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Travel for companions                                      <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Tax indemnification and gross-up payments                      <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Discretionary spending account                                      <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)                 </p>		
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .</p>		
<p><b>2</b> 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? . . . . .</p>		
<p><b>3</b> 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.</p> <p> <input type="checkbox"/> Compensation committee                                      <input checked="" type="checkbox"/> Written employment contract  <input type="checkbox"/> Independent compensation consultant                                      <input checked="" type="checkbox"/> Compensation survey or study  <input type="checkbox"/> Form 990 of other organizations                                      <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </p>		
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p> <p><b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .</p> <p><b>c</b> Participate in or receive payment from an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>		
<p><b>4a</b> Receive a severance payment or change-of-control payment? . . . . .</p>		✓
<p><b>4b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .</p>	✓	
<p><b>4c</b> Participate in or receive payment from an equity-based compensation arrangement? . . . . .</p>		✓
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p> <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>		
<p><b>5a</b> The organization? . . . . .</p>		✓
<p><b>5b</b> Any related organization? . . . . .</p>		✓
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>		
<p><b>6a</b> The organization? . . . . .</p>		✓
<p><b>6b</b> Any related organization? . . . . .</p>		✓
<p><b>7</b> 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 . . . . .</p>		✓
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .</p>		✓
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>		

**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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	KELLY BAUM EXECUTIVE DIRECTOR (INCOMING 05/01/2023)	(i) 224,336	11,000	0	0	21,844	257,180	0
	(ii)	0	0	0	0	0	0	0
2	JEFF FLEMING EXECUTIVE DIRECTOR (OUTGOING 04/30/2023)	(i) 200,332	3,000	0	14,144	8,752	226,228	0
	(ii)	0	0	0	0	0	0	0
3	BONNIE VALVERDE SENIOR DIR OF FINANCE & OPS	(i) 159,272	0	0	0	27,325	186,597	0
	(ii)	0	0	0	0	0	0	0
4		(i)						
	(ii)							
5		(i)						
	(ii)							
6		(i)						
	(ii)							
7		(i)						
	(ii)							
8		(i)						
	(ii)							
9		(i)						
	(ii)							
10		(i)						
	(ii)							
11		(i)						
	(ii)							
12		(i)						
	(ii)							
13		(i)						
	(ii)							
14		(i)						
	(ii)							
15		(i)						
	(ii)							
16		(i)						
	(ii)							

Part III

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

Return Reference - Identifier	Explanation
<p>SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN</p>	<p>THE FOUNDATION ENTERED INTO A 457(B) DEFERRED COMPENSATION PLAN WITH THE FORMER EXECUTIVE DIRECTOR IN 2013 FOR THE PURPOSE OF CREATING A SUPPLEMENTAL RETIREMENT PLAN. EACH PLAN YEAR, THE FOUNDATION MAY DESIGNATE A CONTRIBUTION LIMITED TO THE CAP ON CONTRIBUTIONS UNDER SECTION 457 CATCH-UP LIMITATION. INTEREST IS CREDITED ON JANUARY 1 OF EACH PLAN YEAR CALCULATED BY MULTIPLYING BY THE ACCOUNT BALANCE AS OF DECEMBER 31 OF THE PRECEDING YEAR MATURITY RATE. THIS PLAN IS 100% VESTED AND WILL BE PAID OUT OVER 5 YEARS BEGINNING IN 2024. AT DECEMBER 31, 2023 THE FOUNDATION HAS A LIABILITY OF \$241,916 IN VESTED BENEFITS INCLUDED IN THE DEFERRED COMPENSATION LIABILITY.</p>



**SCHEDULE O  
(Form 990)**

Department of 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 990-EZ.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

Name of the Organization  
**EDMUNDSON ART FOUNDATION, INC**

Employer Identification Number  
**42-0680419**

Return Reference - Identifier	Explanation
<p>FORM 990, PART I, LINE 1 - ORGANIZATION'S MISSION</p>	<p>USING ART AS THE CATALYST AND WITH A COMMITMENT TO INCLUSIVITY, THE ART CENTER BUILDS EXPERIENCES, FOSTERS RELATIONSHIPS, AND STIMULATES CREATIVE, CRITICAL, AND EMPATHETIC THINKING.</p> <p>THE MISSION OF THE FOUNDATION IS TO COLLECT, PRESERVE, AND STUDY THE BEST EXAMPLES OF MODERN AND CONTEMPORARY ART FROM AROUND THE WORLD AND TO ENGAGE DIVERSE LOCAL, REGIONAL, AND NATIONAL AUDIENCES. THE FOUNDATION'S COLLECTION, WHICH GROWS INCREMENTALLY EVERY YEAR, INCLUDES OVER 6,000 WORKS OF ART IN ALL MEDIA. ALTHOUGH IT ACQUIRES AND DISPLAYS MOSTLY ART FROM THE 20TH AND 21ST CENTURIES, THE FOUNDATION ALSO OWNS AROUND 3,500 WORKS ON PAPER THAT SPAN SEVEN CENTURIES. MANY WORLD-RENOWNED ARTISTS ARE REPRESENTED IN THE FOUNDATION'S COLLECTION, INCLUDING HISTORICAL ARTISTS SUCH AS FRANCIS BACON, ALBERTO GIACOMETTI, AND EDWARD HOPPER AS WELL AS LIVING ARTISTS SUCH AS CECILY BROWN, WANGECHI MUTU, AND AI WEIWEI. THE FOUNDATION HOUSES ITS COLLECTION IN SECURE, CLIMATE-CONTROLLED STORAGE AREAS. IT ALSO MAINTAINS A RIGOROUS COLLECTIONS MANAGEMENT POLICY, WHICH GUIDES THE LONG-TERM CARE AND PRESERVATION OF THE OBJECTS IT HOLDS IN TRUST, INCLUDING PROCEDURES FOR LOANS, ACQUISITION, AND DEACCESSIONING. IN ADDITION, THE FOUNDATION ORGANIZES APPROXIMATELY TWELVE EXHIBITIONS EVERY YEAR, SOME FEATURING OBJECTS FROM THE COLLECTION, OTHERS HIGHLIGHTING WORKS OF ART BORROWED FROM INSTITUTIONS AND PRIVATE COLLECTORS. EXHIBITIONS MIGHT FOCUS ON A SINGLE ARTIST, OR THEY MIGHT GROUP WORKS OF ART BY DIFFERENT ARTISTS UNDER A THEMATIC RUBRIC. THESE PROJECTS ARE FREQUENTLY ACCOMPANIED BY SCHOLARLY CATALOGUES THAT PLACE MODERN AND CONTEMPORARY ART IN A HISTORICAL CONTEXT AND ILLUMINATE ITS RELATIONSHIP TO URGENT ISSUES IN THE PRESENT. THE FOUNDATION'S EXHIBITIONS REGULARLY TRAVEL TO OTHER INSTITUTIONS. AT THE SAME TIME, THE FOUNDATION HOSTS ONE OR TWO EXHIBITIONS PRODUCED BY OTHER MUSEUMS ANNUALLY.</p>
<p>FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION</p>	<p>POLITICAL, AND SOCIAL TRANSFORMATION. WE COMMIT TO EXHIBIT AND EXPLORE THOUGHT PROVOKING MODERN AND CONTEMPORARY ART. WE CONNECT PEOPLE AND ART BY OFFERING OPPORTUNITIES FOR FEELING, IMAGINING, DREAMING AND CREATING. WE PROMOTE CURIOSITY AND EMBRACE CRITICAL AND EMPATHETIC THINKING WITH A SPIRIT OF OPENNESS. WE STRIVE TO BE A WELCOMING AND EQUITABLE CULTURAL RESOURCE. THIS EFFORT TO ENSURE ACCESS TO ART FOR EVERYONE HAS BEEN A CORE TENET OF THE MUSEUM SINCE ITS FOUNDING. ADMISSION IS ALWAYS FREE FOR ALL.</p>
<p>FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION</p>	<p>UNDERNEATH EVERYTHING: HUMILITY AND GRANDEUR IN CONTEMPORARY CERAMICS, HELD IN THE ANNA K. MEREDITH GALLERY AND UPPER PEI FEATURED AN INTERNATIONAL GROUP OF TWENTY ARTISTS WORKING WITH CERAMICS. CLAY IS THE HUMBLEST OF MATERIALS, OFTEN OVERLOOKED AND MORE READILY ASSOCIATED WITH A MORNING CUP OF COFFEE THAN THE INTERNATIONAL ART WORLD. BUT THERE IS AN EXPANSIVENESS TO WORK MADE OR BASED IN THIS MEDIUM, AS THESE ARTISTS PUSH THE LIMITATIONS OF CLAY, ATTACHING LAYERS OF CONCEPTUAL MEANING AND PLAYING WITH THE BOUNDARIES BETWEEN CERAMICS AND OTHER MEDIA INCLUDING FILM, PHOTOGRAPHY, PAINTING, PERFORMANCE, AND INSTALLATION. THE EXHIBITION NAVIGATED THIS TENSION, HONORING THE HUMILITY OF THE MEDIUM WHILE SIMULTANEOUSLY EVOKING A SENSE OF GRANDEUR AND POSSIBILITY. CURATED BY MIA LAUFER, UNDERNEATH EVERYTHING WAS ORGANIZED IN CONSULTATION WITH AN ARTIST ADVISORY COMMITTEE INCLUDING KATAYOUN AMJADI, DONTÉ K. HAYES, INGRID LILLIGREN, AND CHUCK PURVIANCE. FOUR OF THE ARTISTS - INGRID LILLIGREN, DONTÉ K. HAYES, ELIZA AU, AND THEASTER GATES HAVE CONNECTIONS TO IOWA. THE EXHIBITION ALSO TRAVELED TO THE GRAND RAPIDS ART MUSEUM.</p> <p>RUNNING FROM OCTOBER 7, 2023 - JANUARY 14, 2024, TRANSFORM ANY ROOM. FEATURED TEN ARTISTS EXPLORING DOMESTIC SPACES AND THE OBJECTS FOUND WITHIN. THESE ELEMENTS ARE OFTEN PERCEIVED AS GENDERED, RELATED TO CERTAIN CULTURAL BACKGROUNDS, OR CAN SIGNIFY SOCIAL OR ECONOMIC STATUS. THIS GROUP EXHIBITION EXPLORED SUBVERSIVE, POLITICIZED, AND SOMETIMES GLAMORIZED VERSIONS OF THE OBJECTS WE BRING INTO OUR HOMES. WHETHER THEIR INITIAL INSPIRATION IS AN OBJECT OF UTILITY, COMFORT, OR DECOR, THE RESULTING ARTWORKS INCLUDED HERE COMMENT ON LABOR, WIDER SOCIAL ISSUES, AND LIFE EVENTS IN THIS TIME AND PLACE. WORKS FROM THE MUSEUM'S COLLECTION BY NICK CAVE, MARTHA ROSLER, AND ANNE WILSON, WERE INCLUDED, AND TWO IOWA BASED ARTISTS, TJ DEDEAUX-NORRIS AND ANGE ALTENHOFEN MADE WORKS SPECIFICALLY FOR THE SHOW. OTHER ARTISTS IN THE EXHIBITION INCLUDE MAX COLBY, FAIG AHMED, JAY LYNN GOMEZ, LIZA LOU, AND LYDIA RICCI. TRANSFORM ANY ROOM WAS ORGANIZED BY SENIOR CURATOR LAURA BURKHALTER. THE JOHN BRADY PRINT GALLERY, THE CURATORIAL TEAM CHOSE TO HIGHLIGHT THE ART CENTER'S CONTINUALLY GROWING PHOTOGRAPHY COLLECTION, AS WELL AS SOME OF THE OLDEST WORKS IN THE COLLECTION - UNEXPECTED GEMS IN THIS MOSTLY CONTEMPORARY MUSEUM. POSTCARDS: RECENT PHOTOGRAPHY ACQUISITIONS TO THE ART CENTER'S COLLECTION, WAS CURATED BY LAURA BURKHALTER. IT FOCUSED ON LANDSCAPES, TRAVEL DOCUMENTATION, AND SCENIC IMAGERY TAKEN BY PHOTOGRAPHERS FROM THE 19TH CENTURY TO THE PRESENT. IT IS ONE OF THE FIRST EXHIBITIONS IN THIS SPACE MADE UP ENTIRELY OF PHOTOS FROM THE MUSEUM'S HOLDINGS. REMBRANDT AND HIS WORLD: 17TH-CENTURY DUTCH PRINTS FROM THE DES MOINES ART CENTER'S COLLECTION, CURATED BY MIA LAUFER, HIGHLIGHTED PORTRAITS, LANDSCAPES, AND CITYSCAPES MADE OVER THREE CENTURIES AGO. DOUBLE TAKE WAS CO-CURATED BY PHOTOGRAPHER BEN EASTER AND LAURA BURKHALTER. CHOOSING EXCLUSIVELY FROM THE MUSEUM'S PHOTOGRAPHY COLLECTIONS, PAIRS OF IMAGES WERE CHOSEN THAT EXPLORE DIFFERENCES AND SIMILARITIES BETWEEN STAGED PHOTOGRAPHS AND THOSE TAKEN IN A MORE IMPROVISED OR QUICK MANNER.</p>

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	<p>1,700 VISITORS CAME TOGETHER TO EXPLORE AND HONOR THE HISTORY AND IMPACT OF THE ART CENTER, GATHERING ON THE LAWN, IN THE ART STUDIOS, AND IN THE GALLERIES. THE EVENT FEATURED LOCAL LIVE MUSIC, FOOD TRUCKS, CERAMIC AND WEAVING ACTIVITIES AND DEMONSTRATIONS, AND OPPORTUNITIES FOR EVERYONE TO SHARE THEIR LOVE OF THE ART CENTER.</p> <p>THE MUSEUM EDUCATION DEPARTMENT WORKED DIRECTLY WITH STUDENTS IN AREA HIGH SCHOOLS, RURAL ELEMENTARY SCHOOLS IN NEWTON, PERRY, AND BALLARD, THE MESKWAKI SETTLEMENT, AND THROUGH OUR PARTNERSHIP WITH DES MOINES PUBLIC SCHOOLS. WE OFFERED CUSTOM WORKSHOPS, DIRECT ACCESS TO CONTEMPORARY ARTWORK, THOUGHTFUL CONNECTIONS TO OUR TEMPORARY EXHIBITIONS, AND IMPACTFUL MENTORSHIP TO ALMOST 500 INDIVIDUAL STUDENTS.</p> <p>THIS YEAR'S EXHIBITIONS OFFERED POWERFUL OPPORTUNITIES FOR COMMUNITY PROGRAMMING CENTERED AROUND UNIQUE IN-PERSON EXPERIENCES. OUR IOWA ARTIST EXHIBITION, 75 YEARS OF IOWA ART INVOLVED MORE THAN 100 COMMUNITY MEMBERS, INCLUDING SUMMER CAMP STUDENTS AND ART CENTER MEMBERS, TO COLLABORATIVELY PRODUCE OUTDOOR SOUND RECORDINGS USING CUSTOM WIND-HARP INSTRUMENTS DESIGNED BY ARTIST FIRAT ERDIM. VISITORS ALSO TOOK IN A PERFORMANCE WORK TITLED SLOBBERKNOCKER BY ARTIST RACHEL MERRILL, WITNESSING A LIVE MODEL CLAD IN A HAND-CROCHETED BODYSUIT AS SHE HELD POSES AGAINST A STRIKING GREEN CROCHETED FLOOR COVER, SILENTLY ASKING QUESTIONS ABOUT GRIEF, SUBMISSION, AND VULNERABILITY. ADDITIONALLY, THREE MEMBERS OF THE YOUNG BEAR FAMILY OF THE MESKWAKI NATION, MARY, SARAH, AND DANIEL, GAVE A STANDING ROOM ONLY PRESENTATION ABOUT THEIR BEADWORK THAT WAS FEATURED IN THE ART OF OUR TIME GALLERY OF THE EXHIBITION. ADDITIONALLY, ONE COULD HAVE EXPERIENCED THE POWER OF INTERNATIONALLY RECOGNIZED VIOLINIST, FILM COMPOSER, AND ACTIVIST FROM THE HURON-WENDAT NATION, GENEVIÈVE GROS-LOUIS, PLAYING LIVE IN THE GALLERIES IN CONJUNCTION WITH THE UNDERNEATH EVERYTHING EXHIBITION PERFORMING A PIECE DRAWING ATTENTION TO MURDERED OR MISSING INDIGENOUS WOMEN IN FRONT OF AN ARTWORK OF THE SAME PREMISE, OR ATTENDED A FASCINATING INTERVIEW BY NEWLY MINTED JOHN AND MARY PAPPAJOHN DIRECTOR, DR. KELLY BAUM WITH RENOWNED ARTIST HANK WILLIS THOMAS ABOUT HIS PUBLIC ART PRACTICE AND COLLABORATIONS.</p> <p>THE DES MOINES ART CENTER KNOWS THAT AN ARTS EXPERIENCE IS MADE IMMENSELY MORE IMPACTFUL WHEN FACILITATED BY A WELL-TRAINED GUIDE. IN 2023, OUR TEAM OF VOLUNTEER DOCENTS LED 10,307 INDIVIDUALS THROUGH PARTICIPATORY TOURS OF THE MUSEUM COLLECTION, EXHIBITIONS, AND GALLERIES, MANY OF WHOM WERE AREA FOURTH-GRADE STUDENTS ON THEIR VERY FIRST VISIT TO AN ART MUSEUM. ADDITIONALLY, OUR DOCENTS BROUGHT OUT OF THE GALLERIES AND DIRECTLY TO 664 COMMUNITY MEMBERS LIVING IN SENIOR LIVING CENTERS THROUGH OUR ART CALLS PROGRAM, WHICH IS ALMOST ENTIRELY MANAGED AND SUPPORTED BY THIS DEDICATED TEAM OF VOLUNTEER EDUCATORS.</p> <p>IN 2023, THE DES MOINES ART CENTER'S COMMUNITY ACCESS PROGRAM (CAP) OFFERED 695 FREE ART-MAKING SESSIONS THROUGH FOUR PROGRAMS: EDUCATIONAL ENRICHMENT, COMMUNITY RESILIENCY, IDENTITY AFFIRMING, AND ADAPTIVE ARTS. OUR OBJECTIVE IS TO DISCOVER CREATIVE WAYS OF MAKING ARTWORKS AND ART MAKING ACCESSIBLE TO THOSE IN OUR COMMUNITY THAT OTHERWISE LACK THIS ACCESS DUE TO CULTURAL, ECONOMIC, ENVIRONMENTAL, AND SOCIAL BARRIERS. OUR TEACHING ARTISTS (32 CURRENTLY) USE A STUDENT-CENTERED METHOD, CREATING A SAFE, RESPECTFUL ENVIRONMENT WHERE EVERYONE'S ART IS VALUED AS AN OUTLET FOR SELF-EXPRESSION. EDUCATIONAL ENRICHMENT PROGRAMMING PROVIDED SCHOOL-BASED SESSIONS TO 22 UNIQUE SCHOOLS, INCLUDING WOODWARD ACADEMY, SERVING MALE AND FEMALE STUDENTS IN GRADES 6 TO 12 WHO ARE EXPERIENCING BEHAVIORAL DIFFICULTY IN THE PUBLIC-SCHOOL SETTING. COMMUNITY RESILIENCY PROGRAMMING PROVIDED COMMUNITY-BASED SESSIONS TOP 15 COMMUNITY PARTNERS, INCLUDING WEEKLY SESSIONS AT FAMILIES FORWARD, A SHELTER FOR FAMILIES EXPERIENCING HOUSELESSNESS IN DES MOINES. IDENTITY ENRICHMENT PROVIDED 53 COMMUNITY AND ART CENTER-BASED SESSIONS TO FIVE COMMUNITY PARTNERS WHO SUPPORT LOCAL YOUTH BY UPLIFTING GROUP IDENTITIES, INCLUDING QUEER YOUTH RESOURCE CENTER (QYRC). IN 2023, CAP PARTNERED WITH QYRC TO OFFER ART MAKING GATHERINGS AS WELL AS THE FIRST ANNUAL SAFE SPACE PROM HELD AT THE DES MOINES ART CENTER.</p> <p>ADAPTIVE ARTS PROGRAMMING PROVIDED 65 COMMUNITY AND ART CENTER-BASED SESSIONS TO YOUTH AND ADULTS FROM THE LOCAL DISABILITY COMMUNITY, INCLUDING A VERY SUCCESSFUL INAUGURATION OF CAP'S DEAF AND HARD OF HEARING ART GATHERING, WITH TWO DEAF TEACHING ARTISTS FACILITATING ALL CLASSES.</p> <p>ALONG WITH WEEKLY PROGRAMMING, CAP HOSTED FOUR VISITING ARTIST WORKSHOPS. CERAMIC ARTIST, EHREN TOOL, LED MULTIPLE GROUPS IN WORKSHOPS MAKING HIS SIGNATURE TUMBLERS, INCLUDING A GROUP OF 24 VETERANS. DUANE SLICK, RAE STERN, AND MAX COLBY EACH OFFERED THREE-DAY WORKSHOPS TO LOCAL TEENS, DURING WHICH PARTICIPANTS LEARNED NEW TECHNIQUES AND SKILLS AS PART OF OUR ART AND ACTIVISM PROGRAMS.</p>
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	AN INDEPENDENT ACCOUNTING FIRM PREPARES AND REVIEWS THE FORM 990 IN DETAIL WITH THE FINANCE COMMITTEE OF THE BOARD. THE FINANCE COMMITTEE, EXECUTIVE DIRECTOR, AND SENIOR DIRECTOR OF FINANCE AND OPERATIONS REVIEW THE FORM 990 WITH THE FULL BOARD. THE SENIOR DIRECTOR OF FINANCE AND OPERATIONS IS AVAILABLE TO ANSWER ANY QUESTIONS OR PROVIDE CLARIFICATION. THE FINAL FORM 990, WITH ALL REQUIRED SCHEDULES, IS PROVIDED TO ALL VOTING MEMBERS OF THE BOARD PRIOR TO FILING THE 990.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	THE BOARD OF DIRECTORS AND OFFICERS ANNUALLY REVIEW AND SIGN THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. ACTUAL OR POTENTIAL CONFLICTS OF INTEREST MUST BE DISCLOSED TO THE BOARD. IF THERE IS A CONFLICT OF INTEREST THE BOARD MEMBER ABSTAINS FROM VOTING. TOM KOEHN ABSTAINED FROM ALL VOTES RELATED TO THE DECISION TO HIRE THE WALDINGER CORPORATION. THE WALDINGER CORPORATION IS OWNED MORE THAN 35% BY TOM KOEHN, A TRUSTEE OF EDMUNDSON ART FOUNDATION, INC.

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS AND DETERMINES THE COMPENSATION OF THE EXECUTIVE DIRECTOR, WHICH IS VOTED ON AND APPROVED BY THE FULL BOARD. THEY USE PRIMARILY THE AMERICAN ASSOCIATION OF MUSEUM DIRECTORS' (AAMD) SALARY COMPARISONS AS A GUIDE TO DETERMINE COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THIS REVIEW IS DOCUMENTED WITH WRITTEN NOTES REGARDING THE COMPENSATION AGREEMENT REACHED AFTER DISCUSSION BETWEEN THE EXECUTIVE COMMITTEE (OR ITS REPRESENTATIVE, THE PRESIDENT OF THE BOARD OF TRUSTEES) AND THE EXECUTIVE DIRECTOR.
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	IN 2023, AN INDEPENDENT ORGANIZATION, THE NEWPORT GROUP, WAS CONTRACTED TO REEVALUTE THE ORGANIZATION'S SALARY WAGE BANDS ESTABLISHED IN 2021.
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

PUBLIC DISCLOSURE COPY

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0047

2023

For calendar year 2023 or other tax year beginning, 2023, and ending, 20

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).

Department of the Treasury Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section containing: A Check box if address changed, B Exempt under section 501(C)(3), C Book value of all assets at end of year 159,753,152, D Employer identification number 42-0680419, E Group exemption number, F Check box if an amended return.

G Check organization type: 501(c) corporation, 501(c) trust, 401(a) trust, Other trust, State college/university, 6417(d)(1)(A) Applicable entity

H Check if filing only to claim: Credit from Form 8941, Refund shown on Form 2439, Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

J Enter the number of attached Schedules A (Form 990-T) 2

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subidiary controlled group? Yes No

L The books are in care of (SEE STATEMENT) Telephone number (515) 271-0305

Part I Total Unrelated Business Taxable Income

Table with 11 rows for Part I: Total Unrelated Business Taxable Income. Columns include description, line number, and amount. Total amount is 3,124.

Part II Tax Computation

Table with 7 rows for Part II: Tax Computation. Columns include description, line number, and amount. Total amount is 656.

Part III Tax and Payments

Table with 5 main rows for Part III: Tax and Payments. Columns include description, sub-rows (1a-1d, 3a-3e), line number, and amount. Total amount is 656.

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11291J

Form 990-T (2023)

**Part III Tax and Payments** (continued)

<b>6a</b>	Payments: Preceding year's overpayment credited to the current year . . . . .	<b>6a</b>	0	
<b>b</b>	Current year's estimated tax payments. Check if section 643(g) election applies . . . . . <input type="checkbox"/>	<b>6b</b>	0	
<b>c</b>	Tax deposited with Form 8868 . . . . .	<b>6c</b>	700	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions) . . . . .	<b>6d</b>	0	
<b>e</b>	Backup withholding (see instructions). . . . .	<b>6e</b>	0	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941) . . . . .	<b>6f</b>	0	
<b>g</b>	Elective payment election amount from Form 3800 . . . . .		0	
<b>h</b>	Payment from Form 2439 . . . . .	<b>6h</b>	0	
<b>i</b>	Credit from Form 4136 . . . . .	<b>6i</b>	0	
<b>j</b>	Other (see instructions) . . . . .	<b>6j</b>	0	
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6j . . . . .	<b>7</b>		700
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached . . . . . <input type="checkbox"/>	<b>8</b>		0
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed . . . . .	<b>9</b>		0
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid . . . . .	<b>10</b>		44
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2024 estimated tax</b> 44 <b>Refunded</b>	<b>11</b>		0

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b>	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority 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 here	Yes	No
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		✓
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year . . . . . \$		
<b>4</b>	Enter available pre-2018 NOL carryovers here \$ 0. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b>	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	
		\$	
		\$	
		\$	
		\$	
<b>6a</b>	Reserved for future use . . . . .		
<b>b</b>	Reserved for future use . . . . .		

**Part V Supplemental Information**

Provide any additional information. See instructions.

**Sign Here**

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer	Date	Title	SENIOR DIR OF FINANCE & OPERATIONS
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May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KRISTIN TYNON				P01063388
	Firm's name FORVIS MAZARS, LLP	Firm's EIN		44-0160260	
	Firm's address 1401 50TH STREET SUITE 350, WEST DES MOINES, IA 50266-5935	Phone no.		(515) 223-0159	

**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0047

**2023**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://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).

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501(c)(3) Organizations Only

<b>A</b> Name of the organization <u>EDMUNDSON ART FOUNDATION, INC</u>	<b>B</b> Employer identification number <u>42-0680419</u>
<b>C</b> Unrelated business activity code (see instructions) <u>531390</u>	<b>D</b> Sequence: <u>1</u> of <u>2</u>

**E** Describe the unrelated trade or business RENTAL INCOME AS A % OF REVENUES

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales <u>0</u>			
<b>b</b>	Less returns and allowances <u>0</u> <b>c</b> Balance	<b>1c</b> 0		
<b>2</b>	Cost of goods sold (Part III, line 8)	<b>2</b> 0		
<b>3</b>	Gross profit. Subtract line 2 from line 1c	<b>3</b> 0		0
<b>4a</b>	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	<b>4a</b> 0		0
<b>b</b>	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b> 0		0
<b>c</b>	Capital loss deduction for trusts	<b>4c</b> 0		0
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b> 0		0
<b>6</b>	Rent income (Part IV)	<b>6</b> 50,306	86,335	(36,029)
<b>7</b>	Unrelated debt-financed income (Part V)	<b>7</b> 0	0	0
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b> 0	0	0
<b>9</b>	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b> 0	0	0
<b>10</b>	Exploited exempt activity income (Part VIII)	<b>10</b> 0	0	0
<b>11</b>	Advertising income (Part IX)	<b>11</b> 0	0	0
<b>12</b>	Other income (see instructions; attach statement)	<b>12</b> 0		0
<b>13</b>	<b>Total.</b> Combine lines 3 through 12	<b>13</b> 50,306	86,335	(36,029)

Part II	Deductions Not Taken Elsewhere.	See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.	
<b>1</b>	Compensation of officers, directors, and trustees (Part X)	<b>1</b>	0
<b>2</b>	Salaries and wages	<b>2</b>	0
<b>3</b>	Repairs and maintenance	<b>3</b>	0
<b>4</b>	Bad debts	<b>4</b>	0
<b>5</b>	Interest (attach statement). See instructions	<b>5</b>	0
<b>6</b>	Taxes and licenses	<b>6</b>	0
<b>7</b>	Depreciation (attach Form 4562). See instructions	<b>7</b>	0
<b>8</b>	Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	0
<b>9</b>	Depletion	<b>9</b>	0
<b>10</b>	Contributions to deferred compensation plans	<b>10</b>	0
<b>11</b>	Employee benefit programs	<b>11</b>	0
<b>12</b>	Excess exempt expenses (Part VIII)	<b>12</b>	0
<b>13</b>	Excess readership costs (Part IX)	<b>13</b>	0
<b>14</b>	Other deductions (attach statement)	<b>14</b>	0
<b>15</b>	<b>Total deductions.</b> Add lines 1 through 14	<b>15</b>	0
<b>16</b>	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>	(36,029)
<b>17</b>	Deduction for net operating loss. See instructions	<b>17</b>	0
<b>18</b>	<b>Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>	(36,029)

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<b>Part III Cost of Goods Sold</b>		Enter method of inventory valuation	
<b>1</b>	Inventory at beginning of year . . . . .	<b>1</b>	0
<b>2</b>	Purchases . . . . .	<b>2</b>	0
<b>3</b>	Cost of labor . . . . .	<b>3</b>	0
<b>4</b>	Additional section 263A costs (attach statement) . . . . .	<b>4</b>	0
<b>5</b>	Other costs (attach statement) . . . . .	<b>5</b>	0
<b>6</b>	<b>Total.</b> Add lines 1 through 5 . . . . .	<b>6</b>	0
<b>7</b>	Inventory at end of year . . . . .	<b>7</b>	0
<b>8</b>	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 . . . . .	<b>8</b>	0
<b>9</b>	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		

<b>Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)</b>					
<b>1</b>	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.				
<b>A</b>	<input type="checkbox"/>	4700 GRAND AVE, DES MOINES, IA 50312			
<b>B</b>	<input type="checkbox"/>				
<b>C</b>	<input type="checkbox"/>				
<b>D</b>	<input type="checkbox"/>				
<b>2</b>	Rent received or accrued	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>a</b>	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) . . . . .	0			
<b>b</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) . . . . .	50,306			
<b>c</b>	<b>Total rents received or accrued by property.</b> Add lines 2a and 2b, columns A through D . . . . .	50,306			
<b>3</b>	<b>Total rents received or accrued.</b> Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) . . . . .				50,306
<b>4</b>	Deductions directly connected with the income in lines 2a and 2b (attach statement) . . . . .	86,335			
<b>5</b>	<b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) . . . . .				86,335

<b>Part V Unrelated Debt-Financed Income (see instructions)</b>					
<b>1</b>	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.				
<b>A</b>	<input type="checkbox"/>				
<b>B</b>	<input type="checkbox"/>				
<b>C</b>	<input type="checkbox"/>				
<b>D</b>	<input type="checkbox"/>				
<b>2</b>	Gross income from or allocable to debt-financed property . . . . .	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>3</b>	Deductions directly connected with or allocable to debt-financed property				
<b>a</b>	Straight line depreciation (attach statement) . . . . .				
<b>b</b>	Other deductions (attach statement) . . . . .				
<b>c</b>	<b>Total deductions</b> (add lines 3a and 3b, columns A through D) . . . . .				
<b>4</b>	Amount of average acquisition debt on or allocable to debt-financed property (attach statement) . . . . .				
<b>5</b>	Average adjusted basis of or allocable to debt-financed property (attach statement) . . . . .				
<b>6</b>	Divide line 4 by line 5 . . . . .	%	%	%	%
<b>7</b>	Gross income reportable. Multiply line 2 by line 6 . . . . .				
<b>8</b>	<b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) . . . . .				0
<b>9</b>	Allocable deductions. Multiply line 3c by line 6 . . . . .				
<b>10</b>	<b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) . . . . .				0
<b>11</b>	<b>Total dividends — received deductions</b> included in line 10 . . . . .				0

**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
<b>7. Taxable income</b>	<b>8. Net unrelated income (loss) (see instructions)</b>	<b>9. Total of specified payments made</b>	<b>10. Part of column 9 that is included in the controlling organization's</b>	<b>11. Deductions directly connected with income in column 10</b>	
(1)					
(2)					
(3)					
(4)					
<b>Totals</b>				Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
				0	0

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
		0		0

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

<b>1</b> Description of exploited activity: _____	
<b>2</b> Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	<b>2</b>
<b>3</b> Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	<b>3</b>
<b>4</b> Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	<b>4</b>
<b>5</b> Gross income from activity that is not unrelated business income	<b>5</b>
<b>6</b> Expenses attributable to income entered on line 5	<b>6</b>
<b>7</b> Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	<b>7</b>



**Part IX Advertising Income**

**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A**
- B**
- C**
- D**

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
<b>2</b> Gross advertising income . . . . .				
<b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (A) . . . . .				0
<b>3</b> Direct advertising costs by periodical . . . . .				
<b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (B) . . . . .				0
<b>4</b> 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 in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8 . . . . .				
<b>5</b> Readership costs . . . . .				
<b>6</b> Circulation income . . . . .				
<b>7</b> Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0- . . . . .				
<b>8</b> Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 . . . . .				
<b>a</b> Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 . . . . .				0

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on Part II, line 1 . . . . .			0

**Part XI Supplemental Information** (see instructions)

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**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0047

**2023**

Department of the Treasury  
Internal Revenue Service

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<b>A</b> Name of the organization <u>EDMUNDSON ART FOUNDATION, INC</u>	<b>B</b> Employer identification number <u>42-0680419</u>
<b>C</b> Unrelated business activity code (see instructions) <u>453220</u>	<b>D</b> Sequence: <u>2</u> of <u>2</u>

**E** Describe the unrelated trade or business GIFT SHOP

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales <u>287,467</u>			
<b>b</b>	Less returns and allowances <u>0</u> <b>c</b> Balance			
<b>1c</b>		<u>287,467</u>		
<b>2</b>	Cost of goods sold (Part III, line 8)	<u>0</u>		
<b>3</b>	Gross profit. Subtract line 2 from line 1c	<u>287,467</u>		<u>287,467</u>
<b>4a</b>	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	<u>0</u>		<u>0</u>
<b>b</b>	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<u>0</u>		<u>0</u>
<b>4b</b>		<u>0</u>		<u>0</u>
<b>4c</b>	Capital loss deduction for trusts	<u>0</u>		<u>0</u>
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)	<u>0</u>		<u>0</u>
<b>6</b>	Rent income (Part IV)	<u>0</u>	<u>0</u>	<u>0</u>
<b>7</b>	Unrelated debt-financed income (Part V)	<u>0</u>	<u>0</u>	<u>0</u>
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<u>0</u>	<u>0</u>	<u>0</u>
<b>9</b>	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<u>0</u>	<u>0</u>	<u>0</u>
<b>10</b>	Exploited exempt activity income (Part VIII)	<u>0</u>	<u>0</u>	<u>0</u>
<b>11</b>	Advertising income (Part IX)	<u>0</u>	<u>0</u>	<u>0</u>
<b>12</b>	Other income (see instructions; attach statement)	<u>0</u>		<u>0</u>
<b>13</b>	<b>Total.</b> Combine lines 3 through 12	<u>287,467</u>	<u>0</u>	<u>287,467</u>

Part II	Deductions Not Taken Elsewhere.	See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.	
<b>1</b>	Compensation of officers, directors, and trustees (Part X)		<u>0</u>
<b>2</b>	Salaries and wages		<u>103,751</u>
<b>3</b>	Repairs and maintenance		<u>0</u>
<b>4</b>	Bad debts		<u>0</u>
<b>5</b>	Interest (attach statement). See instructions		<u>0</u>
<b>6</b>	Taxes and licenses		<u>172</u>
<b>7</b>	Depreciation (attach Form 4562). See instructions	<u>0</u>	
<b>8</b>	Less depreciation claimed in Part III and elsewhere on return	<u>0</u>	
<b>8a</b>		<u>0</u>	
<b>8b</b>			<u>0</u>
<b>9</b>	Depletion		<u>0</u>
<b>10</b>	Contributions to deferred compensation plans		<u>0</u>
<b>11</b>	Employee benefit programs		<u>0</u>
<b>12</b>	Excess exempt expenses (Part VIII)		<u>0</u>
<b>13</b>	Excess readership costs (Part IX)		<u>0</u>
<b>14</b>	Other deductions (attach statement)		<u>179,420</u>
<b>15</b>	<b>Total deductions.</b> Add lines 1 through 14		<u>283,343</u>
<b>16</b>	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		<u>4,124</u>
<b>17</b>	Deduction for net operating loss. See instructions		<u>0</u>
<b>18</b>	<b>Unrelated business taxable income.</b> Subtract line 17 from line 16		<u>4,124</u>

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<b>Part III Cost of Goods Sold</b>		Enter method of inventory valuation	
<b>1</b>	Inventory at beginning of year . . . . .	<b>1</b>	0
<b>2</b>	Purchases . . . . .	<b>2</b>	0
<b>3</b>	Cost of labor . . . . .	<b>3</b>	0
<b>4</b>	Additional section 263A costs (attach statement) . . . . .	<b>4</b>	0
<b>5</b>	Other costs (attach statement) . . . . .	<b>5</b>	0
<b>6</b>	<b>Total.</b> Add lines 1 through 5 . . . . .	<b>6</b>	0
<b>7</b>	Inventory at end of year . . . . .	<b>7</b>	0
<b>8</b>	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 . . . . .	<b>8</b>	0
<b>9</b>	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		

<b>Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)</b>				
<b>1</b>	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.			
	<b>A</b> <input type="checkbox"/>			
	<b>B</b> <input type="checkbox"/>			
	<b>C</b> <input type="checkbox"/>			
	<b>D</b> <input type="checkbox"/>			
		<b>A</b>	<b>B</b>	<b>C</b>
<b>2</b>	Rent received or accrued			
<b>a</b>	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) . . . . .			
<b>b</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) . . . . .			
<b>c</b>	<b>Total rents received or accrued by property.</b> Add lines 2a and 2b, columns A through D . . . . .			
<b>3</b>	<b>Total rents received or accrued.</b> Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) . . . . .			0
<b>4</b>	Deductions directly connected with the income in lines 2a and 2b (attach statement) . . . . .			
<b>5</b>	<b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) . . . . .			0

<b>Part V Unrelated Debt-Financed Income (see instructions)</b>				
<b>1</b>	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.			
	<b>A</b> <input type="checkbox"/>			
	<b>B</b> <input type="checkbox"/>			
	<b>C</b> <input type="checkbox"/>			
	<b>D</b> <input type="checkbox"/>			
		<b>A</b>	<b>B</b>	<b>C</b>
<b>2</b>	Gross income from or allocable to debt-financed property . . . . .			
<b>3</b>	Deductions directly connected with or allocable to debt-financed property			
<b>a</b>	Straight line depreciation (attach statement) . . . . .			
<b>b</b>	Other deductions (attach statement) . . . . .			
<b>c</b>	<b>Total deductions</b> (add lines 3a and 3b, columns A through D) . . . . .			
<b>4</b>	Amount of average acquisition debt on or allocable to debt-financed property (attach statement) . . . . .			
<b>5</b>	Average adjusted basis of or allocable to debt-financed property (attach statement) . . . . .			
<b>6</b>	Divide line 4 by line 5 . . . . .	%	%	%
<b>7</b>	<b>Gross income reportable.</b> Multiply line 2 by line 6 . . . . .			
<b>8</b>	<b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) . . . . .			0
<b>9</b>	<b>Allocable deductions.</b> Multiply line 3c by line 6 . . . . .			
<b>10</b>	<b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) . . . . .			0
<b>11</b>	<b>Total dividends – received deductions</b> included in line 10 . . . . .			0

**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
<b>7. Taxable income</b>	<b>8. Net unrelated income (loss) (see instructions)</b>	<b>9. Total of specified payments made</b>	<b>10. Part of column 9 that is included in the controlling organization's</b>	<b>11. Deductions directly connected with income in column 10</b>	
(1)					
(2)					
(3)					
(4)					
<b>Totals</b>				Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
				0	0

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
<b>Totals</b>	0			0

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

<b>1</b> Description of exploited activity: _____	
<b>2</b> Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	<b>2</b>
<b>3</b> Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	<b>3</b>
<b>4</b> Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	<b>4</b>
<b>5</b> Gross income from activity that is not unrelated business income	<b>5</b>
<b>6</b> Expenses attributable to income entered on line 5	<b>6</b>
<b>7</b> Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	<b>7</b>

**Part IX Advertising Income**

**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A**
- B**
- C**
- D**

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
<b>2</b> Gross advertising income . . . . .				
<b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (A) . . . . .				0
<b>3</b> Direct advertising costs by periodical . . . . .				
<b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (B) . . . . .				0
<b>4</b> 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 in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8 . . . . .				
<b>5</b> Readership costs . . . . .				
<b>6</b> Circulation income . . . . .				
<b>7</b> Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0- . . . . .				
<b>8</b> Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 . . . . .				
<b>a</b> Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 . . . . .				0

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
<b>(1)</b>		%	
<b>(2)</b>		%	
<b>(3)</b>		%	
<b>(4)</b>		%	
<b>Total.</b> Enter here and on Part II, line 1 . . . . .			0

**Part XI Supplemental Information** (see instructions)

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Return Reference - Identifier	Explanation
BOOK CARE - NAME AND ADDRESS	BONNIE VALVERDE, 4700 GRAND AVENUE, DES MOINES, IA 50312

Description	Amount
<b>GIFT SHOP</b>	
(1) STATE TAX EXPENSE	172

Description	Amount
<b>GIFT SHOP</b>	
(1) PRINTING	1,561
(2) POSTAGE & MAILING	3,863
(3) MEMBERSHIP DUES	118
(4) CREDIT CARD FEES	6,313
(5) OTHER EXPENSES	215
(6) MEALS AND LODGING	4,919
(7) PROFESSIONAL DEVELOPMENT	943
(8) ENTERTAINMENT	3,007
(9) TRANSPORTATION	592
(10) OTHER SUPPLIES	6,082
(11) OTHER PURCHASED SERVICES	577
(12) CONSIGNMENT FEES	3,344
(13) MERCHANDISE	128,313
(14) EQUIPMENT EXPENSE	1,069
(15) COMPUTER HARDWARE EXPENSE	1,171
(16) SOFTWARE EXPENSE	2,903
(17) TRAVEL	7,432
(18) OFFICE EXPENSES	1,075
(19) BOOKS	5,923
<b>Total</b>	<b>179,420</b>



**RENTAL INCOME AS A % OF REVENUES**

(1) 4700 GRAND AVE, DES MOINES, IA 50312	Description	Amount
	EQUIPMENT, SUPPLIES, REPAIRS & MAINTENANCE	86,335
<b>Total for Schedule A - Part IV, Line 4, Deductions directly connected with the income in lines 2(a) and 2(b)</b>	<b>Total</b>	<b>86,335</b>