

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**2024**Department of the Treasury
Internal Revenue ServiceDo not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.**Open to Public Inspection**

A For the 2024 calendar year, or tax year beginning , 2024, and ending , 20		
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C MOXI, THE WOLF MUSEUM OF EXPLORATION + INNOVATION 125 STATE STREET SANTA BARBARA, CA 93101	D Employer identification number 77-0252722 E Telephone number 805-770-5000 G Gross receipts \$ 7,107,300.
F Name and address of principal officer: ROBIN GOSE SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.MOXI.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1990 M State of legal domicile: CA

Part I Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>TO IGNITE LEARNING THROUGH INTERACTIVE EXPERIENCES IN SCIENCE AND CREATIVITY.</u>
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 3 21
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 21
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 77
	6	Total number of volunteers (estimate if necessary) 6 43
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 1,313,336. 1,570,803.
	9	Program service revenue (Part VIII, line 2g) 1,806,119. 1,901,590.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 374,273. 728,393.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 308,224. 445,020.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,801,952. 4,645,806.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4)
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,426,750. 2,994,652.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 21,289. 23,681.
b		Total fundraising expenses (Part IX, column (D), line 25) 670,841.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,763,371. 2,072,642.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,211,410. 5,090,975.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12. -1,409,458. -445,169.
	20	Total assets (Part X, line 16) 21,297,642. 20,914,330.
	21	Total liabilities (Part X, line 26) 554,530. 851,513.
	22	Net assets or fund balances. Subtract line 21 from line 20. 20,743,112. 20,062,817.

Part II Signature Block					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
Sign Here	Signature of officer		Date		
	ROBIN GOSE		CHIEF EXEC. OFFICER		
Paid Preparer Use Only	Preparer's name		Preparer's signature		Date
	BRAD A. STOLTEY		BRAD A. STOLTEY		
	Firm's name		Firm's EIN		Check <input checked="" type="checkbox"/> if self-employed PTIN
	STOLTEY & ASSOCIATES		770581023		P00241354
	Firm's address		Phone no.		
	4643 KENNINGTON DR		805-689-5880		
	SANTA MARIA, CA 93455				

May the IRS discuss this return with the preparer shown above? See instructions		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
BAA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2024)	

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:TO IGNITE LEARNING THROUGH INTERACTIVE EXPERIENCES IN SCIENCE AND CREATIVITY.**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 3,729,047. including grants of \$) (Revenue \$ 1,901,590.)SEE SCHEDULE O**4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 3,729,047.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
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		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		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	X	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c 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		X
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	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
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	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part I. See instructions	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V. ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.	1a	33
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

Part 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 77		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c 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).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b X	
c 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. 7d		
e 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	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders. 11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
c Enter the amount of reserves on hand. 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b 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.		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒**Section A. Governing Body and Management**

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year.	1a 21		
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 21		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12a 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 that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. SEE SCHEDULE O	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O	15a	X
b Other officers or key employees of the organization. SEE SCHEDULE O	15b	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

TOM BLABEY 125 STATE STREET SANTA BARBARA CA 93101 805-770-5000

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Officer	Key employee	Highest compensated employee	Former			
(1) ROBIN GOSE CEO & PRESIDENT	40 0		X				252,695.	0.	16,552.
(2) TOM BLABEY CFO & COO	40 0		X				153,418.	0.	4,912.
(3) KATE MACNAUGHTON CAO	40 0		X				143,195.	0.	8,954.
(4) DAN MODGLIN DIR OF OPERATIONS	40 0				X		113,914.	0.	974.
(5) ANDREW WINCHESTER BOARD CHAIR	2 0	X	X				0.	0.	0.
(6) KELLY ALMEROTH VICE CHAIR	2 0	X	X				0.	0.	0.
(7) JUSTIN ANDERSON TREASURER	2 0	X	X				0.	0.	0.
(8) KIRSTEN MCLAUGHLIN SECRETARY	2 0	X	X				0.	0.	0.
(9) AMBER KAPLAN DIRECTOR	1 0	X					0.	0.	0.
(10) ANGELA KRABLIN DIRECTOR	1 0	X					0.	0.	0.
(11) AUSTIN LAMPSON DIRECTOR	1 0	X					0.	0.	0.
(12) CAMERON GOODMAN DIRECTOR	1 0	X					0.	0.	0.
(13) CASEY SUMMAR DIRECTOR	1 0	X					0.	0.	0.
(14) DEJI OLUKOTUN DIRECTOR	1 0	X					0.	0.	0.

BAA

TEEA0107L 09/05/24

Form 990 (2024)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) DONNA BARRANCO FISHER DIRECTOR	1 0	X						0.	0.	0.
(16) GRAHAM BELL DIRECTOR	1 0	X						0.	0.	0.
(17) JACKIE SCHAFFER DIRECTOR	1 0	X						0.	0.	0.
(18) KRISTEN NESBIT DIRECTOR	1 0	X						0.	0.	0.
(19) LILY HAHN DIRECTOR	1 0	X						0.	0.	0.
(20) MARCIA COHEN DIRECTOR	1 0	X						0.	0.	0.
(21) MIEKO KUSANO DIRECTOR	1 0	X						0.	0.	0.
(22) NAOMI DEWEY DIRECTOR	1 0	X						0.	0.	0.
(23) OLIVIA WOLF DIRECTOR	1 0	X						0.	0.	0.
(24) RICHARD HUTTON DIRECTOR	1 0	X						0.	0.	0.
(25) STEPHEN LEIDER DIRECTOR	1 0	X						0.	0.	0.
1b Subtotal								663,222.	0.	31,392.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								663,222.	0.	31,392.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	4									

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

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
PROCESS CURIOSITY LLC 847 SOUTH 700 EAST SALT LAKE CITY, UT 84102	EXHIBIT DESIGN AND CONST	2,146,520.
WELLS MARKETING LLC 3811 WHITE ROSE LANE SANTA BARBARA, CA 93110	ADVERTISING & MARKETING	100,831.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	2	

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	49,687.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	7,000.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,514,116.				
	g	Noncash contributions included in lines 1a-1f	1g	67,687.				
	h	Total. Add lines 1a-1f		1,570,803.				
Program Service Revenue	Business Code							
	2a	ADMISSION FEES		1,321,905.	1,321,905.			
	b	MEMBERSHIP DUES		447,266.	447,266.			
	c	CLASSES AND CAMPS		92,053.	92,053.			
	d	EDUCATIONAL EVENTS		40,366.	40,366.			
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		1,901,590.				
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)		141,776.	141,776.		
	4		Income from investment of tax-exempt bond proceeds					
	5		Royalties					
	6a	Gross rents	(i) Real	121,100.				
			(ii) Personal					
			6b	Less: rental expenses				
	c	Rental income or (loss)	6c	121,100.				
	d	Net rental income or (loss)		121,100.	121,100.			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	2,724,688.				
			(ii) Other					
			7b	Less: cost or other basis and sales expenses	2,138,071.			
			c	Gain or (loss)	7c	586,617.		
	d	Net gain or (loss)		586,617.	586,617.			
	8a	Gross income from fundraising events (not including \$ 49,687. of contributions reported on line 1c). See Part IV, line 18	8a	469,891.				
			b	Less: direct expenses	8b	248,683.		
			c	Net income or (loss) from fundraising events		221,208.	221,208.	
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
b			Less: direct expenses	9b				
c			Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances	10a	171,403.					
		b	Less: cost of goods sold	10b	74,740.			
		c	Net income or (loss) from sales of inventory		96,663.	96,663.		
Miscellaneous Revenue	Business Code							
	11a	OTHER REVENUE	900099	6,049.	6,049.			
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d		6,049.				
12	Total revenue. See instructions		4,645,806.	2,712,019.	0.	362,984.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	579,728.	330,293.	182,123.	67,312.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	1,992,866.	1,409,952.	226,964.	355,950.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	21,985.	19,397.		2,588.
9 Other employee benefits.	182,034.	137,744.	20,961.	23,329.
10 Payroll taxes.	218,039.	140,558.	46,007.	31,474.
11 Fees for services (nonemployees):				
a Management.				
b Legal.				
c Accounting.	97,917.		97,917.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.	23,681.			23,681.
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	260,846.	171,125.	6,822.	82,899.
12 Advertising and promotion.	231,154.	211,601.	2,157.	17,396.
13 Office expenses.	368,381.	300,712.	29,231.	38,438.
14 Information technology.	34,435.	22,121.	8,721.	3,593.
15 Royalties.				
16 Occupancy.	395,481.	354,630.	29,085.	11,766.
17 Travel.	29,213.	18,767.	7,398.	3,048.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	16,880.	10,844.	4,275.	1,761.
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	561,299.	552,503.	8,291.	505.
23 Insurance.	71,383.	48,800.	15,482.	7,101.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>BAD DEBT</u>	5,653.		5,653.	
b _____				
c _____				
d _____				
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	5,090,975.	3,729,047.	691,087.	670,841.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash — non-interest-bearing	407,615.	1	632,340.
	2 Savings and temporary cash investments	901,422.	2	312,851.
	3 Pledges and grants receivable, net	216,008.	3	407,826.
	4 Accounts receivable, net		4	
	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		5	
	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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	23,841.	8	25,259.
	9 Prepaid expenses and deferred charges	37,803.	9	27,400.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 21,709,402.		
	b Less: accumulated depreciation	10b 10,431,054.		
	11 Investments — publicly traded securities	4,892,635.	11	3,092,435.
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,529,291.	15	5,137,871.
16 Total assets. Add lines 1 through 15 (must equal line 33)	21,297,642.	16	20,914,330.	
Liabilities	17 Accounts payable and accrued expenses	509,859.	17	508,676.
	18 Grants payable		18	
	19 Deferred revenue	37,121.	19	42,652.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	7,550.	25	300,185.
	26 Total liabilities. Add lines 17 through 25	554,530.	26	851,513.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions	18,534,499.	27	17,741,747.
	28 Net assets with donor restrictions	2,208,613.	28	2,321,070.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances.	20,743,112.	32	20,062,817.
	33 Total liabilities and net assets/fund balances.	21,297,642.	33	20,914,330.

Part XI Reconciliation of Net AssetsCheck 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	4,645,806.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,090,975.
3	Revenue less expenses. Subtract line 2 from line 1	3	-445,169.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20,743,112.
5	Net unrealized gains (losses) on investments	5	-214,264.
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) SEE SCHEDULE O	9	-20,862.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	20,062,817.

Part XII Financial Statements and ReportingCheck 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	2b	X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	

BAA

TEEA0112L 09/05/24

Form 990 (2024)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization
MOXI, THE WOLF MUSEUM OF
EXPLORATION + INNOVATION

Employer identification number
77-0252722

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3.						
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 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)).	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test—2024. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 33-1/3% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,585,148.	2,328,070.	1,468,501.	1,313,336.	1,570,803.	8,265,858.
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.	360,128.	915,220.	1,683,615.	1,903,025.	1,901,590.	6,763,578.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1 through 5.	1,945,276.	3,243,290.	3,152,116.	3,216,361.	3,472,393.	15,029,436.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	524,397.	560,735.	490,025.	364,452.	778,345.	2,717,954.
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.	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	524,397.	560,735.	490,025.	364,452.	778,345.	2,717,954.
8 Public support. (Subtract line 7c from line 6.)						12,311,482.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6.	1,945,276.	3,243,290.	3,152,116.	3,216,361.	3,472,393.	15,029,436.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	84,514.	248,798.	451,263.	333,488.	262,876.	1,380,939.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	84,514.	248,798.	451,263.	333,488.	262,876.	1,380,939.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.)	5,238.	3,933.	4,397.	282,774.	6,049.	302,391.
13 Total support. (Add lines 9, 10c, 11, and 12.)	2,035,028.	3,496,021.	3,607,776.	3,832,623.	3,741,318.	16,712,766.
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)).	15	73.67 %
16 Public support percentage from 2023 Schedule A, Part III, line 15.	16	75.17 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)).	17	8.26 %
18 Investment income percentage from 2023 Schedule A, Part III, line 17.	18	8.40 %

- 19a 33-1/3% support tests—2024.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☒
- b 33-1/3% support tests—2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 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

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

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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
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.		

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).
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a** 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.

- b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.
- 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.

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
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	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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Schedule A (Form 990) 2024

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D – Distributions**

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – <i>provide details in Part VI</i>)	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 responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)

	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required – <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

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Schedule A (Form 990) 2024

Part VI

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

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE	2024	2023	2022	2021	2020
OTHER	\$ 6,049.	\$ 282,774.	\$ 4,397.	\$ 3,933.	\$ 5,238.
TOTAL	<u>\$ 6,049.</u>	<u>\$ 282,774.</u>	<u>\$ 4,397.</u>	<u>\$ 3,933.</u>	<u>\$ 5,238.</u>

**SCHEDULE D
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements****Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.****Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

MOXI, THE WOLF MUSEUM OF
EXPLORATION + INNOVATION

Employer identification number

77-0252722

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a.	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1. \$

(ii) Assets included in Form 990, Part X. \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1. \$

b Assets included in Form 990, Part X. \$

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange program

e ☐ Other _____

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

c Beginning balance.

d Additions during the year.

e Distributions during the year.

f Ending balance.

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance.	3,809,827.	3,549,831.	4,625,997.	4,335,030.	3,634,754.
b Contributions.				247,296.	159,504.
c Net investment earnings, gains, and losses.	480,163.	449,996.	-636,166.	723,671.	540,772.
d Grants or scholarships.					
e Other expenditures for facilities and programs.	194,801.	190,000.	440,000.	680,000.	
f Administrative expenses.					
g End of year balance.	4,095,189.	3,809,827.	3,549,831.	4,625,997.	4,335,030.

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

a Board designated or quasi-endowment 100.00 %

b Permanent endowment _____ %

c Term endowment _____ %

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

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

(i) Unrelated organizations?

(ii) Related organizations?

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

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land.				
b Buildings.		13,364,591.	2,681,405.	10,683,186.
c Leasehold improvements.				
d Equipment.		8,341,979.	7,747,101.	594,878.
e Other.		2,832.	2,548.	284.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)). 11,278,348.

Part VII Investments – Other Securities

N/A

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives.....		
(2) Closely held equity interests.....		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, column (B)).....		

Part VIII Investments – Program Related

N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, column (B)).....		

Part IX Other Assets

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

(a) Description	(b) Book value
(1) CONSTRUCTION IN PROCESS	2,950,259.
(2) LAND LEASE CONTRIBUTION RECEIVABLE	1,898,244.
(3) RIGHT OF USE ASSET	289,368.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, column (B)).....	5,137,871.

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITIES UNDER PLIT INTEREST AGREEMEN	292,635.
(3) SECURITY DEPOSITS	7,550.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, column (B)).....	300,185.

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. SEE. PART. XIII. ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	4,613,381.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-214,264.
b	Donated services and use of facilities	2b	181,839.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-32,425.
3	Subtract line 2e from line 1	3	4,645,806.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,645,806.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	5,293,675.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	202,700.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	202,700.
3	Subtract line 2e from line 1	3	5,090,975.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,090,975.

Part XIII Supplemental Information

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

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE MUSEUM HAS ONE BOARD-DESIGNATED ENDOWMENT THAT IS USED TO GENERATE INVESTMENT INCOME. THE MUSEUM DOES NOT INTEND TO SPEND FROM THE BOARD-DESIGNATED ENDOWMENT, BUT THESE AMOUNTS COULD BE MADE AVAILABLE FOR OPERATIONS OR CAPITAL EXPENDITURE IF NECESSARY. AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

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Schedule D (Form 990) (Rev. 12-2024)

Part XIII Supplemental Information *(continued)***PART X - FASB ASC 740 FOOTNOTE**

THE MUSEUM'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES. THE MUSEUM IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS. THE MUSEUM IS NOT AWARE OF ANY ACTIVITIES THAT ARE SUBJECT TO TAX ON UNRELATED BUSINESS INCOME, EXCISE OR OTHER TAXES. THE MUSEUM'S TAX RETURNS FROM THE YEAR 2021 TO THE PRESENT REMAIN SUBJECT TO EXAMINATION BY THE IRS FOR FEDERAL TAX PURPOSES, AND THE TAX YEARS FROM 2020 TO THE PRESENT REMAIN SUBJECT TO EXAMINATION BY THE STATE OF CALIFORNIA.

COPY

SCHEDULE G
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization MOXI, THE WOLF MUSEUM OF EXPLORATION + INNOVATION

Employer identification number 77-0252722

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

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

Table with 6 main columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Row 1: COLEEN MCBRIDE, GRANT WRITER, X, 725,000., 23,681., 701,319.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
AL AK AZ AR CA CO CT DE FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV
NH NJ NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY

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

		(a) Event #1 MOXI AT NIGHT (event type)	(b) Event #2 SPRING BRUNCH (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	450,238.	69,340.		519,578.
	2 Less: Contributions	49,687.			49,687.
	3 Gross income (line 1 minus line 2)	400,551.	69,340.		469,891.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	67,848.	3,712.		71,560.
	8 Entertainment	20,480.			20,480.
	9 Other direct expenses	146,496.	10,147.		156,643.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				248,683.
	11 Net income summary. Subtract line 10 from line 3, column (d)				221,208.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
- c If "Yes," enter the name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

☐

Director/officer

☐

Employee

☐

Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year. \$

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

MOXI, THE WOLF MUSEUM OF
EXPLORATION + INNOVATION

Employer identification number

77-0252722

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** ☐ Yes ☒ No
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b** ☐ Yes ☒ No
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c** ☐ Yes ☒ No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** ☐ Yes ☒ No
- b** Any related organization? **5b** ☐ Yes ☒ No
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** ☐ Yes ☒ No
- b** Any related organization? **6b** ☐ Yes ☒ No
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)?
If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	ROBIN GOSE CEO & PRESIDENT	(i) 237,695.	15,000.	0.	6,165.	10,387.	269,247.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
2	TOM BLABEY CFO & COO	(i) 152,918.	500.	0.	4,464.	448.	158,330.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
3	KATE MACNAUGHTON CAO	(i) 142,695.	500.	0.	0.	8,954.	152,149.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
4		(i)						
		(ii)						
5		(i)						
		(ii)						
6		(i)						
		(ii)						
7		(i)						
		(ii)						
8		(i)						
		(ii)						
9		(i)						
		(ii)						
10		(i)						
		(ii)						
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						

Part III Supplemental Information

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

COPY

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Name of the organization

MOXI, THE WOLF MUSEUM OF
EXPLORATION + INNOVATION

Employer identification number

77-0252722

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		49,687.	EST FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	2	18,000.	EST FMV
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 by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2024

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

COPY

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

MOXI, THE WOLF MUSEUM OF
EXPLORATION + INNOVATION

Employer identification number

77-0252722

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

EDUCATION - MOXI'S EDUCATION DEPARTMENT IS A CREATIVE, COLLABORATIVE ENVIRONMENT WHERE STAFF MEMBERS INNOVATE NEW WAYS TO LEARN. THROUGH PLAYFUL INTERACTIONS WITH OUR HANDS-ON, MINDS-ON EXHIBITS, MOXI GUESTS EXPLORE, THINK, AND DESIGN CREATIVELY, FORMING THEIR OWN QUESTIONS AND DISCOVERING THEIR OWN ANSWERS. THE MUSEUM OFFERS PROGRAMS FOR ALL AGES FROM TODDLERS TO ADULTS, INCLUDING TEACHERS AND STUDENTS. ALL GUESTS CAN PARTICIPATE IN DAILY PROGRAMS AND EXPERIENCES FACILITATED BY MOXI'S FLOOR STAFF KNOWN AS SPARKS. MOXI ALSO OFFERS PAID PROGRAMS FOR ALL AGES THROUGHOUT THE YEAR, FROM WEEK-LONG CAMPS FOR CHILDREN TO HAPPY HOUR EVENTS FOR ADULTS, AND MORE - THERE IS SOMETHING FOR EVERYONE AT MOXI. EDUCATORS AND STUDENTS HAVE OPPORTUNITIES TO VISIT ON FIELD TRIPS AND FOR FACILITATED ENGINEERING EXPLORATION PROGRAMS.

EXHIBITS - THE MUSEUM'S 25,000 SQUARE FOOT, LEED-CERTIFIED GOLD BUILDING HOUSES THREE FLOORS FILLED WITH INTERACTIVE EXHIBITS, ROTATING ART INSTALLATIONS, THE INNOVATION WORKSHOP MAKERSPACE, A MULTIPURPOSE EXPLORATION LAB, AND BACK-OF-HOUSE OFFICE AND EXHIBIT WORKSHOP SPACE.

OPERATIONS - MOXI SERVES AROUND 165,000 VISITORS ANNUALLY. OUR OPERATIONS TEAM PREPARES OUR GUESTS FOR AN EXTRAORDINARY EXPERIENCE.

OTHER PROGRAM SERVICES - MEMBER SERVICES - MAINTAINS THE MUSEUM'S FAMILY MEMBERSHIP PROGRAM, INCLUDING ONGOING MEMBER BENEFITS, WHICH INCLUDE MEMBER ONLY EVENTS.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

MOXI, THE WOLF MUSEUM OF
EXPLORATION + INNOVATION

Employer identification number

77-0252722

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE MUSEUM'S FULL FORM 990 IS REVIEWED IN DETAIL BY THE BOARD TREASURER. THE PUBLIC DISCLOSURE COPY OF THE MUSEUM'S FORM 990 IS PROVIDED TO ALL OTHER MEMBERS OF THE BOARD OF DIRECTORS VIA EMAIL FOR REVIEW AND COMMENT PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

BOARD MEMBERS ARE PROVIDED THE CONFLICT OF INTEREST FORMS AND ASKED TO RETURN A SIGNED COPY OF THESE FORMS ANNUALLY. THE POLICY IS REVIEWED BY THE CFO ON AN ANNUAL BASIS.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

EXECUTIVE COMPENSATION IS DETERMINED BY THE INDEPENDENT BOARD OF DIRECTORS AND IS BASED ON AN ANALYSIS OF COMPARABLE POSITIONS.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

EXECUTIVE COMPENSATION IS DETERMINED BY THE INDEPENDENT BOARD OF DIRECTORS AND IS BASED ON AN ANALYSIS OF COMPARABLE POSITIONS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE MUSEUM MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

**FORM 990, PART XI, LINE 9
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

LAND LEASE CONTRIBUTION AMORTIZATION ADJUSTMENT.....	\$	72,203.
LAND LEASE CONTRIBUTION RECEIVABLE ADJUSTMENT.....		-93,065.
TOTAL	\$	<u>-20,862.</u>

12/31/24

2024 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE

PAGE 1

CLIENT MOXI

MOXI, THE WOLF MUSEUM OF
EXPLORATION + INNOVATION

77-0252722

7/31/25

10:59AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
FORM 990/990-PF										
BUILDINGS										
52	BUILDING	2/25/17		13,360,795			2,338,247	S/L	39	342,584
53	DEDICATION PLAQUE	1/17/19		3,796			477	S/L	39	97
TOTAL BUILDINGS				13,364,591		0	2,338,724			342,681
FURNITURE AND FIXTURES										
6	DESK PEDESTAL	7/03/15		1,416			1,274	S/L	5	0
7	DESK PEDESTAL	7/15/15		1,416			1,274	S/L	5	0
TOTAL FURNITURE AND FIXTURE				2,832		0	2,548			0
MACHINERY AND EQUIPMENT										
1	EQUIPMENT	11/30/06		1,820			1,820	S/L	5	0
2	EQUIPMENT	11/30/06		162			162	S/L	5	0
3	MACBOOK AIR	12/10/13		1,947			1,947	S/L	5	0
4	MACBOOK AIR	4/02/15		1,939			1,939	S/L	5	0
5	LENOVO FLEX LAPTOP COMPUTER	11/07/15		851			851	S/L	5	0
8	962564 PURCHASE DMI* DELL SM	7/11/16		3,246			3,233	S/L	5	0
9	ALTRU SOFTWARE BASIC CONVER	10/02/16		5,757			5,757	S/L	5	0
10	ALTRU WEBFORM DESIGN	10/25/16		3,100			3,100	S/L	5	0
11	3 MACBOOK PROS FOR PRO TOOL	12/19/16		5,174			5,174	S/L	5	0
12	8 MACBOOK PROS	12/16/16		10,549			10,549	S/L	5	0
13	CHROMA RISE TABLE	6/15/16		5,691			5,655	S/L	5	0
14	HOME DEPOT- REFRIGERATOR	12/28/16		2,482			2,482	S/L	5	0
15	STAIR TOWER	2/25/17		282,756			276,025	S/L	7	6,731
16	HANDPRINT GLOBE	2/25/17		581,301			567,461	S/L	7	13,840
17	INSPIRATION WALL	2/25/17		491,991			480,274	S/L	7	11,717
18	INNOVATION LAB	2/25/17		68,287			66,659	S/L	7	1,628
19	SOUND PANELS	2/25/17		71,230			69,536	S/L	7	1,694
20	SOUND MACHINE	2/25/17		231,636			226,122	S/L	7	5,514
21	GIANT GUITAR	2/25/17		243,450			237,656	S/L	7	5,794
22	QUIET QUEST	2/25/17		168,049			164,048	S/L	7	4,001
23	REACTABLE	2/25/17		80,268			78,358	S/L	7	1,910
24	FOLEY STUDIO	2/25/17		345,503			337,279	S/L	7	8,224
25	BLOOM BUILD	2/25/17		271,515			265,051	S/L	7	6,464
26	HYPERLOOPS	2/25/17		423,571			413,485	S/L	7	10,086

12/31/24

2024 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE

PAGE 2

CLIENT MOXI

MOXI, THE WOLF MUSEUM OF
EXPLORATION + INNOVATION

77-0252722

7/31/25

10:59AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
27	TURNTABLES	2/25/17		94,849			92,592	S/L	7	2,257
28	MAGNETIC ISLANDS	2/25/17		62,842			61,343	S/L	7	1,499
29	WIND COLUMN WORKSHOP	2/25/17		144,141			140,712	S/L	7	3,429
30	ROCKET LAUNCHER	2/25/17		162,764			158,889	S/L	7	3,875
31	DONOR WALL	2/25/17		413,489			403,645	S/L	7	9,844
32	BUILD IT, TEST IT, RACE IT	2/25/17		306,549			299,252	S/L	7	7,297
33	ROLL IT	2/25/17		134,253			131,057	S/L	7	3,196
34	WALK, LEAP, JUMP	2/25/17		531,361			518,711	S/L	7	12,650
35	HANGTIME	2/25/17		281,126			274,433	S/L	7	6,693
36	MINDBALL	2/25/17		162,950			159,073	S/L	7	3,877
37	MAGLEV TRAIN	2/25/17		66,076			64,500	S/L	7	1,576
38	COLOR MIXING MACHINE	2/25/17		109,558			106,949	S/L	7	2,609
39	COLOR PANELS	2/25/17		575			560	S/L	7	15
40	LIGHT PATTERNS	2/25/17		104,751			102,254	S/L	7	2,497
41	MOSAIC FACES	2/25/17		119,770			116,918	S/L	7	2,852
42	KALEIDOSCOPE	2/25/17		57,360			55,993	S/L	7	1,367
43	LIGHT LAB	2/25/17		67,456			65,852	S/L	7	1,604
44	LIGHT AND SHADOW	2/25/17		103,763			101,291	S/L	7	2,472
45	PAINTING WITH LIGHT	2/25/17		120,800			117,923	S/L	7	2,877
46	WHITE WATER	2/25/17		877,434			856,544	S/L	7	20,890
47	WEATHER ORCHESTRA	2/25/17		151,789			148,174	S/L	7	3,615
48	AIR VORTEX CANNON	2/25/17		59,694			58,274	S/L	7	1,420
49	LOOKOUT TOWER	2/25/17		112,569			109,887	S/L	7	2,682
50	WHISPER DISHES	2/25/17		59,694			58,274	S/L	7	1,420
51	HEARTBEAT DRUM	2/25/17		64,343			62,812	S/L	7	1,531
54	ROOFTOP EXHIBIT	12/31/19		8,917			5,096	S/L	7	1,274
55	HVAC - CASH ROOM	1/29/20		3,101			2,429	S/L	5	620
56	SERVER UPGRADE	12/31/21		60,724			24,290	S/L	5	12,145
58	MAMAVA POD	4/20/22		14,500			2,417	S/L	10	1,450
59	TUFF SHED	5/03/22		3,480			1,160	S/L	5	696
60	BLUE BOCKS TRANSPORTATION	5/15/23		5,311			506	S/L	7	759
61	POLYGLIDE PANNELS	8/09/23		10,356			616	S/L	7	1,479
62	UNDERCOUNTER REFRIGERATOR	1/08/23		3,197			639	S/L	5	639
63	GLOWFORGE	8/15/23		9,542			795	S/L	5	1,908
64	TENNIS BALL LAUNCHER	12/09/24		32,304				S/L	7	385
65	LUMENS LASER PROJECTOR - 904	3/06/24		16,312				S/L	5	2,719
66	LIGHT TRACK EXHIBITS	11/15/24		421,228				S/L	7	10,029
67	LIGHT TRACK EXHIBITS	11/15/24		4,965				S/L	7	118
68	LIGHT TRACK EXHIBITS	11/15/24		55,956				S/L	7	1,332

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
69	COLOR MIXING WHEEL UPDATE	6/30/24		19,855				S/L	7	1,418
	TOTAL MACHINERY AND EQUIPME			8,341,979		0	7,528,483			218,618
	TOTAL DEPRECIATION			21,709,402		0	9,869,755			561,299
	GRAND TOTAL DEPRECIATION			21,709,402		0	9,869,755			561,299

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
BUILDINGS																
52	BUILDING	2/25/17		13,360,795							13,360,795	2,338,247	S/L	39		342,584
53	DEDICATION PLAQUE	1/17/19		3,796							3,796	477	S/L	39		97
	TOTAL BUILDINGS			13,364,591		0	0	0	0	0	13,364,591	2,338,724				342,681
FURNITURE AND FIXTURES																
6	DESK PEDESTAL	7/03/15		1,416							1,416	1,274	S/L	5		0
7	DESK PEDESTAL	7/15/15		1,416							1,416	1,274	S/L	5		0
	TOTAL FURNITURE AND FIXTURE			2,832		0	0	0	0	0	2,832	2,548				0
MACHINERY AND EQUIPMENT																
1	EQUIPMENT	11/30/06		1,820							1,820	1,820	S/L	5		0
2	EQUIPMENT	11/30/06		162							162	162	S/L	5		0
3	MACBOOK AIR	12/10/13		1,947							1,947	1,947	S/L	5		0
4	MACBOOK AIR	4/02/15		1,939							1,939	1,939	S/L	5		0
5	LENOVO FLEX LAPTOP COMPUTER	11/07/15		851							851	851	S/L	5		0
8	962564 PURCHASE DMI* DELL SM	7/11/16		3,246							3,246	3,233	S/L	5		0
9	ALTRU SOFTWARE BASIC CONVER	10/02/16		5,757							5,757	5,757	S/L	5		0
10	ALTRU WEBFORM DESIGN	10/25/16		3,100							3,100	3,100	S/L	5		0
11	3 MACBOOK PROS FOR PRO TOOLS	12/19/16		5,174							5,174	5,174	S/L	5		0
12	8 MACBOOK PROS	12/16/16		10,549							10,549	10,549	S/L	5		0
13	CHROMA RISE TABLE	6/15/16		5,691							5,691	5,655	S/L	5		0
14	HOME DEPOT- REFRIGERATOR	12/28/16		2,482							2,482	2,482	S/L	5		0

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
15	STAIR TOWER	2/25/17		282,756							282,756	276,025	S/L	7		6,731
16	HANDPRINT GLOBE	2/25/17		581,301							581,301	567,461	S/L	7		13,840
17	INSPIRATION WALL	2/25/17		491,991							491,991	480,274	S/L	7		11,717
18	INNOVATION LAB	2/25/17		68,287							68,287	66,659	S/L	7		1,628
19	SOUND PANELS	2/25/17		71,230							71,230	69,536	S/L	7		1,694
20	SOUND MACHINE	2/25/17		231,636							231,636	226,122	S/L	7		5,514
21	GIANT GUITAR	2/25/17		243,450							243,450	237,656	S/L	7		5,794
22	QUIET QUEST	2/25/17		168,049							168,049	164,048	S/L	7		4,001
23	REACTABLE	2/25/17		80,268							80,268	78,358	S/L	7		1,910
24	FOLEY STUDIO	2/25/17		345,503							345,503	337,279	S/L	7		8,224
25	BLOOM BUILD	2/25/17		271,515							271,515	265,051	S/L	7		6,464
26	HYPERLOOPS	2/25/17		423,571							423,571	413,485	S/L	7		10,086
27	TURNTABLES	2/25/17		94,849							94,849	92,592	S/L	7		2,257
28	MAGNETIC ISLANDS	2/25/17		62,842							62,842	61,343	S/L	7		1,499
29	WIND COLUMN WORKSHOP	2/25/17		144,141							144,141	140,712	S/L	7		3,429
30	ROCKET LAUNCHER	2/25/17		162,764							162,764	158,889	S/L	7		3,875
31	DONOR WALL	2/25/17		413,489							413,489	403,645	S/L	7		9,844
32	BUILD IT, TEST IT, RACE IT	2/25/17		306,549							306,549	299,252	S/L	7		7,297
33	ROLL IT	2/25/17		134,253							134,253	131,057	S/L	7		3,196
34	WALK, LEAP, JUMP	2/25/17		531,361							531,361	518,711	S/L	7		12,650
35	HANGTIME	2/25/17		281,126							281,126	274,433	S/L	7		6,693
36	MINDBALL	2/25/17		162,950							162,950	159,073	S/L	7		3,877
37	MAGLEV TRAIN	2/25/17		66,076							66,076	64,500	S/L	7		1,576
38	COLOR MIXING MACHINE	2/25/17		109,558							109,558	106,949	S/L	7		2,609
39	COLOR PANELS	2/25/17		575							575	560	S/L	7		15
40	LIGHT PATTERNS	2/25/17		104,751							104,751	102,254	S/L	7		2,497
41	MOSAIC FACES	2/25/17		119,770							119,770	116,918	S/L	7		2,852

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
42	KALEIDOSCOPE	2/25/17		57,360							57,360	55,993	S/L	7		1,367
43	LIGHT LAB	2/25/17		67,456							67,456	65,852	S/L	7		1,604
44	LIGHT AND SHADOW	2/25/17		103,763							103,763	101,291	S/L	7		2,472
45	PAINTING WITH LIGHT	2/25/17		120,800							120,800	117,923	S/L	7		2,877
46	WHITE WATER	2/25/17		877,434							877,434	856,544	S/L	7		20,890
47	WEATHER ORCHESTRA	2/25/17		151,789							151,789	148,174	S/L	7		3,615
48	AIR VORTEX CANNON	2/25/17		59,694							59,694	58,274	S/L	7		1,420
49	LOOKOUT TOWER	2/25/17		112,569							112,569	109,887	S/L	7		2,682
50	WHISPER DISHES	2/25/17		59,694							59,694	58,274	S/L	7		1,420
51	HEARTBEAT DRUM	2/25/17		64,343							64,343	62,812	S/L	7		1,531
54	ROOFTOP EXHIBIT	12/31/19		8,917							8,917	5,096	S/L	7		1,274
55	HVAC - CASH ROOM	1/29/20		3,101							3,101	2,429	S/L	5		620
56	SERVER UPGRADE	12/31/21		60,724							60,724	24,290	S/L	5		12,145
58	MAMAVA POD	4/20/22		14,500							14,500	2,417	S/L	10		1,450
59	TUFF SHED	5/03/22		3,480							3,480	1,160	S/L	5		696
60	BLUE BOCKS TRANSPORTATION S	5/15/23		5,311							5,311	506	S/L	7		759
61	POLYGLIDE PANNELS	8/09/23		10,356							10,356	616	S/L	7		1,479
62	UNDERCOUNTER REFRIGERATOR	1/08/23		3,197							3,197	639	S/L	5		639
63	GLOWFORGE	8/15/23		9,542							9,542	795	S/L	5		1,908
64	TENNIS BALL LAUNCHER	12/09/24		32,304							32,304		S/L	7		385
65	LUMENS LASER PROJECTOR - 904	3/06/24		16,312							16,312		S/L	5		2,719
66	LIGHT TRACK EXHIBITS	11/15/24		421,228							421,228		S/L	7		10,029
67	LIGHT TRACK EXHIBITS	11/15/24		4,965							4,965		S/L	7		118
68	LIGHT TRACK EXHIBITS	11/15/24		55,956							55,956		S/L	7		1,332
69	COLOR MIXING WHEEL UPDATE	6/30/24		19,855							19,855		S/L	7		1,418
TOTAL MACHINERY AND EQUIPME				8,341,979		0	0	0	0	0	8,341,979	7,528,483				218,618

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
	TOTAL DEPRECIATION			21,709,402		0	0	0	0	0	21,709,402	9,869,755				561,299
	GRAND TOTAL DEPRECIATION			21,709,402		0	0	0	0	0	21,709,402	9,869,755				561,299