

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BRUCE MUSEUM, INC.		D Employer identification number 23-7105904
	Doing business as		E Telephone number 203-869-0376
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	ONE MUSEUM DRIVE		G Gross receipts \$ 55,407,938.
	City or town, state or province, country, and ZIP or foreign postal code GREENWICH, CT 06830		
F Name and address of principal officer: ROBERT P. WOLTERSTORFF SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.BRUCEMUSEUM.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1970** **M** State of legal domicile: **CT**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE BRUCE MUSEUM'S EXHIBITIONS AND EDUCATIONAL PROGRAMS ADVANCE THE UNDERSTANDING OF ART AND		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	37
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	37
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	53
	6 Total number of volunteers (estimate if necessary)	6	152
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	67,455.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	7,074,312.	31,598,961.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	122,327.	73,221.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	816,155.	3,109,335.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	108,682.	-4,109.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,121,476.	34,777,408.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	2,095.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	3,376,081.	3,382,060.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,589,661.	120,000.	120,000.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,637,476.	1,790,516.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,133,557.	5,294,671.
19 Revenue less expenses. Subtract line 18 from line 12	2,987,919.	29,482,737.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	42,027,905.	80,928,323.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,733,193.	2,965,060.
		40,294,712.	77,963,263.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	ROBERT P. WOLTERSTORFF, EXECUTIVE DIRECTOR AND CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	EVA MRUK	EVA MRUK	05/16/22		P00543254
Firm's name ▶ PKF O'CONNOR DAVIES, LLP			Firm's EIN ▶ 27-1728945		
Firm's address ▶ 3001 SUMMER STREET, 5TH FLOOR, EAST STAMFORD, CT 06905			Phone no. 203-323-2400		

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 3,136,193. including grants of \$ 2,095.) (Revenue \$ 78,328.) THE BRUCE MUSEUM OFFERED A VARIETY ART AND SCIENCE EXHIBITIONS IN 2020-2021 THAT EDUCATED AND ENGAGED OUR DIVERSE, COMMUNITY AUDIENCE. EACH EXHIBITION FEATURED WORLD-CLASS ART, OBJECTS AND ARTIFACTS THAT FOCUSED ON THE NEEDS AND INTERESTS OF OUR VISITORS AND OUR SURROUNDING COMMUNITY.

SEE SCHEDULE O FOR A LIST OF THE EXHIBITIONS THAT TOOK PLACE IN 2020-2021.

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

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

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

4e Total program service expenses 3,136,193.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in 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>	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 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 lines 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 in 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 in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		53
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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 37		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 37		
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 in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
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 in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
15a		X	
15b			X
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 **WILLIAM F. FERENCE - 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT WOLTERSTORFF EXECUTIVE DIRECTOR/CEO	35.00			X			265,000.	0.	14,387.	
(2) WILLIAM F. FERENCE DIRECTOR OF FINANCE/CFO	35.00			X			137,840.	0.	32,784.	
(3) SUZANNE LIO COO AND MANAGING DIRECTOR	35.00				X		132,440.	0.	32,382.	
(4) WHITNEY ROSENBERG DIRECTOR OF DEVELOPMENT	35.00				X		145,000.	0.	8,191.	
(5) DANIEL KSEPKA CURATOR OF SCIENCE	35.00				X		108,587.	0.	37,105.	
(6) PETER SUTTON FORMER EXECUTIVE DIRECTOR/CEO	0.00					X	128,735.	0.	187.	
(7) ANNE VON STUELPNAGEL DIRECTOR OF EXHIBITIONS	35.00				X		119,633.	0.	8,356.	
(8) JAMES B. LOCKHART III CHAIRMAN OF BOARD	7.50	X		X			0.	0.	0.	
(9) WILLIAM DEUTSCH VICE CHAIR	1.00	X		X			0.	0.	0.	
(10) SIMONE MCENTIRE VICE CHAIR	1.00	X		X			0.	0.	0.	
(11) HEIDI B. SMITH VICE CHAIR	1.00	X		X			0.	0.	0.	
(12) PATRICIA W. CHADWICK TREASURER	1.00	X		X			0.	0.	0.	
(13) ELLEN A. FLANAGAN SECRETARY	1.00	X		X			0.	0.	0.	
(14) SUE MORETTI BODSON TRUSTEE	1.00	X					0.	0.	0.	
(15) THOMAS BYRNE TRUSTEE	1.00	X					0.	0.	0.	
(16) FRED CAMILLO TRUSTEE	1.00	X					0.	0.	0.	
(17) MARYANN KELLER CHAI TRUSTEE	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) VICKI NETTER FITZGERALD TRUSTEE	1.00	X						0.	0.	0.
(19) REBECCA GILLAN TRUSTEE	1.00	X						0.	0.	0.
(20) SACHIKO GOODMAN TRUSTEE	1.00	X						0.	0.	0.
(21) JOHN C. HART TRUSTEE	1.00	X						0.	0.	0.
(22) TRACY BISHOP HOLTON TRUSTEE	1.00	X						0.	0.	0.
(23) JOHN IPPOLITO DIRECTOR, THRU 5/1/21	1.00	X						0.	0.	0.
(24) FELICITY KOSTAKIS TRUSTEE	1.00	X						0.	0.	0.
(25) MICHAEL KOVNER TRUSTEE	1.00	X						0.	0.	0.
(26) ROBERT H. LAWRENCE TRUSTEE	1.00	X						0.	0.	0.
1b Subtotal								1,037,235.	0.	133,392.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,037,235.	0.	133,392.

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	3,168,774.
ESKEW + DUMÉZ + RIPPLE, ONE CANAL PLACE, SUITE 3150, NEW ORLEANS, LA 70130	ARCHITECTURAL SERVICES	805,293.
UNIVERSAL SERVICES ASSOCIATES INC 5 HORNE DRIVE, FOLCROFT, PA 19032	CONSTRUCTION SERVICES	179,340.
STONE HARBOR PROJECT ADVISORS PO BOX 441, GREENWICH, CT 06836	PROJECT MANAGEMENT	138,800.
NST SYSTEMS, INC., 750 EAST MAIN STREET, 8TH FLOOR, STAMFORD, CT 06902	IT SERVICES	132,604.

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 **6**

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) KAMIE LIGHTBURN TRUSTEE	1.00	X					0.	0.	0.	
(28) SUSAN E. LYNCH TRUSTEE	1.00	X					0.	0.	0.	
(29) MICHAEL MASON TRUSTEE	1.00	X					0.	0.	0.	
(30) KATHLEEN L. METINKO TRUSTEE	1.00	X					0.	0.	0.	
(31) DEANNA MULLIGAN TRUSTEE	1.00	X					0.	0.	0.	
(32) CHRIST WOLFE NICHOLS TRUSTEE	1.00	X					0.	0.	0.	
(33) JULIA B. NUSSEIBEH TRUSTEE	1.00	X					0.	0.	0.	
(34) CANDACE PROCACCINI TRUSTEE	1.00	X					0.	0.	0.	
(35) NICOLE REYNOLDS TRUSTEE	1.00	X					0.	0.	0.	
(36) CHARLES M. ROYCE TRUSTEE	1.00	X					0.	0.	0.	
(37) LAURIE RUBIN TRUSTEE	1.00	X					0.	0.	0.	
(38) BETSY RUPRECHT TRUSTEE	1.00	X					0.	0.	0.	
(39) BOB SELANDER TRUSTEE	1.00	X					0.	0.	0.	
(40) DEBORAH SIMON TRUSTEE	1.00	X					0.	0.	0.	
(41) JUDITH K. STEIN, MD TRUSTEE	1.00	X					0.	0.	0.	
(42) JACQUELINE WALKER TRUSTEE	1.00	X					0.	0.	0.	
(43) SUE ANNE WEINBERG TRUSTEE	1.00	X					0.	0.	0.	
(44) DAVID YUDAIN TRUSTEE	1.00	X					0.	0.	0.	
(45) MARTHA R. ZOUBEK TRUSTEE	1.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	336,008.				
	c Fundraising events	1c	501,793.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,237,575.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	28,523,585.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 3,977,727.				
	h Total. Add lines 1a-1f			31,598,961.			
	Program Service Revenue	2 a MEMBERSHIP DUES	Business Code	900099	43,880.	43,880.	
b ADMISSIONS			611710	21,989.	21,989.		
c WORKSHOP/PROGRAM FEES			611710	7,352.	7,352.		
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f				73,221.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)			717,002.		-6,845.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	14,475.			
			(ii) Personal				
	b Less: rental expenses	6b		0.			
	c Rental income or (loss)	6c		14,475.			
	d Net rental income or (loss)			14,475.			14,475.
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	22,679,635.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b		20,287,302.			
	c Gain or (loss)	7c		2,392,333.			
	d Net gain or (loss)			2,392,333.		6,483.	2,385,850.
8 a Gross income from fundraising events (not including \$ 501,793. of contributions reported on line 1c). See Part IV, line 18	8a		158,120.				
		b Less: direct expenses	8b		249,628.		
		c Net income or (loss) from fundraising events			-91,508.		-91,508.
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		166,524.				
		b Less: cost of goods sold	10b		93,600.		
		c Net income or (loss) from sales of inventory			72,924.	5,107.	67,817.
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			34,777,408.	78,328.	67,455.	3,032,664.	

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	2,095.	2,095.		
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	446,845.	278,020.	34,148.	134,677.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	125,000.	77,773.	9,553.	37,674.
7 Other salaries and wages	2,114,964.	1,315,897.	161,627.	637,440.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	105,834.	65,848.	8,088.	31,898.
9 Other employee benefits	377,804.	235,064.	28,872.	113,868.
10 Payroll taxes	211,613.	131,662.	16,172.	63,779.
11 Fees for services (nonemployees):				
a Management				
b Legal	48,121.		48,121.	
c Accounting	30,715.		30,715.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	120,000.			120,000.
f Investment management fees	60,956.		60,956.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	312,410.	133,358.	39,520.	139,532.
12 Advertising and promotion	58,739.	25,059.	1,851.	31,829.
13 Office expenses	402,301.	248,047.	42,826.	111,428.
14 Information technology	149,328.	98,393.	26,269.	24,666.
15 Royalties				
16 Occupancy	98,635.	68,009.	20,363.	10,263.
17 Travel	6,357.	5,731.	435.	191.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	43,554.	4,975.	821.	37,758.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	346,940.	257,186.	16,064.	73,690.
23 Insurance	34,472.	13,780.	9,232.	11,460.
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	99,891.	99,891.		
b CLEANING & MAINTENANCE	49,996.	30,451.	12,786.	6,759.
c MISC OPERATING EXPENSES	31,579.	29,535.	312.	1,732.
d HONORARIUM	16,522.	15,419.	86.	1,017.
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	5,294,671.	3,136,193.	568,817.	1,589,661.
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	87,564.	1	161,768.
	2 Savings and temporary cash investments	5,686,865.	2	9,156,543.
	3 Pledges and grants receivable, net	1,203,675.	3	13,948,276.
	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	54,902.	8	35,721.
	9 Prepaid expenses and deferred charges	153,274.	9	103,235.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,660,383.		
	b Less: accumulated depreciation	10b 7,392,858.	3,501,289.	10c 3,267,525.
	11 Investments - publicly traded securities	21,422,577.	11	28,241,487.
	12 Investments - other securities. See Part IV, line 11	3,725,254.	12	7,401,585.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	6,192,505.	15	18,612,183.
16 Total assets. Add lines 1 through 15 (must equal line 33)	42,027,905.	16	80,928,323.	
Liabilities	17 Accounts payable and accrued expenses	1,027,920.	17	2,305,783.
	18 Grants payable		18	
	19 Deferred revenue	167,673.	19	184,622.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	537,600.	25	474,655.
	26 Total liabilities. Add lines 17 through 25	1,733,193.	26	2,965,060.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,715,212.	27	5,546,998.
	28 Net assets with donor restrictions	35,579,500.	28	72,416,265.
	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	40,294,712.	32	77,963,263.
	33 Total liabilities and net assets/fund balances	42,027,905.	33	80,928,323.

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	34,777,408.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,294,671.
3	Revenue less expenses. Subtract line 2 from line 1	3	29,482,737.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	40,294,712.
5	Net unrealized gains (losses) on investments	5	8,056,200.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	129,614.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	77,963,263.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain 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 Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4825751.	5945488.	6035832.	7074312.	16598961.	40480344.
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	207,624.	209,055.	246,652.	259,662.	330,754.	1253747.
4 Total. Add lines 1 through 3	5033375.	6154543.	6282484.	7333974.	16929715.	41734091.
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)						5074885.
6 Public support. Subtract line 5 from line 4.						36659206.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	5033375.	6154543.	6282484.	7333974.	16929715.	41734091.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	909,317.	988,343.	724,615.	927,084.	723,847.	4273206.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						46007297.
12 Gross receipts from related activities, etc. (see instructions)					12	1,568,157.
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 2020 (line 6, column (f), divided by line 11, column (f))	14	79.68 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	85.02 %
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 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 in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
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>		
1		
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>		
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?		
1		
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>		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
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>	Yes	No
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
2b		
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>		
3a		
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>		
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 (<i>explain in detail in Part VI</i>):		
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 2020 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-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. 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 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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, LIST OF UNUSUAL GRANTS RECEIVED:

DESCRIPTION: CASH

DATE: 06/30/21 **AMOUNT:** 15000000.

Multiple horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

BRUCE MUSEUM, INC.

Employer identification number

23-7105904

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

[] 527 political organization

Form 990-PF

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

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

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

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

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

General Rule

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

Special Rules

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>1,280,150.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>15,000,000.</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>5,132,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>1,603,184.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>1,025,858.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>833,333.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>1,020,650.</u>	<u>05/28/21</u>
5	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>1,005,108.</u>	<u>06/30/21</u>
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization BRUCE MUSEUM, INC.	Employer identification number 23-7105904
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

2020

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

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	24,304,684.	25,068,891.	25,009,574.	23,724,196.	21,886,468.
b Contributions	242,150.	166,600.	207,275.	629,163.	785,372.
c Net investment earnings, gains, and losses	11,141,753.	231,657.	967,411.	2,094,019.	2,428,976.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,218,241.	1,162,464.	1,115,369.	1,437,804.	1,376,620.
f Administrative expenses					
g End of year balance	34,470,346.	24,304,684.	25,068,891.	25,009,574.	23,724,196.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 4.0610 %
 - b Permanent endowment 59.2300 %
 - c Term endowment 36.7100 %
- 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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		9,999,934.	6,888,250.	3,111,684.
d Equipment		601,063.	445,222.	155,841.
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.)				3,267,525.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	7,401,585.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	7,401,585.	

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) MUSEUM EXPANSION COSTS	18,612,183.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	18,612,183.

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) PAYCHECK PROTECTION PROGRAM LOAN	474,655.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	474,655.

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	43,258,627.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	8,056,200.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	472,842.	
e	Add lines 2a through 2d	2e		8,529,042.
3	Subtract line 2e from line 1	3		34,729,585.
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	47,823.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		47,823.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		34,777,408.

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

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

1	Total expenses and losses per audited financial statements		1	5,590,076.
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	343,228.	
e	Add lines 2a through 2d	2e		343,228.
3	Subtract line 2e from line 1	3		5,246,848.
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	47,823.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		47,823.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		5,294,671.

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, 2018.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES REPORTED ON PART VIII, LINE 8B	249,628.
COST OF GOODS SOLD REPORTED ON PART VIII, LINE 10B	93,600.
RECOVERY OF UNCOLLECTIBLE PLEDGES REPORT ON PART IX, LINE 9	129,614.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	472,842.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES REPORTED ON PART VIII, LINE 8B	249,628.
COST OF GOODS SOLD REPORTED ON PART VIII, LINE 10B	93,600.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	343,228.

**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

2020

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		5,522,240.
3 a Subtotal	0	0			5,522,240.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			5,522,240.

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)

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)

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) 2020

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.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2020

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
BJ TAVROW CONSULTING - 300 EAST 75TH STREET, SUITE 23B,	CAPITAL CAMPAIGN DEVELOPMENT		X	2,500,000.	120,000.	2,380,000.
Total				2,500,000.	120,000.	2,380,000.

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

CT

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		34TH ANNUAL GALA		NONE		
		(event type)	(event type)	(total number)		
Revenue	1 Gross receipts	659,913.			659,913.	
	2 Less: Contributions	501,793.			501,793.	
	3 Gross income (line 1 minus line 2)	158,120.			158,120.	
Direct Expenses	4 Cash prizes					
	5 Noncash prizes					
	6 Rent/facility costs	103,261.			103,261.	
	7 Food and beverages	56,860.			56,860.	
	8 Entertainment	78,491.			78,491.	
	9 Other direct expenses	11,016.			11,016.	
	10 Direct expense summary. Add lines 4 through 9 in column (d)				249,628.	
11 Net income summary. Subtract line 10 from line 3, column (d)				-91,508.		

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 PROVIDES FOR THE PAYMENT OF FEES FOR SERVICE IN THE AMOUNT OF \$120,000. THIS AMOUNT DOES NOT INCLUDE OUT-OF-POCKET EXPENSES FOR

Part IV Supplemental Information (continued)

MATERIALS AND TRAVEL, WHICH PER THE AGREEMENT MUST BE APPROVED BY THE ORGANIZATION AND ARE SEPARATELY BILLED.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

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

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

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

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) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROBERT WOLTERSTORFF EXECUTIVE DIRECTOR/CEO	(i)	240,000.	25,000.	0.	13,250.	1,137.	279,387.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) WILLIAM F. FERENGE DIRECTOR OF FINANCE/CFO	(i)	137,840.	0.	0.	7,125.	25,659.	170,624.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SUZANNE LIO COO AND MANAGING DIRECTOR	(i)	132,440.	0.	0.	6,827.	25,555.	164,822.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) WHITNEY ROSENBERG DIRECTOR OF DEVELOPMENT	(i)	130,000.	15,000.	0.	7,250.	941.	153,191.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PETER SUTTON FORMER EXECUTIVE DIRECTOR/CEO	(i)	3,735.	0.	125,000.	187.	0.	128,922.	125,000.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4A:

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

PART I, LINE 7:

THE FOLLOWING INDIVIDUALS RECEIVED DISCRETIONARY BONUSES, WHICH ARE
INCLUDED IN THEIR REPORTABLE COMPENSATION FOR THE 2020 CALENDER YEAR:

ROBERT WOLTERSTROFF - EXECUTIVE DIRECTOR - \$25,000

WHITNEY ROSENBERG - DIRECTOR OF DEVELOPMENT - \$15,000

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	267	64,945.	DONOR PROVIDED VALUE
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	35	3,807,217.	AVG. SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (AUCTION ITEMS)	X	26	105,565.	DONOR PROVIDED VALUE
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

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

SCHEDULE M, PART I, COLUMN (B):

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

SCHEDULE M, LINE 33:

DURING THE FISCAL YEAR, APPROXIMATELY 244 PIECES OF ART WERE DONATED TO BECOME PART OF THE MUSEUM'S COLLECTIONS. TITLE TO ALL OBJECTS IN THE COLLECTIONS OF THE MUSEUM, AND ALL ADDITIONS THERETO, IS VESTED EXCLUSIVELY IN THE TOWN OF GREENWICH AND IS HELD IN PUBLIC TRUST. ACCORDINGLY, THE MUSEUM DID NOT REPORT INCOME FROM THE DONATIONS OF ITEMS TO THE MUSEUM'S COLLECTION ON FORM 990, PART VIII.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

BRUCE MUSEUM, INC.

Employer identification number

23-7105904

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

SCIENCE.

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

ON THE EDGE OF THE WORLD: MASTERWORKS BY LAURITS ANDERSEN RING FROM
SMKTHE NATIONAL GALLERY OF DENMARK

FEBRUARY 1, 2020 - AUGUST 9, 2020

FOLLOWING AN EXTENSIVE, FIVE-MONTH-LONG RENOVATION OF ITS CHANGING
GALLERY SPACES, THE BRUCE MUSEUM WAS PLEASED TO PRESENT A MAJOR NEW
INTERNATIONAL EXHIBITION, ON THE EDGE OF THE WORLD: MASTERWORKS BY
LAURITS ANDERSEN RING FROM SMKTHE NATIONAL GALLERY OF DENMARK.

INITIATED BY THE AMERICAN FRIENDS OF STATENS MUSEUM FOR KUNST, THE
NATIONAL GALLERY OF DENMARK, THE EXHIBITION OPENED ON SATURDAY,
FEBRUARY 1, 2020, AND WAS ON VIEW IN THE MUSEUM'S NEWLY EXPANDED MAIN
ART GALLERY THROUGH SUNDAY, AUGUST 9, 2020.

L.A. RING (1854-1933), A REALIST AND SYMBOLIST PAINTER, IS CONSIDERED
ONE OF THE MOST IMPORTANT FIGURES IN DANISH ART. THE NATIONAL GALLERY
OF DENMARK HOLDS THE LARGEST COLLECTION OF RING'S PAINTINGS AND
DRAWINGS IN THE WORLD; ON THE EDGE OF THE WORLD SHOWCASED 25 OF THE
MOST IMPORTANT PIECES THAT REPRESENT THE KEY THEMES AND SHEER VARIETY
AND COMPLEXITY OF HIS OEUVRE. THE EXHIBITION TRAVELED TO ONLY TWO U.S.
VENUES. THE BRUCE MUSEUM WAS THE ONLY VENUE ON THE EAST COAST.

THROUGH HIS ART, RING DESCRIBED A TIME OF GREAT UPHEAVAL IN DENMARK.

THE PROCESSES OF INDUSTRIALIZATION CAUSED MAJOR CHANGES TO THE LABOR

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization BRUCE MUSEUM, INC.	Employer identification number 23-7105904
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MARKET; NEW ENTERPRISES FLOURISHED, AND PEOPLE MOVED FROM THE COUNTRY TO THE CITIES. DENMARK WAS ON THE WAY TO BECOMING A MODERN SOCIETY.

ALTHOUGH L.A. RING LIVED IN DENMARK ALL HIS LIFE, HIS WORKS DISPLAY CERTAIN PARALLELS TO THE LANDSCAPES OF AMERICAN REALISM AND NATURALISM. AND JUST AS L.A. RING WAS KEENLY INTERESTED IN HOW INDIVIDUAL MAN HANDLED THE EXISTENTIAL CHALLENGES ARISING AS A RESULT OF THE MODERN BREAKTHROUGH, SO TOO WERE MANY AMERICAN ARTISTS OF THE TIME.

POISED BETWEEN REALISM AND SYMBOLISM, L.A. RING'S ART EXPLORES MANKIND'S INNER LIFE, WHICH FOR HIM WAS OFTEN INFUSED BY DEPRESSIVE IDEAS AND MELANCHOLY MOODS. DEATH AND THE PASSING OF ALL THINGS IS A RECURRING THEME IN HIS ART INCLUDING HIS MANY ZEALAND LANDSCAPES, WHICH COME TO FORM PERSONAL, DENSELY ATMOSPHERIC LANDSCAPES OF THE SOUL. HOWEVER, OTHER THEMES OF CLOSENESS AND INTIMACY ALSO FOUND THEIR WAY INTO HIS ART AFTER HE MARRIED THE LOVE OF HIS LIFE IN 1896: SIGRID, ELDEST DAUGHTER OF MASTER POTTER HERMAN KHLER.

BOTH ASPECTS OF RING HIS MELANCHOLY AIR AND HIS JOY IN LIFE WERE REPRESENTED IN THE EXHIBITION, EDGE OF THE WORLD: MASTERWORKS BY LAURITS ANDERSEN RING FROM SMKTHE NATIONAL GALLERY OF DENMARK.

THE EXHIBITION APPEALED TO ART LOVERS AS WELL AS AMERICANS IN GENERAL, AS IT PORTRAYS THE LIFE OF MANY EUROPEAN EMIGRANTS SETTLING IN THE U.S. AROUND 1900.

UNDER THE SKIN

FEBRUARY 1, 2020 - NOVEMBER 29, 2020

Name of the organization

BRUCE MUSEUM, INC.

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23-7105904

NATURE IS FULL OF BEAUTY, AT SCALES GREAT AND SMALL. UNDER THE SKIN HIGHLIGHTED A DOZEN RECENT DISCOVERIES THROUGH A COMBINATION OF REMARKABLE IMAGERY AND REAL BIOLOGICAL SPECIMENS. WHILE EACH REPRESENTS A RESEARCH BREAKTHROUGH, THESE STRIKING AND, IN MANY CASES, PRIZE-WINNING IMAGES CAN RIGHTFULLY BE CONSIDERED ART IN THEIR OWN RIGHT.

UNDER THE SKIN SAMPLED IMAGES MADE POSSIBLE BY A REMARKABLE ARRAY OF TECHNOLOGIES, CT SCANNING, INFRARED CAMERAS, SCANNING ELECTRON MICROSCOPES AND MORE THAT ALLOW SCIENTISTS TO VISUALIZE THE MARVELS OF EVOLUTION THAT LIE BELOW THE SURFACE. ALL OF THE IMAGES PRESENTED IN THE EXHIBITION WERE CAPTURED IN THE LAST FIVE YEARS, THUS REPRESENTING THE CUTTING EDGE OF MODERN IMAGING. MANY SHOWCASED AMAZING DISCOVERIES THAT WERE UNDEAMT OF JUST A DECADE AGO. NATURAL HISTORY SPECIMENS FROM THE BRUCE MUSEUM AND ON LOAN FROM OTHER COLLECTIONS COMPLEMENTED EACH IMAGE AND REINFORCED THE ROLE OF MUSEUMS AS STEWARDS OF NATURAL HISTORY.

VISITORS LEARNED HOW WE CAN PEER INTO THE INNER EAR OF A FROG SMALLER THAN A PISTACHIO, COUNT THE UNBORN BABIES INSIDE A PREGNANT TIGER SHARK, AND REVEAL THE AGE OF A TEN-TON DINOSAUR FROM MICROSCOPIC STRUCTURES IN ITS BONES. EXPLORING THE RELATIONSHIP BETWEEN LIGHT AND NATURE, VISITORS DISCOVERED THAT FLYING SQUIRRELS CAN GLOW A FLUORESCENT PINK, PELICAN POUCHES BURST INTO COLOR IN INFRARED, AND MACARONI PENGUINS HAVE INVENTED THEIR OWN SPECIAL BRAND OF THE COLOR YELLOW.

BRUCE GOES DIGITAL

Name of the organization BRUCE MUSEUM, INC.	Employer identification number 23-7105904
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MARCH 30, 2020 - PRESENT

DURING THE CHALLENGING TIMES PRESENTED AS A RESULT OF THE GLOBAL PANDEMIC, THE BRUCE MUSEUM BROUGHT ITS EXHIBITIONS ONLINE FOR THOSE WHO COULD NOT OR WOULD NOT VISIT IN MUSEUM IN PERSON. THE BRUCE CONTINUES TO HOST THESE ONLINE EXHIBITIONS- FREE OF CHARGE - FOR THE ENJOYMENT OF ALL ON OUR WEBSITE, BRUCEMUSEUM.ORG.

* ON THE EDGE OF THE WORLD: MASTERWORKS BY LAURITS ANDERSEN RING FROM SMKTHE NATIONAL GALLERY OF DENMARK

*UNDER THE SKIN VIRTUAL EXHIBIT TOUR

*HOUSE ON THE HILL: THE CHANGING FACE OF THE BRUCE MUSEUM. TO DATE, THE WEBSITE HAS HAD 2,200 VISITS BY 2,300 UNIQUE VISITORS WITH A COMBINED 10,000 PAGE VIEWS. THE EXHIBITION WAS ABLE TO BE INSTALLED ONSITE AS WELL.

ICREATE 2020

JUNE 27, 2020 - AUGUST 2, 2020

EACH YEAR, THE BRUCE MUSEUM SHOWCASES THE ART OF HIGH SCHOOL STUDENTS THROUGHOUT CONNECTICUT, NEW JERSEY, AND NEW YORK IN THE ICREATE EXHIBITION. THIS ANNUAL JURIED COMPETITION, IN ITS 11TH CONSECUTIVE YEAR, FEATURED 55 WORKS OF FINE ART SELECTED FROM MORE THAN 850 SUBMISSIONS, AND 123 HIGH SCHOOLS REPRESENTED.

THIS EXHIBITION CENTERED ON AN ARRAY OF WORKS INFUSED WITH THE CREATIVE SPIRIT AND IMPACTFUL VOICES OF BUDDING YOUNG ARTISTS. ICREATE SERVES AS AN OUTLET FOR THESE EMERGING ARTISTS, AMPLIFYING THE SCOPE OF THEIR PIECES' INFLUENCE AND PROVIDING THE COMMUNITY A GLIMPSE INTO LOCAL ARTISTIC POTENTIAL. THE WORKS ARE OF DIVERSE MEDIUMS AND EXPLORE

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DIFFERENT THEMES RANGING FROM CRITIQUES OF TRADITIONAL SOCIAL
CONSTRUCTS TO SHARING TRIBUTES OF FAMILY AND FRIENDS, EXPRESSIONS OF
CULTURAL DIVERSITY, COMMUNICATING THE IMPORTANCE OF HEALTH AND
WELL-BEING, AND GENDER IDENTITY.

FLOATING BEAUTY: WOMEN IN THE ART OF UKIYO-E

SEPTEMBER 1, 2020 - NOVEMBER 1, 2020

FLOATING BEAUTY: WOMEN IN THE ART OF UKIYO-E EXAMINED HISTORICAL
PERSPECTIVES ON WOMEN AND THEIR DEPICTION IN ART IN EDO PERIOD JAPAN
(1615 1858). MADE UP ENTIRELY OF WOODBLOCK PRINTS CREATED IN THE
UKIYO-E STYLE, THIS EXHIBITION HIGHLIGHTS FEMALE CHARACTERS IN
LITERATURE, KABUKI THEATRE, AND POETRY; THE COURTESANS AND GEISHA OF
THE YOSHIWARA DISTRICT; AND WIVES AND MOTHERS FROM DIFFERENT SOCIAL
CLASSES PERFORMING THE DUTIES OF THEIR STATION, IN ORDER TO GAIN SOME
INSIGHT INTO THE LIVES OF WOMEN IN PRE-MODERN JAPAN.

FUN / NO FUN: CHILDREN'S BOOK ART BY JAMES STEVENSON

MARCH 19, 2021 - MARCH 31, 2021

KIDS KNOW HIM AS THE AUTHOR AND ILLUSTRATOR OF HUNDREDS OF CHILDREN'S
BOOKS THAT INDUCE FITS OF GIGGLES WITH SILLINESS VOICED IN AN HONEST,
SIMPLE, AND GENTLE WAY. DEFTLY DRAWN WITH AN ASSURED LINE AND COLORED
WITH SOFT WATERCOLOR WASHES, STEVENSON'S WHIMSICAL SKETCHES EVOKE A
SENSE OF MEMORY AND NOSTALGIA. THE UNDERSTATED DRAWINGS ARE POPULATED
BY A CAST OF CHARACTERS IN SETTINGS THAT STEVENSON CONJURED PRECISELY
TO SUIT THE STORY. A 1990 NEW YORK TIMES ARTICLE ARTICULATES HOW
MOVIES, A FAVORITE ENTERTAINMENT, WERE HIS INSPIRATION IN THE
DEVELOPMENT OF CHILDREN'S BOOKS, 'YOU CAST, WRITE THE SCRIPT, SET
DESIGN, FIND THE RIGHT ACTORS, PEOPLE YOU CARE ABOUT, HAVE THEM SAY THE

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RIGHT THINGS, FIND LOCATIONS, THE RIGHT STOVE FOR THE KITCHEN.' ' IN A 2019 DOCUMENTARY, STEVENSON - LOST AND FOUND, HIS FAMILY DESCRIBES HOW THE SELF-TAUGHT ARTIST WAS ALWAYS SKETCHING AND THAT THE FAMILIAL SOUNDTRACK WAS ACCOMPANIED BY THE CONSTANT SCRATCHING OF HIS PEN ON PAPER.

DEEP ARE HIS CONNECTIONS TO CONNECTICUT AND GREENWICH IN PARTICULAR. JIM GREW UP IN CROTON-ON-HUDSON IN WESTCHESTER COUNTY, RAISED HIS FAMILY OF NINE CHILDREN IN OLD BLACK POINT ON THE CONNECTICUT SHORE, AND SETTLED IN COS COB WITH HIS SECOND WIFE, JOSIE MERCK.

THE BRUCE MUSEUM PRESENTED A FUN EXHIBITION OF STEVENSON'S CHILDREN'S BOOK ART FROM THE ARTIST'S ARCHIVES THAT EXPLORED THE SEASONAL DELIGHTS TO WHICH KIDS OF ALL AGES CAN RELATE THE JOYS OF BUILDING A SNOW FORT, TORMENTING YOUR FRIENDS WITH SKUNK CABBAGE, SUMMER CAMP CAMARADERIE, AND LEAPING INTO A LEAF PILE.

ONLINE ONLY "SHE SWEEPS WITH MANY-COLORED BROOMS": PAINTINGS AND PRINTS BY EMILY MASON

FEBRUARY 27, 2021 - MAY 23, 2021

"GET THE MIND OUT OF THE WAY LET THE PAINTING SPEAK." WITH THESE PHRASES, EMILY MASON (1932-2019) EXPRESSED HER DESIRE TO BE GUIDED BY INTUITION, ALLOWING EACH STROKE OF PAINT OR ALTERATION OF A PRINTING PLATE TO SUGGEST THE NEXT MOVE AS SHE CREATED A WORK OF ART. BORN INTO A FAMILY WITH AN ARTISTIC LEGACY THAT STRETCHED BACK TO EARLY AMERICAN REPUBLIC PAINTER JOHN TRUMBULL AND INCLUDED HER MOTHER, THE NOTED ABSTRACT PAINTER ALICE TRUMBULL MASON, EMILY MASON CARVED OUT A NUANCED ARTISTIC PATH OF HER OWN. MOVING BETWEEN EUROPE, NEW YORK CITY, AND NEW

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ENGLAND OVER THE COURSE OF HER LONG CAREER, SHE WAS EXPOSED TO A WIDE VARIETY OF ART MOVEMENTS, INCLUDING ABSTRACT EXPRESSIONISM AND COLOR FIELD PAINTING.

"SHE SWEEPS WITH MANY-COLORED BROOMS": PAINTINGS AND PRINTS BY EMILY MASON FOCUSED ON TWO INTENSELY EXPERIMENTAL BODIES OF WORK AS SHE WRESTLED, IN EACH CASE, TO MASTER A NEW MEDIUM. MASON'S EARLY PAINTINGS IN OIL ON PAPER AND EARLY PRINTS ILLUMINATE A LIFETIME DEVOTED TO CREATIVE SPONTANEITY AND RICHLY DEMONSTRATE THE SUBTLE, COMPLEX, AND BEAUTIFUL ESTHETIC THAT WAS DISTINCTLY MASON'S OWN. ORGANIZED BY BRUCE MUSEUM THE SUSAN E. LYNCH EXECUTIVE DIRECTOR AND CEO ROBERT WOLTERSTORFF, BRUCE MUSEUM ADJUNCT CURATOR OF ART KENNETH E. SILVER, AND 2020-2021 BRUCE MUSEUM RESIDENT FELLOW H.S. MILLER, THE EXHIBITION WAS ACCOMPANIED BY A DIGITAL LECTURE SERIES AND NUMEROUS SPECIAL EVENTS.

THE ROBERT R. WIENER MINERAL GALLERY PREVIEW

MAY 8, 2021 - MAY 23, 2021

THE ROBERT R. WIENER MINERAL GALLERY WILL OPEN IN 2022 AS PART OF THE NEW BRUCE GRAND OPENING. THESE SIX MINERAL MASTERPIECES ARE PART OF A SMALL SNEAK PREVIEW. THE NEW GALLERY WILL SHOWCASE OVER ONE HUNDRED EXCEPTIONAL SPECIMENS, ARRANGED IN CUSTOM INSTALLATION TO HIGHLIGHT THE BRILLIANT COLORS, DAZZLING LUSTERS, AND FASCINATING CRYSTAL FORMS OF MINERALS FROM ALL ACROSS THE GLOBE.

THIS DISPLAY AND THE NEW GALLERY ARE MADE POSSIBLE BY THE GENEROSITY OF MR. WIENER, WHO HAS ASSEMBLED ONE OF THE WORLD'S MOST EXTENSIVE MINERAL COLLECTIONS OVER THE COURSE OF FOUR DECADES. HE HAS MADE IT HIS MISSION

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TO SHARE THESE SPECIMENS FOR THE ENJOYMENT OF ALL, AND THE BRUCE MUSEUM IS PROUD TO BE THE FUTURE HOME TO A GALLERY THAT WILL THRILL GENERATIONS OF VISITORS.

LET IN, LET GO

APRIL 27, 2021 - MAY 30, 2021

LET IN, LET GO, A MULTI-SENSORY VIDEO PROJECTION INSTALLATION CREATED BY HOLLY DANGER, A VIDEO ARTIST BASED IN STAMFORD, CT, WHO HAS BROUGHT EXPERIENTIAL EVENTS AND IMMERSIVE INSTALLATIONS TO AUDIENCES AROUND THE WORLD. DANGER MIXES ANALOG AND DIGITAL LAYERS TO CREATE VIBRANT AUDIOVISUAL COLLAGES, AND PROJECTION MAPS THE WORK INTO SITE-SPECIFIC INSTALLATIONS.

LET IN, LET GO EXPLORES THE SYNCHRONIZATION OF VIDEO, ART, AND SOUND AND HOW IT RELATES TO EMOTION, ENVIRONMENT, AND EXPERIENCE. THE IMAGERY WAS INSPIRED BY ELEMENTS FOUND IN NATURE AND DISCOVERING A DIGITAL REINVENTION OF THEIR FORM, COLOR, AND SYMMETRY.

HOLLY DANGER TRANSFORMS ORDINARY SPACES INTO MOVING EXPERIENCES. SHE MIXES NATURAL AND DIGITAL ELEMENTS TOGETHER, CREATING VIBRANTLY COLORED, ABSTRACT, AUDIOVISUAL ART THAT IS PROJECTED ONTO NATURAL AND ARCHITECTURAL SURROUNDINGS. EACH WORK IS A SITE-SPECIFIC, ONE-OF-A-KIND EXPERIENCE THAT COMES TO LIFE WITH THE ENERGY AND PRESENCE OF THE VIEWER.

ON VIEW IN THE MUSEUM'S MAIN GALLERY THROUGH SUNDAY, MAY 30, LET IN, LET GO, EXPLORED THE SYNCHRONIZATION OF VIDEO, ART, LIGHT, AND SOUND, AND HOW IT RELATES TO EMOTION, CONNECTION, AND EXPERIENCE. THE IMAGERY

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WAS INSPIRED BY ELEMENTS FOUND IN NATURE, AND DISCOVERING A DIGITAL REINVENTION OF THEIR FORM, COLOR, AND SYMMETRY.

EDUCATIONAL PROGRAMS

THE BRUCE MUSEUM'S PRIMARY GOAL IS TO EDUCATE OUR VISITORS. THE MUSEUM'S AUDIENCE ENGAGEMENT DEPARTMENT TAILORS EACH LEARNING EXPERIENCE TO MATCH OUR TARGETED AUDIENCE SEGMENTS IN THE COMMUNITY. HIGHLIGHTS FROM THE MUSEUM'S EDUCATIONAL PROGRAMMING AND PLANNING IN 2020-21 INCLUDE THE FOLLOWING.

AS A RESULT OF THE COVID-19 PANDEMIC, THE BRUCE MUSEUM OFFERED MANY PROGRAMS AND EXHIBITIONS VIA DIGITAL OUTLETS, SUCH AS SOCIAL MEDIA, WEBSITES, AND E-NEWSLETTERS. THROUGH THESE MEANS, THE STAFF HAD 66,922 DIGITAL INTERACTIONS WITH SUPPORTERS AND FOLLOWERS OF THE BRUCE MUSEUM. THE STATISTICS BELOW PROVIDE TOTAL PROGRAM VISITS OR VIEWS FOR EACH DIGITAL OUTLET OVER THE COURSE OF FY21.

YOUTH AND FAMILY PROGRAMS PROVIDE OPPORTUNITIES FOR INTERGENERATIONAL GROUPS TO INTERACT IN AN INFORMAL LEARNING ENVIRONMENT AND CREATE ENRICHING EXPERIENCES OUTSIDE OF A SCHOOL ENVIRONMENT FOR CHILDREN, WITH OR WITHOUT THEIR CAREGIVERS. TOTAL NUMBER OF PEOPLE REACHED THROUGH YOUTH AND FAMILY PROGRAMS: 78 PROGRAMS OFFERED WITH 3,786 VISITOR INTERACTIONS.

SPANISH FAMILY PROGRAMMING

DESPITE ANOTHER FISCAL YEAR BEING AFFECTED BY THE COVID-19 PANDEMIC, MANAGER OF YOUTH AND FAMILY PROGRAMS, MEGAN BROWN, WAS ABLE TO OFFER DIGITAL PROGRAMS IN SPANISH. THE TEAM OFFERED DIGITAL BRUCE BEGINNINGS

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IN SPANISH, A PROGRAM FOR CHILDREN THREE TO FIVE YEARS OLD AND THEIR CAREGIVERS. THIS WEEKLY PROGRAM WAS CHOSEN BECAUSE IT WAS THE EASIEST TO ADAPT TO SPANISH AND ALLOWED US TO OFFER ART AND SCIENCE CONTENT.

YOUTH AND FAMILY PROGRAMS DEPARTMENT WAS ABLE TO OFFER PROGRAMS IN SPANISH THIS YEAR BECAUSE OF MUSEUM EDUCATOR GABRIELA PEREZ, WHO WAS FLUENT IN SPANISH, AND HAD PRIOR EXPERIENCE IN THE MUSEUM AS THE YOUTH AND FAMILY PROGRAMS INTERN. PEREZ OFTEN FACILITATED BRUCE BEGINNINGS WHEN SHE WAS AN INTERN AT THE MUSEUM. DURING THAT TIME, SHE INTERACTED WITH NUMEROUS FAMILIES, WHO UPON HEARING HER SPEAK SPANISH, SPOKE SPANISH THEMSELVES AND FELT SO WELCOMED THEY BECAME MUSEUM REGULARS.

THE SPANISH DIGITAL BRUCE BEGINNING PROGRAMS ENDED UP BEING ONE OF THE MOST POPULAR VIRTUAL YOUTH AND FAMILY OFFERINGS. THE NUMBER OF VIEWS AND INTERACTIONS EXCEEDED THOSE OF ANY OTHER PROGRAM OFFERED IN ENGLISH. DIGITAL BRUCE BEGINNINGS VIDEOS HAD AN AVERAGE OF TWENTY VIEWS PER VIDEO, WHILE SPANISH DIGITAL BRUCE BEGINNING VIDEOS HAD AN AVERAGE OF THREE HUNDRED VIEWS PER VIDEO. SPANISH DIGITAL BRUCE BEGINNINGS HAD A VARIETY OF TOPICS, FOCUSING ON THE ART AND SCIENCE EXHIBITIONS FEATURED AT THE MUSEUM. THE VIDEOS ALSO WERE POPULAR REGARDLESS OF SUBJECT MATTER.

SCHOOL AND TOUR SERVICES OFFER EDUCATIONAL PROGRAMS AND TOURS BASED ON PERMANENT AND CHANGING EXHIBITIONS, TO SCHOOL AND ADULT GROUPS. SCHOOL PROGRAMS INCLUDE INQUIRY-BASED DISCUSSIONS ABOUT OBJECTS ON VIEW AND REGULARLY INCLUDE A HANDS-ON EXPERIMENT OR ART-MAKING ACTIVITY. ADULT TOURS ARE ALSO INQUIRY-BASED AND PROVIDE AMPLE OPPORTUNITIES FOR VISITORS TO DISCUSS OBJECTS ON EXHIBIT WITH A TRAINED EDUCATOR. THE

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NUMBERS LISTED BELOW REFLECT PROGRAM PARTICIPATION THROUGH JULY 2020 TO JUNE 2021, WHICH INCLUDED A MIX OF IN PERSON AND VIRTUAL PROGRAMS.

NUMBER OF PEOPLE REACHED THROUGH MUSEUM-BASED PROGRAMS: 155 PROGRAMS TAUGHT WITH 3,270 VISITOR INTERACTIONS.

THROUGHOUT THE PANDEMIC, THE AUDIENCE ENGAGEMENT DEPARTMENT OFFERED OUTREACH PROGRAMS FOR SCHOOLS AND AFTERSCHOOL PROGRAMS THAT ALLOWED OUTSIDE EDUCATORS INTO THEIR TEACHING SPACES. DESPITE THE DIFFICULTIES OF TEACHING WHILE MASKED AND MAINTAINING SOCIAL DISTANCE IN A CLASSROOM SETTING, THE TEAM WAS EXCITED TO OFFER IN-PERSON EDUCATIONAL PROGRAMS IN SAFE SETTINGS. NUMBER OF PEOPLE REACHED THROUGH OFFSITE PROGRAMS: 72 PROGRAMS OFFERED TO 1,375 PARTICIPANTS

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

Name of the organization BRUCE MUSEUM, INC.	Employer identification number 23-7105904
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WHO ARE PRESENT IN PERSON OR BY WRITTEN PROXY.

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

BMI HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM. ONCE THE FORM 990 IS PREPARED, IT IS PROVIDED TO THE AUDIT COMMITTEE FOR REVIEW, COMMENT, AND APPROVAL. ONCE APPROVED BY THE AUDIT COMMITTEE, A COMPLETE COPY OF THE RETURN IS DISTRIBUTED TO ALL MEMBERS OF THE BOARD OF TRUSTEES PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

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

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

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

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.

Name of the organization BRUCE MUSEUM, INC.	Employer identification number 23-7105904
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FORM 990, PART VI, SECTION B, LINE 15A:

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

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

BMI'S FORM 990 IS AVAILABLE ON ITS WEBSITE, AS WELL AS GUIDESTAR, CHARITY NAVIGATOR, AND OTHER SIMILAR WEBSITES.

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

BMI'S FINANCIAL STATEMENTS ARE AVAILABLE 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:

RECOVERY OF UNCOLLECTIBLE PLEDGES	129,614.
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FORM 990. PART XI, LINE 2C:

BMI 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.

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 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	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

WILLIAM F. FERENCE

- 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 16, 2022**, 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, 2020**, and ending **JUN 30, 2021**.

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-BL, 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-EO and Form 8879-EO for payment instructions.