

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2017

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BRUCE MUSEUM INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite ONE MUSEUM DRIVE City or town, state or province, country, and ZIP or foreign postal code GREENWICH, CT 06830 F Name and address of principal officer: PETER C. SUTTON SAME AS C ABOVE	D Employer identification number 23-7105904 E Telephone number 203-869-0376 G Gross receipts \$ 13,219,160. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.BRUCEMUSEUM.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1970		M State of legal domicile: CT

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: BRUCE MUSEUM'S EXHIBITIONS AND EDUCATIONAL PROGRAMS ADVANCE THE UNDERSTANDING OF ART AND SCIENCE.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	40
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	40
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	78
	6	Total number of volunteers (estimate if necessary)	6	337
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	124,101.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	4,825,751.	5,945,488.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	268,312.	233,582.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,136,264.	956,036.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-81,481.	-69,156.
			6,148,846.	7,065,950.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,279,084.	3,345,175.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	120,000.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,008,995.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,391,800.	1,625,129.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,670,884.	5,090,304.
	19	Revenue less expenses. Subtract line 18 from line 12	477,962.	1,975,646.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	34,110,166.	37,626,388.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,214,732.	1,700,832.
			32,895,434.	35,925,556.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer PETER C. SUTTON, EXECUTIVE DIRECTOR AND CEO Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name GARRETT M. HIGGINS	Preparer's signature GARRETT M. HIGGINS	Date 04/30/19	Check if self-employed <input type="checkbox"/>	PTIN P00543209
	Firm's name ▶ PKF O'CONNOR DAVIES, LLP			Firm's EIN ▶ 27-1728945	
	Firm's address ▶ 3001 SUMMER STREET, 5TH FLOOR, EAST STAMFORD, CT 06905			Phone no. 203-323-2400	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: BRUCE MUSEUM INC.'S MISSION IS TO PROMOTE THE UNDERSTANDING AND APPRECIATION OF ART AND SCIENCE TO ENRICH THE LIVES OF ALL PEOPLE.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 3,816,824. including grants of \$) (Revenue \$ 250,203.) SEE SCHEDULE O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 3,816,824.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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 A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with columns for 'Yes' and 'No' and input fields for numerical values.

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (40); 1b Enter the number of voting members included in line 1a, above, who are independent (40); 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? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); 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? (X); 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: BILL FERENCE - 203-413-7525 THE BRUCE MUSEUM, ONE MUSEUM DRIVE, GREENWICH, CT 06830

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAN ROGERS KNIFFEN CHAIRMAN OF BOARD	7.50	X		X				0.	0.	0.
(2) AUNDREA B. AMINE VICE CHAIR	1.00	X		X				0.	0.	0.
(3) JAMES B. LOCKHART III VICE CHAIR	1.00	X		X				0.	0.	0.
(4) PATRICIA W. CHADWICK TREASURER	1.00	X		X				0.	0.	0.
(5) HEIDI B. SMITH SECRETARY	1.00	X		X				0.	0.	0.
(6) ALLISON BRANT TRUSTEE	1.00	X						0.	0.	0.
(7) THOMAS BYRNE TRUSTEE	1.00	X						0.	0.	0.
(8) NATHANIAL B. DAY TRUSTEE	1.00	X						0.	0.	0.
(9) WILLIAM DEUTSCH TRUSTEE	1.00	X						0.	0.	0.
(10) VICKI NETTER FIZGERALD TRUSTEE	1.00	X						0.	0.	0.
(11) ELLEN A. FLANAGAN TRUSTEE	1.00	X						0.	0.	0.
(12) KATIE FLAHERTY TRUSTEE	1.00	X						0.	0.	0.
(13) KATHY GEORGAS TRUSTEE	1.00	X						0.	0.	0.
(14) REBECCA GILLAN TRUSTEE	1.00	X						0.	0.	0.
(15) LUCILE GLASEBROOK TRUSTEE	1.00	X						0.	0.	0.
(16) SACHIKO GOODMAN TRUSTEE	1.00	X						0.	0.	0.
(17) MICHAEL GRUNBERG TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHAEL KOVNER TRUSTEE	1.00	X						0.	0.	0.
(19) PAMELA LAWRENCE TRUSTEE	1.00	X						0.	0.	0.
(20) ROBERT H. LAWRENCE, JR. TRUSTEE	1.00	X						0.	0.	0.
(21) KAMIE LIGHTBURN TRUSTEE	1.00	X						0.	0.	0.
(22) SUSAN E. LYNCH TRUSTEE	1.00	X						0.	0.	0.
(23) MICHAEL MASON TRUSTEE	1.00	X						0.	0.	0.
(24) SIMONE MCENTIRE TRUSTEE	1.00	X						0.	0.	0.
(25) DEANNA MULLIGAN TRUSTEE	1.00	X						0.	0.	0.
(26) JULIE B. NUSSEIBEH TRUSTEE	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								628,752.	0.	77,853.
d Total (add lines 1b and 1c)								628,752.	0.	77,853.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ESKEW, DUMEZ AND RIPPLE, 1 CANAL PLACE 365 CANAL ST, NEW ORLEANS, LA 70130	ARCHITECTS	905,178.
NST SYSTEMS, INC., 2001 W. MAIN STREET, SUITE 130, STAMFORD, CT 06902	INFORMATION TECHNOLOGY SUPPORT	154,819.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) CANDACE PROCACCINI TRUSTEE	1.00	X						0.	0.	0.
(28) NICOLE REYNOLDS TRUSTEE	1.00	X						0.	0.	0.
(29) CHARLES M. ROYCE TRUSTEE	1.00	X						0.	0.	0.
(30) LEAH RUKEYSER TRUSTEE	1.00	X						0.	0.	0.
(31) BETSY RUPRECHT TRUSTEE	1.00	X						0.	0.	0.
(32) DEBORAH SIMON TRUSTEE	1.00	X						0.	0.	0.
(33) SUSAN TEJPAUL TRUSTEE	1.00	X						0.	0.	0.
(34) PETER TESEI TRUSTEE	1.00	X						0.	0.	0.
(35) ANN VASSILIOU TRUSTEE	1.00	X						0.	0.	0.
(36) JACQUELINE WALKER TRUSTEE	1.00	X						0.	0.	0.
(37) SUE ANNE WEINBERG TRUSTEE	1.00	X						0.	0.	0.
(38) JUDITH WERTHEIMER TRUSTEE	1.00	X						0.	0.	0.
(39) DIANA WIERBICKI TRUSTEE	1.00	X						0.	0.	0.
(40) MARTHA R. ZOUBEK TRUSTEE	1.00	X						0.	0.	0.
(41) PETER SUTTON EXECUTIVE DIRECTOR/CEO	35.00			X				277,077.	0.	16,052.
(42) WILLIAM F. FERENCE DIRECTOR OF FINANCE/CFO	35.00			X				123,171.	0.	27,367.
(43) WHITNEY ROSENBERG DIRECTOR OF DEVELOPMENT	35.00					X		122,771.	0.	6,952.
(44) ANNE VON STUELPNAGEL DIRECTOR OF EXHIBITIONS	35.00					X		105,733.	0.	27,482.
Total to Part VII, Section A, line 1c								628,752.		77,853.

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b	432,348.			
	c Fundraising events	1c	661,883.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	893,760.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,957,497.			
	g Noncash contributions included in lines 1a-1f: \$		576,858.			
	h Total. Add lines 1a-1f		5,945,488.			
	Program Service Revenue	2 a <u>ADMISSIONS</u>	Business Code	712110	171,527.	171,527.
b <u>WORKSHOP/PROGRAM FEES</u>			712110	62,055.	62,055.	
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			233,582.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		969,238.		1,310.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	20,415.			
		(ii) Personal				
		b Less: rental expenses		0.		
		c Rental income or (loss)		20,415.		
	d Net rental income or (loss)		20,415.		20,415.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	5,698,427.			
		(ii) Other				
		b Less: cost or other basis and sales expenses		5,711,629.		
		c Gain or (loss)		-13,202.		
	d Net gain or (loss)		-13,202.		8,822.	
	8 a Gross income from fundraising events (not including \$ 661,883. of contributions reported on line 1c). See Part IV, line 18	a	79,500.			
		b Less: direct expenses	b	299,661.		
c Net income or (loss) from fundraising events			-220,161.		-220,161.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a	272,510.				
	b Less: cost of goods sold	b	141,920.			
	c Net income or (loss) from sales of inventory		130,590.	16,621.	113,969.	
Miscellaneous Revenue		Business Code				
11 a						
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		7,065,950.	250,203.	124,101.	746,158.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	697,708.	504,210.	32,623.	160,875.
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	2,035,751.	1,479,241.	96,162.	460,348.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	92,373.	68,356.	2,771.	21,246.
9 Other employee benefits	316,622.	186,724.	14,988.	114,910.
10 Payroll taxes	202,721.	200,915.	208.	1,598.
11 Fees for services (non-employees):				
a Management				
b Legal	43,053.	1,588.	41,465.	
c Accounting	41,465.	30,684.	1,244.	9,537.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	120,000.			120,000.
f Investment management fees	45,482.		45,482.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	58,417.	54,367.		4,050.
12 Advertising and promotion	101,396.	101,396.		
13 Office expenses	227,285.	186,780.	8,325.	32,180.
14 Information technology	160,854.	160,854.		
15 Royalties				
16 Occupancy	87,640.	87,080.		560.
17 Travel	132,363.	128,942.		3,421.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,106.	3,596.		510.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	224,332.	170,222.	11,501.	42,609.
23 Insurance	4,815.	4,815.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EXHIBITIONS/COLLECTIONS	197,876.	197,876.		
b MISC OPERATING EXPENSES	140,764.	98,907.	9,716.	32,141.
c HOSPITALITY	77,681.	72,671.		5,010.
d CLEANING & MAINTENANCE	39,959.	39,959.		
e All other expenses	37,641.	37,641.		
25 Total functional expenses. Add lines 1 through 24e	5,090,304.	3,816,824.	264,485.	1,008,995.
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

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	78,195.	1	181,969.
	2 Savings and temporary cash investments	2,082,772.	2	3,421,638.
	3 Pledges and grants receivable, net	2,393,534.	3	2,177,178.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	54,582.	8	52,219.
	9 Prepaid expenses and deferred charges	122,749.	9	96,423.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,596,418.		
	b Less: accumulated depreciation	10b 6,513,827.	1,292,608.	10c 1,082,591.
	11 Investments - publicly traded securities	19,870,988.	11	21,844,345.
	12 Investments - other securities. See Part IV, line 11	4,201,499.	12	4,032,500.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,013,239.	15	4,737,525.
16 Total assets. Add lines 1 through 15 (must equal line 34)	34,110,166.	16	37,626,388.	
Liabilities	17 Accounts payable and accrued expenses	300,269.	17	781,789.
	18 Grants payable		18	
	19 Deferred revenue	46,500.	19	51,080.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	867,963.	25	867,963.
	26 Total liabilities. Add lines 17 through 25	1,214,732.	26	1,700,832.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,310,816.	27	2,109,524.
	28 Temporarily restricted net assets	10,939,348.	28	13,589,471.
	29 Permanently restricted net assets	19,645,270.	29	20,226,561.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	32,895,434.	33	35,925,556.	
34 Total liabilities and net assets/fund balances	34,110,166.	34	37,626,388.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,065,950.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,090,304.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,975,646.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32,895,434.
5	Net unrealized gains (losses) on investments	5	1,213,243.
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 in Schedule O)	9	-158,767.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	35,925,556.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization **BRUCE MUSEUM INC.** Employer identification number **23-7105904**

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

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

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

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2483944.	6255044.	6547969.	4825751.	5945488.	26058196.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	214,208.	208,889.	207,624.	207,624.	209,055.	1047400.
4 Total. Add lines 1 through 3	2698152.	6463933.	6755593.	5033375.	6154543.	27105596.
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)						2278456.
6 Public support. Subtract line 5 from line 4.						24827140.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	2698152.	6463933.	6755593.	5033375.	6154543.	27105596.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1438044.	1541327.	1258526.	909,317.	988,343.	6135557.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	184,966.	226,794.				411,760.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		970.				970.
11 Total support. Add lines 7 through 10						33653883.
12 Gross receipts from related activities, etc. (see instructions)					12	3,096,688.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	73.77 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	67.89 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	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? <i>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.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
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? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2014 AMOUNT: \$ 970.

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

2017

Name of the organization

BRUCE MUSEUM INC.

Employer identification number

23-7105904

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization BRUCE MUSEUM INC.	Employer identification number 23-7105904
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>120,942.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>848,825.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>394,996.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>349,325.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>700,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization BRUCE MUSEUM INC.	Employer identification number 23-7105904
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>121,626.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization BRUCE MUSEUM INC.	Employer identification number 23-7105904
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	DONATED STOCK _____ _____ _____	\$ 120,942.	08/08/17
7	DONATED STOCK _____ _____ _____	\$ 121,626.	10/20/17
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization BRUCE MUSEUM INC.	Employer identification number 23-7105904
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this 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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(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

2017

Open to Public Inspection

Name of the organization **BRUCE MUSEUM INC.** Employer identification number **23-7105904**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above 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 conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2017

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	23,724,196.	21,886,468.	23,074,738.	23,575,650.	20,967,915.
b Contributions	629,163.	785,372.	414,940.	401,946.	59,768.
c Net investment earnings, gains, and losses	2,094,019.	2,428,976.	-546,502.	170,257.	3,435,368.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,437,804.	1,376,620.	1,056,708.	1,073,115.	887,401.
f Administrative expenses					
g End of year balance	25,009,574.	23,724,196.	21,886,468.	23,074,738.	23,575,650.

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

- a Board designated or quasi-endowment 4.15 %
- b Permanent endowment 79.17 %
- c Temporarily restricted endowment 16.68 %

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

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		7,086,595.	6,037,963.	1,048,632.
d Equipment		450,437.	416,478.	33,959.
e Other		59,386.	59,386.	0.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1,082,591.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	4,032,500.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	4,032,500.	

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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.

(a) Description	(b) Book value
(1) MUSEUM EXPANSION COSTS	4,737,525.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	4,737,525.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE CONTRIBUTIONS	867,963.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	867,963.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	8,793,549.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,213,243.
b	Donated services and use of facilities	2b	118,257.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	441,581.
e	Add lines 2a through 2d	2e	1,773,081.
3	Subtract line 2e from line 1	3	7,020,468.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	45,482.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	45,482.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	7,065,950.

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

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

1	Total expenses and losses per audited financial statements	1	5,604,660.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	118,257.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	441,581.
e	Add lines 2a through 2d	2e	559,838.
3	Subtract line 2e from line 1	3	5,044,822.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	45,482.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	45,482.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	5,090,304.

Part XIII Supplemental Information.

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

PART III, LINE 4:

THE TOWN OF GREENWICH, CONNECTICUT OWNS THE ENTIRE MUSEUM COLLECTION. THE ORGANIZATION OPERATES THE FACILITY AND ORGANIZES THE EXHIBITS PER AN AGREEMENT WITH THE TOWN OF GREENWICH. THE ORGANIZATION PROVIDES SECURITY FOR THE COLLECTION. IT ALSO PERFORMS RESTORATION AND PRESERVATION OF COLLECTION AS NEEDED TO MAINTAIN THE COLLECTION FOR EXHIBITION.

VARIOUS COLLECTION ITEMS WERE DONATED TO THE MUSEUM, WHICH IS OWNED BY THE TOWN, DURING THE YEAR ENDED JUNE 30, 2018. TITLE TO ALL OBJECTS IN THE COLLECTIONS OF THE MUSEUM, AND ALL ADDITIONS THERETO, IS VESTED EXCLUSIVELY IN THE TOWN AND IS HELD IN PUBLIC TRUST. ACCORDINGLY, BMI DID NOT RECOGNIZE INCOME FROM THE DONATIONS OF OBJECTS TO THE MUSEUM'S

Part XIII Supplemental Information (continued)

COLLECTION ON THE STATEMENT OF CHANGES IN NET ASSETS.

PART V, LINE 4:

THE BRUCE MUSEUM MAINTAINS VARIOUS DONOR-RESTRICTED AND BOARD-DESIGNATED FUNDS WHOSE PURPOSE IS TO PROVIDE LONG TERM SUPPORT FOR THE BRUCE MUSEUM'S MISSION AND CHARITABLE PROGRAMS.

PART X, LINE 2:

BMI RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT BMI HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. FOR INFORMATION RETURNS, BMI IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO YEARS ENDING JUNE 30, 2015.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES REPORTED ON PART VIII, LINE 8B	299,661.
COST OF GOODS SOLD REPORTED ON PART VIII, LINE 10B	141,920.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	441,581.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES REPORTED ON PART VIII, LINE 8B	299,661.
COST OF GOODS SOLD REPORTED ON PART VIII, LINE 10B	141,920.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	441,581.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization: **BRUCE MUSEUM INC.** Employer identification number: **23-7105904**

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
BJ TAVROW CONSULTING - 300 EAST 75TH STREET, SUITE 23B,	CAPITAL CAMPAIGN DEVELOPMENT		X	1,850,000.	120,000.	1,730,000.
Total				1,850,000.	120,000.	1,730,000.

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

CT

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		RENAISSANCE BALL (event type)	ART OF DESIGN LUNCH (event type)	3 (total number)		
Revenue	1	Gross receipts	582,891.	52,775.	105,717.	741,383.
	2	Less: Contributions	523,691.	45,475.	92,717.	661,883.
	3	Gross income (line 1 minus line 2)	59,200.	7,300.	13,000.	79,500.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	91,221.	15,095.	20,330.	126,646.
	7	Food and beverages	72,075.			72,075.
	8	Entertainment	15,650.	699.	1,534.	17,883.
	9	Other direct expenses	61,601.	8,840.	12,616.	83,057.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				299,661.
11	Net income summary. Subtract line 10 from line 3, column (d)				-220,161.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: BJ TAVROW CONSULTING

(I) ADDRESS OF FUNDRAISER:

300 EAST 75TH STREET, SUITE 23B, NEW YORK, NY 10021

PART I, LINE 2B, COLUMN (V):

BARBARA J. TAVROW WILL RECEIVE A MONTHLY RETAINER OF \$10,000 EACH OF THE NEXT 12 MONTHS, WITH THE FIRST PAYMENT DUE UPON THE SIGNING OF THIS

Part IV Supplemental Information (continued)

AGREEMENT BY BOTH PARTIES AND, THEREAFTER, EVERY 30 DAYS, PAYABLE ON THE 6TH OF EACH MONTH THROUGH MARCH 5, 2018.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization **BRUCE MUSEUM INC.** Employer identification number **23-7105904**

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? **6a**
- b** Any related organization? **6b**
- 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**

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**

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PETER SUTTON EXECUTIVE DIRECTOR/CEO	(i)	277,077.	0.	13,872.	2,180.	293,129.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(2) WILLIAM F. FERRENCE DIRECTOR OF FINANCE/CFO	(i)	123,171.	0.	6,490.	20,877.	150,538.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

**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 the latest information.**

Name of the organization **BRUCE MUSEUM INC.** Employer identification number **23-7105904**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	9	576,858.	AVG. SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

BRUCE MUSEUM INC.

Employer identification number

23-7105904

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

THE MUSEUM WAS BUILT ORIGINALLY AS A PRIVATE HOME IN 1853 AND WAS
 BEQUEATHED TO THE TOWN OF GREENWICH, CT IN 1908 BY TEXTILE MERCHANT
 ROBERT MOFFAT BRUCE, WHO STIPULATED ITS USE AS A MUSEUM. THE FIRST
 EXHIBITION AT THE BRUCE MUSEUM TOOK PLACE IN 1912 AND FEATURED WORKS BY
 LOCAL ARTISTS KNOWN AS THE GREENWICH SOCIETY OF ARTISTS, SEVERAL OF
 WHOM WERE MEMBERS OF THE COS COB ART COLONY. THE COS COB SCHOOL OF
 AMERICAN PAINTING IS NOW WELL ESTABLISHED AS AN IMPORTANT PART OF THE
 HISTORY OF AMERICAN ART AND IT FORMS THE NUCLEUS OF THE MUSEUM'S
 HOLDINGS OF PAINTINGS, WATERCOLORS, DRAWINGS, AND NOTEBOOKS BY ARTISTS
 SUCH AS LEONARD AND MINA OCHTMAN, GEORGE WHARTON EDWARDS, AND HOBART
 JACOBS. PARALLELING AN INTEREST IN CONNECTICUT PAINTERS AND THEIR
 WORKS, EARLY DIRECTORS OF THE BRUCE MUSEUM PURSUED THE DEVELOPMENT OF
 THE NATURAL SCIENCES, BUILDING PARTICULAR STRENGTHS IN THE MINERAL AND
 AVIAN COLLECTIONS. THE BRUCE MUSEUM WAS EXPANDED IN 1993 AND INCLUDES
 NEARLY 8,000 SQUARE FEET OF EXHIBITION SPACE, COMPRISED OF ONE MAIN
 GALLERY, THREE SMALLER GALLERIES, AND A LECTURE HALL. THE MUSEUM
 OPERATES UNDER ACCREDITATION BY THE AMERICAN ASSOCIATION OF MUSEUMS.

THE BRUCE MUSEUM IS EXCITED TO SHARE ITS MANY SUCCESSES THIS YEAR,
 INCLUDING THE FOLLOWING:

-TWENTY-THREE (23) GIFTS ACCESSIONED INTO THE PERMANENT COLLECTION OF
 THE BRUCE MUSEUM (COLLECTIVE PROPERTY OF THE CITIZENS OF GREENWICH),
 TOTALING AN ADDITIONAL 1,157 OBJECTS FROM THE FIELDS OF HISTORY,
 NATURAL HISTORY, AND ART. HIGHLIGHTS OF THESE GIFTS INCLUDE: SIX (6)
 ANCIENT CHINESE CERAMIC PIECES FORM THE HAN AND TANG DYNASTIES; 28

Name of the organization BRUCE MUSEUM INC.	Employer identification number 23-7105904
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PRE-COLUMBIAN (ANDEAN) ARTIFACTS; THE LARGEST PRIVATELY HELD COLLECTION OF CONNECTICUT FOSSILS - OVER 500 FOSSIL AND GEOLOGICAL SPECIMENS.

-FOR THE FOURTH STRAIGHT YEAR IN A ROW, THE MUSEUM HAS ENJOYED INCREASED ATTENDANCE BY FAMILIES TO OUR FAMILY DAYS, BRUCE BEGINNINGS, AND DROP-IN WEEKEND WORKSHOPS OVER 3,500 PARTICIPANTS IN FY18.

-RESULTS OF FY18 SURVEYS INDICATED THAT 99% OF VISITING SCHOOL GROUPS, AND 100% OF ADULT TOUR PARTICIPANTS ENJOYED THEIR VISIT TO THE BRUCE MUSEUM AND WILL RETURN. ON AVERAGE, THE BRUCE REACHES 25,000 SCHOOL CHILDREN PER YEAR, AND OVER 70,000 VISITORS OF ALL AGES.

-THE BRUCE RECEIVED A NATIONAL SCIENCE FOUNDATION RESEARCH GRANT TO WORK ON A GROUNDBREAKING EVOLUTIONARY TREE HIGHLIGHTING ALL 10,000 BIRD SPECIES.

-IN NOVEMBER 2017, THE VISITOR SERVICES STAFF UNDERWENT POVERTY AWARENESS TRAINING IN ORDER TO PREPARE FOR MUSEUMS FOR ALL PROGRAM PARTICIPATION. MUSEUMS FOR ALL OFFERS FREE ADMISSION FOR UP TO FOUR PEOPLE WHEN A SINGLE EBT (ELECTRONIC BENEFITS CARD) IS SHOWN AT THE DESK.

-THE CURATOR OF SCIENCE, DANIEL KSEPKA, CONTINUED TO PUT THE BRUCE MUSEUM IN THE SPOTLIGHT WITH PUBLISHED ARTICLES IN AMERICAN SCIENTIST AND PROCEEDINGS OF THE NATIONAL ACADEMY OF SCIENCE, AS WELL AS BEING ACCEPTED AS A FELLOW INTO THE PRESTIGIOUS EXPLORERS CLUB.

-COLLABORATION WITH BYO GREENWICH WITH PROGRAMMING HIGHLIGHTING THE ISSUE OF PLASTIC POLLUTION IN THE SOUND AND LOCAL ENVIRONMENT RESULTING IN A BAN OF SINGLE USE PLASTIC BAGS IN TOWN AND AWARENESS OF THE WASTE CREATE BY SINGLE USE STRAWS.

EXHIBITIONS

Name of the organization BRUCE MUSEUM INC.	Employer identification number 23-7105904
---	--

THE BRUCE MUSEUM OFFERED A VARIETY ART AND SCIENCE EXHIBITIONS IN 2017-2018 THAT EDUCATED AND ENGAGED OUR DIVERSE, COMMUNITY AUDIENCE. EACH EXHIBITION FEATURED WORLD-CLASS ART, OBJECTS AND ARTIFACTS THAT FOCUSED ON THE NEEDS AND INTERESTS OF OUR VISITORS AND OUR SURROUNDING COMMUNITY. THE FOLLOWING SUMMARIZES EACH OF THE EXHIBITIONS FROM 2017-2018.

SPRING INTO SUMMER WITH ANDY WARHOL AND FRIENDS!

JUNE 10, 2017 - SEPTEMBER 3, 2017

THE EXHIBITION BUILT ON THREE IMPORTANT WORKS IN THE BRUCE MUSEUM COLLECTION:

-WARHOL'S LITTLE RED BOOK, 1971, A GIFT FROM THE ANDY WARHOL FOUNDATION FOR THE ARTS, FEATURING TEN UNIQUE POLAROID PORTRAITS OF THE ARTIST'S FRIENDS (NEW CANAAN ARCHITECT PHILIP JOHNSON AND HIS PARTNER DAVID WHITNEY, FASHION MODEL DONNA JORDAN, ART CRITIC BARBARA ROSE, AND A SELF-PORTRAIT);

-FLOWERS (HAND-COLORED), 1974, A SUITE OF TEN SILKSCREENS PRINTS DEPICTING FLORAL STILL-LIVES, GIVEN TO THE BRUCE BY PETER BRANT

-TWO LARGE SILKSCREEN PORTRAIT PRINTS, SACHIKO, 1977, GIFTS OF THE FREDERICK R. WEISMAN ART FOUNDATION.

BEYOND THESE BRUCE MUSEUM TREASURES, SIGNIFICANT LOANS OFFERED AN EXPANDED VIEW OF WARHOL'S AESTHETIC UNIVERSE, INCLUDING AN IMPORTANT FOUR-PART PAINTED PORTRAIT, NEVER BEFORE EXHIBITED IN PUBLIC OF A LOCAL GREENWICH RESIDENT, ALONG WITH THE SCORES OF POLAROID STUDIES THAT THE ARTIST MADE IN PREPARATION FOR THE COMMISSION; AND A FINE PENCIL PORTRAIT BY WARHOL OF PHILIP JOHNSON.

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NIKON SMALL WORLD

JULY 29, 2017 - OCTOBER 29, 2017

THIS TRAVELING EXHIBITION SHOWCASED THE TOP 20 AWARD-WINNING PHOTOGRAPHS AND ADDITIONAL HONORABLE MENTIONS IN NIKON'S 2016 PHOTOMICROGRAPHY COMPETITION. THE IMAGES FEATURED THE BEAUTY AND COMPLEXITY OF LIFE AS SEEN THROUGH A LIGHT MICROSCOPE. THE SUPER CLOSE-UP PHOTOGRAPHS WERE JUDGED BY INDEPENDENT EXPERTS ON THE BASIS OF ORIGINALITY, INFORMATIONAL CONTENT, TECHNICAL PROFICIENCY AND VISUAL IMPACT. THE BRUCE MUSEUM SUPPLEMENTED THE WORKS IN THE SHOW WITH A DISPLAY OF HISTORICAL 20TH-CENTURY MICROSCOPES USED BY FORMER BRUCE MUSEUM DIRECTORS EDWARD BIGELOW AND PAUL HOWES.

GEORGE WHARTON EDWARDS (1859 - 1950): ILLUSTRATOR, PAINTER, WRITER

AUGUST 6, 2017 - NOVEMBER 25, 2017

THE PAINTER, ILLUSTRATOR, AND AUTHOR GEORGE WHARTON EDWARDS WAS CELEBRATED IN HIS DAY AS A TALENTED ARTIST FOR HIS DEPICTIONS OF PICTURESQUE AMERICAN AND EUROPEAN SCENES. THE WORKS ASSEMBLED IN THIS EXHIBITION, WHICH ALL CAME FROM THE BRUCE MUSEUM'S EXTENSIVE COLLECTION, SHOWED THAT EDWARDS PREFERRED AN UNDERLYING TECHNICAL DRAFTSMANSHIP IN HIS WORKS ON PAPER AND A MORE FLUID TREATMENT, IN THE MANNER OF AMERICAN IMPRESSIONISM, IN HIS OILS ON CANVAS. TOGETHER, THE WORKS OFFERED A GLIMPSE INTO THE PROFICIENCY OF ONE OF GREENWICH'S MOST NOTABLE LOCAL ARTISTS.

IN THE LIMELIGHT: TOULOUSE-LAUTREC PORTRAITS FROM THE HERAKLEIDON MUSEUM

SEPTEMBER 23, 2017 - JANUARY 7, 2018

HENRI DE TOULOUSE-LAUTREC ENJOYED THE SPECTACLE, THE NIGHT LIFE, AND

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THE TAWDRY SIDE OF BELLE POQUE PARIS. BEST KNOWN FOR HIS ART PORTRAYING THE CAF-CONCERT AND THE ENTERTAINERS WHO PERFORMED THERE, THIS EXHIBITION EXPLORED HOW TOULOUSE-LAUTREC USED PORTRAITURE TO COMMENT ON THE ABSURDITY AND EXCESS OF BOHEMIAN LIFE IN PARIS AT THE TURN OF THE CENTURY. THE SHOW EXAMINED THE RELATIONSHIP BETWEEN PORTRAITURE, CARICATURE, AND RISE OF THE CULT OF CELEBRITY IN THE LATE 19TH CENTURY, WHILE FOCUSING ON THE ARTIST'S PORTRAITS OF ENTERTAINERS WHO BECAME ICONS OF THE PARISIAN NIGHTLIFE. FEATURING 100 DRAWINGS, PRINTS, AND POSTERS, THE EXHIBITION SHOWCASED THE ARTIST'S SATIRICAL PORTRAITS OF STAGE PERSONALITIES LIKE SARAH BERNHARDT, JANE AVRIL, AND ARSTIDE BRUANT ALONGSIDE THOSE OF HIS FRIENDS AND FAMILY.

AMERICAN ABSTRACTION: THE PRINT REVIVAL OF THE 1960S AND '70S

DECEMBER 2, 2017 - APRIL 1, 2018

THE EARLY 1960S MARKED A SIGNIFICANT TURNING POINT IN AMERICAN PRINTMAKING: THE RISE OF COMMUNAL STUDIOS PROVIDED NEW AVENUES FOR CREATIVE AND TECHNICAL EXCHANGES BETWEEN ARTISTS. THESE NEW-STYLE PRINTMAKERS BEGAN TO TAKE ON SOME OF THE RESPONSIBILITIES OF PUBLISHERS AND DEALERS, HELPING TO STREAMLINE THE PRODUCTION AND DISTRIBUTION OF ARTISTS' PRINTS. ARTISTS FORMERLY ROOTED IN THE SOLITARY STUDIO PRACTICES OF ABSTRACT EXPRESSIONIST PAINTING BEGAN TO COLLABORATE REGULARLY WITH MASTER PRINTMAKERS. THE WORKS IN AMERICAN ABSTRACTION: THE PRINT REVIVAL OF THE 1960S AND '70S, MOST OF WHICH ARE DRAWN FROM A GIFT TO THE BRUCE MUSEUM FROM JUDITH AND STEPHEN WERTHEIMER, INCLUDED PRINTS PRODUCED BY ERNEST DE SOTO OF THE COLLECTORS PRESS LITHOGRAPHY WORKSHOP AND IRWIN HOLLANDER OF HOLLANDER'S WORKSHOP. FROM VIBRANT BIOMORPHIC FORMS AND PRIMITIVE MARKS TO LIVELY CALLIGRAPHIC GESTURES AND BOLD COLOR-FIELD PATTERNING, THE WORKS IN AMERICAN ABSTRACTION

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SUGGESTED THE EVOLUTION OF ABSTRACT ART IN PRINTMAKING DURING TWO
EXCITING DECADES OF THE POST-WAR MOMENT.

TREASURES OF THE EARTH: MINERAL MASTERPIECES FROM THE ROBERT R. WIENER
COLLECTION

NOVEMBER 11, 2017 - APRIL 1, 2018

TREASURES OF THE EARTH PROVIDED VISITORS A TOUR OF THE BREATHTAKING
SPLENDOR, WONDER, AND SCIENCE OF MINERALS. APPROXIMATELY 100 DAZZLING
SPECIMENS FROM THE EXCEPTIONAL ROBERT R. WIENER COLLECTION WERE
DISPLAYED, RANGING FROM ENORMOUS INTERCONNECTED CUBES OF PYRITE TO
DAZZLINGLY CLEAR CRYSTALS OF SELENITE TO FIERY RED HEXAGONS OF
VANADINITE. TRULY GLOBAL IN SPAN, IT INCLUDED MINERALS FROM LOCALITIES
IN MADAGASCAR, CHINA, PERU, AUSTRALIA AND BEYOND. MANY EXAMPLES OF
UNUSUAL CRYSTAL FORMS, RARE COMBINATIONS OF MULTIPLE MINERALS GROWING
TOGETHER, AND EYE-CATCHINGLY ENORMOUS SPECIMENS WERE FEATURED. VISITORS
LEARNED HOW MINERALS GAIN THEIR KEY PROPERTIES SUCH AS COLOR, CRYSTAL
SHAPE, LUSTER, AND SIZE, AND HOW THEY PLAY A CRITICAL ROLE IN
EVERYTHING FROM NUTRITION TO SMART PHONE ASSEMBLY.

HOT ART IN A COLD WAR: INTERSECTIONS OF ART AND SCIENCE IN THE SOVIET
ERA

JANUARY 27, 2018 - MAY 20, 2018

THE BRUCE MUSEUM'S PROVOCATIVE EXHIBITION HOT ART IN A COLD WAR:
INTERSECTIONS OF ART AND SCIENCE IN THE SOVIET ERA EXAMINED ONE OF THE
DOMINANT CONCERNS OF SOVIET UNOFFICIAL ARTISTS AND CITIZENS
EVERYWHERE DURING THE COLD WAR: THE CONSEQUENCES OF INNOVATION IN
SCIENCE, TECHNOLOGY, MATHEMATICS, COMMUNICATIONS, AND DESIGN.

JUXTAPOSING ART MADE IN OPPOSITION TO STATE-SANCTIONED SOCIALIST

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REALISM WITH ARTIFACTS FROM THE SOVIET NUCLEAR AND SPACE PROGRAMS, HOT ART IN A COLD WAR TOUCHED UPON THE TRIUMPHS AND TRAGEDIES UNLEASHED AS HUMANKIND GAINED THE POWER TO BOTH LEAVE THE EARTH AND TO DESTROY IT. HOT ART IN A COLD WAR WAS AN EXPANDED VERSION OF AN EXHIBITION ORGANIZED AT THE ZIMMERLI ART MUSEUM, RUTGERS UNIVERSITY.

IN TIME WE SHALL KNOW OURSELVES: PHOTOGRAPHS BY RAYMOND SMITH

APRIL 7, 2018 - JUNE 3, 2018

IN TIME WE SHALL KNOW OURSELVES WAS AN EXHIBITION OF BLACK-AND-WHITE PHOTOGRAPHS BY NEW HAVEN PHOTOGRAPHER RAYMOND SMITH. IN THE SUMMER OF 1974, INSPIRED BY THE PHOTOGRAPHS TAKEN IN THE AMERICAN SOUTH IN THE 1930S BY WALKER EVANS, A TEACHER AND MENTOR OF SMITH AT YALE UNIVERSITY, AS WELL AS BY ROBERT FRANK'S THE AMERICANS (1958), SMITH EMBARKED ON A PHOTOGRAPHIC EXPEDITION OF HIS OWN. INTENDING TO WRITE A PH.D. THESIS IN AMERICAN STUDIES, SMITH INSTEAD CHANNLED HIS INTENSE CURIOSITY ABOUT HIS COUNTRY AND ITS INHABITANTS INTO A MOVING SUITE OF PORTRAITS, WORKS THAT ARE AT ONCE DOWN-TO-EARTH, MELANCHOLY, AND FILLED WITH SURPRISE. THE EXHIBITION FEATURED 52 PHOTOGRAPHS, MANY VINTAGE PRINTS.

PATRIOTIC PERSUASION: AMERICAN POSTERS OF THE FIRST WORLD WAR

JANUARY 20, 2018 - JUNE 10, 2018

PATRIOTIC PERSUASION: AMERICAN POSTERS OF THE FIRST WORLD WAR FEATURED A SELECTION OF WORKS DONATED TO THE BRUCE MUSEUM BY BEVERLY AND JOHN W. WATLING III, WITH ADDITIONAL PIECES FROM GREENWICH'S LOCKHART FAMILY. THE UNITED STATES INVOLVEMENT IN WORLD WAR I LASTED ONLY A BRIEF TWENTY MONTHS, FROM APRIL 1917 TO NOVEMBER 1918, BUT THE NATION'S MILITARY AND PROPAGANDA STRATEGIES WERE OF ENORMOUS CONSEQUENCE. IN THE ERA OF

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RADIO AND FILM'S INFANCY, POSTERS REMAINED AN ESSENTIAL MEDIUM FOR THE PUBLIC'S DREAMLIFE, CAPABLE OF UPLIFTING MESSAGING AND NIGHTMARISH MANIPULATION. FEATURING ORIGINAL POSTERS THAT COMBINE IMAGE AND TEXT IN INGENIOUS, SURPRISING, AND SOMETIMES DISTURBING COMBINATION, "PATRIOTIC PERSUASION" MARKED THE CENTENNIAL OF AMERICAN PARTICIPATION IN THE FIRST WORLD WAR.

DIASPORA CLOUD BY VIK MUNIZ

JUNE 6, 2018 - JUNE 30, 2018

THE BRUCE MUSEUM PRESENTED DIASPORA CLOUD BY VIK MUNIZ, PART OF CREATIVE TIME'S PLEDGES OF ALLIANCE. THE BRUCE MUSEUM RAISED ARTIST VIK MUNIZ 'S PLEDGES OF ALLEGIANCE FLAG, DIASPORA CLOUD, WHICH FLEW OVER THE FRONT ENTRANCE OF THE MUSEUM THROUGHOUT JUNE 2018. MUNIZ'S DIASPORA CLOUD FEATURES A CLOUD FLOATING AGAINST A BLUE BACKGROUND, EVOKING A GEOGRAPHICALLY AND TEMPORALLY DISPERSED PUBLIC THAT NEVERTHELESS SHARE A SIMILAR VIEWPOINT. MUNIZ USES THE SKY AS A METAPHOR FOR THE EPHEMERALITY OF CONNECTION WITHIN A COMMUNITY. PLEDGES OF ALLEGIANCE IS A NATIONWIDE ART PROJECT ORGANIZED BY THE NEW YORK-BASED PUBLIC ARTS NONPROFIT CREATIVE TIME. THE FLAG HAS CONTINUED TO TRAVEL TO 19 CULTURAL INSTITUTIONS AND UNIVERSITIES ACROSS 16 STATES.

ICREATE 2018

JUNE 9, 2018 - AUGUST 12, 2018

EACH YEAR, THE BRUCE MUSEUM SPOTLIGHTS THE CREATIVE ENERGY AND VITALITY OF FINE ART CREATED BY REGIONAL HIGH SCHOOL STUDENTS IN THE ICREATE EXHIBITION. OVER 400 SUBMISSIONS WERE RECEIVED FOR CONSIDERATION THIS YEAR. OF THOSE SUBMISSIONS, THE SHOW FEATURED 45 JURY-SELECTED

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ARTWORKS CREATED BY STUDENTS COMPETING FOR AWARDS AND INCLUDED A
CATALOG AND DIGITAL PRESENTATION OF ALL PARTICIPATING STUDENTS' WORK.

NATIONAL GEOGRAPHIC PHOTO ARK

JUNE 2, 2018 - SEPTEMBER 2, 2018

THE NATIONAL GEOGRAPHIC PHOTO ARK, LED BY PHOTOGRAPHER JOEL SARTORE, IS
A MULTIYEAR EFFORT TO DOCUMENT EVERY SPECIES LIVING IN WILDLIFE
SANCTUARIES, INSPIRE ACTION THROUGH EDUCATION, AND HELP SAVE WILDLIFE
BY SUPPORTING ON-THE-GROUND CONSERVATION EFFORTS. WITH INGENUITY AND
WIT, NATIONAL GEOGRAPHIC PHOTOGRAPHER JOEL SARTORE HAS CAPTURED
PORTRAITS OF MORE THAN 6,000 CREATURES IN 40 COUNTRIES TO DATE. MANY OF
THE ANIMALS LIVE IN THE WORLD'S ZOOS AND AQUARIUMS, INSTITUTIONS
DEDICATED TO PRESERVING AND CARING FOR SPECIES OF ALL KINDS. THIS
EXHIBITION FEATURED MANY ICONIC IMAGES AND INVITED VISITORS TO FOLLOW
SARTORE AROUND THE WORLD ON THIS EXCITING AND IMPORTANT PROJECT. ALONG
WITH OTHER MUSEUMS AND INSTITUTIONS AROUND THE WORLD, THE BRUCE MUSEUM
HOSTED THE PHOTO ARK EXHIBITION TO RAISE AWARENESS FOR MANY SPECIES IN
NEED OF GREATER CONSERVATION.

EXPRESSIONISM IN PRINT: THE EARLY WORKS OF RICHARD HAAS, 1957-64

JUNE 23, 2018 - OCTOBER 21, 2018

RICHARD HAAS'S EXPANSIVE OEUVRE IS PREDOMINANTLY MARKED BY TROMPE
L'OEIL MURALS AND DETAILED RENDERINGS OF NEW YORK CITY'S ARCHITECTURE.
BUT BEFORE HE BEGAN RECORDING URBAN LANDSCAPES, HAAS SOUGHT INSPIRATION
FROM GERMAN EXPRESSIONIST PRINTMAKERS AND ABSTRACT EXPRESSIONIST
PAINTERS.

INCLUDED IN THE EXHIBITION WERE PRINTS PRODUCED BETWEEN 1957 AND 1964A
SEVEN-YEAR PERIOD THAT, IN MANY WAYS, ENCAPSULATES THE ARTIST'S GRAPHIC

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EVOLUTION. HAAS'S DEEP INTEREST IN 19TH-CENTURY EUROPEAN HISTORY
INFORMS MANY OF THESE EARLY PRINTS. INCLUDED IN THE EXHIBITION WERE
WOODCUTS FROM HAAS'S FAMOUS HEADS SERIES, COMPRISING PORTRAITS OF HENRY
VIII, FRIEDRICH NIETZSCHE, HENRI DE TOULOUSE-LAUTREC, VINCENT VAN GOGH,
CLAUDE MONET, AUGUSTE RODIN, PAUL GAUGUIN, AND ALBERT EINSTEIN.

WILD BEES: PHOTOGRAPHS BY PAULA SHARP AND ROSS EATMAN

APRIL 14, 2018 - NOVEMBER 11, 2018

THE EXHIBITION WILD BEES FEATURED EXQUISITE COLOR PHOTOGRAPHS OF NATIVE
BEES IN THEIR NATURAL HABITATS, ALONG WITH AN EXPLORATION OF THEIR
VARIED LIFESTYLES. THE PHOTOGRAPHS PRESENTED ARE PART OF AN ONGOING
WILD BEE PROJECT UNDERTAKEN BY PHOTOJOURNALIST AND WRITER PAULA SHARP
AND NATURE PHOTOGRAPHER ROSS EATMAN, WHO BEGAN DOCUMENTING WILD BEES
INHABITING NEW YORK'S ROCKEFELLER STATE PARK PRESERVE AND NEIGHBORING
STONE BARN CENTER FOR FOOD AND AGRICULTURE IN 2014. THEIR LENSES
CAPTURE IN BEAUTIFUL DETAIL THE TREMENDOUS VARIETY OF SHAPES, COLORS
AND SIZES OF THE INSECTS. THE ESSENTIAL ROLE BEES PLAY IN OUR PLANET'S
HEALTH ALSO FEATURED PROMINENTLY IN THE SHOW.

EDUCATIONAL PROGRAMS

THE BRUCE MUSEUM'S PRIMARY GOAL IS TO EDUCATE OUR VISITORS. THE
MUSEUM'S AUDIENCE ENGAGEMENT DEPARTMENT TAILORS EACH LEARNING
EXPERIENCE TO MATCH OUR TARGETED AUDIENCE SEGMENTS IN THE COMMUNITY.
HIGHLIGHTS FROM THE MUSEUM'S EDUCATIONAL PROGRAMMING AND PLANNING IN
2017-2018 INCLUDE THE FOLLOWING:

-DURING FY18, BRUCE MUSEUM EDUCATORS DELIVERED 216 PROGRAMS TO 4,069

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PARTICIPANTS FROM GREENWICH-BASED SCHOOLS AND ORGANIZATIONS, INCLUDING BUT NOT LIMITED TO: BOYS AND GIRLS CLUB OF GREENWICH; CENTRAL MIDDLE SCHOOL; COS COB LIBRARY; EASTERN MIDDLE SCHOOL; FAMILY CENTERS; AND YWCA.

-IMAGINATION PLAYGROUND PROGRAMMING BEGAN THANKS TO A GENEROUS GRANT TO THE BRUCE MUSEUM FROM THE HILLIARD FAMILY FOUNDATION. THE MUSEUM RECEIVED 300 IMAGINATION PLAYGROUND BLOCKS IN 2017-2018 WITH THE PLAN TO DEVELOP DROP-IN AND REGULARLY OCCURRING PROGRAMS FOR FAMILIES AND CHILDREN IN ORDER TO BUILD, IMAGINE AND CREATE IN OUR GALLERIES.

-FIRST OFFERED TO VISITORS IN 2015-2016 AND GROWING IN POPULARITY, BRUCE MOOSE ACTIVITY PACKS ARE DESIGNED TO ENCOURAGE EXTENDED INTERACTION WITH THE MUSEUM'S EXHIBITIONS THROUGH INTERGENERATIONAL, IN-GALLERY LEARNING. GUESTS BORROW PACKS FROM THE ADMISSIONS DESK TO HELP THEM EXPLORE THE MUSEUM'S EXHIBITIONS.

-BRUCE MUSEUM STAFF, WITH SUPPORT FROM MUSEUM TRUSTEE, ELLEN FLANAGAN, DEVELOPED AN EDUCATION TASK FORCE TO ADDRESS THE BEST METHODS FOR COMMUNICATING WITH PUBLIC SCHOOLS, MAKING CONNECTIONS WITH TEACHERS, AND ULTIMATELY REACHING GREATER NUMBERS OF SCHOOL CHILDREN, BOTH IN THE MUSEUM AND THROUGH OUTREACH PROGRAMMING.

-THIS YEAR, SCHOOL AND COMMUNITY PARTNERSHIPS FOCUSED ON MULTI-SESSION PROGRAMS, REVISING AFTERSCHOOL WORKSHOPS TO CONCENTRATE ON HANDS-ON, STEAM DRIVEN ACTIVITIES, AND BUILDING RELATIONSHIPS BETWEEN THE MUSEUM AND LOCAL SCHOOLS AND AREA ORGANIZATIONS.

-PARTNERING WITH BUILDING ONE COMMUNITY CENTER, A NON-PROFIT IN STAMFORD, CONNECTICUT THAT SERVES RECENT IMMIGRANTS. THIS PARTNERSHIP OFFERS MANY OPPORTUNITIES TO WORK WITH A DIVERSE LEARNING COMMUNITY AND BRING VISITORS TO THE MUSEUM WHO MAY NOT HAVE VISITED OTHERWISE.

WORKING WITH BUILDING ONE WILL BE ESSENTIAL AS THE DEPARTMENT DEVELOPS

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BILINGUAL MATERIALS, SUCH AS AUDIO GUIDES, FOR OUR VISITORS.

FORM 990, PART IV, LINE 8:

THE TOWN OF GREENWICH, CONNECTICUT OWNS THE ENTIRE MUSEUM COLLECTION.

THE ORGANIZATION OPERATES THE FACILITY AND ORGANIZES THE EXHIBITS PER

AN AGREEMENT WITH THE TOWN OF GREENWICH. THE ORGANIZATION PROVIDES

SECURITY FOR THE COLLECTION. IT ALSO PERFORMS RESTORATION AND

PRESERVATION OF COLLECTION AS NEEDED TO MAINTAIN THE COLLECTION FOR

EXHIBITION.

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

BRUCE MUSEUM, INC. CAN HAVE THE FOLLOWING CLASSES OF MEMBERSHIP AS THE

BOARD HAS AUTHORIZED IN THE BY LAWS:

- A) INDIVIDUAL MEMBERSHIP
- B) CORPORATE MEMBERSHIP (WHICH MAY INCLUDE A PARTNERSHIP, TRUST OR
- OTHER LEGAL ENTITY)
- C) FAMILY MEMBERSHIP
- D) PATRON MEMBERSHIP
- E) BENEFACTOR MEMBERSHIP
- F) ROBERT BRUCE CIRCLE MEMBERSHIP

EACH MEMBERSHIP IN GOOD STANDING IS ENTITLED TO ONE VOTE ON EACH MATTER

SUBMITTED TO A VOTE OF THE MEMBERS. THE PERSONS WHO COMPRISE A FAMILY

MEMBERSHIP - TOGETHER IS ENTITLED TO ONE VOTE ON EACH MATTER. A MEMBERSHIP

MAY VOTE IN PERSON (THROUGH A DULY AUTHORIZED REPRESENTATIVE IN THE CASE OF

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A CORPORATE MEMBERSHIP) OR BY VALID PROXY.

MEMBERS ARE NOT ENTITLED TO RECEIVE A SHARE OF THE ORGANIZATION'S PROFITS OR EXCESS DUES OR A SHARE OF THE ORGANIZATION'S NET ASSETS UPON THE ORGANIZATION'S DISSOLUTION.

THE BOARD MAY, FROM TIME TO TIME, MODIFY OR ELIMINATE CLASSES OF MEMBERSHIP, MAY ESTABLISH OTHER CLASSES OF MEMBERSHIP, AND QUALIFICATIONS AND PRIVILEGES APPLICABLE TO EACH MEMBERSHIP CLASS.

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

THE MEMBERS OF THE BRUCE MUSEUM, INC. ELECT THE TRUSTEES, OTHER THAN THE EX-OFFICIO TRUSTEES, AT THE ANNUAL MEETING OF THE MEMBERS, BY A MAJORITY VOTE OF THE MEMBERS ENTITLED TO VOTE WHO ARE PRESENT IN PERSON OR BY WRITTEN PROXY.

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

BRUCE MUSEUM, INC. HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. THE FORM 990 IS PROVIDED TO THE AUDIT COMMITTEE FOR REVIEW, COMMENTS, AND APPROVAL. ONCE THE AUDIT COMMITTEE HAS APPROVED THE RETURN, AN ELECTRONIC COPY IS DISTRIBUTED TO THE BOARD AND IT IS FILED WITH THE INTERNAL REVENUE SERVICE. A HARD COPY OF THE RETURN IS ALSO DISTRIBUTED AT A BOARD MEETING.

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

EACH TRUSTEE MUST CONDUCT ALL OF HIS OR HER ACTIVITIES IN SUCH A WAY AS TO AVOID ANY CONFLICT BETWEEN THE TRUSTEE'S PERSONAL INTERESTS AND THE

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POLICIES, OPERATIONS, OR INTERESTS OF THE MUSEUM. TRUSTEES WITH SPECIAL AREAS OF INTEREST WITHIN THE MUSEUM SHOULD UNDERSTAND THAT ADVOCACY FOR THOSE INTERESTS SHOULD BE ADVANCED ONLY WITHIN THE FRAMEWORK OF THE MUSEUM'S INTERESTS AS A WHOLE. IN THE EVENT A CONFLICT IS UNAVOIDABLE, THE TRUSTEE SHALL AT ALL TIMES ACT IN A MANNER CONSISTENT WITH HIS OR HER FIDUCIARY RESPONSIBILITY TO THE MUSEUM AND SHALL EXERCISE PARTICULAR CARE THAT NO DETRIMENT OR APPEARANCE OF DETRIMENT TO THE MUSEUM RESULTS FROM THAT CONFLICT.

A TRUSTEE IS CONSIDERED TO HAVE A CONFLICT OF INTEREST WHEN THE TRUSTEE, OR ANY MEMBER OF HIS OR HER IMMEDIATE FAMILY:

(A) HAS A FINANCIAL, PERSONAL, OR PROFESSIONAL INTEREST WHICH IMPAIRS OR MIGHT APPEAR TO IMPAIR THE TRUSTEE'S INDEPENDENCE OF JUDGMENT IN THE DISCHARGE OF HIS OR HER RESPONSIBILITIES TO THE MUSEUM.

(B) COULD RECEIVE A MATERIAL FINANCIAL, PERSONAL, OR PROFESSIONAL BENEFIT FROM KNOWLEDGE OF CONFIDENTIAL MUSEUM INFORMATION.

(C) WOULD RECEIVE FINANCIAL COMPENSATION FOR PERSONAL OR PROFESSIONAL SERVICES RENDERED TO THE MUSEUM WITHOUT THE PRIOR APPROVAL OF THE BOARD OF TRUSTEES.

A TRUSTEE SHOULD NOT VOTE ON, APPROVE, OR RECOMMEND APPROVAL OF A TRANSACTION BETWEEN THE MUSEUM AND THAT TRUSTEE OR IMMEDIATE FAMILY MEMBER, AND SHOULD DISCLOSE ANY POTENTIAL CONFLICT PRIOR TO A VOTE OR OTHER ACTION. IF SUCH TRUSTEE IS PRESENT WHEN A MATTER INVOLVING A POTENTIAL CONFLICT OF INTEREST IS CONSIDERED, HE OR SHE SHOULD LEAVE THE MEETING DURING THAT DISCUSSION AND/OR THE VOTE.

A TRUSTEE SHOULD, IN GENERAL, COMMUNICATE ANY ADMINISTRATIVE OR MANAGERIAL

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CONCERNS TO THE CHAIRMAN OF THE BOARD OF TRUSTEES OR TO THE EXECUTIVE DIRECTOR. IN NO CASE SHOULD A TRUSTEE GIVE DIRECTION TO, OR CRITICIZE DIRECTLY, ANY MUSEUM PERSONNEL.

THE STAFF GUIDELINES ARE FOUNDED ON THE FOLLOWING GENERAL PRINCIPLES: THE FIRST LOYALTY OF A STAFF MEMBER IS TO THE MUSEUM; CONFLICTS OF INTEREST OR THE APPEARANCE THEREOF MUST BE AVOIDED; A PROFESSIONAL STAFF POSITION MUST NOT BE USED FOR PERSONAL GAIN; STAFF SHOULD AT ALL TIMES SEEK TO MAINTAIN THE MUSEUM'S GOOD NAME IN THE COMMUNITY AND AVOID MISUSE OR DISPARAGEMENT OF ITS NAME, REPUTATION, PROPERTY OR SERVICES; A STAFF MEMBER SHALL NOT PURSUE ANY COURSE OF ACTION INDIRECTLY WHICH IF DONE DIRECTLY WOULD BE PROSCRIBED BY THE MUSEUM'S CODE OF ETHICS.

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

THE EXECUTIVE COMMITTEE CONDUCTS AN ANNUAL PERFORMANCE REVIEW OF THE EXECUTIVE DIRECTOR. COMPENSATION IS BASED ON THE EMPLOYEE'S PERFORMANCE AND COMPARABILITY DATA TO THE INDUSTRY STANDARDS USING THE AMERICAN ASSOCIATION OF MUSEUM'S SALARY SURVEY. THE BOARD APPROVES THE EXECUTIVE DIRECTOR'S COMPENSATION. THE COMPENSATION APPROVAL IS DOCUMENTED IN A LETTER FROM THE BOARD OF DIRECTORS.

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

FORM 990 IS AVAILABLE ON WWW.GUIDESTAR.ORG, WWW.CHARITYNAVIGATOR.ORG, AND WWW.ERI-NONPROFIT-SALARIES.COM

FORM 990 IS ALSO AVAILABLE ON OUR WEBSITE: BRUCEMUSEUM.ORG

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

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FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 990, AND FORM 1023 ARE MADE AVAILABLE FOR PUBLIC VIEWING UPON WRITTEN REQUEST AT BRUCE MUSEUM, INC. HEADQUARTERS LOCATED AT 1 MUSEUM DRIVE, GREENWICH, CONNECTICUT, 06830.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
LOSS ON UNCOLLECTIBLE PLEDGES -158,767.

FORM 990. PART XI, LINE 2C:
THE INDEPENDENT AUDITOR IS SELECTED AFTER A REVIEW AND BIDDING PROCESS CONDUCTED BY THE AUDIT COMMITTEE. THE AUDIT COMMITTEE REVIEWS THE FINANCIAL STATEMENT AND MEETS WITH THE INDEPENDENT AUDITORS BEFORE THE AUDIT REPORT AND FINANCIAL STATEMENTS ARE ISSUED. AUDIT FINDINGS, IF ANY, ARE COMMUNICATED TO THE AUDIT COMMITTEE BY THE INDEPENDENT AUDITORS. AUDIT COMMITTEE CONSIDERS THE FINDINGS. AUDIT COMMITTEE RECOMMENDS CORRECTIVE ACTION, IF IN THEIR JUDGEMENT IT IS NEEDED. THERE HAVE BEEN NO CHANGES IN THE PROCESS FROM THE PRIOR YEAR.