

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

A For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

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.		D Employer identification number 23-7105904
	Doing business as		E Telephone number 203-869-0376
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 25,170,483.
	ONE MUSEUM DRIVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code GREENWICH, CT 06830		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
F Name and address of principal officer: ROBERT P. WOLTERSTORFF SAME AS C ABOVE			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		Prior Year		Current Year	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE BRUCE MUSEUM'S EXHIBITIONS AND EDUCATIONAL PROGRAMS ADVANCE THE UNDERSTANDING OF ART AND				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	40		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	40		
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	50		
	6 Total number of volunteers (estimate if necessary)	6	156		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	35,536.		
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	13,436.			
Revenue	8 Contributions and grants (Part VIII, line 1h)	31,598,961.	12,141,247.		
	9 Program service revenue (Part VIII, line 2g)	73,221.	114,915.		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,109,335.	1,756,347.		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-4,109.	117,756.		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	34,777,408.	14,130,265.		
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,095.	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)	3,382,060.	3,340,425.		
	16a Professional fundraising fees (Part IX, column (A), line 11e)	120,000.	110,000.		
	b Total fundraising expenses (Part IX, column (D), line 25)	1,450,149.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,790,516.	2,129,529.		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,294,671.	5,579,954.			
19 Revenue less expenses. Subtract line 18 from line 12	29,482,737.	8,550,311.			
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	80,928,323.	87,479,834.		
	21 Total liabilities (Part X, line 26)	2,965,060.	10,456,981.		
	22 Net assets or fund balances. Subtract line 21 from line 20	77,963,263.	77,022,853.		

Part II Signature Block

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

Sign Here	Signature of officer	Date
	ROBERT P. WOLTERSTORFF, EXECUTIVE DIRECTOR AND CEO	5/8/23

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	EVA MRUK	EVA MRUK	05/08/23		P00543254
	Firm's name	Firm's EIN	Phone no.		
	PKF O'CONNOR DAVIES ADVISORY, LLC	87-3231666	203-323-2400		
	Firm's address				
	3001 SUMMER STREET, 5TH FLOOR, EAST STAMFORD, CT 06905				

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: THE BRUCE MUSEUM'S EXHIBITIONS AND EDUCATIONAL PROGRAMS ADVANCE THE UNDERSTANDING 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. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,465,163. Including grants of \$) (Revenue \$ 117,653.) THE BRUCE MUSEUM OFFERED A VARIETY ART AND SCIENCE EXHIBITIONS IN 2021-2022 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.

SEE SCHEDULE O FOR A LIST OF THE EXHIBITIONS THAT TOOK PLACE IN 2021-2022.

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

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

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

4e Total program service expenses 3,465,163.

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> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <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 Rev. Proc. 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 donor-restricted endowments or in 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> See instructions	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		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 on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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 on 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 columns. Includes questions 2a through 17 regarding employee reporting, tax returns, foreign accounts, 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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **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.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records **CAROLYN HAMRAK - 203-413-7525**
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 the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT WOLTERSTORFF EXECUTIVE DIRECTOR/CEO	35.00			X			260,000.	0.	14,586.	
(2) SUZANNE LIO COO AND MANAGING DIRECTOR	35.00				X		148,401.	0.	33,939.	
(3) WILLIAM F. FERENEC - DIRECTOR OF FINANCE / CFO - THRU 6/22	35.00			X			134,544.	0.	20,238.	
(4) DANIEL KSEPKA CURATOR OF SCIENCE	35.00				X		111,004.	0.	38,249.	
(5) WHITNEY ROSENBERG DIRECTOR OF DEVELOPMENT	35.00				X		132,500.	0.	7,552.	
(6) ANNE VON STUELPNAGEL DIRECTOR OF EXHIBITIONS	35.00				X		121,633.	0.	8,442.	
(7) PETER SUTTON - FORMER EXECUTIVE DIRECTOR/CEO	0.00					X	125,000.	0.	0.	
(8) JAMES B. LOCKHART III CHAIRMAN OF BOARD	7.50	X		X			0.	0.	0.	
(9) WILLIAM DEUTSCH VICE CHAIR	1.00	X		X			0.	0.	0.	
(10) SIMONE MCENTIRE VICE CHAIR	1.00	X		X			0.	0.	0.	
(11) HEIDI B. SMITH VICE CHAIR	1.00	X		X			0.	0.	0.	
(12) REBECCA GILLAN VICE CHAIR	1.00	X		X			0.	0.	0.	
(13) CHARLES M. ROYCE VICE CHAIR	1.00	X		X			0.	0.	0.	
(14) PATRICIA W. CHADWICK TREASURER	1.00	X		X			0.	0.	0.	
(15) ELLEN A. FLANAGAN SECRETARY	1.00	X		X			0.	0.	0.	
(16) SUE MORETTI BODSON TRUSTEE	1.00	X					0.	0.	0.	
(17) THOMAS BYRNE TRUSTEE, THRU JAN 2022	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) FRED CAMILLO TRUSTEE	1.00	X						0.	0.	0.
(19) MARYANN KELLER CHAI TRUSTEE, THRU JUNE 2022	1.00	X						0.	0.	0.
(20) MAURICE J. CUNNIFFE TRUSTEE	1.00	X						0.	0.	0.
(21) TESH DURVASULA TRUSTEE THRU 12/21	1.00	X						0.	0.	0.
(22) KATHY C. EPSTEIN TRUSTEE	1.00	X						0.	0.	0.
(23) VICKI NETTER FITZGERALD TRUSTEE	1.00	X						0.	0.	0.
(24) ERIN GLASEBROOK TRUSTEE	1.00	X						0.	0.	0.
(25) SACHIKO GOODMAN TRUSTEE	1.00	X						0.	0.	0.
(26) JOHN C. HART TRUSTEE	1.00	X						0.	0.	0.
1b Subtotal								1,033,082.	0.	123,006.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,033,082.	0.	123,006.

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 **7**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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
TURNER CONSTRUCTION, 50 WATERVIEW DRIVE, SUITE 220, SHELTON, CT 06484	CONSTRUCTION SERVICES	13,353,979.
ESKEW + DUMEZ + RIPPLE, ONE CANAL PLACE, SUITE 3150, NEW ORLEANS, LA 70130	ARCHITECTURAL SERVICES	620,798.
UNIVERSAL SERVICES ASSOCIATES INC 5 HORNE DRIVE, FOLCROFT, PA 19032	CONSTRUCTION SERVICES	265,065.
NST SYSTEMS, INC., 750 EAST MAIN STREET, 8TH FLOOR, STAMFORD, CT 06902	IT SERVICES	213,518.
FABRIQUE, WEENA - ZUID 108 3012 NC, ROTTERDAM, NETHERLANDS	WEBSITE DESIGN SERVICES	174,670.
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) TRACY BISHOP HOLTON TRUSTEE	1.00	X						0.	0.	0.
(28) KAREN S. KEEGAN TRUSTEE	1.00	X						0.	0.	0.
(29) FELICITY KOSTAKIS TRUSTEE	1.00	X						0.	0.	0.
(30) ROBERT H. LAWRENCE TRUSTEE	1.00	X						0.	0.	0.
(31) KAMIE LIGHTBURN TRUSTEE	1.00	X						0.	0.	0.
(32) SUSAN E. LYNCH TRUSTEE	1.00	X						0.	0.	0.
(33) MICHAEL MASON TRUSTEE, THRU JAN 2022	1.00	X						0.	0.	0.
(34) KATHLEEN L. METINKO TRUSTEE	1.00	X						0.	0.	0.
(35) CHRIST WOLFE NICHOLS TRUSTEE	1.00	X						0.	0.	0.
(36) JULIA B. NUSSEIBER TRUSTEE	1.00	X						0.	0.	0.
(37) DAN OZIZMIR TRUSTEE	1.00	X						0.	0.	0.
(38) NICOLE REYNOLDS TRUSTEE	1.00	X						0.	0.	0.
(39) LAURIE RUBIN TRUSTEE	1.00	X						0.	0.	0.
(40) BETSY RUPRECHT TRUSTEE	1.00	X						0.	0.	0.
(41) BOB SELANDER TRUSTEE	1.00	X						0.	0.	0.
(42) ANNE, C SHERRERD TRUSTEE	1.00	X						0.	0.	0.
(43) DEBORAH SIMON TRUSTEE	1.00	X						0.	0.	0.
(44) JUDITH K. STEIN, MD TRUSTEE	1.00	X						0.	0.	0.
(45) ANGELA TIMASHEV TRUSTEE	1.00	X						0.	0.	0.
(46) ALEXIS VOULGARIS TRUSTEE	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b	367,849.			
	c Fundraising events	1c	309,490.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	1,647,380.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,816,528.			
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,856,481.			
	h Total. Add lines 1a-1f		12,141,247.			
			Business Code			
Program Service Revenue	2 a ADMISSIONS		611710	51,880.	51,880.	
	b MEMBERSHIP DUES		611710	35,840.	35,840.	
	c WORKSHOP/PROGRAM FEES		611710	27,195.	27,195.	
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		114,915.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,428,881.	1428881.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents		(i) Real	(ii) Personal		
		6a	4,000.			
		6b	0.			
	c Rental income or (loss)	6c	4,000.			
	d Net rental income or (loss)			4,000.	4,000.	
	7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
		7a	10,888,363.			
		7b	10,560,897.			
	c Gain or (loss)	7c	327,466.			
	d Net gain or (loss)			327,466.	327,466.	
	8 a Gross income from fundraising events (not including \$ 309,490. of contributions reported on line 1c). See Part IV, line 18					
		8a	472,945.			
8b		397,463.				
c Net income or (loss) from fundraising events			75,482.	75,482.		
9 a Gross income from gaming activities. See Part IV, line 19						
	9a					
	9b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances						
	10a	120,132.				
	10b	81,858.				
c Net income or (loss) from sales of inventory			38,274.	2,738.	35,536.	
Miscellaneous Revenue			Business Code			
	11 a					
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d						
12 Total revenue. See instructions			14,130,265.	117,653.	35,536.	1835829.

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	371,206.	249,233.	24,336.	97,637.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	125,000.	83,927.	8,195.	32,878.
7 Other salaries and wages	2,136,396.	1,434,405.	140,060.	561,931.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	104,324.	70,045.	6,839.	27,440.
9 Other employee benefits	384,446.	258,122.	25,204.	101,120.
10 Payroll taxes	219,053.	147,075.	14,361.	57,617.
11 Fees for services (nonemployees):				
a Management				
b Legal	49,370.		49,370.	
c Accounting	59,046.		59,046.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	110,000.			110,000.
f Investment management fees	133,429.		133,429.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	309,224.	173,214.	26,482.	109,528.
12 Advertising and promotion	62,313.	35,078.	8,072.	19,163.
13 Office expenses	425,444.	255,560.	33,907.	135,977.
14 Information technology	201,354.	136,197.	35,944.	29,213.
15 Royalties				
16 Occupancy	210,912.	145,563.	43,204.	22,145.
17 Travel	33,677.	27,895.	764.	5,018.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	54,632.	21,473.	2,306.	30,853.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	369,010.	273,547.	17,085.	78,378.
23 Insurance	33,792.	14,150.	8,024.	11,618.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a CLEANING & MAINTENANCE	119,408.	82,705.	23,723.	12,980.
b EXHIBITIONS/COLLECTIONS	47,150.	47,150.		
c MISC OPERATING EXPENSES	11,246.	4,748.	3,886.	2,612.
d HONORARIUM	9,522.	5,076.	405.	4,041.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,579,954.	3,465,163.	664,642.	1,450,149.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	161,768.	1 859,670.
	2	Savings and temporary cash investments	9,156,543.	2 1,697,604.
	3	Pledges and grants receivable, net	13,948,276.	3 10,079,928.
	4	Accounts receivable, net		4
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use	35,721.	8 6,257.
	9	Prepaid expenses and deferred charges	103,235.	9 115,297.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,707,835.	
	b	Less: accumulated depreciation	10b 7,761,867.	10c 2,945,968.
	11	Investments - publicly traded securities	28,241,487.	11 22,347,747.
	12	Investments - other securities. See Part IV, line 11	7,401,585.	12 4,436,233.
	13	Investments - program-related. See Part IV, line 11		13
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11	18,612,183.	15 44,991,130.
16	Total assets. Add lines 1 through 15 (must equal line 33)	80,928,323.	16 87,479,834.	
Liabilities	17	Accounts payable and accrued expenses	2,305,783.	17 7,364,446.
	18	Grants payable		18
	19	Deferred revenue	184,622.	19 92,535.
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22
	23	Secured mortgages and notes payable to unrelated third parties		23
	24	Unsecured notes and loans payable to unrelated third parties		24 3,000,000.
	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	474,655.	25 0.
	26	Total liabilities. Add lines 17 through 25	2,965,060.	26 10,456,981.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	5,546,998.	27 6,341,125.
	28	Net assets with donor restrictions	72,416,265.	28 70,681,728.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29
	30	Paid-in or capital surplus, or land, building, or equipment fund		30
	31	Retained earnings, endowment, accumulated income, or other funds		31
32	Total net assets or fund balances	77,963,263.	32 77,022,853.	
33	Total liabilities and net assets/fund balances	80,928,323.	33 87,479,834.	

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)	14,130,265.
2	Total expenses (must equal Part IX, column (A), line 25)	5,579,954.
3	Revenue less expenses. Subtract line 2 from line 1	8,550,311.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	77,963,263.
5	Net unrealized gains (losses) on investments	-9,258,182.
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain on Schedule O)	-232,539.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	77,022,853.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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 on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2021)

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5945488.	6035832.	7068812.	16423671.	12141247.	47615050.
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 ...	209,055.	246,652.	259,662.	330,754.	330,754.	1376877.
4 Total. Add lines 1 through 3	6154543.	6282484.	7328474.	16754425.	12472001.	48991927.
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)						4695160.
6 Public support. Subtract line 5 from line 4.						44296767.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	6154543.	6282484.	7328474.	16754425.	12472001.	48991927.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	988,343.	724,615.	927,084.	738,322.	1432881.	4811245.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						53803172.
12 Gross receipts from related activities, etc. (see instructions)					12 1,490,134.	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	82.33 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	79.68 %
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for 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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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)

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

Table with 3 columns: Question, Yes, No. Rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year?
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

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

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

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

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
a [] The organization satisfied the Activities Test. Complete line 2 below.
b [] The organization is the parent of each of its supported organizations. Complete line 3 below.
c [] The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

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

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

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

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Table with 3 columns: Question, Yes, No. Rows 2a, 2b, 3a, 3b.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

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.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

BRUCE MUSEUM, INC.

Employer identification number

23-7105904

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization

Employer identification number

BRUCE MUSEUM, INC.

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
<u>1</u>		\$ <u>1,294,707.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>1,001,700.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>1,000,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>910,386.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>833,333.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>538,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

BRUCE MUSEUM, INC.

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		\$ 510,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 474,655.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 315,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 311,675.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 294,425.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

BRUCE MUSEUM, INC.

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
13		\$ 265,298.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 262,339.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	PUBLICLY TRADED STOCK	\$ 1,284,707.	12/21/21
13	PUBLICLY TRADED STOCK	\$ 125,798.	06/30/22
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization

Employer identification number

BRUCE MUSEUM, INC.

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021
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 (for example, 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? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2021

132051 10-28-21

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | 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	34,470,346.	24,304,684.	25,068,891.	25,009,574.	23,724,196.
b Contributions	2,602.	242,150.	166,600.	207,275.	629,163.
c Net investment earnings, gains, and losses	-7,563,339.	11,141,753.	231,657.	967,411.	2,094,019.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,218,241.	1,218,241.	1,162,464.	1,115,369.	1,437,804.
f Administrative expenses					
g End of year balance	25,691,368.	34,470,346.	24,304,684.	25,068,891.	25,009,574.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 4.0600 %
 - b Permanent endowment 79.6870 %
 - c Term endowment 16.2520 %
- 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:
- | | Yes | No |
|-----------------------------|-----|-------------------------------------|
| (i) Unrelated organizations | | <input checked="" type="checkbox"/> |
| (ii) Related organizations | | <input checked="" type="checkbox"/> |
- 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		9,999,934.	7,219,004.	2,780,930.
d Equipment		648,515.	483,477.	165,038.
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.)				2,945,968.

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) PRIVATE EQUITY		
(B) INVESTMENTS	972,281.	END-OF-YEAR MARKET VALUE
(C) HEDGE FUNDS	3,463,952.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	4,436,233.	

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	44,991,130.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	44,991,130.

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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	5,277,777.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-9,258,182.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	479,321.	
e	Add lines 2a through 2d	2e	-8,778,861.	
3	Subtract line 2e from line 1	3	14,056,638.	
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	73,627.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	73,627.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	14,130,265.	

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	6,218,187.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	711,860.	
e	Add lines 2a through 2d	2e	711,860.	
3	Subtract line 2e from line 1	3	5,506,327.	
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	73,627.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	73,627.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,579,954.	

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:

PURSUANT TO AN AGREEMENT BETWEEN BRUCE MUSEUM, INC. ("BMI") AND THE TOWN OF GREENWICH (THE "TOWN"), THE TOWN RETAINS TITLE OF THE MUSEUM FACILITIES AND THE COLLECTIONS. THE COLLECTIONS CONSISTS OF 19TH AND 20TH CENTURY AMERICAN AND EUROPEAN PAINTINGS, SCULPTURES GRAPHICS AS WELL AS WORLD-CLASS MINERALS AND WILDLIFE SPECIMENS. THE MUSEUM ALSO HAS COLLECTIONS OF PRE-COLUMBIAN, NATIVE AMERICAN, AND ASIAN ART.

PART V, LINE 4:

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

Part XIII Supplemental Information (continued)

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, 2019.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

<u>SPECIAL EVENTS EXPENSES REPORTED ON PART VIII, LINE 8B</u>	<u>397,463.</u>
<u>COST OF GOODS SOLD REPORTED ON PART VIII, LINE 10B</u>	<u>81,858.</u>
<u>TOTAL TO SCHEDULE D, PART XI, LINE 2D</u>	<u>479,321.</u>

PART XII, LINE 2D - OTHER ADJUSTMENTS:

<u>SPECIAL EVENTS EXPENSES REPORTED ON PART VIII, LINE 8B</u>	<u>397,463.</u>
<u>COST OF GOODS SOLD REPORTED ON PART VIII, LINE 10B</u>	<u>81,858.</u>
<u>LOSS ON UNCOLLECTIBLE CONTRIBUTIONS RECEIVABLE</u>	<u>232,539.</u>
<u>TOTAL TO SCHEDULE D, PART XII, LINE 2D</u>	<u>711,860.</u>

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

Employer identification number

BRUCE MUSEUM, INC.

23-7105904

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		2,309,187.
3 a Subtotal	0	0			2,309,187.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			2,309,187.

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

Schedule F (Form 990) 2021

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) 2021

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART IV, FOREIGN FORMS, LINE 3:

BMI IS NOT REQUIRED TO FILE FORM 5471 AS IT DOES NOT MEET THE APPLICABLE OWNERSHIP THRESHOLD OR OTHER FILING REQUIREMENTS.

Multiple horizontal lines for supplemental information.

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))	
		ANNUAL GALA (event type)	7TH ANNUAL ART OF DESIG (event type)	1 (total number)		
Revenue	1	Gross receipts	710,831.	71,019.	585.	782,435.
	2	Less: Contributions	275,486.	33,419.	585.	309,490.
	3	Gross income (line 1 minus line 2)	435,345.	37,600.		472,945.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	302,058.	23,309.		325,367.
	7	Food and beverages	14,331.	566.		14,897.
	8	Entertainment	7,200.			7,200.
	9	Other direct expenses	44,343.	5,656.		49,999.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				397,463.
	11	Net income summary. Subtract line 10 from line 3, column (d)				75,482.

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 (ii) 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):

THE AGREEMENT WITH THE PROFESSIONAL FUNDRAISER PROVIDED FOR THE PAYMENT OF FEES FOR SERVICE IN THE AMOUNT OF \$10,000/MONTH. THE AGREEMENT

Part IV Supplemental Information *(continued)*

SEPARATELY PROVIDES FOR THE PAYMENT OF OUT-OF-POCKET EXPENSES FOR MATERIALS AND TRAVEL, WHICH MUST BE APPROVED BY THE ORGANIZATION AND ARE SEPARATELY BILLED.

Lined area for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

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

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

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

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

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

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

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1b		
2		
4a	<input checked="" type="checkbox"/>	
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7	<input checked="" type="checkbox"/>	
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROBERT WOLTERSTORFF EXECUTIVE DIRECTOR/CEO	240,000.	20,000.	0.	13,462.	1,124.	274,586.	0.
(2) SUZANNE LIO COO AND MANAGING DIRECTOR	145,901.	2,500.	0.	7,625.	26,314.	182,340.	0.
(3) WILLIAM F. FERRENCE - DIRECTOR OF FINANCE / CFO - THRU 6/22	121,352.	2,500.	10,692.	6,839.	13,399.	154,782.	0.
(4) PETER SUTTON - FORMER EXECUTIVE DIRECTOR/CEO	0.	0.	125,000.	0.	0.	125,000.	0.
(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 4A:

PETER SUTTON, FORMER EXECUTIVE DIRECTOR/CEO, RECEIVED A \$125,000 SEVERANCE PAYMENT AS REPORTED IN PART II, COLUMN B(III).

PART I, LINE 7:

THE ORGANIZATION PAID DISCRETIONARY BONUSES TO INDIVIDUALS REPORTED IN PART VII OF THE FORM 990, AND PART II OF SCHEDULE J. THESE AMOUNTS ARE INCLUDED IN THEIR REPORTABLE COMPENSATION.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

**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	19	1,684,266.	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 ▶ (AUCTION ITEMS)	X	41	172,215.	DONOR PROVIDED VALUE
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

	Yes	No
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.		

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

Schedule M (Form 990) 2021

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 CONTRIBUTIONS IN PART I, COLUMN (B) OF SCHEDULE M.

SCHEDULE M, LINE 33:

DURING THE FISCAL YEAR, APPROXIMATELY 122 TOTAL PIECES OF ART WERE DONATED BY THREE CONTRIBUTORS TO BECOME PART OF THE MUSEUM'S COLLECTIONS. TITLE TO ALL OBJECTS IN THE COLLECTIONS OF THE MUSEUM, AND ALL ADDITIONS THERETO, IS VESTED EXCLUSIVELY IN THE TOWN OF GREENWICH AND IS HELD IN PUBLIC TRUST. ACCORDINGLY, THE MUSEUM DID NOT REPORT INCOME FROM THE DONATIONS OF ITEMS TO THE MUSEUM'S COLLECTION ON FORM 990, PART VIII, AND THEREFORE THESE CONTRIBUTIONS ARE NOT REPORTED IN PART I.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

BRUCE MUSEUM, INC.

Employer identification number
23-7105904

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

SCIENCE.

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

**THE CONSTRUCTION ON THE NEW BRUCE PROJECT LIMITED THE MUSEUM'S
EXHIBITION CALENDAR THIS YEAR; HOWEVER, THE BRUCE STILL OFFERED A
VARIETY ART AND SCIENCE EXHIBITIONS IN 2021-2022 THAT EDUCATED AND
ENGAGED OUR DIVERSE, COMMUNITY AUDIENCE. FURTHER, THE BRUCE MUSEUM'S
PERMANENT GALLERIES OF SCIENCE WERE DEDICATED, OPEN, AND OPERATIONAL
FOR THE BETTER PART OF THE YEAR. 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 2021-2022.**

THE AMAZON RAINFOREST: BEAUTY DESTRUCTION HOPE

JUNE 19, 2021 - OCTOBER 10, 2021

**IN THIS EXHIBITION FEATURING THE WONDERS OF THE AMAZON RAINFOREST, THE
INTERPLAY BETWEEN LIVE ANIMALS, SCIENTIFIC SPECIMENS, AND THE WORK OF
RENOWNED PHOTOGRAPHERS TOLD THE STORY OF A SPRAWLING ECOSYSTEM ON THE
VERGE OF COLLAPSE, AND THE EFFORTS BEING MADE TO SAVE IT.**

**IN THE FIRST STAGE OF THIS JOURNEY, VIEWERS MARVELED AT THE BEAUTY OF
THE AMAZON. THE SUBLIME PHOTOGRAPHY OF BRAZILIAN ARTIST CLAUDIA
JAGUARIBE PORTRAYED A SEEMINGLY UNSPOILED EDEN, WHILE LIVE ANIMAL
DISPLAYS AND TAXIDERMY BROUGHT THE RAINFOREST TO THE MUSEUM FLOOR.**

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization

BRUCE MUSEUM, INC.

Employer identification number

23-7105904

VISITORS LEARNED HOW THE AMAZON ECOSYSTEM IS BALANCED, FROM THE FISH IN THE FLOODWATERS TO THE MONKEYS SWINGING THROUGH THE CANOPY.

UNFORTUNATELY, THE SECRET HIDDEN BY THIS VERDANT FAADE IS AN URGENT ONE: DEFORESTATION AND ECOLOGICAL DEGRADATION IS ON THE RISE IN THE AMAZON, AND THE RAINFOREST IS IN DESPERATE NEED OF HELP. THE HAUNTING WORKS OF DANIEL BELTR SHOWED SCENES OF THIS DEVASTATION VIEWED FROM OVERHEAD; AN ECOLOGICAL APOCALYPSE THAT GAINS A SHOCKING AND STERILE BEAUTY. THOUGH THIS ANNIHILATION IS MANMADE, NO HUMANS POPULATE THESE DESOLATE LANDSCAPES. INTERSPERSED WITH THESE IMAGES WERE SKELETONS OF THE ANIMALS THAT MAKE THE RAINFOREST THEIR HOME, INVITING VISITORS TO CONSIDER WHAT IS LOST WHEN THE RAINFOREST IS DESTROYED.

HOPE IS FOUND IN THE FINAL STRETCH OF THE EXHIBITION, WHERE VIEWERS LEARNED HOW THE COMMUNITIES LIVING IN THE AMAZON HAVE TEAMED UP WITH SCIENTISTS, ARTISTS, AND POLITICIANS AROUND THE WORLD TO FIND NEW WAYS FOR BOTH RAINFOREST AND HUMANITY TO PROSPER. THESE INCLUDE INITIATIVES TOWARDS SUSTAINABLE RAINFOREST RESOURCE USE, SUCH AS HARVESTING RUBBER FROM WILD RUBBER TREES, AND CREATING FISHERIES THAT SUPPORT FAMILIES WITHOUT STRAINING LOCAL FISH POPULATIONS.

FINALLY, THE EXHIBITION HIGHLIGHTED THE WORK BEING DONE IN THE BRUCE MUSEUM'S VERY OWN CONNECTICUT NEIGHBORHOOD TO HELP THE AMAZON, SUCH AS THE SPECIES CONSERVATION PROGRAMS OF THE BEARDSLEY ZOO.

CHAIN REACTION: THE PHOTOGRAPHY OF PATRICK NAGATANI

JUNE 27, 2021 - OCTOBER 10, 2021

THE BRUCE MUSEUM PRESENTED THE EXHIBITION, PATRICK NAGATANI: CHAIN

Name of the organization BRUCE MUSEUM, INC.	Employer identification number 23-7105904
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REACTION, FEATURING THE ENTIRE NUCLEAR ENCHANTMENT SERIES, A POWERFUL BODY OF WORK MADE BETWEEN 1988 AND 1993, WHICH DEALS WITH THE HISTORY OF NUCLEAR WEAPONS DEVELOPMENT IN NEW MEXICO, AS WELL AS THE EFFECTS OF THIS INDUSTRY ON THE PEOPLE AND PLACES THERE. AS A JAPANESE-AMERICAN, THIS WAS A PARTICULARLY RESONANT SUBJECT FOR NAGATANI, WHOSE PARENTS WERE BOTH PUT IN INTERNMENT CAMPS DURING WWII, AND WHOSE FATHER'S FAMILY HAILED FROM OUTSIDE OF HIROSHIMA. ORIGINALLY PLANNED FOR AUGUST 2020, THE EXHIBITION WAS INTENDED TO COINCIDE WITH THE 75TH ANNIVERSARY OF THE U.S. BOMBINGS OF THE JAPANESE CITIES OF HIROSHIMA AND NAGASAKI, BUT WAS DELAYED DUE TO THE COVID-19 PANDEMIC.

CONSISTING OF 40 PHOTOGRAPHS, THE SERIES PRESENTED A POLITICIZED INTERVENTION AS NAGATANI CONSTRUCTS MULTILAYERED AND WILDLY IMAGINATIVE IMAGES THAT UNSETTLE OUR UNDERSTANDING OF THIS COMPLEX TIME AND PLACE IN U.S. HISTORY. THE JARRING JUXTAPOSITION OF ANCIENT SYMBOLS AND FIGURES FROM JAPANESE AND NATIVE AMERICAN CULTURE ALONGSIDE URANIUM MINING FACILITIES AND CONTAMINATED DEPOSIT SITES CREATED A VISUAL DISCORD THAT SPEAKS TO THIS COMPLEXITY. AT ONCE HARROWING AND HUMOROUS, THESE ARTWORKS PARTICIPATE IN THE EVER-RELEVANT DEBATE WEIGHING THE BENEFITS OF SCIENTIFIC AND TECHNOLOGICAL PROGRESS AGAINST THE PRESERVATION OF CULTURAL HISTORY AND THE NATURAL WORLD. THE EXHIBITION ALSO FEATURED ARTIFACTS FROM THE BRUCE MUSEUM HISTORICAL COLLECTION, INCLUDING NATIVE AMERICAN OBJECTS, AS WELL AS A SOVIET-ISSUED GAS MASK AND GEIGER COUNTER, ECHOING THE DISSONANCE THAT THE PHOTOGRAPHS CREATE, AND ENHANCING THE EXHIBITION EXPERIENCE FOR MUSEUM VISITORS.

ICREATE 2021 - VIRTUAL

JULY 6, 2021 - OCTOBER 10, 2021

Name of the organization

BRUCE MUSEUM, INC.

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THIS YEAR'S ICREATE WAS A VIRTUAL EXHIBITION. THE ICREATE EXHIBITION IS AN ANNUAL JURIED COMPETITION THAT SHOWCASES THE TALENTS OF AN EMERGING GENERATION OF ARTISTS. WITH A FINAL SELECTION OF 46 ARTWORKS FROM OVER 620 SUBMISSIONS ACROSS 46 HIGH SCHOOLS THROUGHOUT CONNECTICUT, AND NEW YORK, ICREATE EXEMPLIFIES A BREADTH OF THEMES AND STYLES. IN ADDITION TO PROVIDING A VENUE FOR YOUTH EXPRESSION, ICREATE SEEKS TO INSTILL CONFIDENCE IN PARTICIPATING ARTISTS AND OFFER THE PUBLIC A GLIMPSE OF THE UNBOUNDED GENIUS CONTAINED WITHIN CREATIVE YOUNG MINDS.

VISITORS WERE INVITED TO GO TO THE ICREATE WEBSITE TO VIEW THE ARTISTS CHOSEN FOR FIRST PLACE, SECOND PLACE, AND THIRD PLACE PRIZES. IN ADDITION, THREE HONORABLE MENTIONS WERE AWARDED, AND FOR THE FIRST TIME, AN AWARD FOR VIDEO ANIMATION WAS PART OF THE GENEROUS CASH AWARDS. MOREOVER, THIS IS THE THIRD YEAR A STUDENT WAS SELECTED TO WIN THE BERKLEY ONE AWARD. THESE AWARDS WERE MADE POSSIBLE THANKS TO THE GENEROSITY OF THE EXHIBITION SPONSORS. THE PEOPLE'S CHOICE AWARD WELCOMED VISITORS TO VOTE FOR A FAVORITE ARTIST.

THE FISHER DOLLHOUSE: A VENETIAN PALAZZO IN MINIATURE
NOVEMBER 7, 2021 - JANUARY 23, 2022

A MAGNIFICENT DIORAMA OF TEN ROOMS FILLED WITH AN ECLECTIC RANGE OF HISTORICAL AND CONTEMPORARY CRAFT, ART, AND DESIGN RENDERED IN MINIATURE, THE FISHER DOLLHOUSE WAS CREATED WITHIN THE CONFINES OF THE COVID-19 PANDEMIC. INSPIRED BY VENICE'S GLAMOUROUS GRITTI PALACE AND MEMORIES OF A WORLD ONCE ON THE MOVE, THE DOLLHOUSE PROVIDED A HAVEN

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FOR ITS CREATOR AND, DURING THE MONTHS OF QUARANTINE, AN ESCAPE. LIKE OTHER CRAFTS, ITS MAKING OFFERED A FORM OF THERAPY: AN ACTIVITY TO OCCUPY THE MIND AND HANDS AS A MEANS OF COPING WITH ANXIETY AND IMMOBILITY.

JOANNA FISHER IS A NEW YORK-BASED ARTS PATRON AND COLLECTOR. WHEN THE CITY WENT INTO LOCKDOWN, SHE FELT HER WORLD SHRINK AND EMBRACED IT, LITERALLY. FOR THIS PROJECT, FISHER ENLISTED THE TALENTS OF DOZENS OF CELEBRATED CRAFTSPERSONS, DESIGNERS, ARTISANS, AND ARTISTS. THE HOUSE ITSELF WAS MADE TO ORDER BY BRITISH SET DESIGNER HOLLY JO BECK. THE STUNNING MURANO-STYLE GLASS CHANDELIER CAME FROM GLASS ARTISTS MARIO RAMOS AND MARIANA GRANDE IN MADRID. A PAINTED BOMBE CHEST AND BUST OF JULIUS CAESAR ARE BY DAVID CASTILLO, A MINIATURIST IN BARCELONA. FRED COBBS, A REVERED MINIATURE METALWORKER IN GEORGIA, MADE A RANGE OF TOOLS AND OTHER ITEMS, FROM A WATERING CAN TO A WINE VAT TO AN ESPRESSO MACHINE. MOST EXTRAORDINARY ARE THE MINIATURE WORKS OF CONTEMPORARY ART CREATED BY TEN PROMINENT INTERNATIONAL ARTISTS, AMONG THEM DUSTIN YELLIN, RYAN MCGINNESS, HUNT SLONEM, AND VERONICA GAIDO.

THE FISHER DOLLHOUSE INSTALLATION ALSO INCLUDED EXQUISITE REPLICAS OF A FESTIVAL TENT, A GALLERY TENT, AND A GROTTO TENT CONTAINING MICRO ARTWORKS AND OTHER WHIMSICAL DETAILS THAT REWARD CLOSE LOOKING. A PROJECT BEGUN IN ISOLATION THAT EXPANDED JOANNA FISHER'S WORLD FAR BEYOND HER OWN WALLS, THE FISHER DOLLHOUSE WAS A DELIGHT FOR BRUCE MUSEUM VISITORS TO ENJOY.

RESOLUTE: NATIVE NATIONS ART IN THE BRUCE COLLECTION

NOVEMBER 7, 2021 - JANUARY 30, 2022

Name of the organization

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SHOWCASING AN ARRAY OF SIGNIFICANT OBJECTS IN THE NATIVE NATIONS COLLECTION OF THE BRUCE MUSEUM, RESOLUTE ILLUSTRATED A NEW PERSPECTIVE ON NATIVE NATIONS AS HISTORICAL AND CONTEMPORARY SOCIETIES, PROVIDING NEW INFORMATION ABOUT THE PEOPLE WHO BUILT THE COLLECTION, AND INTRODUCING NOW-KNOWN ARTISTS WHOSE WORKS HAVE BEEN SILENT FOR DECADES.

IN LIGHT OF IMPORTANT CONVERSATIONS ABOUT HOW MUSEUMS ACQUIRED THEIR COLLECTIONS WITH HONEST, YET DIFFICULT ADMISSIONS OF EXPROPRIATION OF WORKS BY COLONIALIZED PEOPLE, THE BRUCE MUSEUM HAS UNDERTAKEN A STUDY OF THE ACQUISITION PROCESS OF ITS NATIVE NATIONS COLLECTIONS. WITH THE RESPONSIBILITY TO THE CITIZENS OF THE TOWN OF GREENWICH AND BEYOND, THE BRUCE HAS ADDRESSED ITS COLLECTION HISTORY AND THE ETHICAL QUESTIONS RELATED TO AMERICA'S FIRST PEOPLES AND THOSE WHO COLLECTED THEIR MADE OBJECTS.

AN EXAMINATION OF THE RICH BRUCE COLLECTION HAS VERIFIED THE WORK OF NUMEROUS KNOWN NATIVE ARTISTS WHO MADE SIGNIFICANT CONTRIBUTIONS TO AMERICAN ART HISTORY. IDENTIFIED ARTISTS INCLUDE TLINGIT WEAVER KAAX'EIDEI.T (19TH CENTURY), HAIDA PAINTER TOM PRICE (1857-1927), NAVAJO MASTER SILVERSMITH FRED PESHAKAI (1896-1974), PAIUTE DOLL MAKER BESSIE WINNEMUCCA GREENE (19TH CENTURY), AND HUNKPAPA LAKOTA ARTIST AND SHAMAN SIYOSAPA (C.1840-1902).

ONGOING COLLABORATION WITH NATIVE KNOWLEDGE EXPERTS AND ELDERS FROM THE MOHEGAN TANTAQUIDGEON MUSEUM, THE MASHANTUCKET-PEQUOT TRIBE, THE CHOCTAW NATION, THE TLINGIT AND HAIDA INDIAN TRIBES OF ALASKA, AND THE FORT PECK ASSINIBOINE & SIOUX TRIBES HAS EXPANDED THE INTERPRETATION OF

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NUMEROUS OBJECTS IN THE COLLECTION.

THE EXHIBITION SCHEDULE INCLUDED NATIONAL NATIVE AMERICAN HERITAGE MONTH. THE BRUCE JOINED THE NATIONAL GALLERY OF ART, NATIONAL PARK SERVICE, AND SMITHSONIAN INSTITUTION IN RECOGNIZING THE RICH ARTISTRY AND TRADITIONS OF NATIVE NATIONS THROUGH THE EXHIBITION, PUBLIC PROGRAMMING FEATURING NATIVE SCHOLARS, AND EDUCATIONAL PROGRAMS FOR SCHOOLS.

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. THE AUDIENCE ENGAGEMENT DEPARTMENT WORKS WITH THE PUBLIC UTILIZING INQUIRY AND OBJECT-BASED LEARNING TO MAKE THE EXPLORATION AND APPRECIATION OF THE ARTS AND SCIENCES ACCESSIBLE AND EQUITABLE FOR OUR VISITORS. THIS YEAR, THE MUSEUM HAD OVER 55,323 VISITOR INTERACTIONS THROUGH EDUCATIONAL PROGRAMS, BOTH IN-PERSON AND DIGITALLY. HIGHLIGHTS FROM THE MUSEUM'S EDUCATIONAL PROGRAMMING AND PLANNING IN 2021-22 INCLUDE THE FOLLOWING.

YOUTH AND FAMILY PROGRAMS PROVIDE OPPORTUNITIES FOR INTERGENERATIONAL GROUPS TO INTERACT IN AN INFORMAL LEARNING ENVIRONMENT, CREATING ENRICHING EXPERIENCES OUTSIDE OF THE TRADITIONAL CLASSROOM. TOTAL NUMBER OF PEOPLE REACHED THROUGH YOUTH AND FAMILY PROGRAMS: 160 PROGRAMS OFFERED FOR 2,270 PARTICIPANTS

FY22 BROUGHT THE RETURN OF IN-PERSON PROGRAMMING FOR YOUTH AND FAMILY

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PROGRAMS, INCLUDING BRUCE BEGINNINGS, ART ADVENTURES, SCIENCE SOLVERS, FAMILY GALLERY TOURS, AND FAMILY DAYS. THE PROGRAMS WERE A WELCOME RETURN TO IN-PERSON PROGRAMMING, DESPITE RESTRICTED SPACE AVAILABILITY DUE TO CONSTRUCTION. ONCE THE NEW BUILDING IS COMPLETED, OTHER POPULAR PROGRAMS WILL RETURN ALONG WITH A ROLL OUT OF NEW IN PERSON YOUTH AND FAMILY PROGRAMS.

SCHOOL AND TOUR SERVICES OFFER EDUCATIONAL PROGRAMS AND TOURS BASED ON PERMANENT AND CHANGING EXHIBITIONS, TO SCHOOL AND ADULT GROUPS. SCHOOL PROGRAMS INCLUDE INQUIRY-BASED DISCUSSIONS ABOUT OBJECTS ON VIEW AND REGULARLY INCLUDE A HANDS-ON EXPERIMENT OR ART-MAKING ACTIVITY. ADULT TOURS ARE ALSO INQUIRY-BASED AND PROVIDE AMPLE OPPORTUNITIES FOR VISITORS TO DISCUSS OBJECTS ON EXHIBIT WITH A TRAINED EDUCATOR. PROGRAM PARTICIPATION FROM JULY 2021 TO JUNE 2022 INCLUDED A MIX OF IN-PERSON AND VIRTUAL PROGRAMS. BEGINNING IN JANUARY 2022, THE ONLY PUBLIC SPACE AVAILABLE WAS THE PERMANENT SCIENCE GALLERY, WHICH LIMITED VISITATION TO ONE GROUP (25 PEOPLE MAXIMUM) AT A TIME. NUMBER OF PEOPLE REACHED THROUGH MUSEUM-BASED PROGRAMS: 140 PROGRAMS TO 2,205 PARTICIPANTS.

AS THE COVID-19 PANDEMIC AND THE NEW BRUCE CONSTRUCTION PROJECT CONTINUE, SCHOOL AND COMMUNITY PARTNERSHIPS HAVE REMAINED FLEXIBLE AND NIMBLE, CREATING VIRTUAL AND OUTREACH VERSIONS OF ALL IN-HOUSE PROGRAMMING AS WELL AS BESPOKE PROGRAMS FOR INDIVIDUAL GROUPS. THE FOCUS HAS BEEN ON WORKING CLOSELY WITH EXISTING COMMUNITY PARTNERS TO PILOT NEW BRUCE PROGRAMMING, EXPLORE MULTI-SESSION CLASSES, AND PREPARE FOR THE OPENING OF THE NEW BRUCE ADDITION.

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FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION AMENDED ITS BYLAWS IN MAY 2022. SIGNIFICANT CHANGES ARE:

- ALLOW FOR THE REMOVAL OF ANY TRUSTEE FOR CAUSE SUBJECT TO A TWO-THIRDS VOTE OF THE ENTIRE BOARD.

- ALLOW THE BOARD TO RE-ELECT THE CURRENT CHAIR DESPITE HAVING SERVED A THREE-YEAR TERM.

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

BMI HAS VARIOUS CLASSES OF MEMBERSHIP AS AUTHORIZED BY THE BOARD OF TRUSTEES. EACH CLASS IS ENTITLED TO ONE VOTE ON EACH MATTER SUBMITTED TO A VOTE OF THE MEMBERS, INCLUDING THE ELECTION OF TRUSTEES AT THE ANNUAL MEETING OF THE MEMBERS. THE PERSONS WHO COMPRISE A FAMILY MEMBERSHIP ARE ENTITLED TO ONE VOTE ON EACH MATTER. 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.

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

PURSUANT TO THE MANAGEMENT AGREEMENT BETWEEN BMI AND THE TOWN OF GREENWICH, THE TOWN OF GREENWICH DESIGNATES THREE TRUSTEES WITH VOTING RIGHTS TO THE BOARD OF BMI. THE MEMBERS OF BMI ELECT THE REMAINING TRUSTEES AT THE ANNUAL MEETING OF THE MEMBERS, BY A MAJORITY VOTE OF THE MEMBERS ENTITLED TO VOTE WHO ARE PRESENT IN PERSON OR BY WRITTEN PROXY.

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

THE ORGANIZATION HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM. ONCE THE FORM 990 IS PREPARED, IT IS REVIEWED BY THE CFO AND IS PRESENTED TO THE AUDIT COMMITTEE. ONCE APPROVED BY THE AUDIT COMMITTEE, THE PUBLIC DISCLOSURE COPY OF THE RETURN IS DISTRIBUTED TO ALL MEMBERS OF THE BOARD OF

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TRUSTEES PRIOR TO FILING WITH THE IRS.

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

BMI HAS A CONFLICT OF INTEREST POLICY WITHIN ITS CODE OF ETHICS WHICH COVERS THE BOARD OF TRUSTEES AS WELL AS THE ORGANIZATION'S STAFF AND VOLUNTEERS. ALL OFFICERS AND TRUSTEES ARE REQUIRED TO DISCLOSE ANNUALLY ANY POTENTIAL CONFLICTS OF INTEREST.

PER THE TERMS OF THIS POLICY, A TRUSTEE MAY NOT VOTE ON, APPROVE, OR RECOMMEND APPROVAL OF A TRANSACTION BETWEEN THE MUSEUM AND THAT TRUSTEE OR IMMEDIATE FAMILY MEMBER, AND MUST 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 MUST LEAVE THE MEETING DURING THAT DISCUSSION AND/OR THE VOTE.

ADDITIONALLY, THE POLICY REQUIRES CARE TO BE EXERCISED BY STAFF TO ASSURE THAT NO CONFLICT OR PERCEIVED CONFLICT ARISES BETWEEN THEMSELVES AND THE ORGANIZATION, AND THE STAFF MUST NOT COLLECT FOR THEMSELVES IN COMPETITION WITH THE MUSEUM. CONFLICT OF INTEREST RESTRICTIONS ARE ALSO EXPLAINED TO VOLUNTEERS AND OBSERVED BY THEM. THE EXECUTIVE DIRECTOR & CEO AND A COMMITTEE DETERMINE CONFLICTS AND REVIEW THE CONFLICTS ONCE DETERMINED.

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

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

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

THE ORGANIZATION POSTS ITS FINANCIAL STATEMENTS ON ITS WEBSITE, AND ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON WRITTEN REQUEST.

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

LOSS ON UNCOLLECTIBLE CONTRIBUTIONS RECEIVABLE -232,539.

FORM 990. PART XI, LINE 2C:

THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.