

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2022

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

| | | |
|--|---|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization BRUCE MUSEUM, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite ONE MUSEUM DRIVE City or town, state or province, country, and ZIP or foreign postal code GREENWICH, CT 06830 | D Employer identification number 23-7105904 E Telephone number 203-869-0376 |
| 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 | | G Gross receipts \$ 22,167,829. |
| J Website: WWW.BRUCEMUSEUM.ORG | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | L Year of formation: 1970 M State of legal domicile: CT |

Part I Summary

| | | | | |
|------------------------------------|----------------|--|--|--------------------|
| | 1 | Briefly describe the organization's mission or most significant activities: THE BRUCE CULTIVATES DISCOVERY AND WONDER, ENGAGING A BROAD AUDIENCE THROUGH THE POWER 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. | | |
| Activities & Governance | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 43 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 43 |
| | 5 | Total number of individuals employed in calendar year 2022 (Part V, line 2a) | 5 | 55 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 236 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 80,914. |
| | 7b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. |
| | Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 12,141,247. |
| 9 | | Program service revenue (Part VIII, line 2g) | 114,915. | 252,733. |
| 10 | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,756,347. | 845,501. |
| 11 | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 117,756. | 71,901. |
| 12 | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 14,130,265. | 16,947,116. |
| Expenses | | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 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) | 3,340,425. | 4,053,613. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 110,000. | 50,000. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) | 1,334,079. | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 2,129,529. | 4,313,854. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 5,579,954. | 8,417,467. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 8,550,311. | 8,529,649. |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 87,479,834. | 95,775,094. |
| | 21 | Total liabilities (Part X, line 26) | 10,456,981. | 6,950,657. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 77,022,853. | 88,824,437. |

Part II Signature Block

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

| | | |
|-------------------------------|---|--|
| Sign Here | Signature of officer ROBERT P. WOLTERSTORFF, EXECUTIVE DIRECTOR AND CEO | Date |
| | Type or print name and title | |
| Paid Preparer Use Only | Print/Type preparer's name EVA MRUK | Preparer's signature EVA MRUK |
| | Date 05/02/24 | Check if self-employed <input type="checkbox"/> PTIN P00543254 |
| | Firm's name PKF O'CONNOR DAVIES ADVISORY, LLC | Firm's EIN 87-3231666 |
| | Firm's address 3001 SUMMER STREET, 5TH FLOOR, EAST STAMFORD, CT 06905 | Phone no. 203-323-2400 |

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE BRUCE CULTIVATES DISCOVERY AND WONDER, ENGAGING A BROAD AUDIENCE THROUGH THE POWER OF ART AND SCIENCE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

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

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

4a (Code:) (Expenses \$ 6,226,335. including grants of \$ 0.) (Revenue \$ 282,274.) IN APRIL 2023, THE BRUCE OPENED WITH TRIPLE THE EXHIBITION SPACE THAT IT PREVIOUSLY HAD. THE MUSEUM IS NOW A SIGNATURE CULTURAL ATTRACTION. WE ALSO OFFERED FIVE UNIQUE AND VARIED ART EXHIBITS, TWO SCULPTURE EXHIBITS AND A SCIENCE EXHIBIT. WE ALSO HAVE A SEMI PERMANENT GALLERY FOR FRENCH IMPRESSIONISM, A PERMANENT GALLERY FOR CT IMPRESSIONISM AS WELL AS A PERMANENT SCIENCE GALLERY A MINERAL GALLERY. THESE WORLD CLASS EXHIBITS PROVIDE THE LOCAL AND REGIONAL COMMUNITY THE OPPORTUNITY TO EXPLORE THE CREATIVITY, CONNECTION AND WONDER OF ART AND SCIENCE. THE ORGANIZATION ALSO HAS THREE NEW CLASSROOMS.

SEE SCHEDULE O FOR A LIST OF THE EXHIBITIONS THAT TOOK PLACE IN 2022-2023.

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 6,226,335.

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 counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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 43 | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | | |
| | 1b 43 | | |
| 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 | |
| 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 | |
| b | Other officers or key employees of the organization | | X |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below 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 | | | 262,500. | 0. | 13,805. | |
| (2) SUZANNE LIO COO AND MANAGING DIRECTOR | 35.00 | | | X | | | 160,401. | 0. | 35,540. | |
| (3) WHITNEY ROSENBERG DIRECTOR OF DEVELOPMENT | 35.00 | | | | X | | 150,000. | 0. | 8,444. | |
| (4) DANIEL KSEPKA CURATOR OF SCIENCE | 35.00 | | | | X | | 110,345. | 0. | 39,679. | |
| (5) GARY STRAIN BUILDING MAINTENANCE | 35.00 | | | | X | | 104,192. | 0. | 30,479. | |
| (6) ANNE VON STUELPNAGEL DIRECTOR OF EXHIBITIONS | 35.00 | | | | X | | 120,633. | 0. | 8,409. | |
| (7) MARGARTIA KARASOULAS DIRECTOR OF ART | 35.00 | | | | X | | 100,871. | 0. | 16,696. | |
| (8) CAROLYN HAMRAK CFO | 35.00 | | | X | | | 78,237. | 0. | 3,523. | |
| (9) JAMES B. LOCKHART III CO-CHAIR | 7.50 | X | | X | | | 0. | 0. | 0. | |
| (10) WILLIAM DEUTSCH CO-CHAIR | 7.50 | X | | X | | | 0. | 0. | 0. | |
| (11) SIMONE MCENTIRE VICE CHAIR | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (12) HEIDI B. SMITH 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) REBECCA GILLAN ASSISTANT TREASURER | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (16) ELLEN A. FLANAGAN SECRETARY | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (17) SUE MORETTI BODSON TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/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) MAURICE J. CUNNIFFE TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (20) STEPHEN CORMAN TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (21) KATHY C. EPSTEIN TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (22) VICKI NETTER FITZGERALD TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (23) ERIN GLASEBROOK TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (24) SACHIKO GOODMAN TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (25) STEVEN GROSSMAN TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| (26) JOHN C. HART TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 1,087,179. | 0. | 156,575. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,087,179. | 0. | 156,575. |

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 | 24,757,842. |
| ESKEW + DUMÉZ + RIPPLE, ONE CANAL PLACE, SUITE 3150, NEW ORLEANS, LA 70130 | ARCHITECTURAL SERVICES | 908,274. |
| SIGHT & SOUND SOLUTIONS 60 MARBLEDALE ROAD, TUKAHOE, NY 10707 | AUDIO VISUAL SERVICES | 222,309. |
| SARRACCO MECHANICAL SERVICES, INC, 61 MATTATUCK HEIGHTS ROAD, WATERBURY, CT | MECHANICAL SERVICES | 202,413. |
| CHARLES IT, LLC 150 WILLIAM STREET, MIDTOWN, CT 06457 | IT SERVICES | 184,846. |

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 9

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) MICHAEL A. KOVNER TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (31) NISHA KUMAR TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (32) ROBERT H. LAWRENCE TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (33) KAMIE LIGHTBURN TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (34) SUSAN E. LYNCH TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (35) KATHLEEN L. METINKO TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (36) CHRIST WOLFE NICHOLS TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (37) JULIA B. NUSSEIBEH TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (38) DAN OZIZMIR TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (39) NICOLE REYNOLDS TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (40) LAURIE RUBIN TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (41) BETSY RUPRECHT TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (42) BOB SELANDER TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (43) ANNE. C SHERRERD TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (44) DEBORAH SIMON TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (45) JUDITH K. STEIN, MD TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| (46) ANGELA TIMASHEV TRUSTEE | 1.00 | X | | | | | 0. | 0. | 0. | |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include Alexis Voulgaris, Jacqueline Walker, Sue Anne Weinberg, David Yudain, and Martha R. Zoubek.

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 | 516,701. | | | | |
| | c Fundraising events | 1c | 579,193. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 1,163,705. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 13,517,382. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 3,405,458. | | | | |
| | h Total. Add lines 1a-1f | | 15,776,981. | | | | |
| Program Service Revenue | 2 a ADMISSIONS | Business Code | | | | | |
| | | 611710 | 158,237. | 158,237. | | | |
| | b WORKSHOP/PROGRAM FEES | 611710 | 65,008. | 65,008. | | | |
| | c MEMBERSHIP DUES | 611710 | 29,488. | 29,488. | | | |
| | d _____ | | | | | | |
| | e _____ | | | | | | |
| | f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | 252,733. | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 682,299. | | 478. | 681,821. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | | 34,960. | | | |
| | b Less: rental expenses ... | 6b | 0. | | | | |
| | c Rental income or (loss) | 6c | 34,960. | | | | |
| | d Net rental income or (loss) | | 34,960. | | | 34,960. | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | | |
| | | | (ii) Other | | | | |
| | | | | 5,054,047. | | | |
| | b Less: cost or other basis and sales expenses | 7b | 4,890,845. | | | | |
| | c Gain or (loss) | 7c | 163,202. | | | | |
| d Net gain or (loss) | | 163,202. | | -1,361. | 164,563. | | |
| 8 a Gross income from fundraising events (not including \$ 579,193. of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | | |
| | | | 190,325. | | | | |
| | | | 272,229. | | | | |
| b Less: direct expenses | 8b | | | | | | |
| c Net income or (loss) from fundraising events | | -81,904. | | | -81,904. | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | | | 168,977. | | | | |
| | | | 57,639. | | | | |
| b Less: cost of goods sold | 10b | | | | | | |
| c Net income or (loss) from sales of inventory | | 111,338. | 29,541. | 81,797. | | | |
| Miscellaneous Revenue | 11 a MISC - COMMISSIONS | Business Code | | | | | |
| | | 900099 | 7,507. | | | 7,507. | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | 7,507. | | | | | |
| 12 Total revenue. See instructions | | 16,947,116. | 282,274. | 80,914. | 806,947. | | |

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 | 653,572. | 467,908. | 75,123. | 110,541. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 2,621,412. | 1,876,733. | 301,309. | 443,370. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 112,237. | 80,353. | 12,901. | 18,983. |
| 9 Other employee benefits | 402,467. | 288,136. | 46,260. | 68,071. |
| 10 Payroll taxes | 263,925. | 188,950. | 30,336. | 44,639. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 13,233. | 10,138. | 1,220. | 1,875. |
| c Accounting | 51,804. | 16,036. | 35,346. | 422. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 50,000. | | | 50,000. |
| f Investment management fees | 137,396. | | 137,396. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 500,207. | 399,387. | 16,324. | 84,496. |
| 12 Advertising and promotion | 183,460. | 133,430. | 614. | 49,416. |
| 13 Office expenses | 542,696. | 389,972. | 14,704. | 138,020. |
| 14 Information technology | 284,868. | 281,274. | 572. | 3,022. |
| 15 Royalties | | | | |
| 16 Occupancy | 316,829. | 268,376. | 32,302. | 16,151. |
| 17 Travel | 41,611. | 39,514. | 171. | 1,926. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | 248,165. | 27,035. | 678. | 220,452. |
| 20 Interest | 73,893. | 73,893. | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 1,173,103. | 993,700. | 119,602. | 59,801. |
| 23 Insurance | 52,352. | 43,058. | 3,806. | 5,488. |
| 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 EXHIBITIONS/COLLECTIONS | 402,450. | 402,450. | | |
| b CLEANING & MAINTENANCE | 259,832. | 215,254. | 27,818. | 16,760. |
| c MISC OPERATING EXPENSES | 20,859. | 19,742. | 546. | 571. |
| d HONORARIUM | 11,096. | 10,996. | 25. | 75. |
| e All other expenses _____ | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 8,417,467. | 6,226,335. | 857,053. | 1,334,079. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 859,670. | 1 | 372,666. |
| | 2 Savings and temporary cash investments | 1,697,604. | 2 | 598,226. |
| | 3 Pledges and grants receivable, net | 10,079,928. | 3 | 4,564,722. |
| | 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 | 6,257. | 8 | 108,646. |
| | 9 Prepaid expenses and deferred charges | 115,297. | 9 | 127,422. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 62,658,341. | | |
| | b Less: accumulated depreciation | 10b 1,430,556. | | |
| | 11 Investments - publicly traded securities | 2,945,968. | 10c | 61,227,785. |
| | 12 Investments - other securities. See Part IV, line 11 | 22,347,747. | 11 | 25,264,325. |
| | 13 Investments - program-related. See Part IV, line 11 | 4,436,233. | 12 | 3,511,302. |
| | 14 Intangible assets | | 13 | |
| | 15 Other assets. See Part IV, line 11 | 44,991,130. | 14 | 0. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 87,479,834. | 15 | 95,775,094. | |
| 17 Accounts payable and accrued expenses | 7,364,446. | 16 | 3,158,137. | |
| 18 Grants payable | | 17 | | |
| 19 Deferred revenue | 92,535. | 18 | 285,095. | |
| 20 Tax-exempt bond liabilities | | 19 | | |
| 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 20 | | |
| 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 | | 21 | | |
| 23 Secured mortgages and notes payable to unrelated third parties | 3,000,000. | 22 | | |
| 24 Unsecured notes and loans payable to unrelated third parties | | 23 | 2,000,000. | |
| 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 | | 24 | 1,507,425. | |
| 26 Total liabilities. Add lines 17 through 25 | 10,456,981. | 25 | 6,950,657. | |
| 27 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | 26 | | |
| 27 Net assets without donor restrictions | 6,341,125. | 27 | 56,924,385. | |
| 28 Net assets with donor restrictions | 70,681,728. | 28 | 31,900,052. | |
| 29 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 | 77,022,853. | 32 | 88,824,437. | |
| 33 Total liabilities and net assets/fund balances | 87,479,834. | 33 | 95,775,094. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 16,947,116. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 8,417,467. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 8,529,649. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 77,022,853. |
| 5 | Net unrealized gains (losses) on investments | 5 | 1,332,862. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | 2,064,675. |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | -125,601. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 88,824,438. |

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

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

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

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

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

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|----------|----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 6035832. | 7068812. | 16423671. | 12141247. | 15776981. | 57446543. |
| 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 | 246,652. | 259,662. | 330,754. | 330,754. | 1115510. | 2283332. |
| 4 Total. Add lines 1 through 3 | 6282484. | 7328474. | 16754425. | 12472001. | 16892491. | 59729875. |
| 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) | | | | | | 6520925. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 53208950. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|----------|----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 6282484. | 7328474. | 16754425. | 12472001. | 16892491. | 59729875. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 724,615. | 927,084. | 738,322. | 1432881. | 716,781. | 4539683. |
| 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.) | | | | | 7,507. | 7,507. |
| 11 Total support. Add lines 7 through 10 | | | | | | 64277065. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 1,651,194. |
| 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 2022 (line 6, column (f), divided by line 11, column (f)) | 14 | 82.78 | % |
| 15 Public support percentage from 2021 Schedule A, Part II, line 14 | 15 | 82.33 | % |
| 16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. 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 - 2021. 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) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (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) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (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 2022 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2021 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2021 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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)

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

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> | | |
| 1 | | |
| 2 | | |

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|---|--|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | | |
| b Did the activities described 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | | |
| 3 Parent of Supported Organizations. Answer 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? <i>If "Yes" or "No" provide details in Part VI.</i> | | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | | |
| 2a | | | |
| 2b | | | |
| 3a | | | |
| 3b | | | |

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

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

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

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

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

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

| Section D - Distributions | | Current Year |
|----------------------------------|---|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2022 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-2022 | (iii) Distributable Amount for 2022 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2022 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2022 | | | |
| a From 2017 | | | |
| b From 2018 | | | |
| c From 2019 | | | |
| d From 2020 | | | |
| e From 2021 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2022 distributable amount | | | |
| i Carryover from 2017 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2022 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2022 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2023. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2018 | | | |
| b Excess from 2019 | | | |
| c Excess from 2020 | | | |
| d Excess from 2021 | | | |
| e Excess from 2022 | | | |

Schedule A (Form 990) 2022

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

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

MISCELLANEOUS

2022 AMOUNT: \$ 7,507.

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

2022

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 BRUCE MUSEUM, INC. | Employer identification number 23-7105904 |
|---|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 1 | <hr/> <hr/> <hr/> | \$ <u>2,000,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | <hr/> <hr/> <hr/> | \$ <u>1,215,070.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ <u>1,049,236.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | <hr/> <hr/> <hr/> | \$ <u>1,048,953.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | <hr/> <hr/> <hr/> | \$ <u>1,005,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | <hr/> <hr/> <hr/> | \$ <u>1,000,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|-------------------|-----------------------------------|----------------------------|---|
| 7 | <hr/> <hr/> <hr/> | \$ 909,054. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | <hr/> <hr/> <hr/> | \$ 900,867. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | <hr/> <hr/> <hr/> | \$ 500,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | <hr/> <hr/> <hr/> | \$ 330,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|---|---|----------------------|
| <u>3</u> | PUBLICLY TRADED SECURITIES _____ _____ _____ | \$ <u>1,002,186.</u> | <u>01/25/02</u> |
| <u>4</u> | PUBLICLY TRADED SECURITIES _____ _____ _____ | \$ <u>1,007,733.</u> | <u>01/25/23</u> |
| <u>7</u> | PUBLICLY TRADED SECURITIES _____ _____ _____ | \$ <u>909,054.</u> | <u>06/21/23</u> |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (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

2022

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.

Table with 3 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: \$. Rows include: 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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that 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 | 25,622,309. | 34,470,346. | 24,304,684. | 25,068,891. | 25,009,574. |
| b Contributions | 1,038,386. | 2,602. | 242,150. | 166,600. | 207,275. |
| c Net investment earnings, gains, and losses | 2,083,409. | -7,563,339. | 11,141,753. | 231,657. | 967,411. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 1,435,696. | 1,287,300. | 1,218,241. | 1,162,464. | 1,115,369. |
| f Administrative expenses | | | | | |
| g End of year balance | 27,308,408. | 25,622,309. | 34,470,346. | 24,304,684. | 25,068,891. |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 3.8830 %
 - b Permanent endowment 78.5690 %
 - c Term endowment 17.5470 %
- 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? <input type="checkbox"/> | 3b | |
- 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 | | 62,138,270. | 1,264,610. | 60,873,660. |
| d Equipment | | 460,685. | 106,560. | 354,125. |
| 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.) | | | | 61,227,785. |

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) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | |

Part VIII Investments - Program Related.

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

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 | 18,176,380. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 1,332,862. |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 73,415. |
| e | Add lines 2a through 2d | 2e | 1,406,277. |
| 3 | Subtract line 2e from line 1 | 3 | 16,770,103. |
| 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 | 51,412. |
| b | Other (Describe in Part XIII.) | 4b | 125,601. |
| c | Add lines 4a and 4b | 4c | 177,013. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 16,947,116. |

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 | 8,439,471. |
| 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 | 73,415. |
| e | Add lines 2a through 2d | 2e | 73,415. |
| 3 | Subtract line 2e from line 1 | 3 | 8,366,056. |
| 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 | 51,412. |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 51,412. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 8,417,468. |

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:

| | |
|--|---------|
| SPECIAL EVENTS EXPENSES REPORTED ON PART VIII, LINE 8B | 15,776. |
| COST OF GOODS SOLD REPORTED ON PART VIII, LINE 10B | 57,639. |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | 73,415. |

PART XI, LINE 4B - OTHER ADJUSTMENTS:

| | |
|--|----------|
| LOSS ON UNCOLLECTIBLE CONTRIBUTIONS RECEIVABLE | 110,351. |
| LOSS ON DISPOSAL OF IMPROVEMENTS AND EQUIPMENT | 15,250. |
| TOTAL TO SCHEDULE D, PART XI, LINE 4B | 125,601. |

PART XII, LINE 2D - OTHER ADJUSTMENTS:

| | |
|--|---------|
| SPECIAL EVENTS EXPENSES REPORTED ON PART VIII, LINE 8B | 15,776. |
| COST OF GOODS SOLD REPORTED ON PART VIII, LINE 10B | 57,639. |
| TOTAL TO SCHEDULE D, PART XII, LINE 2D | 73,415. |

**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

2022

Open to Public
Inspection

Name of the organization

BRUCE MUSEUM, INC.

Employer identification number

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 | | 2,292,380. |
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| 3 a Subtotal | 0 | 0 | | | 2,292,380. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 2,292,380. |

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

Schedule F (Form 990) 2022

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
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2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
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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) 2022

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) | (event type) | NONE (total number) | |
| Revenue | 1 | Gross receipts | 769,518. | | 769,518. |
| | 2 | Less: Contributions | 579,193. | | 579,193. |
| | 3 | Gross income (line 1 minus line 2) | 190,325. | | 190,325. |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes | | | |
| | 6 | Rent/facility costs | 91,381. | | 91,381. |
| | 7 | Food and beverages | 85,332. | | 85,332. |
| | 8 | Entertainment | 61,871. | | 61,871. |
| | 9 | Other direct expenses | 33,645. | | 33,645. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | 272,229. |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | -81,904. | |

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

Name _____

Address _____

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

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

(I) NAME OF FUNDRAISER: BJ TAVROW CONSULTING

(I) ADDRESS OF FUNDRAISER:

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

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

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.

Multiple horizontal lines 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

2022

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?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2022

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 | (i) | 240,000. | 22,500. | 0. | 12,664. | 1,141. | 276,305. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) SUZANNE LIO COO AND MANAGING DIRECTOR | (i) | 159,401. | 1,000. | 0. | 8,225. | 27,315. | 195,941. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) WHITNEY ROSENBERG DIRECTOR OF DEVELOPMENT | (i) | 150,000. | 0. | 0. | 7,500. | 944. | 158,444. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) DANIEL KSEPKA CURATOR OF SCIENCE | (i) | 110,345. | 0. | 0. | 5,865. | 33,814. | 150,024. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

PART I, LINE 7:

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

2022

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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 | X | 5 | 0. | |
| 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 | 13 | 3,258,433. | 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 (<u>AUCTION ITEMS</u>) | X | 31 | 147,025. | 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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | 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) 2022

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN PART I, COLUMN (B) OF SCHEDULE M.

SCHEDULE M, LINE 33:

VARIOUS COLLECTION ITEMS WERE DONATED TO THE MUSEUM, WHICH IS OWNED BY THE TOWN, DURNG THE TAX YEAR. TITLE TO ALL OBJECTS IN THE COLLECTIONS OF THE MUSEUM, AND ALL ADDITIONS THERETO, IS VESTED EXCLUSIVELY IN THE TOWN AND IS HELD IN PUBLIC TRUST. ACCORDINGLY, THE MUSEUM DID NOT REPORT INCOME FROM THE DONATIONS OF OBJECTS TO THE MUSEUM'S COLLECTION ON THE FORM 990, PART VIII. DURING THE FISCAL YEAR, APPROXIMATELY 123 TOTAL PIECES OF ART WERE DONATED BY FOUR CONTRIBUTORS TO BECOME PART OF THE MUSEUM'S COLLECTIONS.

**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

2022

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

TIM PRENTICE GRIDLOCK 2006 GREAT ART WALL ON LOAN UNTIL MARCH 2025

ALUMINUM TILES AND WIRE. TIM PRENTICE AND HIS LONG-TIME ASSOCIATE DAVID

COLBERT FORMED PRENTICE COLBERT IN 2012. THEY DESIGN, PRESENT, CONTRACT

AND INSTALL KINETIC SCULPTURES. TIM'S INSPIRATION GROWS OUT OF THE

TRADITION OF ALEXANDER CALDER AND GEORGE RICKEY. STILL HIS WORKS ARE

VERY MUCH HIS OWN.

PERMANENT SCIENCE GALLERIES: NATURAL CYCLES SHAPE OUR LAND OPENED

NOVEMBER 7, 2021

DIVIDED INTO SIX SECTIONS THAT COVER BASIC NATURAL CYCLIC ACTIVITY:

1.GLOBAL SCALE CYCLES SHAPE THE LANDSCAPE, BUT ANIMALS ALSO INCORPORATE
CYCLES INTO THEIR ACTIVITIES.

2.HUMAN ACTIVITIES CAN DISRUPT NATURAL CYCLES.

3.GEOGRAPHICAL SCOPE OF THIS GALLERY IS REGIONAL (CT TO NEW ENGLAND).

4.EXHIBITION FLOWS FROM LARGE SCALE TO SMALL-SCALE SHORT-TERM CYCLES.

GEOLOGY GALLERY EXPLAINS THE ROCK CYCLES, DEMONSTRATES PROPERTIES OF
ROCKS AND MINERALS AND THE GEOLOGICAL HISTORY OF CT.

PALEONTOLOGY GALLERY EXPLORES PLATE TECTONIC CYCLES AND HOW THEY

PROFOUNDLY EFFECTED LIFE ON EARTH. AS THE TRIASSIC PERIOD ENDED AND THE
JURASSIC PERIOD BEGAN VOLCANIC ACTIVITY CAUSED A MASS EXTINCTION.

DINOSAURS TOOK OVER. CT FOSSILS IN THIS EXHIBIT TELL A GREAT DEAL ABOUT
THIS TIME.

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

Schedule O (Form 990) 2022

232211 10-28-22

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

ICE AGE GALLERY EARTH'S ORBITAL CYCLES CAUSED GLACIERS TO ADVANCE AND RETREAT MANY TIMES OVER THE COURSE OF HUNDREDS OF THOUSANDS OF YEARS. GLACIERS GREATLY INFLUENCED OUR LANDSCAPE. MANY LARGE MAMMAL SPECIES LIVED HERE DURING THE ICE AGE BUT DISAPPEARED FOR NATURAL AND HUMAN DRIVEN REASONS.

MARINE ECOSYSTEM AND TERRESTRIAL GALLERIES WATER IS ALWAYS ON THE MOVE AND SO TOO ARE THE MANY INHABITANTS OF THE MARINE ECOSYSTEMS. EXPLORE DIORAMAS AND LIVE WATER CREATURES AS THEY EMERGE TO LIVE AND LOOK FOR FOOD.

BACKYARD GALLERY EXPLORE THE DIORAMAS OF ANIMALS IN OUR OWN BACKYARD. SEE HOW ANIMALS THRIVE WHETHER THEY LIVE ON A DIURNAL OR NOCTURNAL CYCLE. A VARIETY OF LIFE PROCESSES ARE EXPLORED AS INSECTS CHANGE IN APPEARANCE, DIET, AND HABITAT AS THEY GROW FROM LARVAE TO ADULTS.

ROBERT R. WEINER MINERAL GALLERY OPENED APRIL 2, 2023 MINERALS ARE BEAUTIFUL AND FASCINATING. THIS EXHIBITION SHOWCASES TWO HUNDRED SPECTACULAR SPECIMENS THAT SHOW OFF THEIR MYRIAD SHAPES, COLORS, AND LIGHT-CATCHING EFFECTS.

FORM 990, PART VI, SECTION A, LINE 2:

PATRICIA W. CHADWICK, TREASURER, AND CHARLES M. ROYCE, VICE CHAIR, HAVE A BUSINESS RELATIONSHIP.

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

THE ORGANIZATION AMENDED ITS BY-LAWS DURING THE FISCAL YEAR, THE FOLLOWING CHANGES WERE MADE:

1. A NEW CODE OF ETHICS WAS ADOPTED, THE FIRST UPDATE SINCE 2009, WHICH

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

CONFORMS TO CURRENT BEST PRACTICES.

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 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

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

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 BOARD APPROVES THE EXECUTIVE DIRECTOR'S COMPENSATION INCLUDING BASE COMPENSATION AND POTENTIAL ANNUAL BONUS BASED ON PERFROMANCE GOALS. THE COMPENSATION WAS DOCUMENTED IN A 2019 OFFER LETTER FROM THE BOARD OF DIRECTORS TO THE EXECUTIVE DIRECTOR. THIS PROCESS WAS LAST UNDERTAKEN DURING FISCAL YEAR 2023 BY THE CO-CHAIRS OF THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES IN CONSULTATION WITH THE EXECUTIVE COMMITTEE. THE ENTIRE BOARD OF TRUSTEES IS KEPT INFORMED AND APPROVES THE EXECUTIVE DIRECTOR'S COMPENSATION.

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

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

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 | -110,351. |
| LOSS ON DISPOSAL OF IMPROVEMENTS AND EQUIPMENT | -15,250. |
| TOTAL TO FORM 990, PART XI, LINE 9 | -125,601. |

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.

FORM 990, PART III, LINE 4A

THE NEW BRUCE OPENED APRIL 2, 2023, TO ACCOLADES OF AWE AND AMAZEMENT BY MEMBERS, VISITORS, DIGNITARIES, AND NATIONAL AND REGIONAL PRESS. WE HAD 1,469 VISITORS THAT DAY.

THE EXPANSION HAS DOUBLED THE BRUCE'S SIZE AND TRIPLED ITS EXHIBITION SPACE. THE MUSEUM IS A CENTER FOR THE ENTIRE COMMUNITY TO EXPLORE THE CREATIVITY AND DISCIPLINES OF ART AND SCIENCE. THIS DISTINGUISHES THE BRUCE FROM OTHER MUSEUMS SHOWCASING ONLY ART. OUR ACRONYM IS CASE (COMMUNITY, ART, SCIENCE, AND EDUCATION). WE ARE FAIRFIELD COUNTY'S SIGNATURE CULTURAL ATTRACTION AND A GATEWAY TO GREENWICH.

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

THE BUILDING FEATURES STATE-OF-ART EXHIBITION, EDUCATION, AND COMMUNITY SPACES, INCLUDING A CHANGING GALLERY FOR ART AND FIVE NEW PERMANENT GALLERIES IN THE WILLIAM L. RICHTER ART WING, A CHANGING GALLERY FOR SCIENCE, A PERMANENT SCIENCE EXHIBITION TITLED "NATURAL CYCLES SHAPE OUR LAND," AND THREE CLASSROOMS IN THE COHEN EDUCATION WING,

WITH THE OPENING THESE UNPARALLELED EXHIBITIONS AWED VISITORS:

LOIS DODD: NATURAL ORDER (APRIL 2--MAY 28, 2023), CHANGING ART GALLERY FEATURING EIGHTY PAINTINGS CURATED BY DR. MARGARITA KARASOULAS, THIS WAS THE LARGEST EXHIBITION OF HER WORK TO DATE. THIS SHOW GARNERED MAJOR REVIEWS IN THE NY TIMES, WALL STREET JOURNAL, AND THE WASHINGTON POST AS WELL AS LOCAL AND REGIONAL PRESS. DODD IS A LOCAL PAINTER (NYC, NEW JERSEY, AND MAINE). THE TITLE REFERS TO THE ARTIST'S ENDURING INTEREST IN NATURE AND THE UNDERLYING GEOMETRY THAT STRUCTURES HER WORK.

JAMES CASTLE: THRESHOLDS (APRIL 2--MAY 28, 2023), VICKI NETTER FITZGERALD GALLERY FEATURING FIFTY WORKS INCLUDING THOSE FROM THE WILLIAM LOUIS-DREYFUS COLLECTION IN MT. KISCO, NY. THE EXHIBITION FOCUSED ON THE ARTIST'S INTEREST IN THRESHOLDSTHE BOUNDARIES OR IN-BETWEEN SPACESTHAT REFLECT THE ARTIST'S ENDURING INTEREST IN ARCHITECTURE AND THE BUILT ENVIRONMENT. THE IMAGES MAY ALSO REFLECT THE ARTIST'S OWN SENSE OF IN-BETWEENNESS AS HE NAVIGATED BETWEEN DEAF AND SPEAKING WORLDS, AND THE SELF-TAUGHT AND MAINSTREAM ARTISTIC COMMUNITIES TO WHICH HE BELONGED.

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

COLLECTION INSTALLATION: AMERICAN MODERNISM (APRIL 2--OCTOBER 15, 2023), GROSSMAN FAMILY GALLERY

FOR THIS INAUGURAL EXHIBITION, THIS GALLERY WAS DIVIDED INTO TWO PARTS, EACH WITH WORKS ON LOAN FROM LOCAL AND PRIVATE COLLECTIONS. THE FIRST SECTION FOCUSED ON TEN MAJOR PAINTINGS BY MEMBERS OF THE AMERICAN ABSTRACT ARTISTS (AAA) AND THE OTHER SECTION ALIGNING MORE CLOSELY WITH TRENDS IN REALISM AND ALIENATION FROM MODERNISM.

THERE WERE TWO EDWARD HOPPERS (RECENTLY SEEN IN THE WHITNEY MUSEUM'S HOPPER EXHIBITION) AND AN ANDREW WYETH, ALL THREE ARE PROMISED GIFTS TO THE BRUCE. THERE WERE ALSO SIX PUEBLO BLACKWARE POTTERY FROM THE MUSEUM'S COLLECTION.

THEN IS NOW: CONTEMPORARY BLACK ART IN AMERICA (APRIL 2--OCTOBER 15, 2023), BARBARA AND EDWARD NETTER FOUNDATION GALLERY

THIS EXHIBITION EXPLORED HOW BLACK ARTISTS OF OUR TIME ENGAGE WITH THE PAST AND PRESENT. EIGHTEEN LOANS FROM PRIVATE COLLECTIONS IN GREENWICH SHOWCASE WORKS MADE IN OR AROUND 1968 (THE ASSASSINATION OF MARTIN LUTHER KING, JR., AND SOMEWHAT EARLIER JOHN F. KENNEDY) AND CULMINATES WITH WORKS AS RECENT AS 2020, ENCOMPASSING THE HISTORICAL LEGACIES OF SLAVERY AND THE CIVIL RIGHTS MOVEMENT. THE EXHIBITION, CURATED BY DR. MARGARITA KARASOULAS, REVEALED HOW ARTISTS REIMAGINE KEY HISTORICAL EVENTS TO FOCUS ON BLACK EXPERIENCES.

PENGUINS! PAST AND PRESENT (APRIL 2--AUGUST 6, 2023), CHANGING SCIENCE GALLERY

THIS EXHIBITION PORTRAYED THE STORY OF THESE REMARKABLE BIRDS WITH DIORAMAS, BREATHTAKING VIDEOS, INTERACTIVE DISPLAYS, AND TAXIDERMY SPECIES TO ENTERTAIN ALL. CURATED BY DR. DANIEL KSEPKA, AN

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| Name of the organization BRUCE MUSEUM, INC. | Employer identification number 23-7105904 |
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INTERNATIONALLY RECOGNIZED EXPERT IN PENGUIN EVOLUTION, THE PENGUIN JOURNEY STARTS OVER 60MM YEARS AGO WITH THE FOSSILS OF ANCIENT ANCESTORS. THE EXHIBITION SHOWED THE MANY POSITIVE AND NEGATIVE WAYS PENGUINS AND HUMANS INTERACT.

MATERIAL MATTERS: THE SCULPTURES OF ELIE NADELMAN (APRIL 2--SEPTEMBER 24, 2023), SCULPTURE GALLERY

THIS EXHIBITION FEATURED APPROXIMATELY TWENTY WORKS OF THE POLISH AMERICAN MODERNIST ELIE NADELMAN BEST KNOWN FOR HIS SCULPTURAL EXPLORATION OF PURE FORM. THE EXHIBITION SHOWCASED THE ARTIST'S EXPERIMENTATION WITH DIFFERENT MATERIALS AND THE PROCESS OF MAKING SCULPTURE. THE SCULPTURES WERE DISPLAYED IN THEMATIC GROUPS FEATURING VARIED MATERIALS SUCH AS MARBLE, BRONZE, CERAMIC, PAPER MCH, GALVANO-PLASTIQUE; AND FORM, FROM CLASSICAL TO STYLIZED AND ABSTRACT; SIZE, FROM BIG TO SMALL; AND CLASSICAL TO GENRE FIGURES.

THE WILLIAM L. RICHTER COLLECTION (FROM APRIL 2, 2023), WILLIAM L. RICHTER GALLERY

THIS INSTALLATION CELEBRATES THE EXTRAORDINARY COLLECTION OF GREENWICH RESIDENT WILLIAM L. RICHTER. FEATURING A SELECTION OF FRENCH ART FROM THE NINETEENTH AND EARLY TWENTIETH CENTURIES, IT TRACES SOCIAL CONNECTION AND LINEAGES AMONG A CORE GROUP OF ARTISTS: COROT, PISSARRO, GAUGIN, PICASSO, AND MATISSE. THE VIEWER CAN SENSE THE SPIRIT OF ARTISTIC EXCHANGE BETWEEN MENTORS AND MENTEES, COLLABORATORS, AND RIVALS. ELSEWHERE IN THE GALLERY, WORKS BY CAILLEBOTTE, CASSATT, CEZANNE, GIACOMETTI, KLEE, MASSON, AND MIRO, ALSO FROM GREENWICH COLLECTIONS, REPRESENT AN ARRAY OF STYLES AND SUBJECTS. SPANNING THE YEARS FROM 1833 TO 1957, THESE WORKS EXEMPLIFY THE BRILLIANT COLOR AND

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| Name of the organization BRUCE MUSEUM, INC. | Employer identification number 23-7105904 |
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EXUBERANT BRUSHWORK OF THE IMPRESSIONISTS AND POST-IMPRESSIONISTS AS WELL AS THE SYMBOLISM OF THE SURREALISTS. THE WORKS ARE DISPLAYED IN THEMATIC GROUPING INCLUDING LANDSCAPES, THE HUMAN FIGURE AND PURE ABSTRACTION.

COLLECTION INSTALLATION: AMERICAN IMPRESSIONISM (APRIL 2--DECEMBER 6, 2023), GROSSMAN FAMILY GALLERY

CONNECTICUT WAS THE BIRTHPLACE OR EPICENTER OF AMERICAN IMPRESSIONISM. THE TRAIN FROM NEW YORK CITY PROVIDED EASY ACCESS TO THE FARMS, HILLS, RIVERS, AND APPEALING SHORELINE SUBJECT MATTER. THERE WERE TWO IMPORTANT ART COLONIES COB'S BUSH HOLLEY HOUSE AND OLD LYME'S ENCLAVE AT FLORENCE GRISWOLD'S HOME. THE FOCUS OF THE EXHIBITION IS THE COS COB COLONY FROM 1890 TO 1920. THE BUSH HOLLEY HOUSE OFFERED CONGENIAL COMPANY, AFFORDABLE ACCOMMODATIONS, VARIED RECREATION, AND INSPIRING SUBJECT MATTER. SIX OF THE EIGHT PAINTINGS PURCHASED BY THE BRUCE AT THE 1919 GREENWICH SOCIETY OF THE ARTISTS EXHIBITION AT THE MUSEUM ARE DISPLAYED. THIS COLLECTION FORMED THE NUCLEUS OF THE BRUCE'S ART COLLECTION AFTER ROBERT BRUCE DONATED THE BUILDING TO THE TOWN. THE VIEWER WILL SEE THE BRUSHWORK, ATTENTION TO LIGHT (SHADOW AND SHIMMER), COLOR PALLET, AND IMPRESSION OF THE PLACE NOT JUST A REALISTIC TRANSCRIPTION.

COLLECTION INSTALLATION: SELECTIONS FROM THE FRED AND JANE BROOKS COLLECTION OF CHINESE TOMB SCULPTURE (APRIL 2, 2023--APRIL 6, 2024), PETER C. SUTTON WALL, MEZZANINE

THIS SMALL GROUPING OF TANG DYNASTY TOMB SCULPTURES WAS DONATED BY FRED AND JANE BROOKS. ON THE MEZZANINE, THIS INSTALLATION PROVIDES A TRANSITION FROM THE GRAND HALL TO THE GALLERY LEVEL. THESE SCULPTURES

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| Name of the organization BRUCE MUSEUM, INC. | Employer identification number 23-7105904 |
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WERE BURIED WITH CHINESE DIGNITARIES AND EMPERORS TO PROVIDE THEM WITH THE ITEMS, SERVICES, AND PROTECTION THEY WOULD NEED IN THE AFTERLIFE AS THEY BELIEVED THEY WOULD CONTINUE TO RULE AFTER THEIR DEATH. MANY DATE FROM THE LATE 200S BCE.

MARK DION AND ALEXIS ROCKMAN: JOURNEY TO NATURE'S UNDERWORLD (JUNE 24 TO AUGUST 27, 2023), CHANGING ART GALLERY

THIS EXHIBITION OF TWENTY-FIVE WORKS WAS THE FIRST TWO-PERSON SURVEY OF THESE CLOSELY ALLIED AND LIVING ARTISTS WHICH OFFERED A COMPELLING TOUR THROUGH THEIR CELEBRATED CAREERS EXPLORING THE SHADY DEPTHS OF THE THREATENED NATURAL WORLD. FRIENDS FOR OVER THREE DECADES, THE TWO ARTISTS ACHIEVED INTERNATIONAL PROMINENCE FOR WORKS THAT PROBE HUMANITY'S STRAINED RELATIONSHIP WITH THE ENVIRONMENT. THEY WERE AMONG THE EARLIEST ARTISTS TO ANTICIPATE THE EPIC ECOLOGICAL PROBLEMS NOW FACING THE EARTH. THE TWO ARTISTS WORK IN DIFFERENT MEDIA: ROCKMAN USES LARGE SCALE LANDSCAPE PAINTINGS AND DION USES TAXIDERMY DIORAMAS AND SPECIMEN CABINETS OFTEN WITH FOUND OBJECTS.

ICREATE (JUNE 24 TO AUGUST 30, 2023), VICKI NETTER FITZGERALD GALLERY

THE MUSEUM'S ANNUAL, AND EXTREMELY POPULAR, JURIED SHOW OF HIGH SCHOOL ARTISTS' CREATIONS IS SELECTED FROM OVER EIGHT HUNDRED ENTRIES BY A JURY OF PEERS AND FELLOW ARTISTS.

GABRIEL DAWE: PLEXUS NO. 43 GALLERY STAIR WALL SECOND AND THIRD FLOOR STAIR LANDING ON LOAN UNTIL MARCH 2026

IN 2010 DAWE BEGAN PRODUCING THE LARGE-SCALE AND HIGHLY INTRICATE PLEXUS INSTALLATIONS FOR WHICH HE IS BEST KNOWN, AND IN WHICH HE USES THOUSANDS OF MULTICOLORED SEWING THREADS TO HARNESS THE FULL COLOR

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|---|---|
| Name of the organization BRUCE MUSEUM, INC. | Employer identification number 23-7105904 |
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SPECTRUM OF LIGHT. EACH OF THESE INSTALLATIONS IS METICULOUSLY
 CONSTRUCTED. INDIVIDUAL STRANDS OF THREAD ARE INTERWOVEN THROUGH A
 SERIES OF HOOKS TO CREATE A UNIFIED NETWORKOR PLEXUS. PLEXUS NO. 43
 ENVELOPS THE SPACE WITH KALEIDOSCOPIIC COLOR. PART SCULPTURE AND PART
 TEXTILE, IT POSSESSES A KINETIC QUALITY, SHIFTING IN APPEARANCE
 ACCORDING TO THE VIEWER'S PERSPECTIVE AND CHANGING LIGHTING CONDITIONS
 FROM INSIDE AND OUTSIDE THE MUSEUM.

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2023

| | |
|----------------------------|--|
| Name BRUCE MUSEUM, INC. | Employer Identification Number 23-7105904 |
|----------------------------|--|

Based on the information provided with this return, the following are possible carryover amounts to next year.

| | |
|--|----------|
| SECTION 1231 LOSS - INVESTMENT IN QUALIFIED PARTNERSHIP INTE | 6. |
| FEDERAL POST-2017 NET OPERATING LOSS - MUSEUM STORE | 305,185. |
| FEDERAL POST-2017 NET OPERATING LOSS - INVESTMENT IN QUALIFI | 2,971. |
| FEDERAL SECTION 382 NET OPERATING LOSS | 19,289. |
| FEDERAL PRE-2018 NET OPERATING LOSS | 6,359. |

Type and Entity: MUSEUM STORE POST-2017 NOL FED
 Section 382 Annual Limitation Section 382 Carryover

DETAIL CARRYOVER SCHEDULE

| Year Originated | Original Carryover Amount | Total Amount Used | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for |
|-----------------|---------------------------|-------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| | | | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| A 2018 | 45,801. | | | | | | | | | | |
| B 2019 | 64,475. | | | | | | | | | | |
| C 2020 | 70,325. | | | | | | | | | | |
| D 2021 | 94,632. | | | | | | | | | | |
| E 2022 | 29,952. | | | | | | | | | | |
| F | | | | | | | | | | | |
| G | | | | | | | | | | | |
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| V | | | | | | | | | | | |
| W | | | | | | | | | | | |
| Detail Type | E S B C | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for |
| A | | | | | | | | | | | |
| B | | | | | | | | | | | |
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Type and Entity: PRE-2018 NOL FED **DETAIL CARRYOVER SCHEDULE**

| Section 382 Annual Limitation | | Section 382 Carryover | | | | | | | | | |
|-------------------------------|---------------------------|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------|-----------------|-----------------|
| Year Originated | Original Carryover Amount | Total Amount Used | Amount Used for 06/30/18 | Amount Used for 06/30/19 | Amount Used for 06/30/20 | Amount Used for 06/30/22 | Amount Used for 06/30/13 | Amount Used for 06/30/14 | Amount Used for | Amount Used for | Amount Used for |
| A | 2011 | 21,721. | 21,721. | 393. | 4,882. | 4,392. | | 2,432. | 9,622. | | |
| B | 2014 | 365. | 365. | | | 365. | | | | | |
| C | 2015 | 17,534. | 17,534. | | | 5,400. | 12,134. | | | | |
| D | 2016 | 8,864. | 2,505. | | | | 2,505. | | | | |
| E | | | | | | | | | | | |
| F | | | | | | | | | | | |
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| M | | | | | | | | | | | |
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| Q | | | | | | | | | | | |
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| U | | | | | | | | | | | |
| V | | | | | | | | | | | |
| W | | | | | | | | | | | |
| | Detail Type | E S B C | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for |
| A | | | | | | | | | | | |
| B | | | | | | | | | | | |
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Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

BRUCE MUSEUM, INC.

EIN or SSN

23-7105904

Name and title of officer or person subject to tax

**ROBERT P. WOLTERSTORFF
EXECUTIVE DIRECTOR AND CEO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

| | | | |
|------------------------------------|-------------------------------------|---|---------------------|
| 1a Form 990 check here | <input type="checkbox"/> | b Total revenue , if any (Form 990, Part VIII, column (A), line 12) | 1b _____ |
| 2a Form 990-EZ check here | <input type="checkbox"/> | b Total revenue , if any (Form 990-EZ, line 9) | 2b _____ |
| 3a Form 1120-POL check here | <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b _____ |
| 4a Form 990-PF check here | <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part V, line 5) | 4b _____ |
| 5a Form 8868 check here | <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b _____ |
| 6a Form 990-T check here | <input checked="" type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b <u>0.</u> |
| 7a Form 4720 check here | <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b _____ |
| 8a Form 5227 check here | <input type="checkbox"/> | b FMV of assets at end of tax year (Form 5227, Item D) | 8b _____ |
| 9a Form 5330 check here | <input type="checkbox"/> | b Tax due (Form 5330, Part II, line 19) | 9b _____ |
| 10a Form 8038-CP check here | <input type="checkbox"/> | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b _____ |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **PKF O'CONNOR DAVIES ADVISORY, LLC** to enter my PIN **05904**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

13341154711

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

PKF O'CONNOR DAVIES ADVISORY, LLC

Date

05/02/24

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | |
|--|--|---|
| Type or print | Name of exempt organization or other filer, see instructions. BRUCE MUSEUM, INC. | Taxpayer identification number (TIN) 23-7105904 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. ONE MUSEUM DRIVE | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. GREENWICH, CT 06830 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |
| Form 990-T (corporation) | 07 | | |

CAROLYN HAMRAK

- The books are in the care of ▶ **ONE MUSEUM DRIVE - GREENWICH, CT 06830**

Telephone No. ▶ 203-413-7525 Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

| | | | |
|---|-----------|----|----|
| 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2022 or other tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**

2022

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

| | | | |
|---|------------------------------|--|---|
| <p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p> | <p>Print or Type</p> | <p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) BRUCE MUSEUM, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. ONE MUSEUM DRIVE</p> <p>City or town, state or province, country, and ZIP or foreign postal code GREENWICH, CT 06830</p> <p>C Book value of all assets at end of year 95,775,094.</p> | <p>D Employer identification number 23-7105904</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p> |
| <p>G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university</p> | | <p>H Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p> | |
| <p>I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/></p> | | <p>J Enter the number of attached Schedules A (Form 990-T) 2</p> | |
| <p>K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | | <p>L The books are in care of CAROLYN HAMRAK Telephone number 203-413-7525</p> | |

| Part I Total Unrelated Business Taxable Income | | |
|--|----|----|
| 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 1 | 0. |
| 2 Reserved | 2 | |
| 3 Add lines 1 and 2 | 3 | |
| 4 Charitable contributions (see instructions for limitation rules) | 4 | 0. |
| 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 | 5 | |
| 6 Deduction for net operating loss. See instructions | 6 | 0. |
| 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 | 7 | |
| 8 Specific deduction (generally \$1,000, but see instructions for exceptions) | 8 | |
| 9 Trusts. Section 199A deduction. See instructions | 9 | |
| 10 Total deductions. Add lines 8 and 9 | 10 | |
| 11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero | 11 | 0. |

| Part II Tax Computation | | |
|---|---|----|
| 1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) | 1 | 0. |
| 2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | 2 | |
| 3 Proxy tax. See instructions | 3 | |
| 4 Other tax amounts. See instructions | 4 | |
| 5 Alternative minimum tax (trusts only) | 5 | |
| 6 Tax on noncompliant facility income. See instructions | 6 | |
| 7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies | 7 | 0. |

LHA For Paperwork Reduction Act Notice, see instructions.

| Part III Tax and Payments | | | | |
|----------------------------------|--|-----------|--------|--------|
| 1a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 1a | | |
| b | Other credits (see instructions) | 1b | | |
| c | General business credit. Attach Form 3800 (see instructions) | 1c | | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) | 1d | | |
| e | Total credits. Add lines 1a through 1d | 1e | | |
| 2 | Subtract line 1e from Part II, line 7 | 2 | | 0. |
| 3 | Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) | 3 | | |
| 4 | Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here | 4 | | 0. |
| 5 | Current net 965 tax liability paid from Form 965-A, Part II, column (k) | 5 | | 0. |
| 6a | Payments: A 2021 overpayment credited to 2022 | 6a | | |
| b | 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> | 6b | 1,500. | |
| c | Tax deposited with Form 8868 | 6c | | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) | 6d | | |
| e | Backup withholding (see instructions) | 6e | | |
| f | Credit for small employer health insurance premiums (attach Form 8941) | 6f | | |
| g | Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total | 6g | | |
| 7 | Total payments. Add lines 6a through 6g | 7 | | 1,500. |
| 8 | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> | 8 | | |
| 9 | Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed | 9 | | |
| 10 | Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid | 10 | | 1,500. |
| 11 | Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded | 11 | | 1,500. |

| Part IV Statements Regarding Certain Activities and Other Information (see instructions) | | | |
|---|--|------------------------|-----------------------------------|
| 1 | At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here | Yes | No |
| 2 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? | | X |
| 3 | Enter the amount of tax-exempt interest received or accrued during the tax year \$ | | |
| 4 | Enter available pre-2018 NOL carryovers here \$ <u>6,359.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. | | |
| 5 | Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. | | |
| | | Business Activity Code | Available post-2017 NOL carryover |
| | | 450000 | \$ 275,233. |
| | | 901101 | \$ 1,203. |
| 6a | Did the organization change its method of accounting? (see instructions) | | X |
| b | If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V | | |

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

| | | | | |
|-------------------------------|--|----------------------|---------------------------------------|--|
| Sign Here | 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 taxpayer) is based on all information of which preparer has any knowledge. | | | |
| | Signature of officer | Date | Title | |
| | | | EXECUTIVE DIRECTOR AND CEO | |
| 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 | 05/02/24 | P00543254 |
| | Firm's name | Firm's EIN | | |
| | PKF O'CONNOR DAVIES ADVISORY, LLC | | 87-3231666 | |
| | Firm's address | Phone no. | | |
| | 3001 SUMMER STREET, 5TH FLOOR, EAST STAMFORD, CT 06905 | 203-323-2400 | | |

| |
|---|
| May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---|

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 1

| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
|-----------------------------------|----------------|-------------------------|----------------|---------------------|
| 06/30/12 | 21,721. | 21,721. | 0. | 0. |
| 06/30/15 | 365. | 365. | 0. | 0. |
| 06/30/16 | 17,534. | 17,534. | 0. | 0. |
| 06/30/17 | 8,864. | 2,505. | 6,359. | 6,359. |
| NOL CARRYOVER AVAILABLE THIS YEAR | | | 6,359. | 6,359. |

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

1

OMB No. 1545-0047

2022

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

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

| | |
|--|--|
| A Name of the organization BRUCE MUSEUM, INC. | B Employer identification number 23-7105904 |
| C Unrelated business activity code (see instructions) 450000 | D Sequence: 1 of 2 |

E Describe the unrelated trade or business **MUSEUM STORE**

| Part I Unrelated Trade or Business Income | (A) Income | (B) Expenses | (C) Net |
|---|------------|----------------|----------------|
| 1 a Gross receipts or sales <u>121,568.</u> | | | |
| b Less returns and allowances _____ c Balance | 1c | | |
| 2 Cost of goods sold (Part III, line 8) | 2 | | |
| 3 Gross profit. Subtract line 2 from line 1c | 3 | | 81,797. |
| 4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions | 4a | | |
| b Net gain (loss) (Form 4797) (attach Form 4797). See instructions) | 4b | | |
| c Capital loss deduction for trusts | 4c | | |
| 5 Income (loss) from a partnership or an S corporation (attach statement) | 5 | | |
| 6 Rent income (Part IV) | 6 | | |
| 7 Unrelated debt-financed income (Part V) | 7 | | |
| 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) | 8 | | |
| 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | 9 | | |
| 10 Exploited exempt activity income (Part VIII) | 10 | | |
| 11 Advertising income (Part IX) | 11 | | |
| 12 Other income (see instructions; attach statement) | 12 | | |
| 13 Total. Combine lines 3 through 12 | 13 | 81,797. | 81,797. |

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

| | | |
|--|-----------|-----------------|
| 1 Compensation of officers, directors, and trustees (Part X) | 1 | 8,762. |
| 2 Salaries and wages | 2 | 76,307. |
| 3 Repairs and maintenance | 3 | |
| 4 Bad debts | 4 | |
| 5 Interest (attach statement). See instructions | 5 | |
| 6 Taxes and licenses | 6 | 1,822. |
| 7 Depreciation (attach Form 4562). See instructions | 7 | |
| 8 Less depreciation claimed in Part III and elsewhere on return | 8a | 8b |
| 9 Depletion | 9 | |
| 10 Contributions to deferred compensation plans | 10 | 959. |
| 11 Employee benefit programs | 11 | 3,004. |
| 12 Excess exempt expenses (Part VIII) | 12 | |
| 13 Excess readership costs (Part IX) | 13 | |
| 14 Other deductions (attach statement) SEE STATEMENT 2 | 14 | 20,895. |
| 15 Total deductions. Add lines 1 through 14 | 15 | 111,749. |
| 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | 16 | -29,952. |
| 17 Deduction for net operating loss. See instructions | 17 | 0. |
| 18 Unrelated business taxable income. Subtract line 17 from line 16 | 18 | -29,952. |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

| Part III Cost of Goods Sold | Enter method of inventory valuation | LOWER OF COST OR MARKET |
|--|-------------------------------------|---|
| 1 Inventory at beginning of year | | 1 6,257. |
| 2 Purchases | | 2 142,160. |
| 3 Cost of labor | | 3 0. |
| 4 Additional section 263A costs (attach statement) | | 4 0. |
| 5 Other costs (attach statement) | | 5 0. |
| 6 Total. Add lines 1 through 5 | | 6 148,417. |
| 7 Inventory at end of year | | 7 108,646. |
| 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 | | 8 39,771. |
| 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| Part IV Rent Income (From Real Property and Personal Property Leased with Real Property) | | | | |
|---|---|---|---|----|
| 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. | | | | |
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| | A | B | C | D |
| 2 Rent received or accrued | | | | |
| a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | | | | |
| b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | | | | |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D | | | | |
| 3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) | | | | 0. |
| 4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) | | | | |
| 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) | | | | 0. |

| Part V Unrelated Debt-Financed Income (see instructions) | | | | |
|---|---|---|---|----|
| 1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. | | | | |
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| | A | B | C | D |
| 2 Gross income from or allocable to debt-financed property | | | | |
| 3 Deductions directly connected with or allocable to debt-financed property | | | | |
| a Straight line depreciation (attach statement) | | | | |
| b Other deductions (attach statement) | | | | |
| c Total deductions (add lines 3a and 3b, columns A through D) | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | | | | |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement) | | | | |
| 6 Divide line 4 by line 5 | % | % | % | % |
| 7 Gross income reportable. Multiply line 2 by line 6 | | | | |
| 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) | | | | 0. |
| 9 Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) | | | | 0. |
| 11 Total dividends-received deductions included in line 10 | | | | 0. |

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

| | | Exempt Controlled Organizations | | | |
|------------------------------------|---|---|--|---|--|
| 1. Name of controlled organization | 2. Employer identification number | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| Nonexempt Controlled Organizations | | | | | |
| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 | |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) | Add columns 6 and 11. Enter here and on Part I, line 8, column (B) | |
| Totals | | | 0. | 0. | |

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4) |
|--------------------------|---------------------|---|----------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | Add amounts in column 2. Enter here and on Part I, line 9, column (A) | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |
| Totals | | 0. | | 0. |

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| | | |
|---|--|---|
| 1 | Description of exploited activity: _____ | |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 2 |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 3 |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | 4 |
| 5 | Gross income from activity that is not unrelated business income | 5 |
| 6 | Expenses attributable to income entered on line 5 | 6 |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 |

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

| | A | B | C | D |
|--|----|---|---|---|
| 2 Gross advertising income | | | | |
| Add columns A through D. Enter here and on Part I, line 11, column (A) | 0. | | | |

| | | | | |
|--|----|--|--|--|
| a | | | | |
| 3 Direct advertising costs by periodical | | | | |
| a Add columns A through D. Enter here and on Part I, line 11, column (B) | 0. | | | |

| | | | | |
|---|----|--|--|--|
| 4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 | | | | |
| 5 Readership costs | | | | |
| 6 Circulation income | | | | |
| 7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero | | | | |
| 8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 | | | | |
| a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 | 0. | | | |

Part X Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|---|----------|---|--|
| (1) CAROLYN HAMRAK | CFO | 5.00% | 8,762. |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on Part II, line 1 | | | 8,762. |

Part XI Supplemental Information (see instructions)

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 2

| DESCRIPTION | AMOUNT |
|---------------------------------------|---------|
| BANK FEES | 3,149. |
| SUPPLIES | 13,732. |
| TRAVEL | 2,814. |
| TAX PREPARATION FEES | 500. |
| PRINTING | 700. |
| | |
| TOTAL TO SCHEDULE A, PART II, LINE 14 | 20,895. |

990-T SCH A

POST-2017 NET OPERATING LOSS DEDUCTION

STATEMENT 3

| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
|-----------------------------------|----------------|-------------------------|----------------|---------------------|
| 06/30/19 | 45,801. | 0. | 45,801. | 45,801. |
| 06/30/20 | 64,475. | 0. | 64,475. | 64,475. |
| 06/30/21 | 70,325. | 0. | 70,325. | 70,325. |
| 06/30/22 | 94,632. | 0. | 94,632. | 94,632. |
| | | | | |
| NOL CARRYOVER AVAILABLE THIS YEAR | | | 275,233. | 275,233. |

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

2
OMB No. 1545-0047

2022

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

| | |
|--|--|
| A Name of the organization BRUCE MUSEUM, INC. | B Employer identification number 23-7105904 |
| C Unrelated business activity code (see instructions) 901101 | D Sequence: 2 of 2 |

E Describe the unrelated trade or business **INVESTMENT IN QUALIFIED PARTNERSHIP INTERESTS**

| Part I Unrelated Trade or Business Income | (A) Income | (B) Expenses | (C) Net |
|---|----------------|--------------|---------|
| 1 a Gross receipts or sales _____ | | | |
| b Less returns and allowances _____ c Balance | 1c | | |
| 2 Cost of goods sold (Part III, line 8) | 2 | | |
| 3 Gross profit. Subtract line 2 from line 1c | 3 | | |
| 4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions | 4a 0. | | |
| b Net gain (loss) (Form 4797) (attach Form 4797). See instructions) | 4b 107. | | 107. |
| c Capital loss deduction for trusts | 4c | | |
| 5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 4 | 5 478. | | 478. |
| 6 Rent income (Part IV) | 6 | | |
| 7 Unrelated debt-financed income (Part V) | 7 | | |
| 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) | 8 | | |
| 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | 9 | | |
| 10 Exploited exempt activity income (Part VIII) | 10 | | |
| 11 Advertising income (Part IX) | 11 | | |
| 12 Other income (see instructions; attach statement) | 12 | | |
| 13 Total. Combine lines 3 through 12 | 13 585. | | 585. |

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

| | | | |
|--|-----------|--|-----------|
| 1 Compensation of officers, directors, and trustees (Part X) | 1 | | |
| 2 Salaries and wages | 2 | | |
| 3 Repairs and maintenance | 3 | | |
| 4 Bad debts | 4 | | |
| 5 Interest (attach statement). See instructions SEE STATEMENT 5 | 5 | | 3. |
| 6 Taxes and licenses | 6 | | |
| 7 Depreciation (attach Form 4562). See instructions | 7 | | |
| 8 Less depreciation claimed in Part III and elsewhere on return | 8a | | 8b |
| 9 Depletion | 9 | | |
| 10 Contributions to deferred compensation plans | 10 | | |
| 11 Employee benefit programs | 11 | | |
| 12 Excess exempt expenses (Part VIII) | 12 | | |
| 13 Excess readership costs (Part IX) | 13 | | |
| 14 Other deductions (attach statement) SEE STATEMENT 6 | 14 | | 2,350. |
| 15 Total deductions. Add lines 1 through 14 | 15 | | 2,353. |
| 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | 16 | | -1,768. |
| 17 Deduction for net operating loss. See instructions | 17 | | 0. |
| 18 Unrelated business taxable income. Subtract line 17 from line 16 | 18 | | -1,768. |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold Enter method of inventory valuation

| | | |
|---|---|--|
| 1 Inventory at beginning of year | 1 | |
| 2 Purchases | 2 | |
| 3 Cost of labor | 3 | |
| 4 Additional section 263A costs (attach statement) | 4 | |
| 5 Other costs (attach statement) | 5 | |
| 6 Total. Add lines 1 through 5 | 6 | |
| 7 Inventory at end of year | 7 | |
| 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 | 8 | |
| 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

| | A | B | C | D |
|---|---|---|---|----|
| 2 Rent received or accrued | | | | |
| a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | | | | |
| b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | | | | |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D | | | | |
| 3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) | | | | 0. |
| 4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) | | | | |
| 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) | | | | 0. |

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

| | A | B | C | D |
|---|---|---|---|----|
| 2 Gross income from or allocable to debt-financed property | | | | |
| 3 Deductions directly connected with or allocable to debt-financed property | | | | |
| a Straight line depreciation (attach statement) | | | | |
| b Other deductions (attach statement) | | | | |
| c Total deductions (add lines 3a and 3b, columns A through D) | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | | | | |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement) | | | | |
| 6 Divide line 4 by line 5 | % | % | % | % |
| 7 Gross income reportable. Multiply line 2 by line 6 | | | | |
| 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) | | | | 0. |
| 9 Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) | | | | 0. |
| 11 Total dividends-received deductions included in line 10 | | | | 0. |

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

| 1. Name of controlled organization | | 2. Employer identification number | Exempt Controlled Organizations | | | 6. Deductions directly connected with income in column 5 |
|------------------------------------|---|-------------------------------------|--|--|---|--|
| | | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Nonexempt Controlled Organizations | | | | | | |
| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 | | |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) | Add columns 6 and 11. Enter here and on Part I, line 8, column (B) | | |
| Totals | | | 0. | 0. | | |

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4) |
|--------------------------|---------------------|---|----------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | Add amounts in column 2. Enter here and on Part I, line 9, column (A) | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |
| Totals | | 0. | | 0. |

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| | | | |
|---|--|---|--|
| 1 | Description of exploited activity: _____ | | |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 2 | |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 3 | |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | 4 | |
| 5 | Gross income from activity that is not unrelated business income | 5 | |
| 6 | Expenses attributable to income entered on line 5 | 6 | |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 | |

| FORM 990-T (A) | INCOME (LOSS) FROM PARTNERSHIPS | STATEMENT 4 |
|--|---------------------------------|-------------------------|
| DESCRIPTION | | NET INCOME OR (LOSS) |
| MILLBURN MCO PARTNERS, LP - ORDINARY BUSINESS INCOME (LOSS) | | -3,970. |
| COMMONFUND CAPITAL PARTNERS IV, LP - ORDINARY BUSINESS INCOME (LOSS) | | 4,272. |
| COMMONFUND CAPITAL PARTNERS IV, LP - NET RENTAL REAL ESTATE INCOME | | -21. |
| COMMONFUND CAPITAL PARTNERS IV, LP - INTEREST INCOME | | 1. |
| COMMONFUND CAPITAL PARTNERS IV, LP - DIVIDEND INCOME | | 34. |
| COMMONFUND CAPITAL PARTNERS IV, LP - OTHER PORTFOLIO INCOME (LOSS) | | 98. |
| COMMONFUND CAPITAL PARTNERS IV, LP - OTHER INCOME (LOSS) | | 5. |
| SHAREVEST PARTNERS, LP - DIVIDEND INCOME | | 59. |
| TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5 | | 478. |

| FORM 990-T (A) | INTEREST PAID | STATEMENT 5 |
|--------------------------------------|---------------|-------------|
| DESCRIPTION | | AMOUNT |
| SHAREVEST PARTNERS, LP | | 3. |
| TOTAL TO SCHEDULE A, PART II, LINE 5 | | 3. |

| FORM 990-T (A) | OTHER DEDUCTIONS | STATEMENT 6 |
|---------------------------------------|------------------|-------------|
| DESCRIPTION | | AMOUNT |
| TAX PREPARATION FEES | | 2,300. |
| COMMONFUND CAPITAL PARTNERS IV, LP | | 33. |
| SHAREVEST PARTNERS, LP | | 17. |
| TOTAL TO SCHEDULE A, PART II, LINE 14 | | 2,350. |

990-T SCH A

POST-2017 NET OPERATING LOSS DEDUCTION

STATEMENT 7

| <u>TAX YEAR</u> | <u>LOSS SUSTAINED</u> | <u>LOSS PREVIOUSLY APPLIED</u> | <u>LOSS REMAINING</u> | <u>AVAILABLE THIS YEAR</u> |
|-----------------------------------|-----------------------|--------------------------------|-----------------------|----------------------------|
| 06/30/21 | 1,203. | 0. | 1,203. | 1,203. |
| NOL CARRYOVER AVAILABLE THIS YEAR | | | 1,203. | 1,203. |

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2022

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

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|--|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | | | | |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | -71,345. |
| 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 | | | 4 | |
| 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 | | | 5 | |
| 6 Unused capital loss carryover (attach computation) | | | 6 | () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h | | | 7 | -71,345. |

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|--|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | -8,490. |
| 11 Enter gain from Form 4797, line 7 or 9 | | | 11 | |
| 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 | | | 12 | |
| 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 | | | 13 | |
| 14 Capital gain distributions | | | 14 | |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h | | | 15 | -8,490. |

Part III Summary of Parts I and II

| | | |
|--|-----------|-----------|
| 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) | 16 | |
| 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) | 17 | |
| 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns | 18 | 0. |

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Form **8949**

Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2022

Attachment
Sequence No. **12A**

Name(s) shown on return

BRUCE MUSEUM, INC.

Social security number or
taxpayer identification no.

23-7105904

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) | (e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions. | | (h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g) |
|--|--|---|---|----------------------------------|---|--|--------------------------------|--|
| | | | | | | (f) Code(s) | (g) Amount of adjustment | |
| | MILLBURN MCO PARTNERS, LP | | | | | | | -71,345. C |
| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) | | | | | | | | -71,345. |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Department of the Treasury
Internal Revenue Service

Attach to your tax return.
Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

Identifying number

BRUCE MUSEUM, INC.

23-7105904

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

| | |
|-----------|--|
| 1a | |
| 1b | |
| 1c | |

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

| 2 | (a) Description of property | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Gross sales price | (e) Depreciation allowed or allowable since acquisition | (f) Cost or other basis, plus improvements and expense of sale | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) |
|---|---|-----------------------------------|-------------------------------|-----------------------|---|--|---|
| | MILLBURN MCO PARTNERS, LP | | | | | | 28. |
| | COMMONFUND CAPITAL PARTNERS IV, LP | | | | | | 79. |
| 3 | Gain, if any, from Form 4684, line 39 | | | | | | 3 |
| 4 | Section 1231 gain from installment sales from Form 6252, line 26 or 37 | | | | | | 4 |
| 5 | Section 1231 gain or (loss) from like-kind exchanges from Form 8824 | | | | | | 5 |
| 6 | Gain, if any, from line 32, from other than casualty or theft | | | | | | 6 |
| 7 | Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows | | | | | | 7 107. |
| <p>Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.</p> <p>Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.</p> | | | | | | | |
| 8 | Nonrecaptured net section 1231 losses from prior years. See instructions SEE STATEMENT 8 | | | | | | 8 113. |
| 9 | Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions | | | | | | 9 0. |

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

- 11** Loss, if any, from line 7
- 12** Gain, if any, from line 7 or amount from line 8, if applicable
- 13** Gain, if any, from line 31
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824
- 17** Combine lines 10 through 16
- 18** For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.
- a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions
- b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

| | |
|------------|------|
| 11 | () |
| 12 | 107. |
| 13 | |
| 14 | |
| 15 | |
| 16 | |
| 17 | 107. |
| 18a | |
| 18b | |

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

| 19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property: | | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) |
|--|------------|--------------------------------------|----------------------------------|
| A | | | |
| B | | | |
| C | | | |
| D | | | |
| These columns relate to the properties on lines 19A through 19D. | | Property A | Property B |
| | | Property C | Property D |
| 20 Gross sales price (Note: See line 1a before completing.) | 20 | | |
| 21 Cost or other basis plus expense of sale | 21 | | |
| 22 Depreciation (or depletion) allowed or allowable | 22 | | |
| 23 Adjusted basis. Subtract line 22 from line 21 | 23 | | |
| 24 Total gain. Subtract line 23 from line 20 | 24 | | |
| 25 If section 1245 property: | | | |
| a Depreciation allowed or allowable from line 22 | 25a | | |
| b Enter the smaller of line 24 or 25a | 25b | | |
| 26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291. | | | |
| a Additional depreciation after 1975. See instructions | 26a | | |
| b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions | 26b | | |
| c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e | 26c | | |
| d Additional depreciation after 1969 and before 1976 | 26d | | |
| e Enter the smaller of line 26c or 26d | 26e | | |
| f Section 291 amount (corporations only) | 26f | | |
| g Add lines 26b, 26e, and 26f | 26g | | |
| 27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership. | | | |
| a Soil, water, and land clearing expenses | 27a | | |
| b Line 27a multiplied by applicable percentage | 27b | | |
| c Enter the smaller of line 24 or 27b | 27c | | |
| 28 If section 1254 property: | | | |
| a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions | 28a | | |
| b Enter the smaller of line 24 or 28a | 28b | | |
| 29 If section 1255 property: | | | |
| a Applicable percentage of payments excluded from income under section 126. See instructions | 29a | | |
| b Enter the smaller of line 24 or 29a. See instructions | 29b | | |

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

| | | |
|--|-----------|--|
| 30 Total gains for all properties. Add property columns A through D, line 24 | 30 | |
| 31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 | 31 | |
| 32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 | 32 | |

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

| | (a) Section 179 | (b) Section 280F(b)(2) |
|--|-----------------|------------------------|
| 33 Section 179 expense deduction or depreciation allowable in prior years | 33 | |
| 34 Recomputed depreciation. See instructions | 34 | |
| 35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report | 35 | |

FORM 4797

NONRECAPTURED NET SECTION 1231 LOSSES
FROM PRIOR YEARS

STATEMENT 8

| TAX YEAR | SECTION 1231 LOSSES | SECTION 1231 LOSSES RECAPTURED | NONRECAPTURED SECTION 1231 LOSSES |
|----------------------------|------------------------|-----------------------------------|---|
| 2017 | 0. | 0. | |
| 2018 | 516. | 0. | 516. |
| 2019 | 21. | 493. | -472. |
| 2020 | 0. | 0. | |
| 2021 | 69. | 0. | 69. |
| TOTAL TO FORM 4797, LINE 8 | 606. | 493. | 113. |

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2022

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

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|--|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | | | | |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | -71,345. |
| 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 | | | 4 | |
| 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 | | | 5 | |
| 6 Unused capital loss carryover (attach computation) | | | 6 | () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h | | | 7 | -71,345. |

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|--|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | -8,490. |
| 11 Enter gain from Form 4797, line 7 or 9 | | | 11 | |
| 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 | | | 12 | |
| 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 | | | 13 | |
| 14 Capital gain distributions | | | 14 | |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h | | | 15 | -8,490. |

Part III Summary of Parts I and II

| | | |
|--|-----------|-----------|
| 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) | 16 | |
| 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) | 17 | |
| 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns | 18 | 0. |

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Department of the Treasury
Internal Revenue Service

Attach to your tax return.
Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

Identifying number

BRUCE MUSEUM, INC.

23-7105904

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

| | |
|-----------|--|
| 1a | |
| 1b | |
| 1c | |

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

| 2 | (a) Description of property | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Gross sales price | (e) Depreciation allowed or allowable since acquisition | (f) Cost or other basis, plus improvements and expense of sale | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) |
|----------|---|-----------------------------------|-------------------------------|-----------------------|---|--|---|
| | MILLBURN MCO PARTNERS, LP | | | | | | 28. |
| | COMMONFUND CAPITAL PARTNERS IV, LP | | | | | | 79. |
| 3 | Gain, if any, from Form 4684, line 39 | | | | | | 3 |
| 4 | Section 1231 gain from installment sales from Form 6252, line 26 or 37 | | | | | | 4 |
| 5 | Section 1231 gain or (loss) from like-kind exchanges from Form 8824 | | | | | | 5 |
| 6 | Gain, if any, from line 32, from other than casualty or theft | | | | | | 6 |
| 7 | Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows | | | | | | 7 107. |
| | Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. | | | | | | |
| | Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. | | | | | | |
| 8 | Nonrecaptured net section 1231 losses from prior years. See instructions | | | | | | 8 113. |
| 9 | Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions | | | | | | 9 0. |

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

| | | | | | | | |
|-----------|--|--|--|--|--|--|----------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 11 | Loss, if any, from line 7 | | | | | | 11 () |
| 12 | Gain, if any, from line 7 or amount from line 8, if applicable | | | | | | 12 107. |
| 13 | Gain, if any, from line 31 | | | | | | 13 |
| 14 | Net gain or (loss) from Form 4684, lines 31 and 38a | | | | | | 14 |
| 15 | Ordinary gain from installment sales from Form 6252, line 25 or 36 | | | | | | 15 |
| 16 | Ordinary gain or (loss) from like-kind exchanges from Form 8824 | | | | | | 16 |
| 17 | Combine lines 10 through 16 | | | | | | 17 107. |
| 18 | For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. | | | | | | |
| | a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions | | | | | | 18a |
| | b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 | | | | | | 18b |

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

| 19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property: | | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) |
|--|------------|--------------------------------------|----------------------------------|
| A | | | |
| B | | | |
| C | | | |
| D | | | |
| These columns relate to the properties on lines 19A through 19D. | | Property A | Property B |
| | | Property C | Property D |
| 20 Gross sales price (Note: See line 1a before completing.) | 20 | | |
| 21 Cost or other basis plus expense of sale | 21 | | |
| 22 Depreciation (or depletion) allowed or allowable | 22 | | |
| 23 Adjusted basis. Subtract line 22 from line 21 | 23 | | |
| 24 Total gain. Subtract line 23 from line 20 | 24 | | |
| 25 If section 1245 property: | | | |
| a Depreciation allowed or allowable from line 22 | 25a | | |
| b Enter the smaller of line 24 or 25a | 25b | | |
| 26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291. | | | |
| a Additional depreciation after 1975. See instructions | 26a | | |
| b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions | 26b | | |
| c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e | 26c | | |
| d Additional depreciation after 1969 and before 1976 | 26d | | |
| e Enter the smaller of line 26c or 26d | 26e | | |
| f Section 291 amount (corporations only) | 26f | | |
| g Add lines 26b, 26e, and 26f | 26g | | |
| 27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership. | | | |
| a Soil, water, and land clearing expenses | 27a | | |
| b Line 27a multiplied by applicable percentage | 27b | | |
| c Enter the smaller of line 24 or 27b | 27c | | |
| 28 If section 1254 property: | | | |
| a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions | 28a | | |
| b Enter the smaller of line 24 or 28a | 28b | | |
| 29 If section 1255 property: | | | |
| a Applicable percentage of payments excluded from income under section 126. See instructions | 29a | | |
| b Enter the smaller of line 24 or 29a. See instructions | 29b | | |

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

| | | |
|--|-----------|--|
| 30 Total gains for all properties. Add property columns A through D, line 24 | 30 | |
| 31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 | 31 | |
| 32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 | 32 | |

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

| | (a) Section 179 | (b) Section 280F(b)(2) |
|--|-----------------|------------------------|
| 33 Section 179 expense deduction or depreciation allowable in prior years | 33 | |
| 34 Recomputed depreciation. See instructions | 34 | |
| 35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report | 35 | |

TAX RETURN FILING INSTRUCTIONS

CONNECTICUT FORM CT-990T

FOR THE YEAR ENDING

June 30, 2023

Prepared For:

Bruce Museum, Inc.
One Museum Drive
Greenwich, CT 06830

Prepared By:

PKF O'Connor Davies Advisory, LLC
3001 Summer Street, 5th Floor, East
Stamford, CT 06905

To be Signed and Dated By:

Not applicable

Amount of Tax:

| | | |
|-----------------------------|----|---|
| Total Tax | \$ | 0 |
| Less: payments and credits | \$ | 0 |
| Plus: other amount | | 0 |
| Plus: nterest and penalties | \$ | 0 |
| No payment required | \$ | |

Overpayment:

| | | |
|--------------------------------|----|---|
| Credited to your estimated tax | \$ | 0 |
| Other amount | \$ | 0 |
| Refunded to you | \$ | 0 |

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

The Connecticut Form CT-990T should be filed via the web at:
<https://portal.ct.gov/DRS-myconneCT>

Return Must be Mailed On or Before:

May 15, 2024

Special Instructions:

990TEXT1222V011019



Form CT-990T EXT 2022

Application for Extension of Time to File Unrelated Business Income Tax Return

(Rev. 12/22)

Enter Income Year, Beginning: 07012022 and Ending: 06302023

BRUCE MUSEUM INC 0526715000
ONE MUSEUM DRIVE 237105904
GREENWICH CT 06830 -

Request for six-month extension of time to file Form CT-990T only

Check type of organization: Y Corporation N 401(a) or 408(a) trust N Other trust N Other

I request a six month extension of time to file my Form CT-990T, Connecticut Unrelated Business Income Tax Return, for calendar year 2022, or until 05152024 (MMDDYYYY) for fiscal year ending 06302023 (MMDDYYYY).

A federal extension will be requested on federal Form 8868, Application for Extension of Time to File an Exempt Organization Return, for calendar year 2022 or fiscal year beginning 07012022 (MMDDYYYY) and ending 06302023 (MMDDYYYY). If a federal extension has not been filed, explain here the reason for the Connecticut extension request:

Notification will be sent only if the extension request is denied.

Computation of Tentative Return

- 1. Tentative amount of tax due for this income year, including surtax if applicable. 1.
2. Reserved for future use 2.
3. Total amount of tax due for this income year: Enter amount from Line 1. 3.
4a. Tax credits 4a.
4b. Payments of estimated tax 4b.
4c. Overpayment from prior year 4c.
4. Total tax credits and payments: Add Lines 4a, 4b, and 4c. 4.
5. Balance due with this return: Subtract Line 4 from Line 3. 5. 0 .00

Officer or fiduciary's signature

Title EXEC. DIR. & C Date

Print name of officer or fiduciary ROBERT P. WOLTERSTORFF

Telephone number 2038690376

Paid preparer's signature EVA MRUK

Date 11102023

Preparer's SSN or PTIN P00543254

Paid preparer's name

Firm's FEIN 873231666

Firm's name and address

PKF OCONNOR DAVIES ADVISORY LLC STAMFORD CT 06905

Telephone number 2033232400

990TEXT1222V011019

Sign Here Keep a copy for your records.

Form CT-990T EXT

Do not send this sheet with your application.

Checklist for filing your Connecticut application for extension of time to file Unrelated Business Income Tax Return:

1. Be sure that the application is not printed on the back of this sheet.
2. Verify that the address lines on the application are correct and proper abbreviations are used.
3. Do not attempt to remove or modify the solid boxes that print out on your application. Altering target marks may affect the processing of your application.
4. Do not send "Draft" or "Unapproved" versions of your application. This will delay or stop the processing of your application.
5. Do not make manual (hand written or typed) corrections to your application; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the application.
6. Do not use this application to change or amend previously filed returns.
7. Make check payable to: **Commissioner of Revenue Services**
8. To ensure proper posting, write your Connecticut Tax Registration Number or FEIN (optional) and "**2022 Form CT-990T EXT**" on your check.
9. To mail your coupon, use the following address:
Forms **with payment**, mail to:
Department of Revenue Services
PO Box 5019
Hartford CT 06104-5019

Forms **without payment**:
Department of Revenue Services
PO Box 2967
Hartford CT 06115-2967
10. Verify that all fields print completely and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the application.

Do not send this sheet with your application.

Do Not File - Do Not File

990T1222V011019



Form CT-990T
Connecticut Unrelated Business
Income Tax Return

2022

(Rev. 12/22)

Enter Income Year, Beginning: ▶ 07012022 and Ending: ▶ 06302023

BRUCE MUSEUM INC

CT Tax Reg. # ▶ 0526715000

ONE MUSEUM DRIVE

FEIN ▶ 237105904

GREENWICH

CT 06830 -

Check All Applicable Boxes:

- ▶ Organization is annualizing its income
Change of:
- ▶ Mailing address ▶ Closing month (Attach explanation)
- Return status:
- ▶ Amended return ▶ Initial return ▶ Final return
- If final return:
- ▶ Dissolved ▶ Withdrawn ▶ Merged/reorganized: Enter survivor's CT Tax Reg. #
- Type of organization:
- ▶ Corporation ▶ 401(a) or 408(a) trust
- ▶ Other trust ▶ Other: Explain

- 1. Date unrelated trade or business began in Connecticut: 07012008
- 2. Nature of unrelated trade or business income activity: MUSEUM STORE, QPI
- 3. Corporation only: Enter state of corporation:
- Date of organization: 06091969

Date qualified in Connecticut if not incorporated in Connecticut:

Declaration: I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

| | | |
|------------------------------------|------------------|------|
| Signature of officer or fiduciary | Title | Date |
| | EXEC. DIR. & | |
| Print name of officer or fiduciary | Telephone number | |
| ROBERT P. WOLTERSTORFF | 2038690376 | |

| | |
|---------------------------|-----------------|
| Email address of officer | |
| Paid preparer's signature | Date |
| EVA MRUK | 05022024 |
| | Preparer's PTIN |
| | P00543254 |

| | | |
|---|---|------------------|
| Firm's name, address, and ZIP code | <input checked="" type="checkbox"/> May DRS contact the preparer shown below about this return? | Firm's FEIN |
| PKF OCONNOR DAVIES ADVISORY LL 3001 SUMMER STREET 5TH FLOOR E STAMFORD CT 06905 | | 873231666 |
| | | Telephone number |
| | | 2033232400 |

241901 12-02-22

990T1222V011019

Sign Here
Keep a copy for your records.

990T1222V021019



0526715000

- Attach a Complete Copy of Federal Form 990-T Including all Schedules as Filed With the Internal Revenue Service -

Computation of Income

| | | |
|--|------|---|
| 1. Federal unrelated business taxable income from 2022 federal Form 990-T | 1. ▶ | 0 |
| 2. Federal net operating loss deduction claimed on 2022 federal Form 990-T | 2. ▶ | 0 |
| 3. Federal deduction for Connecticut tax on unrelated business taxable income | 3. ▶ | 0 |
| 4. Total: Add Lines 1, 2, and 3. | 4. ▶ | 0 |
| 5. Refund or credit for overpayment of Connecticut tax included in federal unrelated business taxable income | 5. ▶ | 0 |
| 6. Unrelated business taxable income: Subtract Line 5 from Line 4. | 6. ▶ | 0 |

Computation of Tax

| | | |
|--|------|----------|
| 1. Unrelated business taxable income from Line 6 above. If 100% Connecticut, enter also on Line 3. | 1. ▶ | |
| 2. Apportionment fraction from <i>Schedule A</i> , Line 5 on Page 3. Carry to six places. | 2. ▶ | 1.000000 |
| 3. Connecticut unrelated business taxable income: Line 1 or Line 1 multiplied by Line 2. | 3. ▶ | 0 |
| 4. Operating loss carryover from <i>Schedule B</i> , Line 21 on Page 4. Do not exceed 50% of Line 3. | 4. ▶ | 0 |
| 5. Income subject to tax: Subtract Line 4 from Line 3. | 5. ▶ | 0 |
| 6. Tax: Multiply Line 5 by 7.5% (.075). | 6. ▶ | 0 |

Computation of Amount Payable

| | | |
|--|-------|-------|
| 1. Tax: Include surtax if applicable. | 1. ▶ | 0 |
| 2. <i>Reserved for future use</i> | 2. | |
| 3. Total Tax: Enter the amount from Line 1. | 3. ▶ | 0 |
| 4. Tax credits from Form CT-1120K, Part III, Line 9. Do not exceed amount on Line 1. | 4. ▶ | 0 |
| 5. Balance of tax payable: Subtract Line 4 from Line 3. If zero or less, enter "0." | 5. ▶ | 0 |
| 6a. Paid with application for extension from Form CT-990T EXT | 6a. ▶ | 0 |
| 6b. Paid with estimates from Forms CT-990T ESA, ESB, ESC, & ESD | 6b. ▶ | 0 |
| 6c. Overpayment from prior year | 6c. ▶ | 0 |
| 6. Tax Payments: Enter the total of Lines 6a, 6b, and 6c. | 6. ▶ | 0 |
| 7. Balance of tax due (overpaid): Subtract Line 6 from Line 5. | 7. ▶ | 0 |
| 8a. Penalty | 8a. ▶ | 0 |
| 8b. Interest | 8b. ▶ | 0 |
| 8c. Form CT-1120I Interest | 8c. ▶ | 0 |
| 8. Total penalty and interest: Enter the total of Lines 8a, 8b, and Line 8c. | 8. | 0 |
| 9a. Amount to be credited to 2023 estimated tax | 9a. ▶ | 0 |
| 9b. Amount to be refunded | 9b. ▶ | 0 |
| 9. Total credited and refunded | 9. | 0 |
| 9c. Acct. type: Ck ▶ Sv ▶ | | |
| 9d. Rout. # ▶ | | |
| 9e. Acct. # ▶ | | |
| 9f. Will this refund go to a bank account outside the U.S.? ▶ | | |
| 9g. Bank name ▶ | | |
| 10. Balance due with this return: Add Line 7 and Line 8. | 10. ▶ | 0 .00 |

990T1222V021019

990T1222V031019



0526715000

Schedule A - Unrelated Business Income Apportionment

Complete this schedule if the taxpayer's unrelated trade or business is conducted at a regular place of business outside Connecticut.

| Factor | Item | Column A Connecticut | Column B Everywhere | Column C Divide Column A by Column B. Carry to six places |
|---|--|-------------------------|------------------------|--|
| Property (Average value) | 1a. Inventories | 0 | 0 | |
| | 1b. Tangible property | 0 | 0 | |
| | 1c. Real property | 0 | 0 | |
| | 1d. Capitalized rent | 0 | 0 | |
| | 1. Total | 0 | 0 | 0.000000 |
| Receipts | 2a. Sales of tangibles | 0 | 0 | |
| | 2b. Services | 0 | 0 | |
| | 2c. Rentals | 0 | 0 | |
| | 2d. Other | 0 | 0 | |
| | 2. Total | 0 | 0 | 0.000000 |
| Wages, salaries, and other compensation | 3. Total | 0 | 0 | 0.000000 |
| | 4. Total: Add Lines 1, 2, and 3 in Column C. | | | 0.000000 |
| | 5. Apportionment fraction: Divide Line 4 by number of factors used. Enter here; on Schedule C, Line 4; and on Page 2, Computation of Tax, Line 2. | | | 1.000000 |

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0526715000

Schedule B - Connecticut Apportioned Operating Loss Carryover Applied to 2022

| | | |
|---|-----|---|
| 1. 2002 Connecticut net operating loss available for use in 2022 | 1. | 0 |
| 2. 2003 Connecticut net operating loss available for use in 2022 | 2. | 0 |
| 3. 2004 Connecticut net operating loss available for use in 2022 | 3. | 0 |
| 4. 2005 Connecticut net operating loss available for use in 2022 | 4. | 0 |
| 5. 2006 Connecticut net operating loss available for use in 2022 | 5. | 0 |
| 6. 2007 Connecticut net operating loss available for use in 2022 | 6. | 0 |
| 7. 2008 Connecticut net operating loss available for use in 2022 | 7. | 0 |
| 8. 2009 Connecticut net operating loss available for use in 2022 | 8. | 0 |
| 9. 2010 Connecticut net operating loss available for use in 2022 | 9. | 0 |
| 10. 2011 Connecticut net operating loss available for use in 2022 | 10. | 0 |
| 11. 2012 Connecticut net operating loss available for use in 2022 | 11. | 0 |
| 12. 2013 Connecticut net operating loss available for use in 2022 | 12. | 0 |
| 13. 2014 Connecticut net operating loss available for use in 2022 | 13. | 0 |
| 14. 2015 Connecticut net operating loss available for use in 2022 | 14. | 0 |
| 15. 2016 Connecticut net operating loss available for use in 2022 | 15. | 0 |
| 16. 2017 Connecticut net operating loss available for use in 2022 | 16. | 0 |
| 17. 2018 Connecticut net operating loss available for use in 2022 | 17. | 0 |
| 18. 2019 Connecticut net operating loss available for use in 2022 | 18. | 0 |
| 19. 2020 Connecticut net operating loss available for use in 2022 | 19. | 0 |
| 20. 2021 Connecticut net operating loss available for use in 2022 | 20. | 0 |
| 21. Total: Add Lines 1 through 20. Enter here and on <i>Computation of Tax</i> , Line 4. Do not exceed 50% of <i>Computation of Tax</i> , Line 3. | 21. | 0 |

Schedule C - Computation of Net Operating Loss Carryforward

| | | |
|--|----|----------|
| 1. Enter amount from <i>Computation of Income</i> , Line 6, if less than zero. | 1. | 0 |
| 2. Add back specific deduction claimed on 2022 federal Form 990-T | 2. | 0 |
| 3. Subtotal: Add Line 1 and Line 2. | 3. | 0 |
| 4. Apportionment fraction from <i>Schedule A</i> , Line 5 | 4. | 1.000000 |
| 5. 2022 Connecticut net operating loss available for carryforward: Line 3 or Line 3 multiplied by Line 4 | 5. | 0 |

990T1222V041019

Form CT-990T

Do not send this sheet with your return.

Checklist for filing your Connecticut Pass-Through Entity Tax Return:

1. Be sure that the return is not printed on the back of this sheet.
2. Verify that the address lines are correct and proper abbreviations are used.
3. Do not attempt to remove or modify the solid boxes that print out. Altering target marks may affect the processing of your return.
4. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
5. **Do not make manual (hand written or typed) corrections; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.**
6. Make check payable to: **Commissioner of Revenue Services**
7. To ensure proper posting, write your TID (optional) and **"2022 Form CT-990T"** on your check.
8. File amended returns and returns where an electronic filing waiver has been granted to the corresponding address listed below.

Mail paper return to:
Department of Revenue Services
State of Connecticut
PO Box 5014
Hartford CT
06102-5014
9. Verify that all fields print completely and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.

Do not send this sheet with your return.

Do Not File - Do Not File