Form	9	9	0
Departm	nent o	f the	Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

AF	or th	e 202	2 calendar year, or tax year beginning and er	nding			
_			C Name of organization		D Employer ide	entification nu	mber
Bc	heck if ap	plicable:	NATIONAL NORDIC MUSEUM				
	Addre		Doing Business As		91-	-1107537	
	1 ĭ	change	Number and street (or P.O. box if mail is not delivered to street address) Room/su	lite	E Telephone n		
	+	return	2655 NW MARKET STREET		(2)	06)789-5	5707
	Termi		City or town, state or province, country, and ZIP or foreign postal code		(2)	50,105 3	,,,,,,
	Amen		SEATTLE, WA 98107		G Gross receip	ts \$ 10 7	101 000
-	return Applic				H(a) Is this a grou		Yes X No
	pendi				subordinates	?	
	-		2655 NW MARKET STREET, SEATTLE, WA 98107		H(b) Are all subord		Yes No
		empt st		527		ch a list. (see instr	
			WWW.NORDICMUSEUM.ORG		H(c) Group exemp		
				ear of format	ion: 1980 M	State of legal c	domicile: WA
Pa	art I	Su	mmary				
	1	Briefly	v describe the organization's mission or most significant activities: <u>THE NATION</u>	IAL_NORI	DIC_MUSEUI	M_SHARES	NORDIC
e		CUL	TURE WITH PEOPLE OF ALL AGES AND BACKGROUNDS.				
nan							
Governance	2	Check	this box	e than 25%	of its net assets	s.	
	3	Numb	er of voting members of the governing body (Part VI, line 1a)			3	25
کە بە	4	Numb	er of independent voting members of the governing body (Part VI, line 1b)			4	25
tie			number of individuals employed in calendar year 2022 (Part V, line 2a)			5	48
Activities &			number of volunteers (estimate if necessary)			6	450
Ac	7a	Total	unrelated business revenue from Part VIII, column (C), line 12			7a	
			nrelated business taxable income from Form 990-T, line 34			7b	
				<u> </u>	Prior Year		rrent Year
	8	Contri	ibutions and grants (Part VIII, line 1h)		2,416,21	8 5	5,449,525.
Revenue	9	Progr	am service revenue (Part VIII line 2g)		659,57		L,033,361.
Nel	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)	ON	203,95		316,260.
Re	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		460,62		
							495,306.
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,740,37		7,294,452.
			s and similar amounts paid (Part IX, column (A), lines 1-3)			ONE	NONE
			its paid to or for members (Part IX, column (A), line 4)			ONE	NONE
ses	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,183,44		2,654,342.
Expenses	16a		ssional fundraising fees (Part IX, column (A), line 11e)		NO	ONE	NONE
ЧХр	b		fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 644,074				
-	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,970,82		8,897,798.
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,154,27		5,552,140.
	19	Rever	nue less expenses. Subtract line 18 from line 12		-1,413,90)0.	742,312.
Net Assets or Fund Balances				Begin	ning of Current Y	rear En	nd of Year
set	20	Total	assets (Part X, line 16)		49,217,46	56. 48	8,833,669.
dB	21	Total	liabilities (Part X, line 26)		550,55	51.	405,272.
P _u	22	Net as	ssets or fund balances. Subtract line 21 from line 20		48,666,91	5. 48	8,428,397.
Pa	irt II	Sig	gnature Block				
Uno	der per	nalties of	of perjury, I declare that I have examined this return, including accompanying schedules and s complete. Declaration of preparer (other than officer) is based on all information of which prepare	tatements, a	and to the best of	i my knowledg	e and belief, it is
liue	e, corre		complete. Declaration of preparer (other than onicer) is based on an mormation of which prepare	ei nas any ki	nowiedge.		
<u>.</u> .							
Sig			Signature of officer		Date		
He	re		ERIC NELSON				
			Type or print name and title				
		Print/	Type preparer's name Preparer's signature Date		Check	if PTIN	
Paic		MAT	THEW FRERKER MATTHEW FRERKER 10/	/11/202	3 self-employ	ed P0167	7675
	parer		sname b BDO USA		Firm's EIN	13-538	
Use	Only		address ► 601 UNION STREET SUITE 2300 SEATTLE, WA 9810	01	Phone no.		2-7777
Мау	the II		cuss this return with the preparer shown above? (see instructions)				Yes No
For	Pape	work	Reduction Act Notice, see the separate instructions.				orm 990 (2022)

	rm 990 (2022)	Page 2
Pa	art III Statement of Program Service Accomplishments	
-	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1		
	THE NATIONAL NORDIC MUSEUM SHARES NORDIC CULTURE, VALUES AND IDEAS WITH PEOPLE OF ALL AGES AND BACKGROUNDS TO CREATE CONNECTIONS,	
	GENERATE DIALOGUE, AND INSPIRE NEW PERSPECTIVES.	
	CENERALE DIRECTOR, AND INDITKE NEW LENDIECTIVES.	
2	Did the organization undertake any significant program services during the year which were not listed or prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any pro- services?	gram
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program s expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants a the total expenses, and revenue, if any, for each program service reported.	•
4a	(Code:) (Expenses \$4,544,671. including grants of \$) (Revenue \$)	1,046,773.)
	THE NATIONAL NORDIC MUSEUM WAS FOUNDED FOR THE PURPOSE OF	
	COLLECTING, PRESERVING, PROTECTING AND EXHIBITING MATERIAL THAT REFLECTS THE LIFE AND CULTURE OF IMMIGRANTS FROM NORDIC COUNTRIES.	
	FOUNDED IN 1980, THE NORDIC MUSEUM IS THE LARGEST MUSEUM IN THE	
	UNITED STATES TO HONOR THE LEGACY OF IMMIGRANTS FROM THE FIVE	
	NORDIC COUNTRIES: DENMARK, FINLAND, ICELAND, NORWAY, AND SWEDEN.	
<u>4</u> h	(Code:) (Expenses \$ 505,640. including grants of \$) (Revenue \$	177.006
70	THE NATIONAL NORDIC MUSEUM CELEBRATES A VARIETY OF EVENTS	
	THROUGHOUT THE YEAR, INCLUDING CONCERTS, CLASSES, CONFERENCES,	
	FESTIVALS, FILM, AND FOOD.	
4c	: (Code:) (Expenses \$ including grants of \$) (Revenue \$)
		,
4d	I Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 5,050,311.	- 000
	020 1.000 9146TN YJ4A	Form 990 (2022) 6

Form 9	90 (2022)		F	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		X
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			37
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i>			
	"Yes," complete Schedule D, Part I.	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
•	complete Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			37
45	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5		37
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		v
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			X
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	Λ	
19	If "Yes," complete Schedule G, Part III	19	Х	
20 2	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a	Λ	x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		х
JSA 2E1021			990	(2022)

Page	4
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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
22		~~~		<u></u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
		240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
				37
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23	- 21	
30				
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
•.	or IV, and Part V, line 1	34		Х
25 0	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			
		35a		X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
r art	Check if Schedule O contains a response or note to any line in this Part V			
		•••	Yes	No
			105	140
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 1			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA 2E1030	2.000	Form	990	(2022)

Form 990 (2022)

Form	990 (2022)		F	Page 5				
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax							
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 48							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,							
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or							
	gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods							
	and services provided to the payor?	7a	Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	L				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	required to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders							
b	Gross income from other sources. (Do not net amounts due or paid to other sources							
	against amounts due or received from them.)	12a						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes." enter the amount of tax-exempt interest received or accrued during the year 12b	12a						
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a						
a	Note: See the instructions for additional information the organization must report on Schedule O.	Tou						
h	Enter the amount of reserves the organization is required to maintain by the states in which							
b	the organization is licensed to issue qualified health plans							
~	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		x				
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x				
-	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17						
	If "Yes," complete Form 6069.							

Form 9	90 (2022) NATIONAL NORDIC MUSEUM	91-1107	537	F	Page 6
Part	VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 thr	ough 7b below,	and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes				
	Check if Schedule O contains a response or note to any line in this Part VI				Х
Sect	ion A. Governing Body and Management				_
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 25			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b 25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	ationship with			
	any other officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or un	der the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other p	erson?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fil	ed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets?	5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to el	ect or appoint			
	one or more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval	by) members,			
	stockholders, or persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions under	ertaken during			
	the year by the following:				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9	,	X
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	rnal Revenue	Code	.) Yes	No
			10	res	
	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of s		406		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	-	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ing the form? .	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		120	v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests t	-	12b	х	
	rise to conflicts?		120	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the per-		12c	Х	
40	describe on Schedule O how this was done		13	X	
13	Did the organization have a written whistleblower policy?		14	X	
14	Did the organization have a written document retention and destruction policy?		14	21	
15	Did the process for determining compensation of the following persons include a review an	• •			
•	independent persons, comparability data, and contemporaneous substantiation of the deliberation The organization's CEO, Executive Director, or top management official		15a	Х	
a h	Other officers or key employees of the organization		15b	X	
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
162	Did the organization invest in, contribute assets to, or participate in a joint venture or simila	r arrangement			
IVa	with a taxable entity during the year?	-	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization f				
N	participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?		16b		
Secti	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),	990, and 990-T	(sec	tion 5	01(c)
-	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap				(-)
	Own website Another's website X Upon request Other (explain on Sci	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing docum	ents, conflict o	f inter	est p	olicy.
	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 b	ooks and record	s		
	PAMELA BROOKS 2655 NW MARKET STREET SEATTLE, WA 98107	-			
10 ^	206-789-5707		Form	990	(2022)
JSA 2E1042	1 000				

7 Page **7**

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

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.

					C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average hours	`				e than c is both		Reportable	Reportable	Estimated amount of other
	per week			•		or/trust		compensation from the	compensation from related	compensation
	(list any	9 5	5	0	2	역 표	F	organization (W-2/	organizations (W-2/	from the
	hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and
	organizations	lual	tion		nplo	st co	ñ	1099-NEC)	1099-NEC)	related organizations
	below	trust	altru		yee	mpe				
	dotted line)	ee	Istee			insat				
						ted				
(1) ERIC NELSON	60.00									
CEO	NONE			x				390,481.	NONE	NONE
(2) SANDRA NESTOROVIC	50.00							550,401.	NONE	NONE
CHIEF OF STAFF	NONE					x		125,337.	NONE	NONE
(3) JACOB ANDSAGER	40.00							120,007		
HEAD OF DIGITAL	NONE					x		123,908.	NONE	NONE
(4) PAMELA BROOKS	50.00									
DIRECTOR OF FINANCE AND HR	NONE			х				101,000.	NONE	NONE
(5) HANS AARHUS	15.00									
PREIDENT	NONE	Х		Х				NONE	NONE	NONE
(6) JAY BURNS, III	10.00									
VICE PRESIDENT	NONE	Х		Х				NONE	NONE	NONE
(7) MONICA LANGFELDT	10.00									
SECRETARY	NONE	Х		Х				NONE	NONE	NONE
(8) EARL ECKLUND	10.00									
TREASURER	NONE	Х		Х				NONE	NONE	NONE
(9) ANN-CHARLOTTE GAVEL ADAMS	2.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(10) ELECTA ANDERSON	2.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(11) ANNE-LISE BERGER	2.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(12) JANN BLACKBOURN	2.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(13) RAY BRANDSTROM	2.00							NTONT		NTONT
TRUSTEE	NONE 2 00	X						NONE	NONE	NONE
(14) ULF EWALDSSON	2.00	х							λτωντη	
TRUSTEE	NONE	Λ						NONE	NONE	NONE

Form 990 (2022) Part VII Section A. Officers, Directors, Tr	ustoos Ka		nlo		00	and		hast Component	ad Employees (a	Page 8
		y ⊏n	ipic			and	пgi			,
(A) Name and title	(B) Average hours per week (list any hours for related	box, office	unle: er an	Pos heck ss pe d a d	erson lirect	e than c is both tor/trust □ Φ エ	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(15) MIKE HLASTALA	2.00	_								
TRUSTEE	NONE	X						NONE	NONE	NONE
(16) JANE KLAUSEN	2.00	_								
TRUSTEE	NONE	X						NONE	NONE	NONE
(17) TERJE LEIREN	2.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(18) KURT MANCHESTER	2.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(19) JENS MOLBAK	2.00	-								
TRUSTEE	NONE	X						NONE	NONE	NONE
(<u>20)</u> KURT NESS	2.00	_								
TRUSTEE	NONE	X						NONE	NONE	NONE
(21) KRYSTN NESSELQUIST	2.00	-								
TRUSTEE	NONE	X						NONE	NONE	NONE
(22) PER NOREN	2.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(23) AARON OVERLAND	2.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(24) TUULA RYTTILA	2.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(25) MARIA STAAF	2.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
1b Sub-total							►	740,726.	NONE	NONE
c Total from continuation sheets to Part VII, S							►	NONE	NONE	NONE
d Total (add lines 1b and 1c)	_			<u> </u>		<u></u> .		740,726.	NONE	NONE
2 Total number of individuals (including but not reportable compensation from the organization	limited to t			d al	bov	,	o re	ceived more than	\$100,000 of	
						4				

reportable con	npensation from	the organization	I 🕨 –

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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

Yes No

3

4

5

Form 990 (2022)						<u> </u>					Page 8
Part VII Section A. Officers, Directors, Tr		ey En	nplo			and H	lig			ees (c	ontinued)
(A) Name and title	(B) Average hours per week (list any	box,	unle	Pos heck ss pe	erson	e than o is both	an	(D) Reportable compensation from	(E) Reportab compensatior related		(F) Estimated amount of other
	hours for related organizations below dotted line)	or director	a Institutional trustee	d Officer	Key employee	or/true Highest compensated employee	e) Former	- the organization (W-2/1099-MISC)	organizatic (W-2/1099-N		compensation from the organization and related organizations
26) HENRIK STRABO	2.00 NONE	x						NONE		NONE	NONI
27) JOHAN STRAND TRUSTEE	2.00 NONE	x						NONE		NONE	NONI
28) HELI SUOKKO	2.00										
TRUSTEE 29) LISA TOFTEMARK	NONE 2.00	X						NONE		NONE	NONI
TRUSTEE	NONE	x						NONE		NONE	NONI
		-									
		_									
		_									
	+										
		-									
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	-	· · ·	· ·	· ·	· ·	· · ·					
2 Total number of individuals (including but not reportable compensation from the organizatio	limited to t	hose	liste	ed a	bove	e) who	o re	eceived more than	\$100,000 of	•	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											Yes No 3 X
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	n \$15	50,0	00?	₽́ If	"Yes	s,"	complete Schedu	le J for si	uch	4 X
 Did any person listed on line 1a receive or for services rendered to the organization? If "Y Section B. Independent Contractors 	accrue co	mper	sati	on	from	n any	un	related organization	on or individ	ual	5 X
 Complete this table for your five highest com compensation from the organization. Report of year. 											
(A) Name and business add	dress							(B) Description of se	ervices	С	(C) ompensation
							+			_	
							-				
							+				

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► NONE NONE

Form 990 (2022)

NATIONAL NORDIC MUSEUM

Part VIII Statement of Revenue

		Check if Schedule O co	ontains a respon	se or note to an	y line in this Part V	/		
			·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s, s,	1a	Federated campaigns	1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues		514,708.				
ΰÊ	c	Fundraising events		483,844.				
fts,	d	Related organizations						
ila	e	Government grants (contribu		1,115,837.				
Sin's,	f	All other contributions, gifts,	· ·					
er		and similar amounts not include	-	3,335,136.				
jåř	g	Noncash contributions inclu						
d t	9	lines 1a-1f		165,050.				
aSo	h				5,449,525.			
				Business Code				
8	20	ADMISSION AND EXHIBIT FEE	S	900099	466,331.	466,331.		
ž	2a	PROGRAM FEES		900099	328,263.	328,263.		
Se	b	FACILITY INCOME		900099	238,767.	238,767.		
Me Se	c				250,7071	25077071		
Bas	d							
Program Service Revenue	e							
_	f g	All other program service rev Total. Add lines 2a-2f			1,033,361.			
					1,000,001.			
	3	Investment income (inclu	-		188,324.			188,324.
	4	other similar amounts) Income from investment of		ſ	NONE			200,021
	4 5	Royalties	•		NONE			
			(i) Real	(ii) Personal	NONE			
	6.0	Gross rents 6a	169,050.	()				
	6a		105,050.					
	b	Less: rental expenses 6b	169,050.	NONE				
	C L	Rental income or (loss) 6c			169,050.			169,050.
	d	Net rental income or (loss)	(i) Securities	(ii) Other	109,030.			109,030.
	7a	Gross amount from						
		sales of assets	2 202 692					
		other than inventory 7a	3,203,682.					
evenue	b	Less: cost or other basis	2 075 746					
vel		and sales expenses 7b	3,075,746.					
2	C	Gain or (loss) 7c	127,936.		105.000			107.026
ler	d	Net gain or (loss)			127,936.			127,936.
Other	8a		U U					
-		events (not including \$	483,844.					
		of contributions reported						
		1c). See Part IV, line 18		286,319.				
	b	Less: direct expenses		156,835.				
	С	Net income or (loss) from fu	_		129,484.			129,484.
	9a	Gross income from	gaming	0				
		activities. See Part IV, line 19		27,116.				
	b	Less: direct expenses		21,742.	5.054			5.054
	с	Net income or (loss) from g			5,374.			5,374.
	10a	Gross sales of invent		400 500				
		returns and allowances • •		433,703.				
	b	Less: cost of goods sold	10b	242,305.				
	С				191,398.	191,398.		
sne				Business Code				
oec	11a							
llar /en	b							
Miscellaneous Revenue	С							
Mis	d	All other revenue		L				
	-	Total. Add lines 11a-11d			NONE			
	12	Total revenue. See instruction	ons		7,294,452.	1,224,759.		620,168.

NATIONAL NORDIC MUSEUM Part IX Statement of Functional Expenses

I Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	(D) Fundraising expenses	(C) Management and general expenses	(B) Program service expenses	(A) Total expenses	Check if Schedule O contains a respo Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.
and domestic governments. See Part IV, line 21 NONE 2 Grants and other assistance to domestic individuals. See Part IV, line 22 NONE 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 NONE 4 Benefits paid to of or members,	expenses	general expenses	expenses		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				NONE	3
Individuals. See Part IV, line 22 NONE 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 NONE 4 Benefits paid to or for members					
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and persons (as other 4958(c)(3)(8). NONE 4 Benefits paid to of tor members. .				NONE	
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 NONE 4 Benefits paid to or for members, trustees, and key employees NONE NONE 5 Compensation of current officers, directors, trustees, and key employees 449,231 288,294 79,096 6 Compensation not include above to disqualled persons described in section 4956(1)(8) NONE NONE 7 Other salaries and wages 1,865,710 1,197,212 328,447 8 Pension plan accruals and contributions (include section 40(k) and 403(k) employee contributions NONE 187,941 122,162 33,829 9 Other employee benefits 187,941 122,162 33,829 1 11 Fees for savices (nonemployees): NONE 187,941 122,162 33,842 a Management NONE 0 0 181,167 132,267 32,267 6 Accounting -96,601 32,267 32,267 32,267 10 Adverting and promotion 58,018 58,018 161 11 forwation anagement fees 23,642 33,842 121,232 77,588 21,822 10 Adverting and promotion					
toreign individuals. See Part IV, lines 15 and 16 NONE 4 Benefits paid to of or members					-
5 Compensation of current officers, directors, trustees, and key employees 449,231 288,294 79,096 6 Compensation not included above to disqualified persons (as defined under section 4958(0)(1)) and persons described in section 4958(0)(1)) and persons described in section 4958(0)(1)) and persons described in section 4958(0)(1) and persons described in section 4958(0)(1)) and persons described in section 4958(0)(1) and 1000 persons described in section 4958(0)(1) and persons described in section 4958(0)(1) and 1000 persons described in section 4958(0) and 1000 persons described in the 25, column (A) amount list in e124 express in section 4958(0) and 1000 persons described in section 4958(0) and 1000 persons described in seclin section 4958(0) and 10000 persons described in section 4958(0				NONE	foreign individuals. See Part IV, lines 15 and 16
trustees, and key employees 449,231 288,294 79,096. 6 Compensation not included above to disqualifed persons (as defined under section 4958(c)(3)(8) NONE NONE 7 Other salaries and wages 1,865,710. 1,197,212. 328,447. 8 Pension plan accruals and contributions (include section 40(k) and 403(b) employer contributions NONE 27,263. 9 Other employee benefits 151,460. 98,449. 27,263. 10 Payroll taxes NONE 2 33,829. 11 Fees for services (nonemployees): NONE 2 2 a Management NONE 2 2 2,267. b Legal NONE 2 2 33,842. 9 Other. (If the 11g amount exceeds 10% of line 25, colume (A), amount, list line 11g expenses on Schedule 0.) 64,307. 46,140. 18,167. 12 Advertising and promotion 58,018. 58,018. 2 20,591. 14 Information technology. 12,12,32. 77,588. 21,822. 13 Office expenses 10,476. 5,238. 17,119. 17 ravel 10,476. 5,238. 18<				NONE	4 Benefits paid to or for members
6 Compensation not included above to disqualified persons (as defined under section 4958(f(3)(8),, 1, 865,710, 1, 197,212, 328,447, 7 Other salaries and wages,, 1, 865,710, 1, 197,212, 328,447, 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other salaries, and wages,, 1, 865,710, 1, 197,212, 328,447, 8 Pension plan accruals and contributions) 9 Other employee benefits,, 1, 87,941, 122,162, 33,829, 11 Fees for services (nonemployees): 14 Management, NONE 15,460, 98,449, 27,263, 16,801, 32,267, 32,267, 17,941, 102,162, 33,829, 18 NONE 14 Lobging,, NONE 15,460, 98,449, 27,263, 17,941, 102,162, 33,842, 9,0167, (iii light gamout exceeds 10% of light 25, column (A), amount, litt lime 17 generose on Schedule Q),, 58,018, 58,018, 16 Ordersenes,, 102, 102, 102, 102, 102, 102, 102, 102					5 Compensation of current officers, directors,
persons (as defined under section 4958(r)(1)) and persons (as ceribed in section 4958(r)(3)(B)	81,841	79,096.	288,294.	449,231.	trustees, and key employees
person described in section 4956(c)(3)(B) NONE 7 Other salaries and wages 1,865,710.1,197,212.328,447. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) NONE 9 Other employee benefits 151,460.98,449.27,263. 10 Payroll taxes 187,941.122,162.33,829. 11 Fees for services (nonemployees): NONE a Management NONE c Accounting 96,801.32,267.32,267. d Lobbying 96,801.32,267.332,267. g Other. (If the 11g anounce accesds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0. 96,801.32,267.32,267. 12 Advertising and promotion 58,018.58,018. 13 Office expenses 261,216.193,629.20,591. 14 Information technology 121,232.77,588.21,822. NONE 233,712.211,949.17,119. 10,476.5,238. 10,476.5,238. 10 otherest. 10,476.5,238. 11 me24e axpenses on inc evered above. (List miscellaneous expenses on covered above. (List miscellaneous expenses on Schedule 0.) 11 me24e axpenses on Schedule 0.) 135,114.24,321.100,793. 24 Other expenses. Itemize expenses on covered above. (List miscellaneous expenses on Schedule 0.) 9					6 Compensation not included above to disqualified
7 Other salaries and wages 1,865,710. 1,197,212. 328,447. 8 Pension plan accruals and contributions section 401(k) and 403(b) employer contributions NONE 151,460. 98,449. 27,263. 9 Other employee benefits 187,941. 122,162. 33,829. 11 Fees for services (nonemployees): 187,941. 122,162. 33,829. 11 Fees for services (nonemployees): 0 187,941. 122,162. 33,829. 11 Fees for services (nonemployees): 0 0 187,941. 122,162. 33,829. 11 Fees for services (nonemployees): 0 0 0 0 33,842. 0 0 9 Other. (It ine 110 amount exceeds 10% of line 25, column (A), amount, its line 110 amount exceeds 10% of line 25, column (A), amount, its line 110 amount exceeds 10% of line 25, column (A), amount, its line 100, amount exceeds 10% of line 25, column (A), amount, list line 24e appenses on Schedule 0. 121,232. 77,588. 21,822. 10 Other expenses. Itemize expenses for any federal, state, or local public officials NONE 10,476. 5,238. 10,476. 123,712. 211,949. 17,119. 17 Trevel .					persons (as defined under section 4958(f)(1)) and
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) NONE 9 Other employee benefits 151,460. 98,449. 27,263. 9 Payroll taxes 187,941. 122,162. 33,829. 11 Fees for services (nonemployees): NONE NONE 187,941. 122,162. 33,829. 11 Fees for services (nonemployees): NONE 187,941. 122,162. 33,829. 11 Fees for services (nonemployees): NONE 187,941. 122,162. 33,829. 11 Fees for services (nonemployees): NONE 187,941. 122,162. 33,829. 11 Fees for services (nonemployees): NONE 187,941. 122,162. 33,842. 14 Indrasting services. See Part IV, line 17. NONE 18,167. 18,167. 12 Advertising and promotion 58,018. 121,232. 77,588. 21,822. 13 Information technology. 121,232. 77,588. 21,822. NONE 16 Occupancy				NONE	persons described in section 4958(c)(3)(B)
1 Description Description Description Description 9 Other employee benefits Description	340,051	328,447.	1,197,212.	1,865,710.	7 Other salaries and wages
9 Other employee benefits 151,460. 98,449. 27,263. 10 Payroll taxes 187,941. 122,162. 33,829. 11 Fees for services (nonemployees): 187,941. 122,162. 33,829. 11 Fees for services (nonemployees): NONE 187,941. 122,162. 33,829. 11 Fees for services (nonemployees): NONE 9 10 187,941. 122,162. 33,829. 12 Legal NONE 9 10 100				NONE	
10 Payroll taxes 187,941. 122,162. 33,829. 11 Fees for services (nonemployees): MONE NONE a Management NONE 96,801. 32,267. 32,267. d Lobbying 96,801. 32,267. 32,267. 32,267. e Professional fundraising services. See Part IV. line 17. NONE 96,801. 32,267. 32,267. g Other. (f line 11g angement fees 33,842. 33,842. 33,842. 33,842. g Other. (f line 11g expenses on Schedule 0.) 58,018. 58,018. 58,018. 12 Advertising and promotion 58,018. 58,018. 59.018. 13 Office expenses 261,216. 193,629. 20,591. 14 Information technology. 121,232. 77,588. 21,822. 16 Occupancy 233,712. 211,949. 17,119. 17 Travel NONE 10,476. 5,238. 18 Payments of fravel or entertainment expenses NONE 10,476. 5,238. 19 Conferences, conventions, and meetings NONE 1,787,355. 1,680,114.					section 401(k) and 403(b) employer contributions)
11 Fees for services (nonemployees): NONE a Management NONE b Legal 96,801. 32,267. c Accounting 96,801. 32,267. d Lobbying NONE 96,801. e Professional fundraising services. See Part IV, line 17. NONE f Investment management fees 33,842. g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) 64,307. 46,140. 12 Advertising and promotion 58,018. 58,018. 13 Office expenses 261,216. 193,629. 20,591. 14 Information technology. 121,232. 77,588. 21,822. NONE 233,712. 211,949. 17,119. 17 Travel 10,476. 5,238. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials NONE 19 Conferences, conventions, and meetings NONE 1,787,355. 1,680,114. 107,241. 11 Insurance 135,114. 24,321. 110,793. 110,479. 24 Other expenses on time 24e. If	25,748	27,263.	98,449.	151,460.	9 Other employee benefits
a Management NONE b Legal NONE c Accounting 96,801. d Lobbying 96,801. e Professional fundraising services. See Part IV, line 17. NONE f Investment management fees 33,842. g Other. (if line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.) 64,307. 46,140. 12 Advertising and promotion 58,018. 58,018. 13 Office expenses 261,216. 193,629. 20,591. 14 Information technology. 121,232. 77,588. 21,822. 16 Occupancy 233,712. 211,949. 17,119. 17 Travel 10,476. 5,238. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials NONE 1 10 nerest	31,950	33,829.	122,162.	187,941.	10 Payroll taxes
b Legal NONE c Accounting 96,801. 32,267. 32,267. d Lobbying NONE 96,801. 32,267. 32,267. f Investment management fees 33,842. 33,842. 33,842. g Other. (f line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.) 58,018. 58,018. 18,167. 13 Office expenses 261,216. 193,629. 20,591. 121,232. 77,588. 21,822. 16 Occupancy 233,712. 211,949. 17,119. 17,179. 10,476. 5,238. 18 19 Conferences, conventions, and meetings NONE 10,777,355. 1,680,114. 107,241. 21 hayrants to affiliates NONE 135,114. 24,321. 110,793.					11 Fees for services (nonemployees):
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	15,224				
e All other expenses	11,643	1,4UZ.	שלא, צ	38,944.	
25 Total functional expenses. Add lines 1 through 24e 6,552,140. 5,050,311. 857,755.	<u> </u>		5 050 211	6 552 140	
25 Total functional expenses. Add lines 1 through 24e6,552,140.5,050,311.857,755.26 Joint costs. Complete this line only if the	644,074	00/,/00.	5,050,311.	0,352,140.	· · · · ·
organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here					organization reported in column (B) joint costs from a combined educational campaign and

JSA

rm 990 Part X				Page 11
	Check if Schedule O contains a response or note to any line in this F	Part X		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	285,232.	1	887,023
2	Savings and temporary cash investments.	755,634.	2	710,878
3	Pledges and grants receivable, net	1,900,364.	3	1,339,452
4	Accounts receivable, net	NONE		NON
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	5	NOI
6	Loans and other receivables from other disqualified persons (as defined			
	under section $4958(f)(1)$, and persons described in section $4958(c)(3)(B)$.	NONE	6	NOI
2 7	Notes and loans receivable, net			NOI
	Inventories for sale or use .	97,715.		105,866
T O	Prepaid expenses and deferred charges	26,422.		43,560
10 2	Land, buildings, and equipment: cost or other	20,122.	9	43,500
lua	basis. Complete Part VI of Schedule D 10a 47,116,831.			
h	Less: accumulated depreciation		100	
				39,088,758
11	Investments - publicly traded securities			6,539,449
12	Investments - other securities. See Part IV, line 11.			NON
13	Investments - program-related. See Part IV, line 11	NONE		NON
14	Intangible assets	NONE		NON
15	Other assets. See Part IV, line 11			118,683
16	Total assets. Add lines 1 through 15 (must equal line 33)			48,833,669
17	Accounts payable and accrued expenses	520,293.		354,556
18	Grants payable	NONE		NON
19	Deferred revenue	30,258.		50,716
20	Tax-exempt bond liabilities	NONE		NON
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NON
<u>ດ</u> 22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	22	NON
23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NOI
24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NON
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	NONE	25	NON
26	Total liabilities. Add lines 17 through 25	550,551.	26	405,272
CGS	Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	38,826,001.	27	37,932,276
28	Net assets with donor restrictions.	9,840,914.	28	10,496,121
27 28 28 29 30 31 32 32 32	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
5 29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	Retained earnings, endowment, accumulated income, or other funds			
E 31	Total net assets or fund balances	40 666 015	31	10 100 200
5 32 2 22		48,666,915.	32	48,428,397
- 33	Total liabilities and net assets/fund balances	49,217,466.	33	48,833,669 Form 990 (2022

Form 990 (2022)

	NATIONAL NORDIC MUSEUM 9	1-110)753	7			
Form 99	90 (2022)					Pa	ge 12
Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)		1		7,2	94,	<u>452</u> .
2	Total expenses (must equal Part IX, column (A), line 25)		2		6,5	52,	<u>140</u> .
3	Revenue less expenses. Subtract line 2 from line 1		3		7	42,	<u>312</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		4	4	8,6	66,	<u>915</u> .
5	Net unrealized gains (losses) on investments		5		-9	80,	<u>830</u> .
6	Donated services and use of facilities		6				
7	Investment expenses		7				
8	Prior period adjustments		8				
9	Other changes in net assets or fund balances (explain on Schedule O)		9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X	, line					
	32, column (B))		10	4	8,4	28,	<u>397</u> .
Part							
	Check if Schedule O contains a response or note to any line in this Part XII						
						Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "O	her," ex	plain d	on			
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accou				2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year w	ere com	piled	or			
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate ba	sis					
b	Were the organization's financial statements audited by an independent accountant?				2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year we	re audit	ed on	а			
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate ba	sis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility	/ for ove	rsight	of			
	the audit, review, or compilation of its financial statements and selection of an independent a				2c	Х	
	If the organization changed either its oversight process or selection process during the tax	year, ex	plain o	on			
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits a	s set for	th in th	ne			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?				3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did		•				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo	such au	dits .		3b		

Form **990** (2022)

SCHE	DULE	A
(Form	990)	

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 G 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					Employer identif	ication number					
NATIONAL NORDIC MUSEUM						107537					
Part I Reason for Public Ch	arity Status. (All	organizations must	comple	ete this p	part.) See instruction	ns.					
The organization is not a private fou	Indation because it	t is: (For lines 1 through	gh 12, ch	eck only	one box.)						
1 A church, convention of ch	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).						
2 A school described in sect	ion 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	0).)							
3 A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).						
4 A medical research organi	zation operated in	conjunction with a ho	spital de	scribed ir	n section 170(b)(1)(A))(iii). Enter the					
hospital's name, city, and s	tate:										
5 An organization operated	for the benefit of	a college or universi	ty owned	d or ope	rated by a governme	ental unit described in					
section 170(b)(1)(A)(iv). (0	Complete Part II.)										
6 A federal, state, or local go	overnment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).						
Y X An organization that normally receives a substantial part of its support from a governmental unit or from the general public											
described in section 170(b)(1)(A)(vi). (Compl	ete Part II.)									
8 A community trust describe			,								
9 An agricultural research or	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	in conjunction with a	land-grant college					
or university or a non-land-	grant college of ag	griculture (see instruc	tions). Ei	nter the i	name, city, and state o	of the college or					
university:											
10 An organization that norma	ally receives (1) mo	pre than 331/3 % of its	support	from cor	ntributions, membersh	hip fees, and gross					
receipts from activities rela support from gross investr	nent income and u	nrelated business tax	ertain ex able inco	me (les	s; and (2) no more that s section 511 tax) from	n 331/3 % of its 1 businesses					
acquired by the organization	on after June 30, 1	975. See section 509	(a)(2). (C	Complete	Part III.)						
11 An organization organized	•	•	•								
12 An organization organized	•										
one or more publicly suppo	•										
the box on lines 12a throug											
a Type I. A supporting org		•	•		•						
the supported organization	., .	• • • • •		ajority of	the directors or truste	ees of the					
supporting organization.	•										
b Type II. A supporting org											
control or management of		•	the sam	e persor	is that control or mar	hage the supported					
organization(s). You mus											
c Type III functionally inte						lly integrated with,					
its supported organization		, ·		•							
d Type III non-functionally			-			- · ·					
that is not functionally int			-			d an attentiveness					
requirement (see instruct	,										
e Check this box if the orgative functionally integrated, o						п, туре п					
f Enter the number of supported			porting t	nyanizai	ЮП.						
g Provide the following informati	•					•••••					
(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of					
		(described on lines 1-10		ur governing	support (see	other support (see					
		above (see instructions))	Yes	nent? No	instructions)	instructions)					
· · · ·											
(A)											
(B)											
(C)											
(D)											
(D)											
(E)											
·/											
Total											
For Paperwork Reduction Act Notice,	see the Instructions	for Form 990 or 990-EZ.			S	chedule A (Form 990) 2022					

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,370,588.	3,930,185.	2,285,398.	2,416,218.	5,449,525.	25,451,914.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	11,370,588.	3,930,185.	2,285,398.	2,416,218.	5,449,525.	25,451,914.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
~	shown on line 11, column (f)						6,013,867.
$\frac{6}{800}$	Public support. Subtract line 5 from line 4						19,438,047.
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
		11,370,588.	3,930,185.	2,285,398.	2,416,218.	5,449,525.	25,451,914.
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	117,430.	109,992.	171,611.	269,285.	357,374.	1,025,692.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						26,477,606.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	5,750,210.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	<u> </u>	<u></u>	, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Sup	oort Percenta	ge				
14	Public support percentage for 2022 (lin					14	73.41 %
15	Public support percentage from 2021						70.02 %
16a	331/3% support test - 2022. If the org						
	box and stop here. The organization qu						
b	331/3% support test - 2021. If the org						
	this box and stop here. The organization	-		-			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	
	Part VI how the organization meets t			•	•		
	organization						
b	10%-facts-and-circumstances test - 2	•					
	15 is 10% or more, and if the organiz					-	-
	in Part VI how the organization meets organization			-	-		
18	Private foundation. If the organizatio						
	instructions						

Schedule A (Form 990) 2022

NATIONAL NORDIC MUSEUM 91-1107537 Schedule A (Form 990) 2022 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 (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an 3 unrelated trade or business under section 513 . Tax revenues levied for the 4 organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Sec	поп в. тота зирроп				1				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
b	Unrelated business taxable income (less								
	section 511 taxes) from businesses								
	acquired after June 30, 1975								
С	Add lines 10a and 10b								
11	Net income from unrelated business								
	activities not included on line 10b, whether								
	or not the business is regularly carried on.								
12	Other income. Do not include gain or								
	loss from the sale of capital assets								
	(Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11,								
	and 12.)								
14	First 5 years. If the Form 990 is for	-			•				
	organization, check this box and stop here								
Sec	tion C. Computation of Public Sup								
15	Public support percentage for 2022 (line 8					15	%		
16	Public support percentage from 2021 Sche					16	%		
Sec	tion D. Computation of Investmen		V						
17	Investment income percentage for 2022 (li					17	%		
18	Investment income percentage from 2021 Schedule A, Part III, line 17								
19 a	331/3% support tests - 2022. If the or	ganization did r	not check the bo	ox on line 14, a	nd line 15 is mo	ore than 331/3%	, and line		
	17 is not more than 331/3%, check this	s box and stop	here. The organ	nization qualifies	as a publicly su	pported organization	ation		
b	331/3% support tests - 2021. If the org	anization did not	t 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 331/3%, check	this box and st	t op here. The or	ganization qualifi	ies as a publicly	supported organ	ization		
20	Private foundation. If the organization	did not check	a box on line 1	4, 19a, or 19b	, check this box	k and see instru	uctions		

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

Section A. All Supporting Organizations

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

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

91-1107537

Schedule A (Form 990) 2022

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Part IV	Supporting Organizat	ions (continued)

- Has the organization accepted a gift or contribution from any of the following persons?
 a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
 - **b** A family member of a person described on line 11a above?
 - c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI.**

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

Section D. All Type III Supporting Organizations

Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 2 organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).					
а	a The organization satisfied the Activities Test. Complete line 2 below.					
b						
с	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions			uctions	s).	
_					No	
2	Activ	ities Test. Answer lines 2a and 2b below.				

а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.	2a	 I
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? <i>If</i> "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If</i> "Yes" or "No," provide details in Part VI .	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

		Ξ

91-1107537

Yes No

11c

1

2

Page 5

Schedule A (Form 990) 2022 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See 1 instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of 6 property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 6 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish ex	1					
2	Amounts paid to perform activity that directly furthers exer						
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpo	zations	3				
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2022 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Secti	Section E - Distribution Allocations (see instructions) (i) (ii) Underdistributions Pre-2022				(iii) Distributable Amount for 2022		
1	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022						
	(reasonable cause required - <i>explain in Part VI).</i> See						
	instructions.						
3	Excess distributions carryover, if any, to 2022						
a	From 2017						
b	From 2018						
C	From 2019						
d	From 2020						
e	From 2021						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2022 distributable amount						
i	Carryover from 2017 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from						
	Section D, line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2022 distributable amount						
C	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, <i>explain in Part VI</i> . See instructions.						
6	Remaining underdistributions for 2022. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, <i>explain in</i>						
	Part VI. See instructions.						
7	Excess distributions carryover to 2023. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2018						
	Excess from 2019						
<u></u>	Excess from 2020						
	Excess from 2021						
e	Excess from 2022						

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

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

Employer identification number

NATIONAL NORDIC MUSEU	Ν	91-1107537
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 four	ndation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion

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.

501(c)(3) taxable private foundation

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

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).

Schedule B (Form 990) (2022) Page 2 Name of organization Employer identification number NATIONAL NORDIC MUSEUM 91-1107537

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	<u>N/A</u>	\$520,627.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	N/A	\$400,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	<u>N/A</u>	\$572,577.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	<u>N/A</u>	\$1,249,954.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

	ganization NATIONAL NORDIC MUSEUM		entification number
art II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Schedule B (Form 990) (2022)

27

Page 3

Schedule B (Form 990) (2022)

Schedule B ((Form 990) (2022)			Page 4
Name of or	ganization			Employer identification number
	NATIONAL NORDIC MUSEU			91-1107537
	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additi	the year from any o ons completing Part e year. (Enter this inf	one contributor. C III, enter the total c formation once. Se	omplete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfe and ZIP + 4	-	hip 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) Transfe		
	Transferee's name, address, a		-	hip of transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfe and ZIP + 4	-	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfe and ZIP + 4	-	hip of transferor to transferee

SCHEE	DULE D
(Form	990)

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

Attach to Form 990

6

OMB No. 1545-0047

	artment of the Treasury nal Revenue Service	Go to www.irs.gov/	Form990 for instructions and	the latest informat	tion.	Inspection
	e of the organization				Employer identificat	
NAT	TIONAL NORDIC	MUSEUM			91-11075	37
		tions Maintaining Donor Adv	ised Funds or Other Sir	nilar Funds or A		
		e if the organization answered				
	•	<u> </u>	(a) Donor advised fu	unds	(b) Funds and	other accounts
1	Total number at e	nd of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4		at end of year				
5		ion inform all donors and donor		he assets held i	n donor advised	
-	-	inization's property, subject to the				Yes No
6		on inform all grantees, donors, a				
	-	purposes and not for the bene				
	•	nissible private benefit?				Yes No
Pa		tion Easements.				
	Complete	e if the organization answered	"Yes" on Form 990, Par	t IV, line 7.		
1	Purpose(s) of con	servation easements held by the	organization (check all that	apply).		
	Preservatio	n of land for public use (for example	, recreation or education)	Preservation o	f a historically imp	portant land area
	Protection of	of natural habitat		Preservation o	f a certified histor	ic structure
	Preservatio	n of open space				
2	Complete lines 2a	through 2d if the organization h	eld a qualified conservation	n contribution in t	the form of a cons	servation
	easement on the l	ast day of the tax year.			Held at the	End of the Tax Year
а	Total number of c	onservation easements			2a	
b	Total acreage res	tricted by conservation easements	3		2b	
С	Number of conser	vation easements on a certified	historic structure included i	n (a)	2c	
d	Number of conser	vation easements included in (c)	acquired after July 25, 20	06, and not on		
	a historic structure	e listed in the National Register			2d	
3	Number of conse	rvation easements modified, tra	nsferred, released, extingu	uished, or termin	ated by the orga	nization during the
	tax year					
4	Number of states	where property subject to conse	rvation easement is located	1		
5	Does the organiz	ation have a written policy reg	garding the periodic mon	itoring, inspectio	on, handling of	
	violations, and enf	orcement of the conservation ea	sements it holds?			Yes No
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of violations	s, and enforcing c	conservation easeme	ents during the year
7	Amount of expens	es incurred in monitoring, inspec	ting, handling of violations,	and enforcing co	nservation easem	ents during the year
8		vation easement reported on line 2				
)(4)(B)(ii)?				
9		cribe how the organization re			•	
		d include, if applicable, the text		rganization's fina	ancial statements	that describes the
D		ounting for conservation easeme			Cimilar Acasta	
Pa	ort III Organiza	tions Maintaining Collections e if the organization answered	"Vos" on Form 000 Par	t IV line 8	Similar Assets.	
1a	If the organization of art, historical t service, provide in	n elected, as permitted under FA treasures, or other similar asse Part XIII the text of the footnote	ASB ASC 958, not to repo ts held for public exhibiti to its financial statements	ort in its revenue ion, education, c that describes the	statement and b or research in fui ese items.	alance sheet works rtherance of public
b	art, historical treas	n elected, as permitted under F sures, or other similar assets he ing amounts relating to these iter	ld for public exhibition, ea			
		ded on Form 990, Part VIII, line 1			\$.	
		d in Form 990, Part X				
2		n received or held works of a				
		s required to be reported under F				U / I
а	-	on Form 990. Part VIII. line 1	-		\$	

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. . . .

b

Assets included in Form 990, Part X

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

Schedule D (Form 990) 2022

\$

_		IONAL NORDIC		_	0/1 0: 11 /	91-11075	
	rt III Organizations Maintaini	-				•	,
3	Using the organization's acquisitio collection items (check all that apple X Public exhibition			-	-	nake significant	use of its
a L				an or exchange	e program		
b	X Scholarly research		e 🔄 Ot	her			
c	X Preservation for future gener		and and a h				an in Dant
4	Provide a description of the organ XIII.		-	-	-		ose in Part
5	During the year, did the organizatio						
	assets to be sold to raise funds rath		ained as part of	he organization	n's collection?	Ye	s 🛛 🗙 No
Ра	rt IV Escrow and Custodial A				0		
	Complete if the organiza 990, Part X, line 21.				-		·orm
1a	Is the organization an agent, trust						—
	included on Form 990, Part X?					Yes	s No
b	If "Yes," explain the arrangement in	h Part XIII and com	plete the followin	g table:			
	Paginning balance					Amount	
C 4	Beginning balance						
d	Additions during the year						
e f	Distributions during the year Ending balance						
2a					Instadial account lia	ability? Ye	s No
	If "Yes," explain the arrangement in						
	rt V Endowment Funds.			alloit has been p		<u> </u>	••
Га	Complete if the organiza	tion answered "Ye	es" on Form 90	0 Part IV line	10		
		(a) Current year	(b) Prior year	(c) Two yea		rears back (e) Fo	ur years back
		5,461,568.	5,080,054				,865,271.
1a	Beginning of year balance	1,650,404.	7,89			6,807.	100.
b	Contributions	1,050,404.	7,05	5,075,	101.		100.
С	Net investment earnings, gains,	-709,994.	549,310). 343,	754 29	88,828.	-112,428.
	and losses	-709,994.	545,31	7. 545,	/54. 20	50,020.	-112,420.
d	Grants or scholarships						
е	Other expenditures for facilities	199,827.	175,693	3. 119,	046 13	34,184.	134,209.
,	and programs	199,027.	175,05			,101.	134,209.
t	Administrative expenses	6,202,151.	5,461,568	3. 5,080,	054 1.78	80,185. 1	,618,734.
g	End of year balance						,010,7011
2 a	Provide the estimated percentage Board designated or quasi-endowm	ent NONE		rg, column (a)	neid as:		
b	Permanent endowment 100.000		,0				
c	Term endowment NONE %						
-	The percentages on lines 2a, 2b, a	nd 2c should equal	100%.				
3a	Are there endowment funds not in t			hat are held ar	d administered for	the	
	organization by:		0				Yes No
	(i) Unrelated organizations					3a(i)	X
	(ii) Related organizations					3a(ii) х
b	If "Yes" on line 3a(ii), are the relate	d organizations liste	d as required on	Schedule R? .		3b	
4	Describe in Part XIII the intended u	ses of the organiza	tion's endowmer	nt funds.			
Ра	rt VI Land, Buildings, and Equ	ipment.			44 O F		10
	Complete if the organiza						
	Description of property	(a) Cost or (invest	tment)	Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	
1a	Land			7,111,543.		7,1	11,543.
b	Buildings		3	7,620,421.	5,751,140.	31,8	69,281.
с	Leasehold improvements						
d	Equipment.			2,384,867.	2,276,933.	1	07,934.
e	Other						
Tota	I. Add lines 1a through 1e. (Column	(d) must equal For	n 990, Part X, co	lumn (B), line 1	Oc.)	39,0	88,758.

Schedule D (Form 990) 2022

Part VII	Investments - Other Securities. Complete if the organization answered	l "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 valuati Cost or end-of-year mark	on:
(1) Financia	al derivatives			
. ,	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)		-		
Total. (Columi	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII				
	Complete if the organization answered			
	(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(4)				
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
_	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	L "Vee" on Ferm 000	Dert IV line 11d See Form 000	Dort V line 15
	Complete if the organization answered		<u>, Fait IV, line 110. See Foilin 990;</u>	
(4)	(a) De	scription		(b) Book value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total (Colu	umn (b) must equal Form 990, Part X, col. (B) I	ino 15)		
Part X	Other Liabilities. Complete if the organization answered line 25.			m 990, Part X,
1.		tion of liability		(b) Book value
	ral income taxes	,		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
	(α, β) (β) (

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.

Schedu	INPUT INVESTIGATION NOT NOT NOT NOT NOT NOT NOT NOT NOT N	91-	-1107537 Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	6,301,522.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a980,830.		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) 2d 21,742.		
е	Add lines 2a through 2d	2e	-959,088.
3	Subtract line 2e from line 1	3	7,260,610.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.) 4b	1	
c	Add lines 4a and 4b	4c	33,842.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)	5	7,294,452.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.	
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.	6,540,040.
			6,540,040.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements		6,540,040.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements		6,540,040.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments		6,540,040.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses		6,540,040.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)		6,540,040.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	1	
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	1 2e	21,742.
1 2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses. Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2e	21,742.
1 2 b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7b4a33,842.	1 2e	21,742.
1 2 b c d 8 3 4 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statements	1 2e	21,742.
1 2 b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statements	1 2e 3	21,742. 6,518,298.

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.

SEE SUPPLEMENTAL PAGE

SCHEDULE D, PART III, LINE 4:

WE ARE A CULTURAL ORGANIZATION SO MANY OF OUR COLLECTION OBJECTS DO NOT HAVE SIGNIFICANT ARTISTIC OR HISTORICAL VALUE. OUR COLLECTION IS COMPRISED OF OBJECTS THAT TELL A STORY OF THE NORDIC REGION SPECIFICALLY.

SCHEDULE D, PART V, LINE 4:

THE INCOME FROM THE ENDOWMENT IS USED TO SUPPORT THE OPERATIONS OF THE ORGANIZATION.

SCHEDULE D, PART XI, LINE 2D:

SPECIAL EVENT AND GAMING EXPENSES NETTED WITH REVENUE ON

PART VIII LINE 8B AND 9B 21,742

SCHEDULE D, PART XII, LINE 2D:

SPECIAL EVENT AND GAMING EXPENSES NETTED WITH REVENUE ON

PART VIII LINE 8B AND 9B

21,742

SCHEDULE G (Form 990)	Complete if t	Information Re	red "Yes" or	Form 990, F	Part IV, line 17, 18, or 1	-	OMB No. 1545-0047 എ റ്ററ	
(1 0111 000)	Attach to Form 990 or Form 990-EZ.							
Department of the Treasury Internal Revenue Service	Go	to www.irs.gov/Form9					Open to Public Inspection	
Name of the organization						Employer identificati	on number	
NATIONAL NORDIC	MUSEUM					91-11075		
	g Activities. Comp EZ filers are not re				Yes" on Form 99	90, Part IV, line 1	17.	
1 Indicate whether	the organization rais	sed funds through	any of the	following	activities. Check a	all that apply.		
a 🔄 Mail solicita	tions	е	Solie	citation of	non-government g	Irants		
b Internet and	l email solicitations	f	Solid	citation of	government grant	S		
c Phone solic	itations	g	Spe	cial fundra	ising events			
d 🔄 In-person so								
2a Did the organiza								
	es listed in Form 990 10 highest paid indi						Yes No	
	least \$5,000 by the		(านานาสเรย	is) puisua	in to agreements	under which the		
(i) Name and add or entity (fu		(ii) Activity	custody o	ndraiser have or control of outions?	(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								
Total								
	which the organiza	tion is registered of	or license	d to solicit	contributions or	has been notified	I it is exempt from	
registration or lic		5					'	

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.

	gross receipts greater than \$5,000).			
		(a) Event #1 AUKTION	(b) Event #2 VIRTUAL RUN	(c) Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
ne					
Revenue	1 Gross receipts	755,350.	14,813.	NONE	770,163.
Re	2 Less: Contributions	482,657.	1,187.	NONE	483,844.
	3 Gross income (line 1 minus				
	line 2)	272,693.	13,626.	NONE	286,319.
	4 Cash prizes	NONE	NONE	NONE	NONE
	5 Noncash prizes	6,055.	NONE	NONE	6,055.
nses	6 Rent/facility costs	NONE	NONE	NONE	NONE
Direct Expenses	7 Food and beverages	96,497.	NONE	NONE	96,497.
Direct	8 Entertainment	11,073.	4,888.	NONE	15,961.
	9 Other direct expenses	37,199.	1,123.	NONE	38,322.
	10 Direct expense summary. Add lin	nes 4 through 9 in colu	umn (d)		156,835.
	11 Net income summary. Subtract li	ine 10 from line 3, col	umn (d)		129,484.
Pa	rt III Gaming. Complete if the orga \$15,000 on Form 990-EZ, line	anization answered "	Yes" on Form 990, I	Part IV, line 19, or	reported more than
'enue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Ψ					

enu		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenu	1 Gross revenue			27,116.	27,116.
ses	2 Cash prizes				
Direct Expenses	3 Noncash prizes			1,076.	1,076.
irect E	4 Rent/facility costs				
	5 Other direct expenses			20,666.	20,666.
	6 Volunteer labor	Yes % No	Yes%	x Yes <u>50.000</u> %	
	7 Direct expense summary. Add line	es 2 through 5 in colu	ımn (d)		21,742.
	8 Net gaming income summary. Su	Ibtract line 7 from line	e 1, column (d)		5,374.
9 a b			in each of these state	es?	X Yes No
10a k		licenses revoked, susp	pended, or terminated du	uring the tax year?	Yes 🛛 🗶 No

formed to administer charitable gaming? Yes ∑ 13 Indicate the percentage of gaming activity conducted in: 13a 50.0000 14 The organization's facility 13a 50.0000 15 An outside facility 13a 50.0000 16 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ JENNY IVERSON Address ▶ 2655 NW MARKET ST SEATTLE, WA 98107 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of fastributions: 16 Gaming manager compensation ▶ \$	Sched	ule G (Form 990 or 990-EZ) 2022 NATIONAL NORDIC MUSEUM		110753	
formed to administer charitable gaming?	11	Does the organization conduct gaming activities with nonmembers?		X Yes	s No
13 Indicate the percentage of gaming activity conducted in: 13a 50.0000 An outside facility 13b 50.0000 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶JENNY_IVERSON 13b 50.0000 Address ▶2655_NW_MARKET_ST_SEATTLE, WA_98107 13a 50.0000 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Image: Contract with a third party from whom the organization receives gaming revenue? bit "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party ▶ \$ on the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party. Name ▶	12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entit	ty		
a The organization's facility 13a 50.0000 b An outside facility 13b 50.0000 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: 13b 50.0000 14 Sin Solution Solution 13b 50.0000 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? If Yes, * enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party: Name ▶				Yes	SX NO
b An outside facility 13b 50.0000 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶	13	Indicate the percentage of gaming activity conducted in:			
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶JENNY_IVERSON Address ▶2655 NW_MARKET_ST_SEATTLE, WA 98107 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If 'Yes,' enter name and address of the third party: Name ▶	а	The organization's facility	13a	50.000	0 %
records: Name ►JENNY IVERSON Address ► _2655 NW MARKET ST SEATTLE, WA 98107 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	b			50.000	0 %
Address ▶ _ 2655 NW MARKET ST_SEATTLE, WA 98107 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	14		<s and<="" td=""><td></td><td></td></s>		
 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Name JENNY IVERSON	·		
revenue? Yes ∞ b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party: Name ▶		Address ▶ 2655 NW MARKET ST SEATTLE, WA 98107	·		
revenue? Yes ∞ b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party: Name ▶	15 a	Does the organization have a contract with a third party from whom the organization receives	gaming		
 b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party: Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ x Director/officer x Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?				Yes	S X NO
<pre>amount of gaming revenue retained by the third party ► \$</pre> c If "Yes," enter name and address of the third party: Name ►	b	If "Yes," enter the amount of gaming revenue received by the organization	and the		
 c If "Yes," enter name and address of the third party: Name ▶		amount of gaming revenue retained by the third party \blacktriangleright \$			
Address ▶	С	If "Yes," enter name and address of the third party:			
 16 Gaming manager information: Name ▶ERIC_NELSON Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer X Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Name ►			
Name ►ERIC_NELSON Gaming manager compensation ► \$ Description of services provided ► X Director/officer X Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ 5,374. Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information		Address ►	·		
Gaming manager compensation ▶\$ Description of services provided ▶ X Director/officer X Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 5,374. Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	16	Gaming manager information:			
Description of services provided ► X Director/officer X Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ 5,374. Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information		Name ERIC NELSON			
X Director/officer X Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 5,374. Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information		Gaming manager compensation ► \$			
 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 5,374. Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information 		Description of services provided			
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retain the state gaming license? X Yes b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 5,374. 5,374. Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	а		oceeds t	0	
 b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 5,374. Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information 					s 🗌 No
Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	b				
Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information					
	Par	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition			

SCHEDULE J		Compen	ısati	ion Information	1	OMB No.	1545-0	047
(Forn	n 990)	For certain Officers, Dire	ectors, 1	Trustees, Key Employees, and Highest	F	എര	99	
				ated Employees vered "Yes" on Form 990, Part IV, line 2	3.	ZU		
	nent of the Treasury	A	to Form 990.		Open t			
	Revenue Service	Go to www.irs.gov/Form95	90 tor 1	instructions and the latest information.	Employer identifica		ectio	n
	IONAL NORD	TC MUSEUM			91-1107			
Part		ns Regarding Compensation				557		
							Yes	No
1a		propriate box(es) if the organization pro				rm		
	990, Part VII,	Section A, line 1a. Complete Part III to p	provid	le any relevant information regarding	g these items.			
		ss or charter travel	<u>ا ا</u>	Housing allowance or residence for	personal use			
		or companions	<u> </u> !	Payments for business use of perso	nal residence			
		emnification and gross-up payments		Health or social club dues or initiation				
	Discretio	onary spending account		Personal services (such as maid, ch	auffeur, chef)			
b	or reimburse	boxes on line 1a are checked, did th ment or provision of all of the ex	xpense	es described above? If "No," com	plete Part III	to		
•	explain					. 1b		
2	•	anization require substantiation prior		.	•			
		stees, and officers, including the CEC		curve Director, regarding the items	s checked on il	ne 2		
•								
3		n, if any, of the following the organization CEO/Executive Director. Check all the						
		ization to establish compensation of the						
		nsation committee		Written employment contract				
		dent compensation consultant		Compensation survey or study				
	·	00 of other organizations	X	Approval by the board or compensation	ation committee			
4	During the ve	ar, did any person listed on Form 990,	Part \	VII. Section A. line 1a. with respect to	o the filina			
	organization of	or a related organization:			-			
а		verance payment or change-of-control pa					X	<u> </u>
b		or receive payment from a supplement						X
С		or receive payment from an equity-bas				. 4c		X
	If "Yes" to an	y of lines 4a-c, list the persons and pr	rovide	the applicable amounts for each it	em in Part III.			
	Only costion	501(c)(3), 501(c)(4), and 501(c)(29) or	raonia	vations must complete lines 5.0				
5	-	listed on Form 990, Part VII, Secti	-	-	w or accruc a	pv/		
5	•	n contingent on the revenues of:	IOII A,	ine ra, did the organization pa	ly of accide a	i i y		
а		ion?				. 5a		х
		rganization?						X
	-	e 5a or 5b, describe in Part III.						
6		listed on Form 990, Part VII, Secti	ion A,	, line 1a, did the organization pa	ay or accrue a	ny		
	compensation	n contingent on the net earnings of:						
а	The organizat	ion?				. 6a		X
b		rganization?				. 6b		X
	If "Yes" on lin	e 6a or 6b, describe in Part III.						
7		listed on Form 990, Part VII, Sectio						
~		described on lines 5 and 6? If "Yes," de				. 7	X	
8		ounts reported on Form 990, Part VII,				h		
		I contract exception described in I	-					v
9		ine 8, did the organization also foll						X
3		ection 53.4958-6(c)?						
For Pa		ction Act Notice, see the Instructions for Fo				nedule J (F	orm 990	0) 2022

Schedule J	(Form 990) 2022	NATIONAL NORDIC MUSEUM	91-1107537	Page 2
Part II	Officers, Directors,	Trustees, Key Employees, and Highest Compensated Employe	es. Use duplicate copies if additional space is needed.	

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

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

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or 1	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ERIC NELSON	(i)	348,031.	41,250.	1,200.			390,481.	
1 CEO	(ii)							
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i) (ii)							
6	(i)							
7	(i) (ii)							
1	(i)							
8	(ii)							
0	(i)							
9	(ii)							
-	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

NATIONAL NORDIC MUSEUM

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.

SCHEDULE J, PART I, LINE 7:

ERIC NELSON RECEIVED A \$41,250 BONUS IN 2022. ERIC'S BONUS IS A RESULT OF

BOARD CONCENSUS ON HIS ACHIEVEMENT OF PREVIOUSLY DEFINED GOALS.

SCHEDULE J, PART I, LINE 4A:

SANDRA NESTOROVIC RECEIVED SEVERANCE COMPENSATION OF \$26,800

Page 3

SCHEDULE M (Form 990)

N

Noncash Contributions

OMB No. 1545-0047

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

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

2 22 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

IATIO	NAL	NORDIC	MUSEUM
_	-	()	

Employer identification number 91-1107537

Par	Types of Property				1		
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of deter noncash contributio		
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
•	goods			165,050.	FMV		
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
	contribution - Historic						
	structures						
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ►()						
26	Other ►()						
27	Other ►()						
28	Other ►()						
29	Number of Forms 8283 received		• •				
	which the organization completed F	orm 8283,	Part V, Donee Acknowledge	ement	29		
						Yes	No
30a	During the year, did the organizat				-		
	28, that it must hold for at least th	-					
	to be used for exempt purposes for		olding period?		30a		X
	If "Yes," describe the arrangement i						
31	Does the organization have a						
••	contributions?					X	
32a	Does the organization hire or use	•	•				v
	contributions?				<u>32a</u>		X
	If "Yes," describe in Part II.	omo	olumn (o) for a transfer	a antice for which is a loss of A			
33	If the organization didn't report an describe in Part II.	amount in C	column (c) for a type of proj	perty for which column (a)	is checked,		
Eor P	aperwork Reduction Act Notice, see the Instr	ructions for For	rm 000		Cohedula M (F		1 2022
	appendent requestion Activities, see the Inst				Schedule M (Fo	nni 990	1 2022

Department of the Treasury

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. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Internal Revenue Service Name of the organization

NATIONAL NORDIC MUSEUM

FORM 990, PART I, LINE 1:

THE NATIONAL NORDIC MUSEUM SHARES NORDIC CULTURE, VALUES AND IDEAS WITH

PEOPLE OF ALL AGES AND BACKGROUNDS TO CREATE CONNECTIONS, GENERATE

DIALOGUE, AND INSPIRE NEW PERSPECTIVES.

FORM 990, PART VI, SECTION A, LINE 1:

WE HAVE AN EXECUTIVE COMMITTEE, THEY ACT AS THE AUDIT COMMITTEE.

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

THE FIRST REVIEW OF THE 990 WILL BE BY THE FINANCE AND EXECUTIVE COMMITTEES, A FINAL COPY WILL BE PROVIDED TO THE ENTIRE BOARD OF TRUSTEES.

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

EVERY YEAR, THE BOARD OF TRUSTEES AS WELL AS THE KEY EMPLOYEES FILL OUT AND SIGN THE CONFLICT OF INTEREST QUESTIONNAIRE.

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

THE BOARD HAS A COMMITTEE THAT REVIEWS AND APPROVES THE CEO'S COMPENSATION.

LOCAL COMPETITIVE RATES ARE ANALYZED FROM A VARIETY OF RESOURCES CITING NFP DATA TO DETERMINE COMPENSATION FOR OFFICERS AND KEY EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19:

UPON REQUEST.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. OMB No. 1545-0047

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number 91-1107537

NATIONAL NORDIC MUSEUM