

PKF O'CONNOR DAVIES, LLP
3001 SUMMER STREET, 5TH FLOOR, EAST
STAMFORD, CT 06905

BRUCE MUSEUM INC.
ONE MUSEUM DRIVE
GREENWICH, CT 06830



TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2019

PREPARED FOR:

BRUCE MUSEUM INC.
ONE MUSEUM DRIVE
GREENWICH, CT 06830

PREPARED BY:

PKF O'CONNOR DAVIES, LLP
3001 SUMMER STREET, 5TH FLOOR, EAST
STAMFORD, CT 06905

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

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)

2018

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

| | | |
|--|---|--|
| 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: ROBERT P. WOLTERSTORFF SAME AS C ABOVE | D Employer identification number 23-7105904 E Telephone number 203-869-0376 G Gross receipts \$ 13,632,499. 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 | 34 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 34 |
| | 5 | Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 5 | 65 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 296 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 106,861. |
| | 7b | Net unrelated business taxable income from Form 990-T, line 38 | 7b | 0. |
| | Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year |
| 9 | | Program service revenue (Part VIII, line 2g) | 5,945,488. | 6,035,832. |
| 10 | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 233,582. | 229,375. |
| 11 | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 956,036. | 1,301,455. |
| 12 | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | -69,156. | -26,545. |
| | | | 7,065,950. | 7,540,117. |
| 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) | 3,345,175. | 3,292,095. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 120,000. | 120,000. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,219,331. | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,625,129. | 1,719,245. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 5,090,304. | 5,131,340. | |
| | 19 Revenue less expenses. Subtract line 18 from line 12 | 1,975,646. | 2,408,777. | |
| 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) | 37,626,388. | 38,065,855. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 1,700,832. | 548,580. |
| | | 35,925,556. | 37,517,275. | |

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 ROBERT P. WOLTERSTORFF, 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 05/05/20 |
| | Firm's name ▶ PKF O'CONNOR DAVIES, LLP | Firm's EIN ▶ 27-1728945 | Check if self-employed <input type="checkbox"/> PTIN P00543209 |
| | 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 \$ 3,456,892. including grants of \$) (Revenue \$ 246,952.) 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 3,456,892.

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 |
| 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 |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | 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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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 (34), 1b (34), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (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 (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[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) WILLIAM DEUTSCH TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) VICKI NETTER FIZGERALD TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) KATIE FLAHERTY TRUSTEE (THRU 06/2019) | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) REBECCA GILLAN TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) LUCILE GLASEBROOK TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) SACHIKO GOODMAN TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) MICHAEL GRUNBERG TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (15) MICHAEL KOVNER TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) PAMELA LAWRENCE TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (17) ROBERT H. LAWRENCE, JR. TRUSTEE (THRU 06/2019) | 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) KAMIE LIGHTBURN TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (19) SUSAN E. LYNCH TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (20) MICHAEL MASON TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (21) SIMONE MCENTIRE TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (22) DEANNA MULLIGAN TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (23) JULIA B. NUSSEIBEH TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (24) CANDACE PROCACCINI TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (25) NICOLE REYNOLDS TRUSTEE (THRU 06/2019) | 1.00 | X | | | | | | 0. | 0. | 0. |
| (26) CHARLES M. ROYCE TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| 1b Sub-total | | | | | | | | 0. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 741,888. | 0. | 264,277. |
| d Total (add lines 1b and 1c) | | | | | | | | 741,888. | 0. | 264,277. |

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 **3**

| | 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 + RIPPLE, ONE CANAL PLACE, SUITE 3150, NEW ORLEANS, LA 70130 | BUILDING DESIGN AND PLANNING | 591,269. |
| WHITE CONTRACTORS, 199 SOUND BEACH AVE, P.O. BOX 484, OLD GREENWICH, CT 06870 | PARKING LOT CONSTRUCTION | 490,295. |
| NST SYSTEMS, INC., 750 EAST MAIN STREET, 8TH FLOOR, STAMFORD, CT 06902 | IT MANAGEMENT | 144,095. |
| BARBARA J. TAVROW, 300 EAST 75TH STREET, APT 23B, NEW YORK, NY 10021 | FUNDRAISING SERVICES | 130,000. |
| KOYA LEADERSHIP PARTNERS 44 MERRIMAC STREET, NEWBURYPORT, MA 01950 | EXECUTIVE DIRECTOR CANDIDATE SEARCH | 101,977. |

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 **5**

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) BETSY RUPRECHT TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (28) DEBORAH SIMON TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (29) PETER TESEI TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (30) ANN VASSILIOU TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (31) JACQUELINE WALKER TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (32) SUE ANNE WEINBERG TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (33) JUDITH WERTHEIMER TRUSTEE (THRU 10/2018) | 1.00 | X | | | | | | 0. | 0. | 0. |
| (34) MARTHA R. ZOUBEK TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (35) MARGARET ANKER TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (36) MARYANN CHAI KELLER TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (37) TRACY HOLTON BISHOP TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (38) JILL OBERLANDER TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (39) PETER SUTTON EXECUTIVE DIRECTOR/CEO (THRU 12/18) | 35.00 | | | X | | | | 266,406. | 0. | 203,021. |
| (40) WILLIAM F. FERENCE DIRECTOR OF FINANCE/CFO | 35.00 | | | X | | | | 131,047. | 0. | 26,004. |
| (41) ROBERT WOLTERSTORFF EXECUTIVE DIRECTOR/CEO (AS OF 6/19) | 35.00 | | | X | | | | 0. | 0. | 0. |
| (42) WHITNEY ROSENBERG DIRECTOR OF DEVELOPMENT | 35.00 | | | | | X | | 124,478. | 0. | 7,039. |
| (43) ANNE VON STUELPNAGEL DIRECTOR OF EXHIBITIONS | 35.00 | | | | | X | | 115,079. | 0. | 10,956. |
| (44) SUZANNE LIO MANAGING DIRECTOR | 35.00 | | | | | X | | 104,878. | 0. | 17,257. |
| Total to Part VII, Section A, line 1c | | | | | | | | 741,888. | | 264,277. |

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 442,191. | | | | |
| | c Fundraising events | 1c 795,144. | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e 922,392. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 3,876,105. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | 828,828. | | | | |
| | h Total. Add lines 1a-1f | ▶ 6,035,832. | | | | |
| | Program Service Revenue | 2 a <u>ADMISSIONS</u> | Business Code 900099 | 175,056. | 175,056. | |
| b <u>WORKSHOP/PROGRAM FEES</u> | | 900099 | 54,319. | 54,319. | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | ▶ 229,375. | | | | |
| Other Revenue | | 3 Investment income (including dividends, interest, and other similar amounts) | ▶ 676,225. | | 6,218. | 670,007. |
| | 4 Income from investment of tax-exempt bond proceeds | ▶ | | | | |
| | 5 Royalties | ▶ | | | | |
| | 6 a Gross rents | (i) Real | 54,608. | | | |
| | | (ii) Personal | | | | |
| | | b Less: rental expenses | 0. | | | |
| | | c Rental income or (loss) | 54,608. | | | |
| | d Net rental income or (loss) | ▶ 54,608. | | | 54,608. | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | 6,317,768. | | | |
| | | (ii) Other | | | | |
| | | b Less: cost or other basis and sales expenses | 5,692,538. | | | |
| | | c Gain or (loss) | 625,230. | | | |
| | d Net gain or (loss) | ▶ 625,230. | | -298. | 625,528. | |
| | 8 a Gross income from fundraising events (not including \$ 795,144. of contributions reported on line 1c). See Part IV, line 18 | a 76,635. | | | | |
| | | b Less: direct expenses | b 276,306. | | | |
| c Net income or (loss) from fundraising events | | ▶ -199,671. | | | -199,671. | |
| 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 242,056. | | | | | |
| | b Less: cost of goods sold | b 123,538. | | | | |
| | c Net income or (loss) from sales of inventory | ▶ 118,518. | 17,577. | 100,941. | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11 | a | | | | | |
| | b | | | | | |
| | c | | | | | |
| | d All other revenue | | | | | |
| | e Total. Add lines 11a-11d | ▶ | | | | |
| 12 Total revenue. See instructions | ▶ 7,540,117. | 246,952. | 106,861. | 1,150,472. | | |

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 | 695,532. | 484,306. | 47,510. | 163,716. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 1,931,458. | 1,344,894. | 131,933. | 454,631. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 98,769. | 68,774. | 6,747. | 23,248. |
| 9 Other employee benefits | 345,318. | 240,448. | 23,588. | 81,282. |
| 10 Payroll taxes | 221,018. | 153,897. | 15,097. | 52,024. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 765. | 765. | | |
| c Accounting | 51,250. | 51,250. | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 120,000. | | | 120,000. |
| f Investment management fees | 96,618. | | 96,618. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) | 60,257. | 15,496. | 21,402. | 23,359. |
| 12 Advertising and promotion | 124,414. | 99,283. | 3,516. | 21,615. |
| 13 Office expenses | 385,192. | 280,521. | 20,442. | 84,229. |
| 14 Information technology | 155,910. | 93,307. | 34,750. | 27,853. |
| 15 Royalties | | | | |
| 16 Occupancy | 100,171. | 73,282. | 17,926. | 8,963. |
| 17 Travel | 124,139. | 112,875. | 2,266. | 8,998. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | 4,001. | 4,001. | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 258,406. | 191,556. | 11,964. | 54,886. |
| 23 Insurance | 18,502. | 769. | 6,311. | 11,422. |
| 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 | 103,297. | 103,297. | | |
| b HOSPITALITY | 96,441. | 24,846. | 3,849. | 67,746. |
| c CLEANING & MAINTENANCE | 56,770. | 40,040. | 10,649. | 6,081. |
| d HONORARIUM | 43,629. | 39,571. | 328. | 3,730. |
| e All other expenses | 39,483. | 33,714. | 221. | 5,548. |
| 25 Total functional expenses. Add lines 1 through 24e | 5,131,340. | 3,456,892. | 455,117. | 1,219,331. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |
| Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance 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 | 181,969. | 1 | 146,510. |
| | 2 Savings and temporary cash investments | 3,421,638. | 2 | 4,606,404. |
| | 3 Pledges and grants receivable, net | 2,177,178. | 3 | 1,210,119. |
| | 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 | 52,219. | 8 | 43,272. |
| | 9 Prepaid expenses and deferred charges | 96,423. | 9 | 164,938. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 8,403,527. | | |
| | b Less: accumulated depreciation | 10b 6,772,233. | 10c | 1,631,294. |
| | 11 Investments - publicly traded securities | 21,844,345. | 11 | 21,555,619. |
| | 12 Investments - other securities. See Part IV, line 11 | 4,032,500. | 12 | 3,729,567. |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 4,737,525. | 15 | 4,978,132. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 37,626,388. | 16 | 38,065,855. | |
| Liabilities | 17 Accounts payable and accrued expenses | 781,789. | 17 | 415,545. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 51,080. | 19 | 98,072. |
| | 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 | 34,963. |
| | 26 Total liabilities. Add lines 17 through 25 | 1,700,832. | 26 | 548,580. |
| 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 | 2,109,524. | 27 | 2,847,939. |
| | 28 Temporarily restricted net assets | 13,589,471. | 28 | 14,436,450. |
| | 29 Permanently restricted net assets | 20,226,561. | 29 | 20,232,886. |
| | 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 | 35,925,556. | 33 | 37,517,275. | |
| 34 Total liabilities and net assets/fund balances | 37,626,388. | 34 | 38,065,855. | |

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 | 7,540,117. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 5,131,340. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 2,408,777. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 35,925,556. |
| 5 | Net unrealized gains (losses) on investments | 5 | -187,791. |
| 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 | -629,267. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 37,517,275. |

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual 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?
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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis 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?
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?
- 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

| | Yes | No |
|----|-----|----|
| | | |
| 2a | | X |
| | | |
| 2b | X | |
| | | |
| 2c | X | |
| | | |
| 3a | | X |
| | | |
| 3b | | |

Form 990 (2018)

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

2018

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 | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| 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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 6255044. | 6547969. | 4825751. | 5945488. | 6035832. | 29610084. |
| 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 | 208,889. | 207,624. | 207,624. | 209,055. | 246,652. | 1079844. |
| 4 Total. Add lines 1 through 3 | 6463933. | 6755593. | 5033375. | 6154543. | 6282484. | 30689928. |
| 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) | | | | | | 1990823. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 28699105. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | 6463933. | 6755593. | 5033375. | 6154543. | 6282484. | 30689928. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 1541327. | 1258526. | 909,317. | 988,343. | 724,615. | 5422128. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 226,794. | | | | | 226,794. |
| 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 | | | | | | 36339820. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 2,577,449. |
| 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 2018 (line 6, column (f) divided by line 11, column (f)) | 14 | 78.97 % |
| 15 Public support percentage from 2017 Schedule A, Part II, line 14 | 15 | 73.77 % |
| 16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. 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 - 2017. 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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (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 2018 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2018. 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 - 2017. 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 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> | | |

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> | | |

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> | | |

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> | | |

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> | | |

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 | | (A) Prior Year | 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 2018 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-2018 | (iii) Distributable Amount for 2018 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2018 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | |
| a From 2013 | | | |
| b From 2014 | | | |
| c From 2015 | | | |
| d From 2016 | | | |
| e From 2017 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2018 distributable amount | | | |
| i Carryover from 2013 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2018 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2018 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2019. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2014 | | | |
| b Excess from 2015 | | | |
| c Excess from 2016 | | | |
| d Excess from 2017 | | | |
| e Excess from 2018 | | | |

Schedule A (Form 990 or 990-EZ) 2018

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.

Multiple horizontal lines for providing additional information.

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

2018

Name of the organization

BRUCE MUSEUM INC.

Employer identification number

23-7105904

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

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

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

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

[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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

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/> | \$ 144,350. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | <hr/> <hr/> <hr/> | \$ 196,827. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ 132,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | <hr/> <hr/> <hr/> | \$ 865,801. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | <hr/> <hr/> <hr/> | \$ 579,048. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | <hr/> <hr/> <hr/> | \$ 154,488. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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>700,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <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 |
|--|---|

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 |
|------------------------------|--|---|----------------------|
| 5 | DONATED STOCK _____ _____ _____ | \$ 539,498. | 06/26/19 |
| 6 | DONATED STOCK _____ _____ _____ | \$ 88,738. | 12/20/18 |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |

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

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

2018
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

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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 | 25,009,574. | 23,724,196. | 21,886,468. | 23,074,738. | 23,575,650. |
| b Contributions | 207,275. | 629,163. | 785,372. | 414,940. | 401,946. |
| c Net investment earnings, gains, and losses | 967,411. | 2,094,019. | 2,428,976. | -546,502. | 170,257. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 1,115,369. | 1,437,804. | 1,376,620. | 1,056,708. | 1,073,115. |
| f Administrative expenses | | | | | |
| g End of year balance | 25,068,891. | 25,009,574. | 23,724,196. | 21,886,468. | 23,074,738. |

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

- a Board designated or quasi-endowment 4.12 %
- b Permanent endowment 79.81 %
- c Temporarily restricted endowment 16.07 %

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 | | 7,867,163. | 6,283,183. | 1,583,980. |
| d Equipment | | 476,978. | 429,664. | 47,314. |
| 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.) 1,631,294.

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 | 3,729,567. | 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.) | 3,729,567. | |

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 | 4,978,132. |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 4,978,132. |

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 | 34,963. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 34,963. |

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 | 7,742,532. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | -187,791. |
| b | Donated services and use of facilities | 2b | 86,980. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 399,844. |
| e | Add lines 2a through 2d | 2e | 299,033. |
| 3 | Subtract line 2e from line 1 | 3 | 7,443,499. |
| 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 | 96,618. |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 96,618. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 7,540,117. |

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 | 5,521,546. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 86,980. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 399,844. |
| e | Add lines 2a through 2d | 2e | 486,824. |
| 3 | Subtract line 2e from line 1 | 3 | 5,034,722. |
| 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 | 96,618. |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 96,618. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 5,131,340. |

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. 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 COLLECTION ON THE STATEMENT OF CHANGES IN NET

Part XIII Supplemental Information (continued)

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, 2016.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

| | |
|--|----------|
| SPECIAL EVENTS EXPENSES REPORTED ON PART VIII, LINE 8B | 276,306. |
| COST OF GOODS SOLD REPORTED ON PART VIII, LINE 10B | 123,538. |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | 399,844. |

PART XII, LINE 2D - OTHER ADJUSTMENTS:

| | |
|--|----------|
| SPECIAL EVENTS EXPENSES REPORTED ON PART VIII, LINE 8B | 276,306. |
| COST OF GOODS SOLD REPORTED ON PART VIII, LINE 10B | 123,538. |
| TOTAL TO SCHEDULE D, PART XII, LINE 2D | 399,844. |

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 | 719,241. | 59,404. | 93,134. | 871,779. |
| | 2 | Less: Contributions | 663,561. | 50,704. | 80,879. | 795,144. |
| | 3 | Gross income (line 1 minus line 2) | 55,680. | 8,700. | 12,255. | 76,635. |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | 126,380. | 12,281. | 14,495. | 153,156. |
| | 7 | Food and beverages | 71,175. | | | 71,175. |
| | 8 | Entertainment | 3,776. | 4,100. | 450. | 8,326. |
| | 9 | Other direct expenses | 8,519. | 15,380. | 19,750. | 43,649. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | 276,306. |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | -199,671. | |

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)) |
|-----------------|--|-----------------------|---|---|---|
| | | 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.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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.

2018

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 Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the 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

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

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

| | 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) 2018

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 (THRU 12/18) | (i) | 266,406. | 0. | 0. | 200,839. | 2,182. | 469,427. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) WILLIAM F. FERENEC DIRECTOR OF FINANCE/CFO | (i) | 131,047. | 0. | 0. | 6,831. | 19,173. | 157,051. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

PART I, LINE 7:

SUZANNE LIO, MANAGING DIRECTOR, RECEIVED A \$25,000 DISCRETIONARY BONUS
INCLUDED IN HER 2018 W-2.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **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 | 7 | 828,828. | 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 |

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.

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

2018

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 BRUCE MUSEUM OFFERED A VARIETY ART AND SCIENCE EXHIBITIONS IN
2018-2019 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
2018-2019.

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 ALLOWED VISITORS
TO FOLLOW SARTORE AROUND THE WORLD ON THIS EXCITING AND IMPORTANT
PROJECT.

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

JUNE 23, 2018 - OCTOBER 21, 2018

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization

BRUCE MUSEUM INC.

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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 EVOLUTION. WHILE ATTENDING THE UNIVERSITY OF WISCONSIN-MILWAUKEE, A CITY HEAVILY SETTLED BY GERMAN IMMIGRANTS IN THE 19TH AND 20TH CENTURIES, HAAS BEGAN STUDYING GERMAN EXPRESSIONISM. INFORMED BY THE EMOTIVE WOODCUTS OF EMIL NOLDE, MAX BECKMANN, AND ERICH HECKEL, HAAS'S LARGE-SCALE PRINTS INCLUDE ABSTRACT PORTRAITS OF EUROPEAN ARTISTS AND GREAT THINKERS.

IN THE SUMMER OF 1960 HAAS STUDIED WITH THE ABSTRACT EXPRESSIONIST, JACK TWORKOV, AT THE UNIVERSITY OF WISCONSIN-MADISON. THROUGH TWORKOV'S URGING HAAS APPLIED TO THE UNIVERSITY OF MINNESOTA GRADUATE SCHOOL WHERE HE WAS OFFERED A FELLOWSHIP AS MALCOLM MYERS'S TEACHING ASSISTANT IN PRINTMAKING. WHILE STUDYING PAINTING AND PRINTMAKING THERE HE PURSUED A MINOR IN ART HISTORY AND BECAME INTRIGUED WITH THE PRINTS OF EDVARD MUNCH.

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,

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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 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.

WILD BEES ARE IMPORTANT POLLINATORS OF WILDFLOWERS, GARDEN FLOWERS AND COMMERCIAL CROPS INCLUDING FRUIT TREES, BERRIES, MELONS AND GARDEN VEGETABLES. ALTHOUGH DOMESTICATED HONEYBEES OFTEN ARE USED TO POLLINATE CULTIVATED PLANTS, WILD BEES ARE ABLE TO POLLINATE MANY FLOWERS AND CROPS THAT HONEY BEES CANNOT.

THE EXHIBITION INCLUDED SPECTACULAR VIEWS OF A VARIETY OF PINNED BEE SPECIMENS MAGNIFIED BY A VIDEO MICROSCOPE, AS WELL AS THREE DETAILED, ENLARGED MODELS OF WILD BEES, AN INTERACTIVE BEE IDENTIFICATION GUIDE, AND EXAMPLES OF A FEW WILD BEE HOMES.

A CONTINUOUS THREAD: NAVAJO WEAVING TRADITIONS

AUGUST 18, 2018 - NOVEMBER 25, 2018

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|---|--|
| Name of the organization BRUCE MUSEUM INC. | Employer identification number 23-7105904 |
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A CONTINUOUS THREAD: NAVAJO WEAVING TRADITIONS TRACED THE HISTORY OF THE NAVAJO WEAVING TRADITION FROM THE EARLIEST MEXICAN-INSPIRED SALTILLO SERAPES, C. 1880, TO MID-20TH CENTURY PICTORIAL RUGS.

FEATURING A DOZEN ITEMS FROM THE MUSEUM'S NATIVE AMERICAN ETHNOGRAPHIC COLLECTION SOME OF WHICH WERE PUBLICLY EXHIBITED FOR THE FIRST TIME THE EXHIBITION WAS ON DISPLAY IN THE BANTLE LECTURE GALLERY.

NAVAJO RUGS ARE UNIQUE BECAUSE THEIR WARP (THE VERTICAL STRINGS ON A LOOM) IS ONE, LONG CONTINUOUS PIECE OF WOOL THREAD. ONCE THE WARP IS SET ON THE LOOM, THE SIZE OF THE RUG CANNOT BE ALTERED. THIS WEAVING METHOD REQUIRES THE WEAVER TO PLAN THE DESIGN AND PATTERN OF THE RUG TO FIT PRECISELY INTO THE PREDETERMINED LENGTH OF THE RUG.

THE ABILITY TO CONCEIVE AND EXECUTE TWO-DIMENSIONAL DESIGNS IN EXTRAORDINARY PATTERNS AND COLORS SET NAVAJO WEAVERS APART FROM THE CREATORS OF OTHER NATIVE RUGS AND BLANKETS. KNOWLEDGE OF THIS TRADITIONAL PROCESS IS AN IMPORTANT CULTURAL TRADITION THAT HAS BEEN MAINTAINED THROUGH INTERGENERATIONAL INSTRUCTION AND MENTORING DESPITE THE OBSTACLES OF DISPLACEMENT, DISCRIMINATION AND ISOLATION EXPERIENCED BY THE NAVAJO NATION.

THE ITEMS DISPLAYED ARE FROM THE COLLECTION OF MISS MARGARET CRANFORD (1887 1974), A RESIDENT OF GREENWICH. AT THE AGE OF 21, MISS CRANFORD BEGAN A LIFELONG PURSUIT OF TRAVELING ACROSS THE UNITED STATES AND THE WORLD, COLLECTING FINE DECORATIVE ART, JEWELRY, AND TEXTILES.

RETOOLED: HIGHLIGHTS FROM THE HECHINGER COLLECTION

SEPTEMBER 22, 2018 - DECEMBER 30, 2018

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| Name of the organization BRUCE MUSEUM INC. | Employer identification number 23-7105904 |
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FEATURING MORE THAN 40 IMAGINATIVE PAINTINGS, SCULPTURES, WORKS ON PAPER AND PHOTOGRAPHS, THE EXHIBITION BROUGHT LIFE TO THE UNEXPECTED SUBJECT OF TOOLS BY PROFILING 28 VISIONARY ARTISTS FROM THE HECHINGER COLLECTION, INCLUDING RED GROOMS, WALKER EVANS, JIM DINE, AND CLAES OLDENBURG.

THE EXHIBITION CONSISTED OF FOUR SECTIONS THAT DYNAMICALLY FRAME THE THEMES OF THIS COLLECTION INTO ACCESSIBLE CATEGORIES: OBJECTS OF BEAUTY; MATERIAL ILLUSIONS; INSTRUMENTS OF SATIRE; AND TOOLS: AN EXTENSION OF SELF.

SOME OF THE ARTISTS REPRESENT TOOLS WITH REVERENCE TO ACCENTUATE THEIR PURITY OF DESIGN. OTHERS TRANSFORM AND DISTORT TOOLS TO HIGHLIGHT THEIR TRAGIC OBSOLESCENCE IN A TECHNOLOGICAL AGE. BUT ALL OF THE WORKS REMIND US THAT TOOLS EMBODY THE CAN-DO SPIRIT THAT DEFINES AMERICA AND THE QUEST TO IMPROVE OUR QUALITY OF LIFE.

RETOOLED: HIGHLIGHTS FROM THE HECHINGER COLLECTION WAS ORGANIZED BY INTERNATIONAL ARTS & ARTISTS, WASHINGTON, DC. GIFT OF JOHN AND JUNE HECHINGER.

DOWNSIZED: SMALL-SCALE SCULPTURE BY CONTEMPORARY ARTISTS
NOVEMBER 3, 2018 - JANUARY 27, 2019

ENTICING VIEWERS TO TAKE A CLOSER LOOK, THIS EXHIBITION OF MINIATURES, MODELS AND DIORAMAS EXPLORED INTERIOR AND EXTERIOR ARCHITECTURE IN A RANGE OF SCALES. SOME WORKS CONTEMPLATED THE STRUCTURE AND ITS PLACE IN HISTORY AS A MONUMENT TO ARCHITECTURAL CREATIVITY, OTHERS PAID HOMAGE

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TO THE HISTORY OF AN URBAN ENVIRONMENT, YET OTHERS DEPICTED FANCIFUL,
SURREAL PLACES THAT COULD ONLY EXIST IN MINIATURE.

A MINIATURES SHOW HAS BEEN A BIENNIAL BRUCE MUSEUM TRADITION FOR OVER
THIRTY-FIVE YEARS.

PRESSED FOR TIME: BOTANICAL COLLECTING AS GENTEEL PASTIME OR SCIENTIFIC
PURSUIT?

DECEMBER 1, 2018 - MARCH 3, 2019

PRESENTED IN THE BANTLE LECTURE GALLERY, THE EXHIBITION PRESSED FOR
TIME: BOTANICAL COLLECTING AS GENTEEL PASTIME OR SCIENTIFIC PURSUIT?
EXPLORED THE HOBBY AND PROFESSION OF PLANT COLLECTING AROUND THE TURN
OF THE NINETEENTH CENTURY. STARTING IN THE 1820S, BOTANICAL COLLECTING
BECAME A HUGELY POPULAR OUTDOOR ACTIVITY FOR BOTH AMATEURS AND
PROFESSIONALS. PLANT COLLECTING WAS AN ACCEPTABLE ACTIVITY FOR WOMEN,
CHILDREN, AND GENTLEMEN ALIKE.

EXAMPLES OF SPECIMENS FROM SEVEN DIFFERENT COLLECTORS HELPED TO
ILLUSTRATE THE DIVERSE PERSONALITIES WHO COLLECTED AND PRESERVED THE
LOCAL FLORA. SOME COLLECTED FOR PURELY SCIENTIFIC REASONS; OTHERS TO
ENJOY LIKE-MINDED COMPANY AND RELAXING WALKS IN NATURE.

TODAY, THESE STRIKING SPECIMENS ARE OFTEN ADMIRER FOR THEIR AESTHETICS.
WHILE FRAMED ANTIQUE HERBARIUM SHEETS ARE NOW POPULAR HOME DECOR, THIS
TREND DISASSOCIATES THEM FROM SCIENTIFIC USE.

THE DAWN OF MODERN MEDICINE: SELECTIONS FROM THE MEDICAL ARTIFACT

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COLLECTION OF M. DONALD BLAUFOX, MD, PHD

NOVEMBER 24, 2018 - APRIL 7, 2019

THE 19TH CENTURY WITNESSED A REMARKABLE TRANSFORMATION OF THE FIELD OF MEDICAL PRACTICE. AT THE BEGINNING OF THE CENTURY, MEDICAL INSTRUMENTS WERE OFTEN BEAUTIFULLY CRAFTED, BUT COULD NOT BE STERILIZED.

ANESTHESIA DID NOT EXIST AND POST-OPERATIVE INFECTION KILLED MANY

PATIENTS. AS THE ERA PROGRESSED, GERM THEORY BECAME ACCEPTED AND

ASEPTIC TOOLS REPLACED AESTHETICALLY PLEASING INSTRUMENTS MADE OF WOOD,

IVORY, AND EBONY. ADVANCING TECHNOLOGY BROUGHT THE WORLD NEW WAYS TO

DIAGNOSE ILLNESS SUCH AS THE STETHOSCOPE, X-RAYS, AND SPHYGMOMANOMETER

(FOR BLOOD PRESSURE). MANY OF THESE INNOVATIVE INSTRUMENTS ARE DIRECT

PRECURSORS OF THOSE USED BY PRESENT-DAY DOCTORS, OFTEN WITH REMARKABLY

LITTLE MODIFICATION.

THIS EXHIBITION SHOWCASED APPROXIMATELY ONE HUNDRED ARTIFACTS, RANGING

FROM SURGICAL TOOLS TO QUACK PATENT MEDICINES TO EARLY X-RAY TUBES,

TELLING THE STORY OF HOW VARIOUS BRANCHES OF DIAGNOSTIC AND THERAPEUTIC

MEDICINE EVOLVED.

MASTERPIECES FROM THE MUSEUM OF CARTOON ART

JANUARY 26, 2019 - APRIL 20, 2019

MASTERPIECES FROM THE MUSEUM OF CARTOON ART SHOWCASED MORE THAN 100

ORIGINAL WORKS CELEBRATING THE HISTORY OF THIS UNIQUE ART FORM IN

AMERICA. AMONG THE MANY ITEMS DISPLAYED WERE AN EARLY EDITORIAL CARTOON

BY THOMAS NAST, A SPECTACULAR PRINCE VALIANT SUNDAY PAGE BY HAL FOSTER,

AND A WITTY NEW YORKER GAG BY PETER ARNO, AS WELL AS CLASSIC PEANUTS,

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DOONESBURY, AND CALVIN AND HOBBS COMIC STRIPS.

TREASURES FROM THIS RICH AND VARIED REPOSITORY REPRESENTED ALL OF THE
CARTOON GENRES, INCLUDING COMIC STRIPS, NEWSPAPER PANELS, COMIC BOOKS,
EDITORIAL CARTOONS, MAGAZINE CARTOONS, CARICATURE, ILLUSTRATION AND
ANIMATION. THE ARTWORK WAS ON LOAN FROM THE OHIO STATE UNIVERSITY BILLY
IRELAND CARTOON LIBRARY & MUSEUM.

THE FIRST INSTITUTION DEDICATED TO THE COLLECTION, PRESERVATION, AND
EXHIBITION OF CARTOON ART, THE MUSEUM OF CARTOON ART WAS OPENED IN
GREENWICH IN AUGUST 1974. FOUNDED BY CARTOONIST AND LONGTIME GREENWICH
RESIDENT MORT WALKER, IT MOVED TO PORT CHESTER/RYE BROOK, NY, IN 1977,
REOPENED IN BOCA RATON, FL, IN 1996, AND DONATED ITS COLLECTION TO THE
BILLY IRELAND CARTOON LIBRARY & MUSEUM IN 2008.

YOUR PLACE SQUARED: COMMUNITY ART PROJECT

MARCH 9, 2019 - JUNE 2, 2019

THE BRUCE MUSEUM PRESENTED A NEW COMMUNITY PROJECT OF SMALL ARTWORKS
CREATED ENTIRELY BY THE PUBLIC FOR THE PUBLIC. YOUR PLACE SQUARED
OPENED IN THE MUSEUM'S BANTLE LECTURE GALLERY ON MARCH 9, 2019 WITH A
DAZZLING ASSEMBLAGE OF MORE THAN 500 ARTWORKS CREATED BY ARTISTS OF ALL
AGES AND ABILITIES.

BASED ON THE POPULAR 2012 BRUCE MUSEUM EXHIBITION OF SELF-PORTRAITS,
YOUR FACE SQUARED, THE BRUCE MUSEUM ASKED PARTICIPANTS TO TURN TO THE
LANDSCAPE FOR CREATIVE INSPIRATION. AND DID THEY EVER!

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THE SUBJECTS OF YOUR PLACE SQUARED WERE FAVORITE LANDSCAPES, HOMES, A ROOM, OR ANY SPACE THAT FELT TREASURED. THE ARTWORKS WERE CREATED IN MANY MEDIA, INCLUDING WRITING, DRAWING, PAINTING, PHOTOGRAPHY AND COLLAGE. EACH ENTRY WAS ORIGINAL AND ANONYMOUS, 6 INCHES BY 6 INCHES IN SIZE AND NO THICKER THAN 3 INCHES.

BURIED TREASURES OF THE SILK ROAD

FEBRUARY 9, 2019 - JUNE 9, 2019

BURIED TREASURES OF THE SILK ROAD SHOWCASED THE EXTRAORDINARY COLLECTION OF CHINESE TOMB SCULPTURE IN THE FRED AND JANE BROOKS COLLECTION OF THE BRUCE MUSEUM. FEATURING DOZENS OF RARE AND DELICATE TERRA COTTA FIGURINES, PAINTED AND GLAZED CERAMICS, AND OTHER ANTIQUITIES, BURIED TREASURES OF THE SILK ROAD WAS ON VIEW IN THE MUSEUM'S ARCADE GALLERY.

BURIED TREASURES CELEBRATED THE ARTISTIC ACHIEVEMENTS OF ANONYMOUS CHINESE ARTISTS SUPPORTED BY THE RICHES EARNED ON THE SILK ROAD. THE EXHIBITION WILL ALSO FEATURED ART OBJECTS FROM THE MUSEUM'S PERMANENT COLLECTION EXCHANGED ON THE SILK ROAD.

ICREATE 2019

JUNE 8, 2019 - JULY 28, 2019

THE BRUCE MUSEUM SPOTLIGHTED THE CREATIVE ENERGY AND VITALITY OF FINE ART CREATED BY REGIONAL HIGH SCHOOL STUDENTS IN THE 10TH ANNUAL ICREATE EXHIBITION. THE SHOW FEATURED 53 JURY-SELECTED ARTWORKS, AND CENTERED ON AN ARRAY OF WORKS INFUSED WITH THE CREATIVE SPIRIT AND IMPACTFUL

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VOICES OF BUDDING YOUNG ARTISTS.

ICREATE SERVES AS AN OUTLET FOR THESE EMERGING ARTISTS, AMPLIFYING THE SCOPE OF THEIR PIECES' INFLUENCE AND PROVIDING THE COMMUNITY A GLIMPSE INTO LOCAL ARTISTIC POTENTIAL. THE WORKS ARE OF DIVERSE MEDIUMS AND EXPLORE DIFFERENT THEMES RANGING FROM CRITIQUES OF TRADITIONAL SOCIAL CONSTRUCTS, TO PLAYFUL PORTRAITS, TO STATEMENTS REGARDING ANIMAL EXTINCTION.

THE EXHIBITION WAS ORGANIZED BY NINE HIGH SCHOOL SENIORS WHO COMPOSE THE BRUCE MUSEUM'S YOUTH@BRUCE COMMITTEE: ISABELLE HOLE, DARIEN HIGH SCHOOL; MADALYNN STEWART, GREENWICH HIGH SCHOOL; REED PUTNAM, HORACE GREELEY HIGH SCHOOL; ANN PAKHAYEV, NEW CANAAN HIGH SCHOOL; ZOE SWISS AND DANI CRONIN, BYRAM HILLS HIGH SCHOOL; MANYA KULA AND SARA FRANKENTHALER, SCARSDALE HIGH SCHOOL; ALEXANDRA KIRK, RYE HIGH SCHOOL.

SHARKS!

APRIL 20, 2019 - SEPTEMBER 1, 2019

THERE ARE FEW CREATURES WHICH INSPIRE SO MUCH FASCINATION AND FEAR AS SHARKS. HOWEVER, SHARKS ARE FAR FROM THE MINDLESS KILLING MACHINES, AS THEY ARE SO COMMONLY PORTRAYED. SOME LIVE PEACEFUL LIVES SKIMMING PLANKTON OUT OF THE WATER WITH SPECIALIZED GILL RAKERS. OTHER SHARKS HAVE ROBUST SOCIAL LIVES AND WILL REMEMBER THEIR FAVORED COMPANIONS YEAR AFTER YEAR. A FEW TURN THE PHRASE "COLD-BLOODED KILLER" ON ITS HEAD EVEN MORE THOROUGHLY AND LIVE WITH WARM BLOOD PUMPING THROUGH THEIR VEINS.

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THIS EXHIBITION FEATURES LIVE SHARKS DEVELOPING IN EGGS, LIFE-SIZED MODELS OF SHARKS, AND TEETH FROM ALMOST 20 DIFFERENT SPECIES. THE SHOW ALSO EXAMINES HOW THE SEAS ARE CHANGING. PLASTIC AND OTHER DEBRIS POLLUTE THE WATER, AND SHARKS ARE HARVESTED BY THE MILLIONS TO FEED A SEEMINGLY INSATIABLE DEMAND FOR SHARK FIN SOUP AND OTHER PRODUCTS.

TO LOOK AT A SHARK IS TO SEE OVER 400 MILLION YEARS OF EVOLUTIONARY SUCCESS. WHETHER THEY ARE DISGUISED THEMSELVES ON THE REEF FLOOR OR SPEEDING AT 45 MPH AFTER A SCHOOL OF FISH, SHARKS ARE PERFECTLY ADAPTED TO THEIR LIFESTYLE AND ENVIRONMENT.

SUMMER WITH THE AVERYS [MILTON | SALLY | MARCH]

MAY 11, 2019 - SEPTEMBER 1, 2019

FEATURING LANDSCAPES, SEASCAPES, BEACH SCENES, AND FIGURAL COMPOSITIONS AS WELL AS RARELY SEEN TRAVEL SKETCHBOOKS THE EXHIBITION TAKES AN INNOVATIVE APPROACH TO THE SUPERB WORK PRODUCED BY THE AVERY FAMILY. ALONG WITH CANONICAL PAINTINGS BY MILTON AVERY, THE SHOW OFFERS A UNIQUE OPPORTUNITY TO BECOME ACQUAINTED WITH THE REMARKABLE ART CREATED BY AVERY'S WIFE SALLY AND THEIR DAUGHTER MARCH.

AS IT WAS FOR MANY ARTISTS BEFORE AND SINCE, SUMMERTIME WAS A MOMENT OF HEIGHTENED CREATIVITY FOR THE AVERYS. ESCAPING FROM THEIR HECTIC LIVES IN NEW YORK, THE THREE ARTISTS WERE INSPIRED BY THESE BUCOLIC AND SOMETIMES UNFAMILIAR SETTINGS. THE ART THEY PRODUCED INCLUDING OIL PAINTINGS, WATERCOLORS, DRAWINGS AND PRINTS WAS FILLED WITH THE SPLENDOR OF NATURAL PHENOMENA AND THE SOCIABILITY OF FAMILY, FRIENDS, AND ACQUAINTANCES; THE WORK RANGES FROM THE REPRESENTATIONAL TO THE

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NEARLY ABSTRACT.

FROM BUTTERFLIES TO BATTLESHIPS: SELECTIONS FROM THE BRUCE MUSEUM

PHOTOGRAPHY COLLECTION

JUNE 22, 2019 - SEPTEMBER 1, 2019

BEGINNING WITH THE FIRST FORAYS INTO PHOTOGRAPHIC PRACTICE IN THE NINETEENTH CENTURY, WITH LOUIS DAGUERRE AND NICPHORE NIPCE IN FRANCE AND WILLIAM HENRY FOX TALBOT IN ENGLAND, PHOTOGRAPHERS, THE PUBLIC, AND CRITICS ALIKE HAVE ARGUED AS TO THE RELATIVE MERIT OF THE MEDIUM IS IT A SCIENTIFIC OR ARTISTIC PROCESS? A METHOD FOR FORMAL OR CONCEPTUAL EXPLORATION? IS A PHOTOGRAPH FACT OR FICTION?

FROM BUTTERFLIES TO BATTLESHIPS DRAWS FROM THE BRUCE MUSEUM PHOTOGRAPHY COLLECTION TO PRESENT A SELECTION OF WORK BY FOUR SINGULAR AMERICAN PHOTOGRAPHERS. THE EXHIBITION WILL SHOWCASE THE TREMENDOUS DIVERSITY OF DIRECTIONS TAKEN IN THE TWENTIETH CENTURY, WHETHER EMPLOYING THE CAMERA IN A DOCUMENTARY MODE TO RECORD DETAILS OF INSECT DEVELOPMENT OR TO CHRONICLE SWEEPING HISTORICAL EVENTS, OR EXPERIMENTING WITH THE TECHNOLOGY TO CREATE ABSTRACT OR COMPOSITE IMAGES.

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 2018-2019 INCLUDE THE FOLLOWING:

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- THIS YEAR, THE MUSEUM HAD APPROXIMATELY 25,000 VISITOR INTERACTIONS THROUGH EDUCATIONAL PROGRAMS.

-BRUCE EXPLORERS IS THE NEWEST OFFERING FROM YOUTH AND FAMILY PROGRAMS. DURING THIS EXTENDED DROP-OFF PROGRAM FOR CHILDREN AGES 7-16, PARTICIPANTS EXPLORE DIFFERENT SCIENCE CONCEPTS THROUGH HANDS-ON LABS. THE FIRST ONE TOOK PLACE ON JUNE 9TH, 2019 AND WAS ALL ABOUT "SHARKS!." PARTICIPANTS LEARNED ABOUT THE EXTERNAL AND INTERNAL ANATOMY OF A DOGFISH SHARK THROUGH A GUIDED DISSECTION.

-IN NOVEMBER 2018, THE MUSEUM BEGAN TO OFFER REGULARLY SCHEDULED PROGRAMING WITH IMAGINATION PLAYGROUND BLOCKS, PURCHASED THROUGH A GENEROUS GRANT FROM THE HILLIARD FAMILY FOUNDATION. CALLED DESIGN TIME, THIS PROGRAM ALLOWS CHILDREN AGES 2 AND UP TO USE THEIR IMAGINATION TO BUILD, DESIGN, AND CREATE WITH BLOCKS. THIS PROGRAM TAKES PLACE ON THE FIRST AND THIRD THURSDAYS OF EACH MONTH IN THE MUSEUM'S GALLERY SPACE. FOURTEEN SESSIONS OCCURRED THROUGHOUT THE FISCAL YEAR AND BROUGHT IN 80 CHILDREN AND CAREGIVERS.

-THE BRUCE MUSEUM HOSTED AN ANNUAL MARTIN LUTHER KING, JR. FAMILY DAY ON JANUARY 21ST, 2019. FOR THIS EVENT, THE MUSEUM COLLABORATED WITH NEIGHBOR TO NEIGHBOR, A NON-PROFIT DEDICATED TO SERVING RESIDENTS IN NEED IN THE GREENWICH AREA. THERE WERE 257 VISITORS AT THIS EVENT, WHICH IS ALMOST DOUBLE TYPICAL FAMILY DAY ATTENDANCE. MANY GUESTS DONATED SEVERAL ITEMS, BEYOND WHAT WAS REQUIRED FOR FREE ADMISSION. THE MUSEUM DONATED 20 CRATES OF ITEMS TO NEIGHBOR TO NEIGHBOR. THE GUEST PARTICIPATION AND COMMUNITY PARTNERSHIP WITH NEIGHBOR TO NEIGHBOR HONORED THE SPIRIT OF MLK DAY AT THE BRUCE MUSEUM.

-THE RELATIONSHIP BETWEEN THE GREENWICH PUBLIC SCHOOLS AND THE BRUCE MUSEUM CONTINUES TO GROW AND EVOLVE. THIS YEAR, IN ADDITION TO HOSTING

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INNOVATION LAB AND PROVIDING OUTREACH PROGRAMS FOR GPS STUDENTS, THE MUSEUM PRESENTED PROFESSIONAL DEVELOPMENT WORKSHOPS FOR THE GPS THREE TIMES. IN ADDITION, LAURA NEWELL, THE GPS PROGRAM COORDINATOR FOR ART AND MUSIC AND A MEMBER OF THE MUSEUM'S EDUCATION TASK FORCE, ASKED THE MUSEUM TO OFFER A RECURRING WORKSHOP FOR TEACHERS ON THE DAY BEFORE THE FIRST DAY OF SCHOOL. THIS INTERACTION MEANS THAT OVER 65% OF GPS STAFF HAS PARTICIPATED IN A PD WORKSHOP LED BY BRUCE MUSEUM STAFF. THE WORKSHOPS FOCUSED ON DIVERSE TOPICS SUCH AS "DISCUSSING DIFFICULT ISSUES USING ART," "LEARNING ABOUT THE HISTORY OF SCIENCE THROUGH THE MEDIUM OF ART HISTORY," AND "OBJECT BASED LEARNING AND THE INTERCONNECTIVITY OF DISCIPLINES."

-DURING THIS FISCAL YEAR, THE BRUCE MUSEUM EDUCATORS DELIVERED 146 PROGRAMS TO 3,074 PARTICIPANTS FROM GREENWICH-BASED SCHOOLS AND ORGANIZATIONS.

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:

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- 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 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.

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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 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

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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 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

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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:

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:

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| LOSS ON UNCOLLECTIBLE PLEDGES | -629,267. |
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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

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RECOMMENDS CORRECTIVE ACTION, IF IN THEIR JUDGEMENT IT IS NEEDED. THERE
HAVE BEEN NO CHANGES IN THE PROCESS FROM THE PRIOR YEAR.

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