** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Inspection

(Rev. January 2020) Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

<u>A</u>	For the 2	2019 calendar year, or tax year beginning OCT 1, 2019 and	ending S	EP 30, 2020				
В	Check if applicable:	C Name of organization		D Employer identifi	cation number			
	Address change	THE MARINERS' MUSEUM						
	Name change	Doing business as		54-0541801				
	Initial return	· · · · · · · · · · · · · · · · · · ·	Room/suite	E Telephone numbe				
	Final return/	100 MUSEUM DRIVE	757.591.					
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	17,152,893.			
Ļ	Amender return	NEWFORT NEWS, VA 25000		H(a) Is this a group re				
	Applica- tion pending	F Name and address of principal officer: HOWARD H. HOEGE III	I	for subordinates				
		SAME AS C ABOVE		H(b) Are all subordinates in				
		npt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) $4947(a)(1) = 4947(a)(1)$	or 527	1,	list. (see instructions)			
		WWW.MARINERSMUSEUM.ORG	1	H(c) Group exemptio				
		rganization: X Corporation Trust Association Other	L Year	of formation: 1930 N	State of legal domicile: VA			
Р		Summary MUE N	MADTNIE	ים כי אווכ ביווא	AND DADE			
Se	1 B	riefly describe the organization's mission or most significant activities: ${ m \underline{THE}}$ ${ m \underline{I}}$ ONNECTS PEOPLE TO THE WORLD'S WATERS, BI						
& Governance	1, 5							
Veri	2 C	heck this box if the organization discontinued its operations or dispos		1	ssets.			
ၓ	3 N 4 N	umber of voting members of the governing body (Part VI, line 1a)umber of independent voting members of the governing body (Part VI, line 1b)			16			
ళ	5 To	otal number of individuals employed in calendar year 2019 (Part V, line 2a)		·····	108			
iţie		otal number of volunteers (estimate if necessary)			313			
Activities		otal unrelated business revenue from Part VIII, column (C), line 12			653.			
ď		et unrelated business taxable income from Form 990-T, line 39			-1,397.			
	 ~	arrolated business taxable meeting from 1 on 1 on 1, into 00		Prior Year	Current Year			
4	8 C	ontributions and grants (Part VIII, line 1h)		5,747,664.	10,486,177.			
Ĕ	9 P	rogram service revenue (Part VIII, line 2g)		716,629.	439,021.			
Revenue	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,062,355.	420,814.			
Œ	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		392,021.	247,574.			
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,918,669.	11,593,586.			
		rants and similar amounts paid (Part IX, column (A), lines 1-3)		7,500.	5,850.			
	1	enefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
Se	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,540,514.	5,573,134.			
Sus	16 a P	rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses	b To	otal fundraising expenses (Part IX, column (D), line 25)	38.					
ш	11/ 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,591,578.				
	18 To	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,139,592.	9,360,376.			
. (/		evenue less expenses. Subtract line 18 from line 12		-2,220,923.	2,233,210.			
Net Assets or Find Balances				ginning of Current Year	End of Year			
Sset	20 To	otal assets (Part X, line 16)		32,293,097.	137,860,374.			
et A	21 To	otal liabilities (Part X, line 26)		11,597,721.	11,530,135. 126,330,239.			
		et assets or fund balances. Subtract line 21 from line 20	т	20,695,376.	120,330,239.			
_		es of perjury, I declare that I have examined this return, including accompanying schedules	e and etatom	ante and to the heet of m	v knowledge and helief it is			
	•	and complete. Declaration of preparer (other than officer) is based on all information of wh		•	y knowledge and belief, it is			
uu	1	and complete. Declaration of preparer (other than officer) is based on an information of wh	non preparer	ilas arīy kriowieuge.				
Sig		Signature of officer		I Date				
He	Ι.	HOWARD H. HOEGE III, PRESIDENT AND CEO	2					
110	·	Type or print name and title						
_		Print/Type preparer's name Preparer's signature	11	Date Check	PTIN			
Pai		ESLIE ROBERTS LESLIE ROBERTS	lo	4/20/21 if self-employ	P00040492			
	—	irm's name ▶ BROWN, EDWARDS & COMPANY, LLP		our uniproj	54-0504608			
	· –	irm's address 701 TOWN CENTER DRIVE						
		NEWPORT NEWS, VA 23606		Phone no. (7	57) 873-1033			
Ма	y the IRS	discuss this return with the preparer shown above? (see instructions)			X Yes No			

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MARINERS' MUSEUM AND PARK CONNECTS PEOPLE TO THE WORLD'S WATERS,
	BECAUSE THROUGH THE WATERS - THROUGH OUR SHARED MARITIME HERITAGE - WE
	ARE CONNECTED TO ONE ANOTHER.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,853,066 • including grants of \$) (Revenue \$ 66,738 •)
та	EXHIBITIONS, COLLECTIONS, AND MAINTENANCE OF MUSEUM. APPROXIMATELY
	40,000 SERVED.
	40,000 SERVED:
4b	(Code:) (Expenses \$ 2 , 041 , 645 • including grants of \$ 5 , 850 •) (Revenue \$ 46 , 571 •)
	RESEARCH - COLLECTION AND MAINTENANCE OF CURRENT AND HISTORICAL BOOKS
	AND PERIODICALS, COLLECTION AND MAINTENANCE OF CURRENT AND HISTORICAL
	PHOTOGRAPHS, INFORMATION INQUIRIES ADDRESSED. APPROXIMATELY 2,100
	INDIVIDUALS SERVED.
	
4c	(Code:) (Expenses \$ 2,219,729 • including grants of \$) (Revenue \$ 96,530 •)
	PROGRAMS - PROGRAMS WITH SPECIAL STUDENT TOURS. APPROXIMATELY 17,000
	INDIVIDUALS SERVED.
	INDIVIDUALS SERVED:
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 2,058,285 • including grants of \$) (Revenue \$ 261,178 •)
<u>4e</u>	Total program service expenses ► 8,172,725.
	Form 990 (2019)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,,
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			7,7
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		\
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		\
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_	v	
_	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		\
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	١	v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	۱	Х	
1	Part VI	11a	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	4415		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
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	11c		x
٨	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX		х	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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	17		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	18		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	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			\ \ \
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Х	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Von " complete Schodule I Port IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
Ū	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	-		
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		<u></u>
٠.	Part V, line 1	34		х
35.2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- J-G		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
- -		38	Х	1
Pai				
	Check 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 66			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
		_	000	(0.0.4.0)

932004 01-20-20

Form 990 (2019) THE MARINERS ' MUSEUM Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a 108 b If least one is reported on line 2a, did the organization file all required federal employment for returner? b If at least one is reported on line 2a, did the organization file all required federal employment for returner? b If at least one is reported on line 2a, did the organization file all required federal employment for returner? b If If least one is reported on line 2a, did the organization file all required federal employment for returner? b If If If least one is reported on line 2a, did the organization flow or an experiment of the If least perimeter of the If least					Yes	No		
b If a least one is reported on line 2a, did the organization life all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 30 IDI the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 999-T for this year? If "No" to line 3b, provide an explanation on Schedule O 31 A 2 X III and a form 999-T for this year? If "No" to line 3b, provide an explanation on Schedule O 32 A 2 X III and a form 999-T for this year? If "No" to line 3b, provide an explanation on Schedule O 33	2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X by 16 Yes, **, than it filed a Form 990-T for this year?** 17 **No* 76 ine 36, provide an explanation on Schedule 0 3a X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4 the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4 the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 5 the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 5 the calendar year, did the organization a party to a prohibited tax shalter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shalter transaction at any time during the tax year? 5b Did any stable party nority the organization file Form 8896.77 6c Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles 6c Verse, 10 bit the organization include with every solicitation an express statement that such contributions or gifts were not tax eductible or the organization and expression of the signature of the payor? 7b Verse, 10 bit the organization receive a symmetria excess of \$5's made party as a contribution and party for goods and services provided to the payor? 7c Did the organization receive a symmetria excess of \$5's made party as a contribution or aptry for which it was required to life Form 8282? 7c Did the verganization receive any premium or the year year with the organization receive any premium or the year year with the organization receive any premium or the year year with the organization received and contribution of cares, boats, sinplanes, or other vertices, of the organization file a Form 1088-07 P		filed for the calendar year ending with or within the year covered by this return	108					
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х			
b If "Yes," has it flield a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 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 in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b ID dary at xeable party nority the organization that it was or is a party to a prohibited tax shelter transaction? 5c ID dary a variable party nority the organization that it was or is a party to a prohibited at whether transaction? 5c ID dary a variable party nority the organization that it was or is a party to a prohibited tax shelter transaction? 5c ID Commission and the organization include with every solicitions an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization include with every solicition an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8 ID did the organization network aparty in excess of \$5\times and party is as contilibution and party for goods and services provided? 7 organizations that may receive deductible on the party of th		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
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)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So Was the organization to a privile to a prohibited to a shelfer transaction at any time during the tax year? 5a	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a				
b If "Yes," enter the name of the foreign country. ▶ 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? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line Sa or Sb, did the organization file Form 8886-17? 6a Does the organization annual gross recopies that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive apprentin i excess of \$5 made party as a contribution and partly for goods and services provided to the payor? 7 Expression of the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the form 8282? 7 C Did the organization, during the year year premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 C Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 P Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 8282? 8 Sponsoring organization meance any stable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(27) qualified nonprofit health insurance issuers. 10a If a Section 501(c)(27) qualified nonprofit he	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b	X			
b if "Yes," enter the name of the foreign country ▶ See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See instructions for thing to a prohibited tax shelter transaction? See in Section 10 in the Sea 59, bid the organization fills for 50m 8886-77. See 16 Yes* 10 in Sea 50 59, bid the organization file Form 8886-77. See 26 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that them ent tax edicutible as charitable contributions. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). If "Yes," did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). If "Yes," did the organization notify the donor of the value of the goods or services provided? To See 50m 114 to reganization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8828? filed during the year If "Yes," indicate the number of Forms 8828? filed during the year If "Yes," indicate the number of Forms 8828? filed during the year If "Yes," indicate the number of Forms 8828? filed during the year If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, indirectly, on a personal benefit contract? To A 77 A 78 A 79 A 79 A 79 A 79 A 79 A 79	4a							
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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? 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 c Enter the amount of reserves on hand 13a 13b 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 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? If "Yes," see 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	b							
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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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? If "Yes," see 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	а			ISa				
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c Enter the amount of reserves on hand 13c 14a	D							
Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? If "Yes," see 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? 18 X	c							
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 16 "Yes," see instructions and file Form 4720, Schedule N. 18 the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X				14a		Х		
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? If "Yes," see 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								
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If "Yes," see 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	-							
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X								
	16			16		Х		

Form **990** (2019)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 16									
	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 16									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5										
6	Did the organization have members or stockholders?	6		Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
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		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
	,		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
b	Other officers or key employees of the organization	15b	Х							
-	If "Yes" to line 15a or 15b, describe the process in 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		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ►VA									
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	/) avail	able						
	for public inspection. Indicate how you made these available. Check all that apply.	,								
	Own website Another's website X Upon request Other (explain on Schedule O)									
19										
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
-	THE OFFICERS - 757.591.7701									
	100 MUSEUM DRIVE, NEWPORT NEWS, VA 23606									

16592702

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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.

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

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

(A)	(B)	l		((C)		iout	(D)	(E)	(F)		
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated		
	hours per	box	box, unless p			is bot	h an	compensation	compensation	amount of		
	week (list any				10010	17 11 413	100,	from the	from related	other		
	hours for	Individual trustee or director				p		organization	organizations (W-2/1099-MISC)	compensation from the		
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 2, 1000 *********************************	organization		
	organizations	trust	nal tru		oyee	ompe				and related		
	below	vidua	Institutional trustee	Je.	Key employee	Highest compensated employee	Former			organizations		
	line)	lhdi	Inst	Officer	Key	High	Forr					
(1) KEITH VANDER VENNET	1.00	l										
CHAIRMAN OF THE BOARD		Х		Х				0.	0.	0.		
(2) MARGARET PODLICH	1.00								_	_		
VICE CHAIRMAN		Х		Х				0.	0.	0.		
(3) EDWARD HEIDT JR	1.00									_		
TREASURER		Х		Х				0.	0.	0.		
(4) JOHN R LAWSON II	1.00									_		
SECRETARY		Х		Х				0.	0.	0.		
(5) T. JAMES BAYNE	1.00											
TRUSTEE		Х						0.	0.	0.		
(6) ADMIRAL HAROLD BERNSEN	1.00											
TRUSTEE		Х						0.	0.	0.		
(7) JENNIFER BOYKIN	1.00											
TRUSTEE		Х						0.	0.	0.		
(8) KENNETH CROFTON	1.00											
TRUSTEE		Х						0.	0.	0.		
(9) KEVIN FEWSTER	1.00											
TRUSTEE		Х						0.	0.	0.		
(10) C. CHRIS HALL	1.00											
TRUSTEE		Х						0.	0.	0.		
(11) JERRY MILLER	1.00											
TRUSTEE		Х						0.	0.	0.		
(12) HENRY MORRIS	1.00											
TRUSTEE		Х						0.	0.	0.		
(13) TINA MORRIS	1.00											
TRUSTEE		Х						0.	0.	0.		
(14) CONWAY SHEILD III	1.00											
TRUSTEE		Х						0.	0.	0.		
(15) KEVIN SWANN	1.00											
TRUSTEE		Х						0.	0.	0.		
(16) THE HONORABLE FRANK WAGNER	1.00											
TRUSTEE		Х						0.	0.	0.		
(17) HOWARD HOEGE	40.00											
PRES. & CEO				Х				213,861.	0.	20,821.		
932007 01-20-20										Form 990 (2019)		

932007 01-20-20

Form **990** (2019)

Part VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C		es (continued)	 r		(F)	
(A)	(B)	(C)				(D)	(E)	` '					
Name and title	Average	Position (do not check more				Reportable	Reportable		Estimated				
	hours per					is bot		compensation	compensatio			nount	of
	week (list any	officer and a director/trustee)				,	from	from related			other		
	hours for	Individual trustee or director Institutional trustee Officer (ey employee Highest compensated			the	organizations			pensa om th				
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	,0,		anizat	
	organizations	ruste	Institutional trustee		99/	mpeu		(** 2) 1000 (**100)			_	d relat	
	below	dual	ution	_	ioldu	st co Jyee	er					anizati	
	line)	Indivi	Institi	Officer	Key employee	Highest compensated employee	Former				ŭ		
1b Subtotal	<u> </u>				<u> </u>		—	213,861.		0.	2	0,8	21.
c Total from continuation sheets to Part V	II, Section A						>	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	213,861.		0.	2	0,8	21.
2 Total number of individuals (including but r	ot limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportabl	е			1
compensation from the organization												Yes	1 No
3 Did the organization list any former officer,			кеу є	empl	loye	e, or	hig	ghest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su												37	
and related organizations greater than \$15											4	X	
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," com							elat	ted organization or indivi	dual for services		5		Х
Section B. Independent Contractors	piete ochedun	C 0 1	Or St	ich j	Ders	SOIT .							
1 Complete this table for your five highest co the organization. Report compensation for	•									ipensa	ation 1	from	
(A)		eai	enui	ng v	VILII	OI W	101111	(B)	rear.		(0	C)	
Name and business address NONE Description of services							ervices	C	ompe	nsatio	n		
							Ī						
2 Total number of independent contractors (ncluding but n	ot li	mite	d to	tho	se lis	stec	d above) who received m	ore than				
\$100,000 of compensation from the organi	zation 🕨				(0						000	2045
										I	Form	990 (2	2019)

Part VIII **Statement of Revenue** Check if Schedule O contains a response or note to any line in this Part VIII (C) Revenuè éxcluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 55,826 c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 10,430,351 1f 6,716 g Noncash contributions included in lines 1a-1f 1g |\$ h Total. Add lines 1a-1f 10,486,177 **Business Code** 2 a ADMISSIONS Program Service Revenue 900099 53,827. 53,827 b PHOTOGRAPHY 900099 35,276 35,276 EDUCATION PROGRAM FEES 611710 24,562 24,562 MEMBERSHIP FEES-PROGRAM SVC 900099 21,531. 21,531 е 900099 303,825 303,825 All other program service revenue g Total. Add lines 2a-2f 439,021 Investment income (including dividends, interest, and 417,280 417,280. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 214,925 6 a Gross rents **b** Less: rental expenses ... 6b 214,925. c Rental income or (loss) 214,925 214,925. d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 5,523,761 7a b Less: cost or other basis Other Revenue 5,520,227 and sales expenses 7b c Gain or (loss) 3,534 3,534. 3,534. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 71,729 39,080 **b** Less: cost of goods sold 32,649 31,996. 653 c Net income or (loss) from sales of inventory ▶ **Business Code** Miscellaneous Revenue 11 a b d All other revenue Total. Add lines 11a-11d 653, 635,739. Total revenue. See instructions 11,593,586. 471,017 12

932009 01-20-20

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).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	E 0E0	E 0E0		
_	individuals. See Part IV, line 22	5,850.	5,850.		
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,	237,641.	47 529	47 529	1/2 505
_	trustees, and key employees	237,041.	47,528.	47,528.	142,585
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	4,378,827.	4 020 044	140 202	200 401
7	Other salaries and wages	4,3/0,04/•	4,030,044.	148,302.	200,481
8	Pension plan accruals and contributions (include	150 506	124 704	6 160	11 222
_	section 401(k) and 403(b) employer contributions)	152,506.	134,704.	6,469.	11,333
9	Other employee benefits	480,629.	424,524.	20,388.	35,717
10	Payroll taxes	323,531.	285,764.	13,724.	24,043
11	Fees for services (nonemployees):				
а	Management	10 001	11 505	1 000	0.5
b	Legal	12,891.	11,507.	1,299.	85
С	• • • • • • • • • • • • • • • • • • • •	35,500.	31,192.	4,044.	264
d	Lobbying				
е	, , , , , , , , , , , , , , , , , , ,				
f	Investment management fees				
g		450 000	450 005	2 222	010
	column (A) amount, list line 11g expenses on Sch O.)	153,882.	150,325.	3,339.	218
12	Advertising and promotion	65,202.	62,616.	69.	2,517
13	Office expenses	144,972.	114,762.	6,407.	23,803
14	Information technology	81,157.	71,309.	9,245.	603
15	Royalties				
16	Occupancy	885,187.	789,317.	90,000.	5,870
17	Travel	49,247.	41,522.	4,593.	3,132
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	15,461.	14,161.	318.	982
20	Interest	232,888.	232,888.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,674,249.	1,339,399.	334,850.	
23	Insurance	103,840.	91,311.	11,762.	767
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	REPAIRS AND MAINTENANCE	156,659.	144,701.	11,226.	732
b	EXHIBITION COSTS	57,990.	57,655.		335
С	OTHER EXPENSE	57,288.	46,175.	5,126.	5,987
d	EVENT AND PROGRAM COSTS	54,979.	45,471.	424.	9,084
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	9,360,376.	8,172,725.	719,113.	468,538
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2019)

Form 990 (2019) Part X Balance Sheet

Га	rl A	balance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part X			<u> </u>
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,300.	1	234,061.
	2	Savings and temporary cash investments			986,906.	2	3,971,890.
	3	Pledges and grants receivable, net			977,137.	3	702,081.
	4	Accounts receivable, net		39,269.	4	52,094.	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described	ction 4958(c)(3)(B)		6		
ts	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			139,104.	8	133,884.
Ä	9	D ::			89,570.	9	51,176.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	68,675,662.			
	b	Less: accumulated depreciation	10b	44,313,593.	25,382,231.	10c	24,362,069.
	11	Investments - publicly traded securities	13,737,877.	11	14,860,839.		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			90,938,703.	15	93,492,280.
	16	Total assets. Add lines 1 through 15 (must equa	al line (33)	132,293,097.	16	137,860,374.
	17	Accounts payable and accrued expenses			596,557.	17	546,981.
	18	Grants payable				18	
	19	Deferred revenue	3,279,580.	19	4,226,602.		
	20	Tax-exempt bond liabilities			7,680,000.	20	6,720,000.
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
Ħ		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes				22	
_	23	Secured mortgages and notes payable to unrela		•		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24). Complete Part X	41,584.		36 552
		of Schedule D			11,597,721.		36,552. 11,530,135.
	26	Total liabilities. Add lines 17 through 25			11,331,141.	26	11,330,133.
es		Organizations that follow FASB ASC 958, che	ck ner	e 🖊 🔼			
Š		and complete lines 27, 28, 32, and 33.			26,934,849.	27	24,700,266.
3ala	27	Net assets without donor restrictions			93,760,527.	28	101,629,973.
βE	28	Net assets with donor restrictions			73,700,327•	28	101,025,575
Ē		Organizations that do not follow FASB ASC 9	58, CN	eck nere 📂 📖			
Net Assets or Fund Balances	20	and complete lines 29 through 33.				29	
ets	29	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or eq				30	
۸ss	30					31	
et/	31	Retained earnings, endowment, accumulated in			120,695,376.	32	126,330,239.
Z	32	Total liabilities and not assets/fund balances			132,293,097.	33	137,860,374.
	33	Total liabilities and net assets/fund balances			-32,233,037•	JJ	Form 990 (2010)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1				86.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		, 36		$\frac{76.}{10.}$		
3	Revenue less expenses. Subtract line 2 from line 1							
4								
5	5 Net unrealized gains (losses) on investments 5							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9		_ '	7,5	93.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	126	, 33	0,2	39.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					Ш		
			_		Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				1		
	review, or compilation of its financial statements and selection of an independent accountant?			2c				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule C).					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	tit					
	Act and OMB Circular A-133?			За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired auc	Jit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				
				Form	990	(2019)		

SCHEDULE A

(Form 990 or 990-EZ)

5iiii 990 0i 990-E2,

Department of the Treasury

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** THE MARINERS' MUSEUM 54-0541801 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. J Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (ii) EIN (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")	5,770,166.	5,518,247.	6,475,925.	5,785,720.	10,492,893.	34,042,951.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	5,770,166.	5,518,247.	6,475,925.	5,785,720.	10,492,893.	34,042,951.
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)						4,272,972.
6	Public support. Subtract line 5 from line 4.						29,769,979.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	5,770,166.	5,518,247.	6,475,925.	5,785,720.	10,492,893.	34,042,951.
	Gross income from interest,	3,7,0,100.	0,010,117.	0,170,520.	5,705,720.	10,152,050.	01,012,501.
0	,						
	dividends, payments received on						
	securities loans, rents, royalties,	658 267	868,585.	526 506	747,037.	632,205.	3,432,600.
_	and income from similar sources	030,207.	000,303.	320,300.	747,037.	032,203.	3,432,000.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	152 227	16 204	2 721 422			2 000 062
	assets (Explain in Part VI.)	153,227.	10,204.	3,731,432.			3,900,863.
	Total support. Add lines 7 through 10		,				41,376,414.
12	Gross receipts from related activities,						,013,207.
13	First five years. If the Form 990 is for	-	s first, second, third	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
500	organization, check this box and stor ction C. Computation of Publ		rcentage				_
				-1 (0)		44	71.95 %
	Public support percentage for 2019 (14	00 16
15	Public support percentage from 2018					15	
168	33 1/3% support test - 2019. If the c	-					
	stop here. The organization qualifies						
10	33 1/3% support test - 2018. If the c	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	_					10% or
	more, and if the organization meets the						. \square
	organization meets the "facts-and-circ		· ·		,		▶∐
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	<u> </u>

Schedule A (Form 990 or 990-EZ) 2019

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.)

Se	etion A. Public Support	low, piedoc com	piete i art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🖊	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	: Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)			<u> </u>			
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>	<u> </u>			<u> </u>
14	First five years. If the Form 990 is for	· ·			•	()()	
<u></u>	check this box and stop here	- Command Da					<u> </u>
	ction C. Computation of Public					1451	
	Public support percentage for 2019 (lir					15	<u>%</u>
	Public support percentage from 2018 setion D. Computation of Inves					16	<u>%</u>
						17	
17 18	Investment income percentage for 20 Investment income percentage from 20					18	<u>%</u> %
10	33 1/3% support tests - 2019. If the c						
10-	1//0 3455501 LESIS - ZU 13. 11 LITE (n garnzanom ulu r					17 13 1101
19a		detan here The	organization guali	fige ae a nublich c	sunnarted arganiz	ation	— 1
	more than 33 1/3%, check this box an		-				
		organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
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6		
_		
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8		
9a		
9b		
อม		
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10a		
10b		
, 0.0		

Par	t IV Supporting Organizations _(continued)			
	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	71 11 0 0		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Seci	tion C. Type II Supporting Organizations		I	
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		Щ_
Seci	tion D. All Type III Supporting Organizations		I., I	
	Bid the construction of the form of the construction of the first state of the fifth wealth of the		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	ıs).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruction		
	Activities Test. Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	Ш	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	·
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	LV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D -	Distributions		, , , , , , , , , , , , , , , , , , , ,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	ot purposes of supported		
		izations, in excess of income from activity			
3		nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4		nts paid to acquire exempt-use assets	.		
5		ied set-aside amounts (prior IRS approval required)			
6		distributions (describe in Part VI). See instructions.			
7		annual distributions. Add lines 1 through 6.			
8		putions to attentive supported organizations to which the	ne organization is responsive	e	
		de details in Part VI). See instructions.	<u> </u>		
9		outable amount for 2019 from Section C, line 6			
10		amount divided by line 9 amount			
	0		(i)	(ii)	(iii)
Secti	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
		ed to underdistributions of prior years			
		ed to 2019 distributable amount			
i	- ' '	over from 2014 not applied (see instructions)			
j		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2019 from Section D,			
	line 7:	. *			
а	Applie	ed to underdistributions of prior years			
		ed to 2019 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2019, if			
		Subtract lines 3g and 4a from line 2. For result greater			
	,	zero, explain in Part VI. See instructions.			
6		ining underdistributions for 2019. Subtract lines 3h			
		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2020. Add lines 3			
	and 4	· •			
8		down of line 7:			
		ss from 2015			
		s from 2016			
		s from 2017			
		s from 2018			
		s from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part V, Mection A, line 1, 2, 30, 3c, 46, 46, 36, 39, 59, 50, 11, 11, 10, and 112 Part V, Section B, line 140, Part V, Section C, line 1; Part V, Section D, lines 3 and 2 Part V, Section C, line 1; Part V, Section D, lines 3, 64, 36, 39, 59, 50, 41, 31, 31, 31, 31, 31, 31, 31, 31, 31, 3	Part VI	Supplemental Information Desired and a second and Desired Desired Age 147 Desired Desi
(See instructions.)	T CIT VI	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.)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Employer identification number

THE MARINERS' MUSEUM 54-0541801 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under

year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the

sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

or (ii) Form 990-EZ, line 1. Complete Parts I and II.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

THE MARINERS' MUSEUM

54-0541801

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ <u>1,751,861.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 2,563,424.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,025,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE MARINERS' MUSEUM

54-0541801

Part II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 _{\$}	

Name of organization **Employer identification number** 54-0541801 THE MARINERS' MUSEUM Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

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

THE MARINERS' MUSEUM

Employer identification number 54-0541801

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	r Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose cor	nferring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	·	
	Preservation of land for public use (for example, recreated	ation or education)	nistorically important land area
	Protection of natural habitat	Preservation of a c	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		

	Number of conservation easements on a certified historic st		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the or	rganization during the tax
_	year >		
4	Number of states where property subject to conservation ea	-	
5	Does the organization have a written policy regarding the pe		□ v _{aa} □ v _a
6	violations, and enforcement of the conservation easements Staff and volunteer hours devoted to monitoring, inspecting		
6	Starr and volunteer riours devoted to monitoring, inspecting	, riaridiling of violations, and emorcing conserv	vation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation	n essements during the year
′	S S	uling of violations, and emorcing conservation	ri easements during the year
8	Does each conservation easement reported on line 2(d) abo	we eatisfy the requirements of section 170/h)/	(A)(B)(i)
J	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
	balance sheet, and include, if applicable, the text of the foot	•	
	organization's accounting for conservation easements.		
Par		of Art, Historical Treasures, or Other	er Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 9	58, not to report in its revenue statement and	l balance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in furth	nerance of public
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 9	58, to report in its revenue statement and bala	ance sheet works of
	art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in further	ance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
<u>b</u>	Assets included in Form 990, Part X		> \$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2019

932051 10-02-19

	t III Organizations Maintaining C			reactives	or Oth	or Simila	or Acco	te/contin	- Fage Z
	Using the organization's acquisition, accessi		•					•	ueu)
3		on, and other record	s, check any or the	i lollowing the	at make s	signincant	use or its	•	
_	collection items (check all that apply): X Public exhibition		X Loan or exc						
a	X Scholarly research	a	X Other PU	mange progr TRT.TC⊅™	am TONG	(BOOI	ZG M	OVIES	2
b	X Preservation for future generations	е	Other FC	DUICAI	TOND	(DOOI		OVIEL	
C		allootions and avaloi	a bayy thay fruthay	the examinat	ian'a ava		oo in Daw	4 VIII	
4	Provide a description of the organization's co						se in Par	t AIII.	
5	During the year, did the organization solicit of to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than to be made to be sold to raise funds rather than the sold to be sold to raise funds rather than the sold to raise funds rather than the sold to be sold to raise funds rather than the sold to be sold to raise funds rather than the sold to be sold to raise funds rather than the sold to be sold to raise funds rather than the sold to be so							Yes	X No
Pai	t IV Escrow and Custodial Arran								NO
· u	reported an amount on Form 990, Pal		te ii trie organizatio	on answered	165 01	11 01111 990	, raitiv,	iii le 9, Oi	
10	Is the organization an agent, trustee, custod		liany for contribution	ne or other as	eeste not	tincluded			
ıa			-					Yes	☐ No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					_ 103	110
	11 103, explain the arrangement in rare Alli	and complete the lo	nowing table.					Amount	
_	Beginning balance					1c		7 11100111	
	Additions during the year								
	Distributions during the year								
	Ending balance					1f			
	Did the organization include an amount on F							Yes	No
	If "Yes," explain the arrangement in Part XIII.					•			
	t V Endowment Funds. Complete i								
	·	(a) Current year	(b) Prior year	(c) Two yea			ears back	(e) Four	years back
1a	Beginning of year balance	8,506,696.	10,896,096.		4,872.		28,989.		644,492.
	Contributions	5,533,426.	706,451.	. 26	1,334.				300,000.
	Net investment earnings, gains, and losses	1,088,859.	224,755.	. 70	8,680.	1,0	52,902.		574,943.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	1,520,615.	3,320,606	3,39	8,790.	1,3	57,019.		890,446.
f	Administrative expenses								
g	End of year balance	13,608,366.	8,506,696	10,89	6,096.	13,3	24,872.	13,	628,989.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	42.23	%						
b	Permanent endowment ► 57.77	%	_						
С	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	and administe	ered for t	he organiz	ation	_	
	by:								Yes No
	(i) Unrelated organizations							. 3a(i)	X
	(ii) Related organizations							. 3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?	?				. 3b	
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a.	See Form 990	0, Part X	, line 10.			
	Description of property	(a) Cost or o		t or other		ccumulate	d	(d) Book	value
		basis (investn	,	(other)	de	preciation		4	
	Land			5,993.					5,993.
b	Buildings		53,52	21,638.	34,	304,85	<u> </u>	9,216	5,784.
С	Leasehold improvements								
d	Equipment		7,13	36,011.	6,	567,13	12.	568	3,899.
е	Other		6,02	22,020.	3,	441,62	۱۰ / ۵	2,580	7,393.

▶ 24,362,069. Schedule D (Form 990) 2019

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

Schedule D (Form 990) 2019 THE MARINER:	S' MUSEUM	54	-0541801 Page 3
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	Lof-vear market value
	(b) book value	(c) Welfied of Valuation. Cost of end	1-01-year market value
(1) Financial derivatives(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Total (Col. (h) must equal Form 000, Part V, col. (P) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			·
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description	, , , , , , , , , , , , , , , , , , , ,	(b) Book value
(1) FUNDS HELD IN TRUST BY OT	HERS - SEE SC	HEDULE O	93,492,280
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	9 15.)	•	93,492,280
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			25
(2) CHARITABLE GIFT ANNUITIES			36,552
(3)			
<u>(4)</u>			
(5) (6)			
(7)			
(8)			

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...

Schedule D (Form 990) 2019

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

36,552.

Sche	dule D (Form 990) 2019 THE MARINERS MOSEUM		34-0341601 Page	4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Reve	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	=	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.		5	_

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

PART III, LINE 1A:

THE MUSEUM MAINTAINS SIGNIFICANT COLLECTION ASSETS, INCLUDING MODELS, SMALL CRAFTS, PRINTS, PAINTINGS, BOOKS, PHOTOGRAPHS, AND NAVIGATION INSTRUMENTS. IN ACCORDANCE WITH INDUSTRY PRACTICE, THE VALUE OF THE COLLECTION HAS BEEN EXCLUDED FROM THE STATEMENT OF FINANCIAL POSITION. ONLY CURRENT YEAR PURCHASES AND PROCEEDS FROM SALE ARE REFLECTED IN THE STATEMENT OF ACTIVITIES. IT IS THE POLICY OF THE MUSEUM THAT PROCEEDS FROM THE SALE OF ANY COLLECTION ITEMS ARE TO BE USED FOR THE ACQUISITION OF OBJECTS FOR THE PERMANENT COLLECTIONS OR FOR THE CONSERVATION OR MAINTENANCE OF ITEMS CURRENTLY OWNED BY THE MUSEUM BY EXTERNAL CONSERVATORS.

Part XIII Supplemental Information (continued)
PART III, LINE 4:
THE COLLECTION INCLUDES MARITIME RELATED OBJECTS AND EPHEMERA USED FOR
EDUCATIONAL PURPOSES.
PART V, LINE 4:
THE MARINERS' MUSEUM ENDOWMENT (ENDOWMENT) WAS ESTABLISHED TO SUPPORT ITS
MISSION. THE ENDOWMENT SUBSTANTIALLY CONTRIBUTES TO THE GROWTH, FINANCIAL
SECURITY AND THE LONG-TERM STABILITY OF THE MUSEUM. SCHEDULE D ON THE 990
INCLUDES BOARD DESIGNATED FUNDS (QUASI-ENDOWMENTS).

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name o	f the organization							Employer identification number
	THE MARIN		UM					54-0541801
Part I	General Information on Grants a							
	oes the organization maintain records							
cr	iteria used to award the grants or assi	stance?						X Yes No
Part II	escribe in Part IV the organization's pro							
Fartii		•				anization answered "Y	res" on Form 990, Par	t IV, line 21, for any
	recipient that received more than		· '	 		(f) Method of	(-) D	(b) Down and of sweet
1 (a	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Er	nter total number of section 501(c)(3) a	nd government or	ganizations listed in th	ne line 1 table				>
3 Er	nter total number of other organization	s listed in the line	1 table					>

 $\label{eq:LHA} \mbox{ \ \ For Paperwork Reduction Act Notice, see the Instructions for Form 990.}$

Schedule I (Form 990) (2019)

(c) Amount of

cash grant

(d) Amount of noncash assistance 54-0541801

(f) Description of noncash assistance

(e) Method of valuation (book, FMV, appraisal, other)

Page 2

THE MARINERS' MUSEUM

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(b) Number of

recipients

Schedule I (Form 990) (2019)

932102 10-26-19

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

THE MARINERS' MUSEUM

Employer identification number 54 - 0541801

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		X
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.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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:	_		37
a	The organization?	5a		X
b	Any related organization?	5b		Λ
	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:			v
a	The organization?	6a		X
b	Any related organization?	6b		Λ
_	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			v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		l

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019 THE MARINERS' MUSEUM 54-0541801

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	on (ii) Bonus & (iii) Ott reports compensation compens		compensation	Denemis	(B)(i)-(D)	reported as deferred on prior Form 990
(1) HOWARD HOEGE	(i)	213,861.	0.	0.	4,277.	16,544.	234,682.	0.
PRES. & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
-	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
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	(i)							
	(ii)						ļ	ļ
	(i)							
	(ii)							
	(i)							
	(ii)							<u> </u>

Page 3

Schedule J (Form 990) 2019

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.

PART I, LINE 1A:

THE MUSEUM BUILT A RESIDENCE IN THE 1940'S AS A GUEST HOUSE FOR VISITING

DIGNITARIES, OUT OF TOWN TRUSTEES AND OTHER GUESTS OF THE MUSEUM. THE

PRESIDENT AND CEO LIVES IN THE HOUSE TO ACT AS HOST TO THESE GUESTS AND TO

SPONSOR EVENTS FOR THE MUSEUM AND THE LOCAL COMMUNITY. THIS INCLUDES FUND

RAISING ACTIVITIES AND MEETINGS.

PART I, LINE 1B:

THE MUSEUM BY-LAWS PROVIDE THE WRITTEN POLICY FOR USE OF THE MUSEUM HOUSE

AS A RESIDENCE FOR THE PRESIDENT AND CEO. THIS DOCUMENT GIVES THE EXECUTIVE

COMMITTEE OF THE BOARD OF TRUSTEES THE AUTHORITY TO SET THE COMPENSATION OF

THE CEO. THE CHAIRMAN OF THE BOARD, ACTING ON THIS AUTHORITY, ISSUES AN

ANNUAL LETTER TO THE CEO THAT DETAILS HIS COMPENSATION BASED ON HIS

PERFORMANCE. A PERCENTAGE OF THE TAX BENEFIT IS NOT CHARGED TO THE

PRESIDENT AND CEO.

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

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

2019
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE MARINERS' MUSEUM

Employer identification number 54-0541801

Part I	Bond Issues SE	E PART VI	FOR COLUM	NS (A) AN	D (F)	CONTI	NUATIONS	5						
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issu	ue price	(f) Descript	ion of purpose	(g) De	Defeased (h) On beha of issuer			(i) Po	
									Yes	No	Yes	No	Yes	No
	CONOMIC DEVELOPMENT						REFINANC							
A AU	THORITY OF LANCASTER C	54-6001382	NONE	03/14/12	9,600),000.	DTD 10/1	./05 USED		X		Х		X
В										_				
<u> </u>									_	₩				
_														
D D	Possessia													
Part II	Proceeds					1				_				
4 ^	mount of hands ratinal					1	В	С		+		D		
	mount of bonds retired									+				
	otal proceeds of issue			_		1		†		+				
										+				
	Gross proceeds in reserve funds Capitalized interest from proceeds													
	roceeds in refunding escrows													
8 C	redit enhancement from proceeds													
9 W	Vorking capital expenditures from proceeds													
10 C	apital expenditures from proceeds													
11 0	other spent proceeds													
12 0	other unspent proceeds													
13 Y	ear of substantial completion													
				Yes	No	Yes	No	Yes	No		Yes		No	
	Vere the bonds issued as part of a refunding	•												
	issued prior to 2018, a current refunding issued	,			X									
	Vere the bonds issued as part of a refunding													
	ssued prior to 2018, an advance refunding iss				X	 				_				
	las the final allocation of proceeds been mad				Х			+		_		-		
	loes the organization maintain adequate boo	ks and records to su	pport the		37									
fir	nal allocation of proceeds?				X									

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

Schedule K (Form 990) 2019

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

932122 10-18-19 Schedule K (Form 990) 2019

Schedule K (Form 990) 2019 THE MARINERS' MUSEUM			54-0	541801				Page 3
Part IV Arbitrage (continued)								
		١	E	3	(2	D	
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of								
section 148?		X						
Part V Procedures To Undertake Corrective Action								
		١	E	3		9)
Has the organization established written procedures to ensure that violations of	Yes	No	Yes	No	Yes	No	Yes	No
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								
regulations?		X						
Part VI Supplemental Information. Provide additional information for responses to question	s on Schedule	e K. See insti	ructions					
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME:								
ECONOMIC DEVELOPMENT AUTHORITY OF LANCASTER COUN	ITY, VIF	RGINIA						
(F) DESCRIPTION OF PURPOSE:								
REFINANCE NOTE DTD 10/1/05 USED TO CONSTRUCT EXH	IIBIT AN	ND USS	MONITOR	R CENTE	lR			
SCHEDULE K, SUPPLEMENTAL INFORMATION: OTHER SPEN		EEDS RE	PRESENT	[
AMOUNTS TO REFINANCE ORIGINAL NOTE ISSUED 10/1/0	15.							

932123 10-18-19 Schedule K (Form 990) 2019

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization THE MARINERS' MUSEUM Employer identification number 54 - 0541801

Par	TI Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		-	c
		арріісаріе		Form 990, Part VIII, line 1g	Horicasii continbu	tion a	Hount	
1	Art - Works of art							
2	Art - Historical treasures	X	197					
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded [
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 (LANDSCAPING A)	X	11	5,827	,			
26	Other ► (TOOLS AND ACT)	X	4	889.	,			
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for c	ontributions				
	for which the organization completed Form 828	3, Part IV, I	Donee Acknowledg	gement 29				
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	oorted in Part I, lines 1 throu	ıgh 28, that it			
	must hold for at least three years from the date	of the initia	ıl contribution, and	which isn't required to be	used for			
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any nonstandard contrib	utions?	31	Х	
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncasł	ı			
	contributions?					32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is ch	ecked,			
	describe in Part II.							
НΔ	For Panerwork Reduction Act Notice see	he Instruc	tions for Form 99	0	Schedule M	(Forn	n 000\	2010

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, LINE 32B:
FROM TIME TO TIME, THE MUSEUM WILL SEND WORKS OF ART TO AUCTION FOR
SALE. PROCEEDS FROM THESE SALES ARE RESTRICTED TO FUTURE ACQUISITION
AND DIRECT CARE OF OBJECTS FOR THE COLLECTION.
SCHEDULE M, LINE 33:
BEGINNING IN 2008, UNDER THE PROVISION OF SFAS NO. 116, THE VALUE OF
THE COLLECTION HAS BEEN EXCLUDED FROM THE STATEMENT OF FINANCIAL
POSITION. THUS, THE VALUE OF DONATED COLLECTION ITEMS ARE EXCLUDED
FROM REVENUE.
FAIR MARKET VALUES OF THE DONATED HISTORICAL TREASURES RECEIVED FROM
OCTOBER 1, 2019 THROUGH SEPTEMBER 30, 2020 FOR WHICH THE ORGANIZATION
COMPLETED FORMS 8283 ARE APPROXIMATELY \$38,680.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

THE MARINERS' MUSEUM

Employer identification number 54-0541801

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THROUGH OUR SHARED MARITIME HERITAGE - WE ARE CONNECTED TO ONE ANOTHER.

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

CONSERVATION - MAINTENANCE OF CURRENT AND HISTORICAL COLLECTIONS AND

ARTIFACTS.

EXPENSES \$ 2,058,285. INCLUDING GRANTS OF \$ 0. REVENUE \$ 261,178.

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

A DRAFT COPY OF THE ORGANIZATION'S FROM 990 IS SENT TO EVERY TRUSTEE FOR REVIEW.

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

THE ORGANIZATION'S BOARD REVIEWS THE CONFLICT OF INTEREST POLICY, PROVIDE QUESTIONNAIRES FOR THE BOARD MEMBERS TO REPORT CONFLICTS OF INTEREST, AND REPORT ON ANY FINDINGS OF CONFLICTS OF INTERESTS.

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

THE ORGANIZATION'S BOARD OF TRUSTEES REVIEWS AND APPROVES THE COMPENSATION OF THE TOP MANAGEMENT OFFICIAL AND OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC FOR REVIEW UPON

REQUEST.

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization THE MARINERS' MUSEUM Employer identification number 54-0541801

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS

-7,593.

SCHEDULE D, PART IX OTHER ASSETS - FUNDS HELD IN TRUST BY OTHERS

FUNDS HELD IN TRUST BY OTHERS CONSIST PRIMARILY OF IRREVOCABLE TRUSTS

ESTABLISHED BY THE MUSEUM FOUNDER, ARCHER M. HUNTINGTON, WHICH ARE

CLASSIFIED AS PERMANENTLY RESTRICTED. THE TRUSTS ARE NOT-FOR-PROFIT

SUPPORTING ORGANIZATIONS. THE MUSEUM RECEIVES CONTRIBUTIONS BASED ON

DISTRIBUTIONS OF INVESTMENT INCOME FROM THE SECURITIES HELD BY THE

TRUSTS. THESE CONTRIBUTIONS ARE BASED ON INVESTMENT INCOME, NET OF

EXPENSES, REALIZED AND UNREALIZED GAINS AND LOSSES. THE TRUSTEES OF THE

HUNTINGTON TRUSTS HAVE ADOPTED A TOTAL RETURN POLICY WHICH DISTRIBUTES

5% OF THE ROLLING AVERAGE MARKET VALUE OF THE HUNTINGTON TRUSTS, USING

QUARTER END VALUE OF THE PRECEDING TWELVE QUARTERS ENDING WITH

SEPTEMBER 30 OF THE CURRENT YEAR. THE REMAINING TRUSTS ALSO PAY OUT

5% OF THE TRUST ASSETS ON AN ANNUAL BASIS.

THE MUSEUM IS ALSO A CO-BENEFICIARY WITH THREE OTHER NOT-FOR-PROFIT

ORGANIZATIONS UNDER THE TRUST AGREEMENT WITH BANK OF AMERICA (FORMERLY

U.S. TRUST CO., OF NEW YORK). THEREFORE, THE AMOUNT RECORDED IN THE

ACCOMPANYING STATEMENT OF FINANCIAL POSITION IS 25% OF THE TRUST'S

VALUE, WHICH REPRESENTS THE MUSEUM'S SHARE UNDER THIS SPLIT-INTEREST

AGREEMENT.

PART IV, LINE 12A - AUDITED FINANCIAL STATEMENTS

THE MUSEUM HAS FILED A YEAR-END CHANGE FORM REQUESTING TO CHANGE ITS

FISCAL YEAR END FROM SEPTEMBER 30 TO DECEMBER 31, EFFECTIVE DECEMBER

EXTENDED TO AUGUST 16, 2021

Form 990-T	E	Exempt Orgai	nization Bus	sines	ss Income 1	Tax Retur	n	OMB N	o. 1545-0047	
		•	nd proxy tax und		` <i>''</i>	- 20 00 <i>0</i>	,	2	019	
	For ca	lendar year 2019 or other tax year					<u> </u>		פוע	
Department of the Treasury Internal Revenue Service	▶	Do not enter SSN number		be mad	le public if your organiz).	501(c)(3) O	ublic Inspection for rganizations Only	
A L Check box if address changed		Name of organization (Check box if name changed and see instructions.) Demployer identification (Employees' trust, see instructions.)								
B Exempt under section	Print	THE MARINER	5	4 - 05	41801					
X 501(c)(3)	or	Number, street, and room	or suite no. If a P.O. box	, see ins	structions.			ated busine	ess activity code	
408(e) 220(e)	Туре	100 MUSEUM	DRIVE				. 555)		•,	
408A 530(a) 529(a)		City or town, state or prov	453	220						
Book value of all assets		Croup avamption numb	or (Coo instructions)	<u> </u>			•			
137,860,3	74.	G Check organization type	e ► X 501(c) corp	oration	501(c) trust	401(a) trust		Other trust	
H Enter the number of the o	organiza	tion's unrelated trades or b	usinesses.	1	Describe	the only (or first) u	nrelated			
trade or business here	► MUS	SEUM GIFT SH	OP SALES		. If only one,	complete Parts I-V	. If more	than one) ,	
describe the first in the b	lank spa	ice at the end of the previou	ıs sentence, complete Pa	rts I and	III, complete a Schedule	e M for each additio	nal trade	e or		
business, then complete										
		ooration a subsidiary in an a		ıt-subsio	diary controlled group?	>	Ye	es X	No	
		tifying number of the paren	t corporation. 🕨							
		THE OFFICERS				one number 🕨 🖰				
		de or Business Inc	ome		(A) Income	(B) Expense	:S		(C) Net	
1a Gross receipts or sale		1,435.			4 40=					
b Less returns and allow			c Balance ▶	1c	1,435.					
		e A, line 7)		2	782.					
3 Gross profit. Subtract				3	653.				653.	
		ch Schedule D)		4a						
		Part II, line 17) (attach Form		4b						
		sts		4c						
		ship or an S corporation (at		5						
6 Rent income (Schedu				6						
		me (Schedule E)		7						
		and rents from a controlled		8						
		on 501(c)(7), (9), or (17) or	- '	9 10						
	-	ome (Schedule I)		11						
11 Advertising income (S12 Other income (See ins	etruction	e J) ns; attach schedule)		12						
		igh 12			653.				653.	
		ot Taken Elsewher								
		oe directly connected w								
•		rectors, and trustees (Sche			•		14			
									1,108.	
		ee instructions)								
							19			
		562)								
21 Less depreciation cla	aimed o	n Schedule A and elsewher	e on return		21a		21b			
					· · · · · · · · · · · · · · · · · · ·		22			
23 Contributions to defe	erred co	mpensation plans					23			
							24		244.	
		chedule I)					25			
26 Excess readership co	osts (Sc	hedule J)					26			
27 Other deductions (at	tach scl	nedule)			SEE STAT	EMENT 1	27		698.	
		14 through 27					28		2,050.	
		ncome before net operating					29		-1,397.	
		loss arising in tax years beg							<u> </u>	
(see instructions)					SEE STAT	EMENT 2	30		0.	

923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

31 Unrelated business taxable income. Subtract line 30 from line 29

Part	: 1	Total Unrelated Business Taxa	able Income				•
32	Total of	unrelated business taxable income compute	d from all unrelated trades or busine	sses (see instructi	ons)	32	-1,397.
33	Amount	s paid for disallowed fringes				. 33	
34	Charitat	ole contributions (see instructions for limitati	on rules)			34	0.
35		related business taxable income before pre-					-1,397.
36		on for net operating loss arising in tax years			~		0.
37		unrelated business taxable income before sp				• – –	-1,397.
38		deduction (Generally \$1,000, but see line 38					1,000.
39		ed business taxable income. Subtract line 3				··	
		e smaller of zero or line 37		·		. 39	-1,397.
Part	IV 1	Fax Computation				55	
40		rations Taxable as Corporations. Multiply lin	ne 39 hy 21% (0.21)			▶ 40	0.
41		Taxable at Trust Rates. See instructions for				.,	
•		x rate schedule or Schedule D (For				▶ 41	
42		ax. See instructions				42	
43	Alternat	ive minimum tax (trusts only)					
44	Tayon	Noncompliant Facility Income. See instruct	ione			44	
45	Total A	dd lines 42, 43, and 44 to line 40 or 41, which	phever annlies			45	0.
		Tax and Payments	στονοι αρφιίος			40	<u> </u>
		tax credit (corporations attach Form 1118; t	ruete attach Form 1116)	46a			
		redits (see instructions)					
0	Conoral	business credit. Attach Form 3800		46c			
		or prior year minimum tax (attach Form 880				460	
		redits. Add lines 46a through 46d					0.
	Subtrac	t line 46e from line 45 xes. Check if from: Form 4255] Farma 0011] 0000	1 045	. 47	0.
48							0.
49		x. Add lines 47 and 48 (see instructions)					
		et 965 tax liability paid from Form 965-A or F	· ·			50	0.
		tts: A 2018 overpayment credited to 2019					
		timated tax payments					
		osited with Form 8868					
		organizations: Tax paid or withheld at sourc					
		withholding (see instructions)					
		or small employer health insurance premium		51f			
g		redits, adjustments, and payments:					
				Γotal ► 51g			
52	Total pa	ayments. Add lines 51a through 51g					
53		ed tax penalty (see instructions). Check if Fo	***			. 53	
54		e. If line 52 is less than the total of lines 49, 5				54	
55		yment. If line 52 is larger than the total of lin		rpaid		55	
56		e amount of line 55 you want: Credited to 20	-	iowenation (Refunded	► 56	
		Statements Regarding Certain			·		TyT n.
57	-	ime during the 2019 calendar year, did the o	=	=			Yes No
		nancial account (bank, securities, or other) i					
		Form 114, Report of Foreign Bank and Finan	iciai Accounts. If Yes, enter the narr	ie of the foreign co	untry		l l
	here						X
58	-	the tax year, did the organization receive a di		of, or transferor to	, a foreign trust?		X
F0	,	see instructions for other forms the organiza	•				
59		e amount of tax-exempt interest received or der penalties of perjury, I declare that I have examin-	<u> </u>	adules and statement	and to the best of my k	rnowledge and	helief it is true
Sign		rrect, and complete. Declaration of preparer (other th				thowleage and	bellet, it is true,
Here			l N DD:	ESIDENT A	AND CEO		iscuss this return with
		Signature of officer	Date Title	POIDFMI 1	TIND CEO	the preparer s instructions)?	hown below (see X Yes No
				Data	Charle		\[\(\tau_1 \)
		Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN	
Paid		LESLIE ROBERTS	LESLIE ROBERTS	04/20	self- employe		0040492
-	oarer		<u> </u>				-0504608
Use	Only	· · · · · · · · · · · · · · · · · · ·	CENTER DRIVE	nt	Firm's EIN	<u>▶ 54</u>	0304000
			EWS, VA 23606		Phone no.	/757\	873-1033
		Firm's address NEWPORT N	UND, VA 43000		Filolie IIO.	(101)	012-1033

923711 01-27-20

Schedule A - Cost of Good	s Sold Ento	mothod of invor	ton, valua	tion T.OM	TED (OF COST	OP 1	ľΔDI	K E ጥ	
1 Inventory at beginning of year		3,486		entory at end of year				6		2,798.
2 Purchases		94.	-	st of goods sold. Si			·····	•		<u>. , , , , , , , , , , , , , , , , , , ,</u>
3 Cost of labor				n line 5. Enter here						
4a Additional section 263A costs	····· •		_	2				7		782.
(attach schedule)	4a			the rules of section						Yes No
b Other costs (attach schedule)			-	perty produced or a	•	•	to		t	
5 Total. Add lines 1 through 4b		3,580			•					Х
Schedule C - Rent Income (see instructions)					Leas	ed With Rea	l Prop	perty	/)	'
1. Description of property										
(1)										
(2)										
(3)										
(4)										
		red or accrued				3(a)Deduction	o dirootly	oonnoo	tad with the i	noomo in
rent for personal property is more than of rent for				property (if the percent erty exceeds 50% or if profit or income)	age				ittach schedu	
(1)										
(2)										
(3)										
(4)										
Total	0.	Total			0.					
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, colum	n (A)	▶			0.	(b) Total deduct Enter here and on p Part I, line 6, colum	page 1.	•		0.
Schedule E - Unrelated De	bt-Financed	l Income (see	instructio	ns)						
				oss income from locable to debt-	Deductions directly connected with or allot to debt-financed property			erty		
1. Description of debt-f	inanced property			inced property	(a)	Straight line depreci (attach schedule)			(b) Other de (attach sch	
(1)			1					+		
(2)										
(3)										
(4)										
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fina	e adjusted basis allocable to anced property h schedule)		olumn 4 divided y column 5		7. Gross income reportable (column 2 x column 6)		(0	8. Allocable column 6 x tot 3(a) and	tal of columns
(1)				%						
(2)				%						
(3)				%						
(4)				%						
						nter here and on pag Part I, line 7, column			nter here and Part I, line 7, c	
Totals							0.			0.
Total dividends-received deductions in							_	1		0.

Schedule F - Interest,	,	,		Controlled O				,===10		,
1. Name of controlled organization	identif	nployer ication nber	3. Net unre	elated income instructions)	4 . Tot	tal of specified ments made			rolling	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organi	zations									
7. Taxable Income	8. Net unrelated incor (see instruction		9. Total	of specified payr made	nents	10. Part of colu in the controll gross	mn 9 tha ing orgai s income	nization's		ductions directly connected income in column 10
(1)										
(2)										
(3)										
(4)										
					,	Add colur Enter here and line 8,		e 1, Part I, A).	Enter h	d columns 6 and 11. ere and on page 1, Part I, line 8, column (B).
Totals College Annual		0- ::	F04/ *		>			0.		0.
Schedule G - Investme		Section	1 501(c)(7), (9), or	(1 /) Or	ganızatior	1			
	ription of income			2. Amount of	income	3. Deduction directly connected (attach scheduler)	ected	4. Set-	asides schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)						(attaon sone)	auic)			(coi. o pias coi. 4)
(2)										
(3)										
(4)										
(1)				Enter here and o Part I, line 9, co	on page 1, lumn (A).					Enter here and on page 1 Part I, line 9, column (B).
Totals			•		0.					0.
Schedule I - Exploited (see instru	Exempt Activity	y Incom	e, Othe	r Than Ad	vertisi	ing Income				
1. Description of exploited activity	2. Gross unrelated business income from trade or business	directly of with pro of unr	penses connected oduction elated s income	4. Net incomfrom unrelated business (cominus column gain, compute through	trade or lumn 2 n 3). If a e cols. 5	5. Gross incompressive from activity is not unrelated business incompressive from the following states of the following states in the following states of the following states	that ted	6. Exp attribut colur		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(2)										
(4)										
	Enter here and on page 1, Part I, line 10, col. (A).	page 1	re and on , Part I, col. (B).							Enter here and on page 1, Part II, line 25.
Totals ► Schedule J - Advertisi	ng Income (see	 netruction	0.							0.
	Periodicals Rep			solidated	Basis					
1. Name of periodical	2. Gross advertising income		3. Direct ertising costs	or (loss) (co col. 3). If a ga	ain, comput			6. Read		7. Excess readership costs (column 6 minus column 5, but not more
(1)				cols. 5 th	rough 7.					than column 4).
(2) (3)										
(3)										
(4)										
Totals (carry to Part II, line (5))	▶	0.	0	•						0 .
										Form 990-T (2019

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	0.		

FORM 990-T		OTHER DEDUC	TIONS	STATEMENT 1
DESCRIPTION				AMOUNT
DUES AND LIC POSTAGE SUPPLIES UTILITIES & FOOD & BEVEN FLOWERS & DO	OVERHEAD ALLOCAT: RAGE	ION		66. 5. 6. 19. 489. 11. 27. 75.
TOTAL TO FOR	RM 990-T, PAGE 1,	LINE 27		698.
FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/19	1,632.	0.	1,632.	1,632.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	1,632.	1,632.
FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/18	2,051.	0.	2,051.	2,051.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	2,051.	2,051.

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

<u>A</u>	For the	2020 calendar year, or tax year beginning OCT 1, 2020 and	ending L	DEC 31, 2020					
В	Check if applicable	C Name of organization		D Employer identific	cation number				
	Addres								
L	Name change	Doing business as		54-05418	54-0541801				
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 100 MUSEUM DRIVE	Room/suite	E Telephone numbe 757.591.					
	termin- ated			G Gross receipts \$	5,063,159.				
Г	Amend			H(a) Is this a group re					
F	lreturn □ Applica		Т						
	⊥ltiön pendin	SAME AS C ABOVE	_	for subordinates					
_				H(b) Are all subordinates in					
		mpt status: X 501(c)(3)	or 527	┥,	list. See instructions				
		e: WWW.MARINERSMUSEUM.ORG		H(c) Group exemptio					
		organization: X Corporation Trust Association Other ▶	L Year	of formation: 1930 N	1 State of legal domicile: VA				
Р		Summary							
ø	1 1	Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$ 1	MARINE	ERS' MUSEUM	AND PARK				
& Governance	1 1	CONNECTS PEOPLE TO THE WORLD'S WATERS, BI	ECAUSE	THROUGH TH	E WATERS -				
ž	2 (Check this box 🕨 📖 if the organization discontinued its operations or dispos	sed of more	e than 25% of its net as					
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	16				
<u>ت</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			16				
Ş		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			97				
ij		Total number of volunteers (estimate if necessary)			313				
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			18.				
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.				
_	1 -			Prior Year	Current Year				
•	8	Contributions and grants (Part VIII, line 1h)		10,486,177.	4,072,214.				
ηe				439,021.	85,101.				
Revenue		Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		420,814.	77,656.				
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		247,574.	59,372.				
				11,593,586.	4,294,343.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,850.	9,092.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
		Benefits paid to or for members (Part IX, column (A), line 4)		5,573,134.	1,484,912.				
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.				
en	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.				
꼾	b	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	2 701 202	722 002				
_	1/ (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,781,392.	733,002.				
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,360,376.	2,227,006.				
. (/		Revenue less expenses. Subtract line 18 from line 12		2,233,210.	2,067,337.				
Net Assets or Find Balances				eginning of Current Year	End of Year				
Set	20	Total assets (Part X, line 16)	1	37,860,374.	148,097,680.				
AA	21	Total liabilities (Part X, line 26)		11,530,135.	10,458,762.				
		Net assets or fund balances. Subtract line 21 from line 20	1	.26,330,239.	137,638,918.				
	art II	Signature Block							
		ties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is				
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparei	has any knowledge.					
Sig	ın	Signature of officer		Date					
Here HOWARD H. HOEGE III, PRESIDENT AND CEO									
		Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Paid LESLIE ROBERTS LESLIE ROBERTS 11/01/21 self-employed P00422004									
Preparer Firm's name BROWN, EDWARDS & COMPANY, LLP Firm's EIN 54-05									
	Only	Firm's address 701 TOWN CENTER DRIVE							
	-	NEWPORT NEWS, VA 23606		Phone no. (7	57) 873-1033				
Ma	y the IF	S discuss this return with the preparer shown above? See instructions			X Yes No				
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							

Pa	Check if Schedule O contains a response or note to any line in this Part III
1	Check if Schedule O contains a response or note to any line in this Part III
	THE MARINERS' MUSEUM AND PARK CONNECTS PEOPLE TO THE WORLD'S WATERS,
	BECAUSE THROUGH THE WATERS - THROUGH OUR SHARED MARITIME HERITAGE - WE
	ARE CONNECTED TO ONE ANOTHER.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	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 \$ 439,878 • including grants of \$
	EXHIBITIONS, COLLECTIONS, AND MAINTENANCE OF MUSEUM. APPROXIMATELY
	15,000 SERVED.
4b	(Code:) (Expenses \$ 484,031. including grants of \$ 9,092.) (Revenue \$ 10,220.)
	RESEARCH - COLLECTION AND MAINTENANCE OF CURRENT AND HISTORICAL BOOKS
	AND PERIODICALS, COLLECTION AND MAINTENANCE OF CURRENT AND HISTORICAL
	PHOTOGRAPHS, INFORMATION INQUIRIES ADDRESSED. APPROXIMATELY 1,000 INDIVIDUALS SERVED.
	INDIVIDUADO SERVED:
	
	F12 000
4c	(Code:) (Expenses \$ 513,289 · including grants of \$) (Revenue \$ 5,505 ·) PROGRAMS - PROGRAMS WITH SPECIAL STUDENT TOURS · APPROXIMATELY 2,500
	PROGRAMS - PROGRAMS WITH SPECIAL STUDENT TOURS. APPROXIMATELY 2,500 INDIVIDUALS SERVED.
	INDIVIDUADD DERVED:
	
A :1	Other pregram convices (Describe on Schodule O.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ 488, 233 • including grants of \$) (Revenue \$ 63,591 •)
<u>4e</u>	(Expenses \$ 400,233 • including grants of \$) (Revenue \$ 03,391 •) Total program service expenses ► 1,925,431 •
	Form 990 (2020)

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)?	1	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
Ū	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Па	-25	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40		x
	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	ا ــــــا		_~
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		x
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		 ^``
.5	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

16592702

Form 990 (2020) THE MARINERS ' MUSE Part IV Checklist of Required Schedules (continued)

			V	N	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
	Schedule J	23	Х		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a	Х		
b	Schedule K. If "No," go to line 25a	24b	X		
	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		Х	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X	
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? If "Yes," complete Schedule L, Part I	25a		Х	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				
		25b		х	
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l	
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV				
_	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>				
а	"Yes," complete Schedule L, Part IV	28a		х	
b	b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV				
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If				
	"Yes," complete Schedule L, Part IV	28c		Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				
	contributions? If "Yes," complete Schedule M	30	Х	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		х	
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and				
	Part V, line 1	34		X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	251			
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b			
30	If "Yes," complete Schedule R, Part V, line 2	36		х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI				
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?					
	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	Х		
Pai					
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>	
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 38		Yes	No	
ıa b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-			
	(gambling) winnings to prize winners?	1c	Х		

032004 12-23-20

Form **990** (2020)

Form 990 (2020) THE MARINERS ' MUSEUM 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 97							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За	Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b	Х					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account	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 A	ccounts (FBAR).							
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		6a		x				
	any contributions that were not tax deductible as charitable contributions?								
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
-	were not tax deductible?								
7	Organizations that may receive deductible contributions under section 170(c).	vices provided to the payor?	7a	х					
	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?								
	 b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 								
Ū	to file Form 8282?		7с		х				
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?								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		Х				
g									
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
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?									
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b						
10	Section 501(c)(7) organizations. Enter:	1							
а	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:	440							
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	11a							
D	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		12a						
	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.								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	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							
С	Enter the amount of reserves on hand	13c							
14a	· · · · · · · · · · · · · · · · · · ·		14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				,,				
	excess parachute payment(s) during the year?		15		X				
	If "Yes," see instructions and file Form 4720, Schedule N.				v				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X				
	If "Yes," complete Form 4720, Schedule O.		Гани	990	(0000)				

Form **990** (2020)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b 16								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1							
	officer, director, trustee, or key employee?	2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х					
6									
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		Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
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		х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х					
	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	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c	Х						
13	Did the organization have a written whistleblower policy?	13	Х						
14	Did the organization have a written document retention and destruction policy?	14	Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Х						
b	Other officers or key employees of the organization	15b	Х						
	If "Yes" to line 15a or 15b, describe the process in 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		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ►VA								
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	/) avail	able					
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d fina	ncial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	THE OFFICERS - 757.591.7701								
	100 MUSEUM DRIVE, NEWPORT NEWS, VA 23606								

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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.

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

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

(A) Name and title	(B) Average		(C) Position		(D) Reportable	(E) Reportable	(F) Estimated			
Name and the	hours per	box	(do not check more than on box, unless person is both a officer and a director/trustee		h an	compensation	compensation	amount of		
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer Officer		Highest compensated supplying employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) HOWARD HOEGE	40.00									00 100
PRESIDENT & CEO	40.00			Х				222,087.	0.	23,193.
(2) ALLISON DRESSLER	40.00					l		105 046	•	10 600
CHIEF FINANCIAL OFFICER	4.0.00					Х		105,846.	0.	18,603.
(3) NELSON FORBES	40.00					l		105 046	•	46 550
VP COLLECTIONS, CHIEF CURATOR	4.0.00					Х		105,846.	0.	16,552.
(4) DANIEL ARCHIBALD	40.00							405 600		4.4.055
SENIOR DIRECTOR, TECH AND DATA ANALY						Х		105,689.	0.	14,057.
(5) KEITH VANDER VENNET	1.00									
CHAIRMAN OF THE BOARD		Х		Х				0.	0.	0.
(6) MARGARET PODLICH	1.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(7) EDWARD HEIDT JR	1.00									
TREASURER		Х		Х				0.	0.	0.
(8) JOHN R LAWSON II	1.00									
SECRETARY		Х		Х				0.	0.	0.
(9) T. JAMES BAYNE	1.00	l								
TRUSTEE	1 00	Х						0.	0.	0.
(10) ADMIRAL HAROLD BERNSEN	1.00	l								
TRUSTEE	1 00	Х						0.	0.	0.
(11) JENNIFER BOYKIN	1.00									
TRUSTEE	1 00	Х						0.	0.	0.
(12) KENNETH CROFTON	1.00								0	•
TRUSTEE	1 00	Х						0.	0.	0.
(13) KEVIN FEWSTER	1.00							_	0	•
TRUSTEE	1 00	Х						0.	0.	0.
(14) C. CHRIS HALL	1.00							_	0	•
TRUSTEE	1 00	Х						0.	0.	0.
(15) JERRY MILLER	1.00	,,						_	_	•
TRUSTEE	1 00	Х				\vdash		0.	0.	0.
(16) HENRY MORRIS	1.00	,,						_	_	•
TRUSTEE	1 00	Х	_	H	_			0.	0.	0.
(17) TINA MORRIS	1.00	\ \ -						_	_	•
TRUSTEE 032007 12-23-20		Х						0.	0.	0 • Form 990 (2020)

Form **990** (2020)

Part VII Section A. Officers, Directors, Tru		pio <u>y</u>	/ees			igne	St C			\neg		(F)	
(A)	(B) (C) Average Position					1		(D)	(E)		г-	(F)	
Name and title	hours per		not c	heck	more	than		Reportable compensation	Reportable compensation			timat nount	
	week					or/trus		from	from related			other	
	(list any	ctor						the	organizations			pens	
	hours for	r dire				ted		organization	(W-2/1099-MISC	.)	fr	om th	ne
	related	stee o	rustee			eu sa		(W-2/1099-MISC)			•	aniza	
	organizations below	al tru	onal t		loyee	comp						d rela	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizat	ions
/10\ COMBAY CUETID TIT	1.00	=	Ë	5	\$	主旨	요			+			
(18) CONWAY SHEILD III TRUSTEE	1.00	X						0.	(0.			0.
(19) KEVIN SWANN	1.00	^						0.		' +			0.
TRUSTEE	1.00	X						0.	(0.			0.
(20) THE HONORABLE FRANK WAGNER	1.00	<u> </u>				\vdash		0.		' +			<u> </u>
TRUSTEE	1.00	X						0.	(0.			0.
TRUSTEE		<u> </u>				-		0.		' +			0.
		1											
						\vdash				+			
		1											
		\vdash	-	\vdash	\vdash	+	\vdash			+			
		1											
						\vdash				+			
		-											
						\vdash				+			
		1											
						\vdash				+			
		-											
dh Cubtatal			<u> </u>			<u> </u>	┖	539,468.		0.	7	2 /	05.
1b Subtotal								0.		0.		4,4	0.
c Total from continuation sheets to Part \								539,468.		0.	7	2 /	05.
d Total (add lines 1b and 1c)										<i>y</i> •		4,7	:05.
2 Total number of individuals (including but	not limited to tr	iose	IISTE	eu ai	DOV	e) wi	10 r	eceived more than \$100	,000 of reportable				4
compensation from the organization												Yes	No
3 Did the organization list any former office	director trust	00	kov.	amn	lovo		r bio	shoet componented omr	lovoo on				110
line 1a? If "Yes," complete Schedule J for											3		Х
4 For any individual listed on line 1a, is the s								har companyation from					
and related organizations greater than \$15	•							•	•		4	Х	
5 Did any person listed on line 1a receive or													
rendered to the organization? If "Yes," con	=				-			ted organization or indivi	dual for services		5		х
Section B. Independent Contractors	ripicte dericadi	C 0 1	01 30	ucn	pers	3011							1
1 Complete this table for your five highest c	ompensated in	dene	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of comp	ensat	tion f	rom	
the organization. Report compensation fo		-								55			
(A)	<u> </u>	-		<u>.</u>		<u> </u>		(B)			(C	<u></u>	
Name and busines	s address	N	INC	Ξ				Description of s	ervices	Co		nsatio	on
2 Total number of independent contractors	(including but r	ot li	mite	d to	tho	se li	stec	d above) who received m	ore than				
\$100,000 of compensation from the organ						0		·					
										F	orm (990	(2020)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 16,713. **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d 1,501,947. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 2,553,554 similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 4,072,214. h Total. Add lines 1a-1f **Business Code** 900099 9,925. 9,925. 2 a PHOTOGRAPHY Program Service Revenue 6,438. 6,438. b MEMBERSHIP FEES-PROGRA 900099 **EDUCATION PROGRAM FEES** 611710 5,150. 5,150. 900099 63,588. 63,588. f All other program service revenue 85,101. g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 58,815. 58,815. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 58,483. 6 a Gross rents 0. **b** Less: rental expenses ... 58,483. c Rental income or (loss) 58,483 58,483. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 7a 785,355. assets other than inventory b Less: cost or other basis 7b | 766,514. Other Revenue and sales expenses 18,841. c Gain or (loss) 18,841. 18,841. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses _____ c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 3,191 and allowances 2,302. **b** Less: cost of goods sold 889. 871. 18. c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d ... 85,972. 18. 4,294,343. 136,139. Total revenue. See instructions 12

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).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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				
2	individuals. See Part IV, line 22	9,092.	9,092.		
3	Grants and other assistance to foreign	3,032.	3,032.		
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees	54,288.	10,858.	16,286.	27,144
6	Compensation not included above to disqualified	,	, , , , , , , , , , , , , , , , , , , ,	, , ,	,
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,120,985.	991,951.	37,506.	91,528
8	Pension plan accruals and contributions (include	, :,:::	- ,	. ,	- ,
•	section 401(k) and 403(b) employer contributions)	44,885.	38,142.	2,192.	4,551
9	Other employee benefits	179,891.	152,864.	8,786.	18,241
10	Payroll taxes	84,863.	72,113.	4,145.	8,605
11	Fees for services (nonemployees):			,	<u> </u>
a					
b		16,695.	14,692.	1,880.	123
c		1,575.	1,384.	179.	12
	Lobbying		•		
е	D (' 1(1 ' ' ' O D ' N' I' 47				
f	Investment management fees				
g	// //				
_	column (A) amount, list line 11g expenses on Sch O.)	61,298.	58,753.	2,295.	250
12	Advertising and promotion	4,670.	3,009.		1,661
13	Office expenses	67,587.	54,560.	2,508.	10,519
14	Information technology	49,401.	43,407.	5,627.	367
15	Royalties				
16	Occupancy	207,138.	183,497.	22,193.	1,448
17	Travel	10,546.	9,267.	1,201.	78
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,060.	807.	59.	194
20	Interest	54,637.	54,637.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,501.	12,401.	3,100.	
23	Insurance	19,087.	17,599.	1,397.	91
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	OTHER EXPENSE	136,593.	113,421.	22,143.	1,029
b	REPAIRS AND MAINTENANCE	53,602.	49,365.	3,978.	259
С	EXHIBITION COSTS	31,696.	31,696.		
d	EVENT AND PROGRAM COSTS	1,916.	1,916.		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,227,006.	1,925,431.	135,475.	166,100
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Га	IL A	balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			<u> </u>
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			234,061.	1	298,584.
	2	Savings and temporary cash investments			3,971,890.	2	4,556,634.
	3	Pledges and grants receivable, net	702,081.	3	1,559,121.		
	4	Accounts receivable, net			52,094.	4	74,163.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the			5		
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons describe				6	
ι	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			133,884.	8	130,137.
As	9	Prepaid expenses and deferred charges			51,176.	9	27,757.
		Land, buildings, and equipment: cost or other	i i				
		basis. Complete Part VI of Schedule D	10a	68,770,096.			
	Ь	Less: accumulated depreciation	10b	44,329,094.	24,362,069.	10c	24,441,002.
	11	Investments - publicly traded securities			14,860,839.	11	15,409,542.
	12	Investments - other securities. See Part IV, line			, ,	12	.,, .
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	93,492,280.	15	101,600,740.		
	16	Total assets. Add lines 1 through 15 (must equ			137,860,374.	16	148,097,680.
	17	Accounts payable and accrued expenses			546,981.	17	548,102.
	18	Grants payable	·	18			
	19	Deferred revenue		4,226,602.	19	3,157,264.	
	20	Tax-exempt bond liabilities			6,720,000.	20	6,720,000.
	21	Escrow or custodial account liability. Complete			· · · · · · · · · · · · · · · · · · ·	21	
ý	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
abil		controlled entity or family member of any of the				22	
Ë	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D	– .,		36,552.	25	33,396.
	26	Total liabilities. Add lines 17 through 25			11,530,135.		10,458,762.
		Organizations that follow FASB ASC 958, che					
Ses		and complete lines 27, 28, 32, and 33.		,			
au	27	Net assets without donor restrictions			24,700,266.	27	25,661,188.
Bal	28	Net assets with donor restrictions			101,629,973.	28	111,977,730.
nd		Organizations that do not follow FASB ASC 9					
Ē		and complete lines 29 through 33.					
Š	29	Capital stock or trust principal, or current funds			29		
set	30	Paid-in or capital surplus, or land, building, or ed				30	
As	31	Retained earnings, endowment, accumulated in		ľ		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		126,330,239.	32	137,638,918.	
~	33	Total liabilities and net assets/fund balances			137,860,374.	33	148,097,680.
	1 00	Total habilities and not assets/fully baldifices			= 2 : , 2 3 3 , 3 ; 1 4	_ 55	Form 990 (2020)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
				00		4.0		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	, 29	4,3	43.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		, 22		$\frac{06.}{37.}$		
3								
4								
5	5 Net unrealized gains (losses) on investments 5							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B)) 10 137							
Part XII Financial Statements and Reporting								
Check if Schedule O contains a response or note to any line in this Part XII								
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.								
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c		1		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule C).					
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit								
Act and OMB Circular A-133?								
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		lit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				
	· · · · · · · · · · · · · · · · · · ·			Form	990	(2020)		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

THE MARINERS' MUSEUM 54-0541801 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s).

(i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

(iv) Is the organization listed

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.)

	on A. Public Support									
Calenda	ır year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
1 Gif	fts, grants, contributions, and									
me	embership fees received. (Do not									
inc	clude any "unusual grants.")	5,518,247.	6,475,925.	5,785,720.	10,492,893.	4,072,214.	32,344,999.			
2 Ta	x revenues levied for the organ-						_			
iza	ation's benefit and either paid to									
or	expended on its behalf									
3 Th	e value of services or facilities									
fur	rnished by a governmental unit to									
the	e organization without charge									
4 To	otal. Add lines 1 through 3	5,518,247.	6,475,925.	5,785,720.	10,492,893.	4,072,214.	32,344,999.			
5 Th	e portion of total contributions									
by	each person (other than a									
go	overnmental unit or publicly									
su	pported organization) included									
on	line 1 that exceeds 2% of the									
am	nount shown on line 11,									
со	olumn (f)						5,020,815.			
6 Pu	ablic support. Subtract line 5 from line 4.						27,324,184.			
Section	on B. Total Support									
Calenda	ar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
7 An	nounts from line 4	5,518,247.	6,475,925.	5,785,720.	10,492,893.	4,072,214.	32,344,999.			
8 Gr	oss income from interest,						_			
div	vidends, payments received on									
se	curities loans, rents, royalties,									
an	id income from similar sources	868,585.	526,506.	747,037.	632,205.	117,298.	2,891,631.			
	et income from unrelated business									
ac ⁻	tivities, whether or not the									
	isiness is regularly carried on									
10 Ot	her income. Do not include gain									
or	loss from the sale of capital									
as	sets (Explain in Part VI.)	16,204.	3,731,432.				3,747,636.			
11 To	otal support. Add lines 7 through 10						38,984,266.			
12 Gr	oss receipts from related activities,	etc. (see instruction	ons)			12 3	,078,362.			
13 Fir	rst 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)				
org	ganization, check this box and stop	here					> □			
Section	on C. Computation of Publ	ic Support Pe	rcentage							
14 Pu	ıblic support percentage for 2020 (l	ine 6, column (f), d	ivided by line 11,	column (f))		14	70.09 %			
15 Pu	ublic support percentage from 2019	Schedule A, Part	II, line 14			15	71.95 %			
16a 33	3 1/3% support test - 2020. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this bo				
sto	op here. The organization qualifies	as a publicly supp	orted organization				►X			
b 33	3 1/3% support test - 2019. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box			
an	d stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□			
17a 10	17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,									
an	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization									
me	eets the facts-and-circumstances te	est. The organization	on qualifies as a pu	ublicly supported o	organization		▶□			
b 10	% -facts-and-circumstances tes	t - 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or			
mo	ore, and if the organization meets th	ne facts-and-circun	nstances test, che	ck this box and st	op here. Explain ir	n Part VI how the				
orç	ganization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	▶□			
18 Pri	ivate foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	and see instructions	s ▶□			

Schedule A (Form 990 or 990-EZ) 2020

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	ow, picase com	ipiete i art ii.j				
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and	(-,	(-,	(=,====	(-,,	(-,	(-)
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose 3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5		1		1		
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ► 🔼	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)14 First 5 years. If the Form 990 is for the	organization's (irot accord third	fourth or fifth toy	Lucar as a socian	F01(a)(2) arganizat	ion
	-			•		
Section C. Computation of Public						
15 Public support percentage for 2020 (lin			column (f))		15	%
16 Public support percentage from 2019 S					16	%
Section D. Computation of Invest					1 10 1	70
17 Investment income percentage for 202					17	%
18 Investment income percentage from 20					18	%
19a 33 1/3% support tests - 2020. If the o						
more than 33 1/3%, check this box and						▶□
b 33 1/3% support tests - 2019. If the o						and
line 18 is not more than 33 1/3%, chec	•			·	•	
20 Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		<u> </u>
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u> </u>
Seci	ion C. Type II Supporting Organizations		I.,	
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
	ion D. All Type III Supporting Organizations			<u> </u>
-	1917 III 1900 III Gupporting Grganizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion 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 yea(see instruction	ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	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.

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

Schedule A (Form 990 or 990-EZ) 2020

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continu	ued)	
	ion D - Distributions		ŢOOTTENT TO		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				

Schedule A (Form 990 or 990-EZ) 2020

and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2021. Add lines 3j

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2016 **b** Excess from 2017 c Excess from 2018 d Excess from 2019 e Excess from 2020

	line 1; F Section	Part IV, Se	ection D, lin 5, 6, and 8;	ies 2 and	3; Part IV	/, Section E, lir	nes 1c,	, 2a, 2b,	3a, and	art IV, Section B 3b; Part V, line this part for any	1; Part V, Sect	; Part IV, Section C, ion B, line 1e; Part V, ormation.
SCH A	, PAR	T II,	SECT	ION A	A, LI	NE 1E						
2020	IS A	SHORT	-YEAR	. EI	FECT	IVE 10/	1/20	O, T	HE MZ	ARINERS'	MUSEUM	CHANGED
TO A	12/31	YEAR	-END.	THE	2020	RETURN	IS	FOR	THE	3-MONTH	PERIOD	10/1/20
- 12/	31/20	•										

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number Name of the organization

THE MARINERS' MUSEUM 54-0541801 Organization type (check one):

Organization type (check o	ne).	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	90 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.	
General Rule		
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.	
Special Rules		
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.	
contributor, during literary, or education	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering) instead of the contributor name and address), II, and III.	
year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \bigsim \$\$	
but it must answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-FZ, or 990-PF).	

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

THE MARINERS' MUSEUM

54-0541801

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
1		\$ 440,310. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		\$ 644,790. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 3	Name, address, and ZIP + 4	\$ 162,275. Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
	Name, address, and ZIP + 4	\$ 253,063. Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		\$\$ Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6	Turney addit 200, und 201 1 1	\$ 100,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE MARINERS' MUSEUM

54-0541801

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 1,043,282.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 458,665.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE MARINERS' MUSEUM

54-0541801

Part II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization **Employer identification number** 54-0541801 THE MARINERS' MUSEUM Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE MARINERS' MUSEUM

Employer identification number 54-0541801

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		
		(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 for	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose conf	ferring
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		2c
a	Number of conservation easements included in (c) acquired		
•	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	anization during the tax
4	Number of states where property subject to concernation as	nament is leasted	
4 5	Number of states where property subject to conservation ea	<u> </u>	
3	Does the organization have a written policy regarding the pe violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	b	, mandling of violations, and emoroting conserve	ation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
-	▶ \$	amig or molations, and emercing contentation	caceee aag and year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
	balance sheet, and include, if applicable, the text of the foot	·	
	organization's accounting for conservation easements.	<u>-</u>	
Pai	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and b	palance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in furthe	rance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and balar	nce sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furtherar	nce 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 tre	easures, or other similar assets for financial gai	n, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2020

032051 12-01-20

Sche	edule D (Form 990) 2020 THE MAR	INERS' MU	SEUM				ļ	54-05	41801	Page 2
Pai	rt III Organizations Maintaining C	ollections of	Art, His	torical Tr	easures,	or Other	Simila	ar Asse	ts(continu	ed)
3	Using the organization's acquisition, accession	on, and other rec	ords, chec	k any of the	following tha	at make sig	gnificant	use of its		
	collection items (check all that apply):									
а	X Public exhibition		d X	Loan or excl	hange progr	am				
b	X Scholarly research		e X	Other PU	BLICAT	IONS	(B001	KS, M	OVIES	
С	X Preservation for future generations									
4	Provide a description of the organization's co	llections and exp	lain how th	ney further th	he organizat	ion's exem	pt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit or	receive donation	ns of art, hi	storical trea	sures, or oth	er similar a	assets			
	to be sold to raise funds rather than to be ma	intained as part	of the orga	nization's co	ollection?				Yes	X No
Pai	rt IV Escrow and Custodial Arrang	gements. Com	plete if the	organizatio	n answered	"Yes" on F	orm 990), Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intern	nediary for	contribution	s or other as	sets not ir	ncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a									
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo					ount liability	y?		Yes	□ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the	explanation	on has been	provided on	Part XIII				
Pai	rt V Endowment Funds. Complete if	the organization	answered	"Yes" on Fo	rm 990, Par	t IV, line 10).			
		(a) Current year	(b) F	rior year	(c) Two yea	rs back (c	1) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance	13,608,36	6. 8	,506,696.	10,89	6,096.	13,3	24,872.	13,6	28,989.
b	[643,13	6. 5	,533,426.	70	6,451.	2	61,334.		
С	Net investment earnings, gains, and losses	545,83	6. 1	,088,859.	22	4,755.	708,68		1,0	52,902.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	166,23	9. 1	,520,615.	3,32	0,606.	3,3	98,790.	1,3	57,019.
f	Administrative expenses									
g	End of year balance	14,631,09	9. 13	,608,366.	8,50	6,696.	10,8	96,096.	13,3	24,872.
2	Provide the estimated percentage of the curre	ent year end bala	ance (line 1	g, column (a	a)) held as:	•				
а	Board designated or quasi-endowment	39.5800	%							
b	Permanent endowment ► 60.4200	%								
С	Term endowment ▶ 9	6								
	The percentages on lines 2a, 2b, and 2c should	uld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the orga	nization tha	at are held a	nd administe	ered for the	e organiz	zation		
	by:								Y	es No
	(i) Unrelated organizations								3a(i)	X
										X
b	If "Yes" on line 3a(ii), are the related organizate	tions listed as red	quired on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's er	ndowment	funds.						
Pai	rt VI Land, Buildings, and Equipm	ent.								_
	Complete if the organization answered	l "Yes" on Form 9	990, Part I\	/, line 11a. S	See Form 990	0, Part X, li	ne 10.			
	Description of property	(a) Cost o	r other	(b) Cost	or other	(c) Acc	cumulate	ed	(d) Book	value
		basis (inve	stment)		(other)	depr	eciation			
1a	Land				5,993.				1,995	
	Buildings			54,01	6,073.	34,3	17,4!	55. 1	9,698	,618.
	Leasehold improvements									
d				7,16	5,011.		70,03			,999.
е	Other			5,59	3,019.	3,4	41,62	27.	2,151	,392.

Schedule D (Form 990) 2020

24,441,002.

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

	RS' MUSEUM	54	-0541801 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Ye			
(a) Description of security or category (including name of security	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	+		
Part VIII Investments - Program Related.			
	all are Farms 000. Doublive line	adda Caa Farra 000 Dark V lina 10	
Complete if the organization answered "Ye (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
	(b) DOOK Value	(c) Method of Valdation. Cost of end	u-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>		
Part IX Other Assets.			
Complete if the organization answered "Ye		e 11d. See Form 990, Part X, line 15.	
	a) Description		(b) Book value
(1) FUNDS HELD IN TRUST BY O	THERS - SEE S	CHEDULE O	101,600,740.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	ine 15.)	•	101,600,740.
Part X Other Liabilities.	,	· · · · · · · · · · · · · · · · · · ·	<u> </u>
Complete if the organization answered "Ye	s" on Form 990, Part IV, line	e 11e or 11f. See Form 990. Part X. line 25	5.
1. (a) Description of liability	, ,	, ,	(b) Book value
(1) Federal income taxes			
(2) CHARITABLE GIFT ANNUITIE	S		33,396.
			33,330
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

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...

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Schedule D (Form 990) 2020

33,396.

		Reconciliation of Revenue per Audited Financial Stater	ments With Rev	enue ner Return	C .
ı u		Complete if the organization answered "Yes" on Form 990, Part IV, line 1:		ende per netam.	
1		evenue, gains, and other support per audited financial statements		1	
2		nts included on line 1 but not on Form 990, Part VIII, line 12:			
		realized gains (losses) on investments	2a		
a b		ed services and use of facilities			
c d		eries of prior year grants			
-		(Describe in Part XIII.) nes 2a through 2d		20	
e		•			
3		act line 2e from line 1 ats included on Form 990, Part VIII, line 12, but not on line 1:			
4			4a		
a		ment expenses not included on Form 990, Part VIII, line 7b			
b		(Describe in Part XIII.) nes 4a and 4b		40	
c					
5 Pa		evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State			
· u		Complete if the organization answered "Yes" on Form 990, Part IV, line 1:	•	sended per rietarn.	
1		expenses and losses per audited financial statements		1	
2		nts included on line 1 but not on Form 990, Part IX, line 25:		····	
a		ed services and use of facilities	2a		
b		ear adjustments			
	Other I				
d		(Describe in Part XIII.)			
e				2e	
3		nes 2a through 2d nct line 2e from line 1			
4		nts included on Form 990, Part IX, line 25, but not on line 1:			
a		ment expenses not included on Form 990, Part VIII, line 7b	4a		
a b		(Describe in Part XIII.)			
C		, , , , , , , , , , , , , , , , , , ,		4c	
5		nes 4a and 4b expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			
		Supplemental Information.		J	
	,	eapproments information			

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

PART III, LINE 1A:

THE MUSEUM MAINTAINS SIGNIFICANT COLLECTION ASSETS, INCLUDING MODELS, SMALL CRAFTS, PRINTS, PAINTINGS, BOOKS, PHOTOGRAPHS, AND NAVIGATION INSTRUMENTS. IN ACCORDANCE WITH INDUSTRY PRACTICE, THE VALUE OF THE COLLECTION HAS BEEN EXCLUDED FROM THE STATEMENT OF FINANCIAL POSITION. ONLY CURRENT YEAR PURCHASES AND PROCEEDS FROM SALE ARE REFLECTED IN THE STATEMENT OF ACTIVITIES. IT IS THE POLICY OF THE MUSEUM THAT PROCEEDS FROM THE SALE OF ANY COLLECTION ITEMS ARE TO BE USED FOR THE ACQUISITION OF OBJECTS FOR THE PERMANENT COLLECTIONS OR FOR THE CONSERVATION OR MAINTENANCE OF ITEMS CURRENTLY OWNED BY THE MUSEUM BY EXTERNAL CONSERVATORS.

Schedule D (Form 990) 2020

Part XIII Supplemental Information (continued)
PART III, LINE 4:
THE COLLECTION INCLUDES MARITIME RELATED OBJECTS AND EPHEMERA USED FOR
EDUCATIONAL PURPOSES.
PART V, LINE 4:
THE MARINERS' MUSEUM ENDOWMENT (ENDOWMENT) WAS ESTABLISHED TO SUPPORT ITS
MISSION. THE ENDOWMENT SUBSTANTIALLY CONTRIBUTES TO THE GROWTH, FINANCIAL
SECURITY AND THE LONG-TERM STABILITY OF THE MUSEUM. SCHEDULE D ON THE 990
INCLUDES BOARD DESIGNATED FUNDS (QUASI-ENDOWMENTS).
SCHEDULE D, PART XI AND PART XII
AN AUDIT WAS COMPLETED ON THE MARINERS' MUSEUM FINANCIAL STATEMENTS FOR
THE 15-MONTH PERIOD 10/1/2019 - 12/31/2020. THERE WAS NO SEPARATE AUDIT
FOR THE SHORT-YEAR 3-MONTH PERIOD COVERED BY THIS TAX RETURN.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of	f the organization							Employer identification number
		ERS' MUSE	UM					54-0541801
Part I	General Information on Grants a	nd Assistance						
	oes the organization maintain records		-		-			
cr	iteria used to award the grants or assi	stance?						X Yes No
2 D	escribe in Part IV the organization's pro	ocedures for monit	toring the use of grant	funds in the Unite	d States.			
Part II		_				anization answered "\	Yes" on Form 990, Par	t IV, line 21, for any
	recipient that received more than					(f) Mathead of	1	1
1 (a	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	nter total number of section 501(c)(3) a			ne line 1 table			1	\

Part III can be duplicated if additional space is needed.	(h) Nivershau at	(a) Amount of	(4) Amount of non	(-) Made and of contradicts	(f) Description of named assistance
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
GRANTS TO INTERNS IN ORDER TO TRAIN AND EMPLOY					
COLLEGE-LEVEL STUDENTS IN THE AREAS OF EDUCATION,					
CONSERVATION, COLLECTIONS AND MARKETING TO					
CULTIVATE THEIR INTEREST IN WORKING IN THE MUSEUM	3	9,092.	0.		
Part IV Supplemental Information. Provide the information red	uired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	
PART III, COLUMN (A):					
(A) TYPE OF GRANT OR ASSISTANCE: 0	RANTS TO	INTERNS I	N ORDER TO	TRAIN AND	
EMPLOY COLLEGE-LEVEL STUDENTS IN T	HE AREAS	OF EDUCAT	ION, CONSE	RVATION,	
COLLECTIONS AND MARKETING TO CULTI	VATE THE	IR INTERES	T IN WORKI	NG IN THE	
MUSEUM FIELD.					

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Part I

THE MARINERS' MUSEUM

Questions Regarding Compensation

Employer identification number 54-0541801

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		Х
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.			
	Compensation committee X Written employment contract			
	X Independent compensation consultant			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Degulations agation F2 4059 G(a)2	0	l	I

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

Schedule J (Form 990) 2020

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(B)(i)-(D)	reported as deferred on prior Form 990
(1) HOWARD HOEGE	(i)	222,087.	0.	0.	6,498.	16,695.	245,280.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.		0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							<u> </u>

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.

PART I, LINE 1A:

THE MUSEUM BUILT A RESIDENCE IN THE 1940'S AS A GUEST HOUSE FOR VISITING

DIGNITARIES, OUT OF TOWN TRUSTEES AND OTHER GUESTS OF THE MUSEUM. THE

PRESIDENT AND CEO LIVES IN THE HOUSE TO ACT AS HOST TO THESE GUESTS AND TO

SPONSOR EVENTS FOR THE MUSEUM AND THE LOCAL COMMUNITY. THIS INCLUDES FUND

RAISING ACTIVITIES AND MEETINGS.

PART I, LINE 1B:

THE MUSEUM BY-LAWS PROVIDE THE WRITTEN POLICY FOR USE OF THE MUSEUM HOUSE

AS A RESIDENCE FOR THE PRESIDENT AND CEO. THIS DOCUMENT GIVES THE EXECUTIVE

COMMITTEE OF THE BOARD OF TRUSTEES THE AUTHORITY TO SET THE COMPENSATION OF

THE CEO. THE CHAIRMAN OF THE BOARD, ACTING ON THIS AUTHORITY, ISSUES AN

ANNUAL LETTER TO THE CEO THAT DETAILS HIS COMPENSATION BASED ON HIS

PERFORMANCE. A PERCENTAGE OF THE TAX BENEFIT IS NOT CHARGED TO THE

PRESIDENT AND CEO.

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI.

Attach to Form 990.

Attach to Form 990.

Attach to Form 990.

2020
Open to Public Inspection

Employer identification number

Name of the organization

THE MARINERS' MUSEUM 54-0541801 SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS Part I **Bond Issues** (c) CUSIP# (g) Defeased (h) On behalf (i) Pooled (a) Issuer name (b) Issuer EIN (d) Date issued (e) Issue price (f) Description of purpose of issuer financing Yes Yes No No Yes No ECONOMIC DEVELOPMENT REFINANCE NOTE 03/14/12 9,600,000.DTD 10/1/05 USED A AUTHORITY OF LANCASTER C54-6001382 NONE Х Х X С D Part II Proceeds В С D Α

	· · · · · · · · · · · · · · · · · · ·		1	L			,	L	<u>, </u>
_1	Amount of bonds retired								
2	Amount of bonds legally defeased								
_3	Total proceeds of issue								
_4	Gross proceeds in reserve funds								
_5	Capitalized interest from proceeds								
_6	Proceeds in refunding escrows								
_ 7	Issuance costs from proceeds								
_8	Credit enhancement from proceeds								
_9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or,								
	if issued prior to 2018, a current refunding issue)?		X						
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if								
	issued prior to 2018, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the								
	final allocation of proceeds?		X						

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

Schedule K (Form 990) 2020

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

Schedule K (Form 990) 2020 THE MARINERS' MUSEUM			54-0	0541801	L			Page
Part IV Arbitrage (continued)								
	-	1		3				
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the							'	
requirements of section 148?		X						
Part V Procedures To Undertake Corrective Action								
		١	E	3	C D)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the							'	
voluntary closing agreement program if self-remediation isn't available under							'	
applicable regulations?		X						
Part VI Supplemental Information. Provide additional information for responses to questions	s on Schedul	e K. See insti	ructions.					
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME:								
ECONOMIC DEVELOPMENT AUTHORITY OF LANCASTER COUN	TY, VII	RGINIA						
(F) DESCRIPTION OF PURPOSE:								
REFINANCE NOTE DTD 10/1/05 USED TO CONSTRUCT EXH	IBIT A	ND USS	MONITOR	R CENTI	ER			
SCHEDULE K, SUPPLEMENTAL INFORMATION: OTHER SPEN		EEDS RE	PRESENT	Г				
AMOUNTS TO REFINANCE ORIGINAL NOTE ISSUED 10/1/0	5.							

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization THE MARINERS' MUSEUM **Employer identification number** 54-0541801

Par	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported or				·e
		арріючью	items contributed	Form 990, Part VIII, line	1g	ation a	nount	
1	Art - Works of art							
2	Art - Historical treasures	X	153					
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
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 28	Other () Other ()							
29	Number of Forms 8283 received by the organiz	zation durin	a the tay year for a	eontributions				
23	for which the organization completed Form 828						2	
	To Whom the organization completed from 520	30,1 4,1 1, 1					Yes	No
30a	During the year, did the organization receive by	/ contribution	on any property rei	oorted in Part I. lines 1 th	rough 28. that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?		•	•		30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard con	tributions?	31	Х	
32a	Does the organization hire or use third parties of							
	contributions?					32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is	checked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, LINE 32B:
FROM TIME TO TIME, THE MUSEUM WILL SEND WORKS OF ART TO AUCTION FOR
SALE. PROCEEDS FROM THESE SALES ARE RESTRICTED TO FUTURE ACQUISITION
AND DIRECT CARE OF OBJECTS FOR THE COLLECTION.
SCHEDULE M, LINE 33:
BEGINNING IN 2008, UNDER THE PROVISION OF SFAS NO. 116, THE VALUE OF
THE COLLECTION HAS BEEN EXCLUDED FROM THE STATEMENT OF FINANCIAL
POSITION. THUS, THE VALUE OF DONATED COLLECTION ITEMS ARE EXCLUDED
FROM REVENUE.
FAIR MARKET VALUES OF THE DONATED HISTORICAL TREASURES RECEIVED FROM
OCTOBER 1, 2020 THROUGH DECEMBER 31, 2020 FOR WHICH THE ORGANIZATION
COMPLETED FORMS 8283 ARE APPROXIMATELY \$778,525.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

THE MARINERS' MUSEUM

Employer identification number 54-0541801

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THROUGH OUR SHARED MARITIME HERITAGE - WE ARE CONNECTED TO ONE ANOTHER.

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

CONSERVATION - MAINTENANCE OF CURRENT AND HISTORICAL COLLECTIONS AND

ARTIFACTS.

REVIEW.

EXPENSES \$ 488,233. INCLUDING GRANTS OF \$ 0. REVENUE \$ 63,591.

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

DRAFT COPY OF THE ORGANIZATION'S FROM 990 IS SENT TO EVERY TRUSTEE FOR

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

THE ORGANIZATION'S BOARD REVIEWS THE CONFLICT OF INTEREST POLICY, PROVIDE QUESTIONNAIRES FOR THE BOARD MEMBERS TO REPORT CONFLICTS OF INTEREST, REPORT ON ANY FINDINGS OF CONFLICTS OF INTERESTS.

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

THE ORGANIZATION'S BOARD OF TRUSTEES REVIEWS AND APPROVES THE COMPENSATION OF THE TOP MANAGEMENT OFFICIAL AND OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC FOR REVIEW UPON

REQUEST.

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

Employer identification number

THE MARINERS' MUSEUM 54-0541801 SCHEDULE D, PART IX OTHER ASSETS - FUNDS HELD IN TRUST BY OTHERS FUNDS HELD IN TRUST BY OTHERS CONSIST PRIMARILY OF IRREVOCABLE TRUSTS ESTABLISHED BY THE MUSEUM FOUNDER, ARCHER M. HUNTINGTON, WHICH ARE CLASSIFIED AS PERMANENTLY RESTRICTED. THE TRUSTS ARE NOT-FOR-PROFIT SUPPORTING ORGANIZATIONS. THE MUSEUM RECEIVES CONTRIBUTIONS BASED ON DISTRIBUTIONS OF INVESTMENT INCOME FROM THE SECURITIES HELD BY THE TRUSTS. THESE CONTRIBUTIONS ARE BASED ON INVESTMENT INCOME, NET OF EXPENSES, REALIZED AND UNREALIZED GAINS AND LOSSES. THE TRUSTEES OF THE HUNTINGTON TRUSTS HAVE ADOPTED A TOTAL RETURN POLICY WHICH DISTRIBUTES 5% OF THE ROLLING AVERAGE MARKET VALUE OF THE HUNTINGTON TRUSTS, USING QUARTER END VALUE OF THE PRECEDING TWELVE QUARTERS ENDING WITH SEPTEMBER 30 OF THE CURRENT YEAR. THE REMAINING TRUSTS ALSO PAY OUT 5% OF THE TRUST ASSETS ON AN ANNUAL BASIS. THE MUSEUM IS ALSO A CO-BENEFICIARY WITH THREE OTHER NOT-FOR-PROFIT ORGANIZATIONS UNDER THE TRUST AGREEMENT WITH BANK OF AMERICA (FORMERLY U.S. TRUST CO., OF NEW YORK). THEREFORE, THE AMOUNT RECORDED IN THE ACCOMPANYING STATEMENT OF FINANCIAL POSITION IS 25% OF THE TRUST'S VALUE, WHICH REPRESENTS THE MUSEUM'S SHARE UNDER THIS SPLIT-INTEREST AGREEMENT.

EXTENDED TO NOVEMBER 15, 2021

Forr	990-T Exempt Organization Business Income Tax Return							
		l	(and proxy tax under section 6033(e))	20	2020			
		For cal	lendar year 2020 or other tax year beginning OCT 1, 2020, and ending DEC 31, 20	<u> </u>	7020			
Depa Inter	artment of the Treasury nal Revenue Service	•	► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)	• •	Open to Public Inspection for 501(c)(3) Organizations Only			
Α [Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	DEn	nployer identification number			
В	Exempt under section	Print	THE MARINERS' MUSEUM		54-0541801			
X	501(c)(3)	or	Number, street, and room or suite no. If a P.O. box, see instructions.		oup exemption number ee instructions)			
	408(e)220(e)	Туре	100 MUSEUM DRIVE		is mondonone,			
	408A530(a)		City or town, state or province, country, and ZIP or foreign postal code					
	529(a)		NEWPORT NEWS, VA 23606	F └	Check box if			
		C Book value of all assets at end of year ► 148,097,680 .						
			X 501(c) corporation 501(c) trust 401(a) trust Other trust	Applic	cable reinsurance entity			
<u>H</u>	Check if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 2439					
<u> </u>			ation filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>	<u></u> ▶□			
<u>J</u>			ed Schedules A (Form 990-T)		<u> </u>			
K	•		e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	► L	Yes X No			
_			d identifying number of the parent corporation. ► • THE OFFICERS Telephone number ►	757	501 7701			
			d Business Taxable Income	151	•391•1701			
			ss taxable income computed from all unrelated trades or businesses (see	\neg				
1				1	-325.			
2				¨ 🗕				
3	Add lines 1 and 2			·· 🗕	205			
4			(see instructions for limitation rules)	" _				
5			taxable income before net operating losses. Subtract line 4 from line 3	·· ⊢				
6			ng loss. See instructions	" ⊢				
7		•	ss taxable income before specific deduction and section 199A deduction.	·· 📑				
	Subtract line 6 from			7	-325.			
8	Specific deduction	n (gene	rally \$1,000, but see instructions for exceptions)		1,000.			
9			duction. See instructions					
10	Total deductions				1,000.			
11	Unrelated busine	ess tax	able income. Subtract line 10 from line 7. If line 10 is greater than line 7,					
				1	1 0.			
Pa	art II Tax Com							
1			s corporations. Multiply Part I, line 11 by 21% (0.21)	▶ _1	0.			
2			ates. See instructions for tax computation. Income tax on the amount on					
	Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041)	<u>▶ 2</u>	- 			
3	Proxy tax. See ins			<u>3</u>				
4	Other tax amounts			4				
5	Alternative minimu			5				
6	•		cility income. See instructions	6				
7	Fotal. Add lines 3	throug	h 6 to line 1 or 2, whichever applies	7	0.			

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2020)

	90-T (2	,						P	age 2
Part	III T	Tax and Payments							
1a	Foreig	gn tax credit (corporations attach Form 1118; trusts attach Form 1116)	. 1a						
b		r credits (see instructions)							
С	Gene	ral business credit. Attach Form 3800 (see instructions)	. 1c						
d	Credi	t for prior year minimum tax (attach Form 8801 or 8827)	. 1d						
е		credits. Add lines 1a through 1d				. 1e			
2		act line 1e from Part II, line 7							0.
3	Other	r taxes. Check if from: Form 4255 Form 8611 Form 8	8697	LJ F	orm 8866				
		Other (attach statement)				. 3			
4	Total	tax. Add lines 2 and 3 (see instructions).	iously d	eferred	under				
	section	on 1294. Enter tax amount here	.▶			4			0.
5		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line				. 5			0.
6a		nents: A 2019 overpayment credited to 2020	6a			_			
b	2020	estimated tax payments. Check if section 643(g) election applies	_ <u>_6b_</u>			_			
С	Tax d	leposited with Form 8868	. 6c			_			
d	Forei	gn organizations: Tax paid or withheld at source (see instructions)	. 6d			_			
е		up withholding (see instructions)							
f		t for small employer health insurance premiums (attach Form 8941)				_			
g		r credits, adjustments, and payments: Form 2439							
		Form 4136 Other Total >							
7		payments. Add lines 6a through 6g				. 7	↓		
8		ated tax penalty (see instructions). Check if Form 2220 is attached				⊿ _8 _	+		
9		tue. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed					+		
10		payment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overp	oaid			10	+		
11 Dort		the amount of line 10 you want: Credited to 2021 estimated tax	tion (-		Refunded >	· 11			
Part		Statements Regarding Certain Activities and Other Information			· · · · · · · · · · · · · · · · · · ·			1,,	
1		y time during the 2020 calendar year, did the organization have an interest in or	•			•		Yes	No
		a financial account (bank, securities, or other) in a foreign country? If "Yes," the	-		-				
		EN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	e name	or the re	oreign countr	У			Х
2	here	g the tax year, did the organization receive a distribution from, or was it the gran	ntor of	or trans	foror to a			-	21
2		g the tax year, did the organization receive a distribution from, or was it the grain in trust?	,		,				Х
		s," see instructions for other forms the organization may have to file.							
3		the amount of tax-exempt interest received or accrued during the tax year			\$				
4a		ne organization change its method of accounting? (see instructions)						X	
b		is "Yes," has the organization described the change on Form 990, 990-EZ, 990-							
-		in in Part V	,	01111 1 12					
Part	_	Supplemental Information							
		xplanation required by Part IV, line 4b. Also, provide any other additional inform	ation. S	ee instr	uctions.				
		nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and prect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preg				nowledge	and belief, it	t is true,	
Sign		oricet, and complete. Declaration of preparet (office than taxpayer) is based on an information of which preparet	Jai Ci Tias c	arry Kriowic		May the I	RS discuss t	thic return v	with
Here		PRESID	ENT	AND			rer shown be		VVICII
		Signature of officer Date Title				instructio	ns)? X	Yes	No
		Print/Type preparer's name Preparer's signature C	Date		Check	if P	ΓIN		
Paid					self- employe				
Prepa	arer		1/01	./21			20042		
Use C		Firm's name ▶ BROWN, EDWARDS & COMPANY, LLP			Firm's EIN	<u> </u>	54-05	0460	8
	-	701 TOWN CENTER DRIVE]	/	7 \	2 4 2	2.2
		Firm's address ► NEWPORT NEWS, VA 23606			Phone no.	(75	7) 87		
							Form	990-T	(2020)

ENTITY

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OMB No. 1545-0047

2020

2020

Unrelated Business Taxable Income From an Unrelated Trade or Business

Department of the Treasury

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

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

A N	lame of the organization THE MARINERS' MUSEUM	-	-		B Employer 54-0!		
<u>с</u> .	Unrelated business activity code (see instructions) > 45322	0			D Sequenc	e: 1	. of 1
<u>E [</u>	Describe the unrelated trade or business MUSEUM GIFT	SHOI	SALES				
	t I Unrelated Trade or Business Income		(A) Incom	е	(B) Expense	es	(C) Net
1 a	Gross receipts or sales64.						
b	Less returns and allowances c Balance ▶	1c		64.			
2	Cost of goods sold (Part III, line 8)	2		46.			
3	Gross profit. Subtract line 2 from line 1c	3		18.			18.
4 a	Capital gain net income (attach Sch D (Form 1041 or Form						
	1120)) (see instructions)	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5					
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12					
13	Total. Combine lines 3 through 12	13		18.			18.
Pa 1	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X)	come			,		s must be
2	Salaries and wages						146.
3	Repairs and maintenance						
4	Bad debts						
5	Interest (attach statement) (see instructions)						
6	Taxes and licenses					6	
7	Depreciation (attach Form 4562) (see instructions)		7	·			
8	Less depreciation claimed in Part III and elsewhere on return					8b	
9	Depletion					9	
10	Contributions to deferred compensation plans					10	
11	Employee benefit programs					11	32.
12	Excess exempt expenses (Part VIII)					12	
13	Excess readership costs (Part IX)					13	
14	Other deductions (attach statement)		SEE	STATE	EMENT 1	14	165.
15	Total deductions. Add lines 1 through 14					15	343.
16	Unrelated business income before net operating loss deduction. S						
. •	column (C)					16	-325.
17	Deduction for net operating loss (see instructions)					17	0.
18	Unrelated business taxable income. Subtract line 17 from line 10					18	-325.
<u>.u</u> ^							A (Form 990-T) 2020

Page	2
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	ule A (Form 990-1) 2020		LOWED	OF COCH OF	Page 2
Part		hod of inventory valuat		OF COST OR	
1	Inventory at beginning of year				2,798.
2	Purchases				-149.
3	Cost of labor				0.
4	Additional section 263A costs (attach statement)				0.
5	Other costs (attach statement)				0.
6	Total. Add lines 1 through 5				2,649.
7	Inventory at end of year				2,603.
8	Cost of goods sold. Subtract line 7 from line 6. Enter			•	46.
_9	Do the rules of section 263A (with respect to property				Yes X No
Part			-		
1	Description of property (property street address, city,	state, ZIP code). Check	if a dual-use (see inst	ructions)	
	A				
	В 🖳				
	c				
	D				
		A	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
					_
3	Total rents received or accrued. Add line 2c columns A	A through D. Enter here	and on Part I, line 6, o	column (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
					_
5	Total deductions. Add line 4 columns A through D. Er		line 6, column (B)	>	0.
Part		· · · · · · · · · · · · · · · · · · ·			
1	Description of debt-financed property (street address,	city, state, ZIP code). (Check if a dual-use (se	e instructions)	
	A				
	В				
	c				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)		t I, line 7, column (A)	> _	0.
	•				
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A the				0.
11	Total dividends-received deductions included in line				0.
			·		

ENTITY

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Part	VI Interest, Annu	ıities, R	oyalties, and R	ents fro	m Contro	lled O	rganizatio	ns (see	instruct	ions)	<u> </u>
						E	xempt Contro	lled Orga	anization	S	
	1. Name of controlled 2. Employer 3. Net		3. Net	unrelated 4. Total of specified		al of specified		t of colur		6. Deductions directly	
	organization		identification		ne (loss)	payn	nents made		ncluded Iling orga		connected with
			number	(see ins	structions)				gross inc		income in column 5
(1)											
(2)											
(3)											
(4)											
					Controlled O	-	i				
7	. Taxable Income		Net unrelated		otal of specif		10. Part of that is inc				Deductions directly
			ncome (loss)	pa	yments mad	е	controlling				connected with
		(Sei	e instructions)				gross income		Inco	ome in column 10	
<u>(1)</u>											
(2)											
(3)											
<u>(4)</u>							.		1.40		
							Add colum Enter here				columns 6 and 11. here and on Part I,
								column (ne 8, column (B)
Totals						_			0.		0.
Part	VII Investment	ncome	of a Section 50	11(c)(7)	(9) or (17	Orga	nization (s	oo inetri			•
		ription of		,,(0)(1),	2. Amou		3. Deduction		4. Set-	asides	5. Total deductions
					incon		directly conn	ected (attach st		
							(attach state	ment)			(add cols 3 and 4)
(1)											
(2)											
(3)											
(4)											
					Add amou						Add amounts in
					column 2.						column 5. Enter here and on Part I,
					line 9, colu						line 9, column (B)
Totals				_		0.					0.
Part	VIII Exploited E	xempt A	Activity Income	, Other	Than Adv	ertisir	ng Income	see inst	ructions)		
1	Description of exploite	-									
2	Gross unrelated busin	ess incom	ne from trade or bus	iness. Ente	er here and o	n Part I	, line 10, colum	nn (A)		2	
3	Expenses directly con	nected wi	th production of unr	elated bus	siness incom	e. Enter	here and on F	Part I,			
	line 10, column (B)									3	
4	Net income (loss) from						-				
	lines 5 through 7									4	
5	Gross income from ac									5	
6	Expenses attributable									6	
7	Excess exempt expen										
	4. Enter here and on P	art II, line	12							7	

	ule A (Form 990-T) 2020				Page 4
Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporti	ng two or more periodicals on a	consolidated basis	S.	
	A 💹				
	В 🖳				
	c <u> </u>				
	D 🔲				
Enter a	amounts for each periodical listed above in the	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and or	n Part I, line 11, column (A)		>	0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and or	n Part I, line 11, column (B)		>	0.
4	Advertising gain (loss). Subtract line 3 from li	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column i	n			
	line 4 showing a loss or zero, do not complet	te			
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain	on			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g		tal or zero here an	d on	•
	Part II, line 13				0.
Part		rectors, and Trustees (s	ee instructions)		
	-		·	3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
<u>. , </u>					
Total	Enter here and on Part II, line 1				0.
Part				,	
		,			
-					
-					

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT	1
DESCRIPTION		AMOUNT	
BANK AND CREDIT CARD POSTAGE UTILITIES & OVERHEAD		1!	9. 5. 51.
TOTAL TO SCHEDULE A,	PART II, LINE 14	10	65.