#### \*\* PUBLIC DISCLOSURE COPY \*\*

Department of the Treasury

A For the 2014 calendar year, or tax year beginning

Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

► Information about Form 990 and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Tax vear beginning JAN 1, 2014 and ending SEP 30, 2014

Open to Public Inspection

В	Check if applicable:	C Name of organization		D Employer identific	cation number					
Г	Address	THE MARINERS' MUSEUM								
F	Name change	Doing business as		<del>-</del>	541801					
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite							
Ē	Final return/	100 MUSEUM DRIVE	T to o i i i o a i to		591.7701					
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,630,124.					
	Amended			H(a) Is this a group return						
Ē	Applica-	F Name and address of principal officer: ELLIOT GRUBER		for subordinates? Yes X No						
	pending	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	·····- —					
T	Tax-exem	pt status: X 501(c)(3) 501(c) ( ) ( (insert no.) 4947(a)(1)	or 527		list. (see instructions)					
		▶ WWW.MARINER.ORG		H(c) Group exemptio						
K	Form of or	ganization: X Corporation Trust Association Other ▶	L Year		State of legal domicile: VA					
	art I S	Summary								
Φ	<b>1</b> Br	iefly describe the organization's mission or most significant activities: $\overline{ exttt{THE}}$	MARINI	ERS' MAKES A	DIFFERENCE					
Activities & Governance	<u> </u>	N PEOPLES' LIVES, INVITING THEM TO $\overline{ ext{DISC}}$	OVER ?	THEIR RELATI	ONSHIP TO					
š	2 Cr	neck this box 🕨 🔲 if the organization discontinued its operations or dispo	sed of mor	e than 25% of its net as						
<u>8</u>	3 Nu	umber of voting members of the governing body (Part VI, line 1a)		3	20					
ھ 9	4 Nu	umber of independent voting members of the governing body (Part VI, line 1b)			20					
es	<b>5</b> To	tal number of individuals employed in calendar year 2014 (Part V, line 2a)		<del></del> 1	0					
ĬΣ	<b>6</b> To	tal number of volunteers (estimate if necessary)			185					
Act	<b>7 a</b> To	tal unrelated business revenue from Part VIII, column (C), line 12			2,886.					
_	<b>b</b> Ne	et unrelated business taxable income from Form 990-T, line 34	·····		<5,561.>					
	1			Prior Year	Current Year					
ne	8 Co	ontributions and grants (Part VIII, line 1h)		5,164,726.	3,712,698.					
Revenue	9 Pr	ogram service revenue (Part VIII, line 2g)		747,693. 548,547.	647,276.					
Re	10 Inv	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		544,639.	234,309. 379,456.					
		her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,005,605.	4,973,739.					
_		tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,005,005.	4,913,139.					
		rants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
	l	enefits paid to or for members (Part IX, column (A), line 4)		4,292,102.	3,332,574.					
Expenses	15 Sa	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
ben	h To	oressional fundraising lees (Part IX, Column (D), line 25)   493,7	67.	<u> </u>	<u> </u>					
Ä	17 Ot	her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4 740 581.	4,305,864.					
		ital expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,032,683.	7,638,438.					
	1	evenue less expenses. Subtract line 18 from line 12		<2.027.078.	> <2,664,699.					
or	3	vortue 1666 experiede. Gabriade iirio 16 front iirio 12		eginning of Current Year	End of Year					
Net Assets or	<b>20</b> To	otal assets (Part X, line 16)		145,248,928.	143,808,599.					
ASS	<b>21</b> To	otal liabilities (Part X, line 26)		16,107,652.	16,365,735.					
iset iset	22 Ne	et assets or fund balances. Subtract line 21 from line 20		129,141,276.	127,442,864.					
P	art II	Signature Block								
Un	der penaltie	es of perjury, I declare that I have examined this return, including accompanying schedule	s and staten	nents, and to the best of m	y knowledge and belief, it is					
true	e, correct, a	and complete. Declaration of preparer (other than officer) is based on all information of wi	hich prepare	r has any knowledge.						
Sig	gn 📗	Signature of officer		Date						
He	re	ELLIOT GRUBER, PRESIDENT AND CEO								
	<u> </u>	Type or print name and title		Data	DTIN					
_		rint/Type preparer's name Preparer's signature		Date Check Check If	PTIN					
Pai	_	AMES M. HAGGARD		self-employ						
	· —	rm's name DIXON HUGHES GOODMAN LLP	0	Firm's EIN ▶	56-0747981					
US	e Only   Fi	rm's address 701 TOWN CENTER DRIVE, SUITE 70	U	, 7F	7 072 1022					
_		NEWPORT NEWS, VA 23606-4295		Phone no. 75	7.873.1033					
Ma	y the IRS	discuss this return with the preparer shown above? (see instructions)			X Yes No					

Pa	It III Statement of Program Service Accomplishments	[TT]
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	mo
	THE MARINERS' MAKES A DIFFERENCE IN PEOPLES' LIVES, INVITING THE	
	DISCOVER THEIR RELATIONSHIP TO THE SEA BY EXPLORING MARITIME CUI	<u> </u>
	SCIENCE AND HISTORY. THE MARINERS' MUSEUM IS COMMITTED TO USING	ITS
	ART AND ARTIFACTS TO EDUCATE LOCAL, NATIONAL AND INTERNATIONAL	
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
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by ex	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expension	enses, and
	revenue, if any, for each program service reported.	
4a		63,056.
	EXHIBITIONS, COLLECTIONS, CONSERVATION, AND MAINTENANCE OF MUSEU	JM.
	APPROXIMATELY 65,178 SERVED.	
		05 440
4b	(Code:) (Expenses \$ 267,759 • including grants of \$) (Revenue \$	25,418.
	LIBRARY AND CHRIS CRAFT - COLLECTION AND MAINTENANCE OF CURRENT	
	HISTORICAL BOOKS AND PERIODICALS, INFORMATION INQUIRIES ADDRESSE	ED.
	APPROXIMATELY 813 INDIVIDUALS SERVED.	
	200 444	71 020
4c		71,838.
	EDUCATION - PROGRAMS WITH SPECIAL STUDENT TOURS. APPROXIMATELY	15,840
	INDIVIDUALS SERVED.	
4d		
	(Expenses \$ 108,745 · including grants of \$ ) (Revenue \$ 31,012.)	
<u>4e</u>	Total program service expenses ▶ 6,203,872.	Form <b>990</b> (2014)

# 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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		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? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	
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?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		Х
С	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? If "Yes," complete Schedule D, Part VIII	11c		Х
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? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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? If "Yes," complete Schedule F, Parts I and IV	14b		х
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? If "Yes," complete Schedule F, Parts II and IV	15		х
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? If "Yes," complete Schedule F, Parts III and IV	16		х
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? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<del>—</del>		<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u>.                                   </u>		<u> </u>
.5	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		- <del>-</del> -
	to into Edu, did the organization attach a copy of its addited initialicial statements to this feturit:		000	(001.4)

# Part IV Checklist of Required Schedules (continued)

			Yes	No
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? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	-		
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
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? If "Yes," complete Schedule L, Part I	25a		Х
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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			,,
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		х
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	21	
30	contributions? If "Yes," complete Schedule M	30	х	
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
0.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		х
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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2014)

# Form 990 (2014) THE MARINERS' MUSEUM 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			<u></u>		
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r					
	(gambling) winnings to prize winners?	 I		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		0			
	filed for the calendar year ending with or within the year covered by this return	2a	0		77	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			77	
	-			3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other			4.		Х
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		
D	If "Yes," enter the name of the foreign country:	000110	+- (FDAD)			
<b>5</b> 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			30		
ou	any contributions that were not tax deductible as charitable contributions?	-		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut			- 04		
-	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices p	rovided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontra	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file February	orm 88	399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	le a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? $\dots$			9b		
	Section 501(c)(7) organizations. Enter:	١	1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:	44-				
	Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against	11a				
D		11b				
12a	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		) )	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		.za		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	.20				
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.					
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				
С	Enter the amount of reserves on hand	13c				
	Did the exemplation version on a property for indeed to mind a device of wine the terroran			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
				Form	990	(2014)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 la			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 20			
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?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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?	7a		Х
b				
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion 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?	10a		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?	11a	Х	
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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►VA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	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:			
	THE OFFICERS - 757.591.7701			
	100 MUSEUM DRIVE, NEWPORT NEWS, VA 23606			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(C Posi		,		(D)	(E)	(F)
Name and Title	Average		not cl	neck	more	than		Reportable	Reportable	Estimated
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	r direc				ted		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee		40	en sa l		(W-2/1099-MISC)		organization
	organizations	ıal tru	onal t		ployee	comb				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) HENRY MORRIS	1.00	드	드	0	Ä	프	F			
TRUSTEE		х								
(2) RICHARD L. MCCLUNEY, JR.	1.00	<del> </del>								
SECRETARY		х		х						
(3) T. JAMES BAYNE	1.00									
TRUSTEE		Х								
(4) CHARLES L. CABELL	1.00									
TRUSTEE		Х								
(5) JOHN T. CASTEEN, III	1.00									
TRUSTEE		Х								
(6) STEVEN BARNUM	1.00									
TRUSTEE		Х								
(7) RICHARD F. BARRY, III	1.00									
TRUSTEE		Х								
(8) ELIZABETH HARDEN	1.00									
TRUSTEE		Х								
(9) DAVID F. HOST	1.00									
CHAIRMAN		X		Х						
(10) ANN HUNNICUT	1.00									
TRUSTEE		Х								
(11) TERESA SULLIVAN	1.00									
TRUSTEE	1 00	Х								
(12) FRANK WAGNER	1.00									
TRUSTEE	1 00	Х								
(13) MATTHEW J. MULHERIN	1.00	.,								
TRUSTEE	1 00	Х								
(14) VIRGINIA FITZHUGH WILSON	1.00	7.								
TRUSTEE	1.00	Х	$\vdash \vdash$							
(15) CHARLES W. WORNOM	1.00	Х		х						
TREASURER	1.00	^	$\vdash\vdash$	_						
(16) TIMOTHY J. SULLIVAN	1.00	Х								
TRUSTEE (17) SHEPERD W. MCKENNEY	1.00	^	$\vdash \vdash$							
(I/) SHEPERD W. MCKENNEI	1.00	Х								

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Name and title	Average hours per	Average Position Reportable Reportable compensation						Reportable compensation	1	Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS0	C)	ensa m the nizat relat	e ion ed	
(18) ANNE C. H. CONNER	1.00	드	드	ð	₹ 8	포등	요			+			
VICE CHAIRMAN	1.00	Х		X									
(19) CONRAD HALL	1.00	^		Δ						+			
TRUSTEE	1.00	Х											
(20) EDWARD WHITMORE	1.00	<u>^`</u>				$\vdash$				+			
TRUSTEE	1.00	Х											
(21) MARGARET SHELTON	35.00									-+			
ASSISTANT SECRETARY	33.00			x									
(22) ELLIOT GRUBER	35.00									-+			
PRESIDENT & CEO	33.00			x									
(23) PAGE STOOKS	35.00									-+			
DIRECTOR OF DEVELOPMENT	33.00			x									
(24) JOHN PASCUCCI	35.00					$\vdash$				+			
VICE PRESIDENT OF OPERATIONS AND HUM	33.00			Х									
(25) ANNA G. HOLLOWAY	35.00					$\vdash$				+			
VICE PRESIDENT OF MUSEUM COLLECTIONS	33.00			Х									
VICE PRESIDENT OF MUSEUM COLLECTIONS						$\vdash$				+			
1b Sub-total	l				<u> </u>					+			
c Total from continuation sheets to Part VI										-			
d Total (add lines 1b and 1c)										-			
Total number of individuals (including but n								eceived more than \$100	000 of reportable				
compensation from the organization	or invited to th	1000	11000	Ju u	JO V (	o, w.	10 11		,,ooo or reportable				
compensation from the organization												Yes	No
3 Did the organization list any <b>former</b> officer,	director, or tru	ıste	e. ke	v er	nplo	vee	. or	highest compensated e	mplovee on				
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4		Х
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	· ·				-						5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated ind	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of comp	oensat	ion fr	om	
the organization. Report compensation for	the calendar y	ear (	endi	ng v	vith	or w	rithir	n the organization's tax	year.				
(A)	-							(B)			(C)		
Name and business	address	NO	INC	3				Description of s	ervices	Cor	mpen	satio	n
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	stec	d above) who received n	nore than				
\$100,000 of compensation from the organiz	zation 🕨												
										Fo	orm 9	90 (	2014)

#### Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Unrelated Total revenue from tax under exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 64,412. **b** Membership dues c Fundraising events d Related organizations 132,422. e Government grants (contributions) f All other contributions, gifts, grants, and 515,864 similar amounts not included above ..... 643 g Noncash contributions included in lines 1a-1f: \$ 3,712,698. h Total. Add lines 1a-1f Business Code 900099 348,071 348,071 2 a ADMISSIONS Program Service Revenue b EDUCATION PROGRAM FEES 611710 71,838. 71,838. c MEMBERSHIP DUES 900099 45,515. 45,515. d PHOTOGRAPHY 900099 31,012. 31,012. 900099 25,418. 25,418. e LIBRARY & CHRIS CRAFT 900099 125,422. 125,422. f All other program service revenue 647,276 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 154,623 154,623. other similar amounts) Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 223,522 6 a Gross rents 0. **b** Less: rental expenses ...... 223,522. c Rental income or (loss) 223,522 223,522. **d** Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 647,323. assets other than inventory b Less: cost or other basis 567,637. and sales expenses 79,686. c Gain or (loss) 79,686. 79,686. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a Other **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns a 220,465 and allowances 88,748. **b** Less: cost of goods sold 2,886. 9,000. 131,717. 119,831. c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 20,342 11 a OTHER INCOME 900099 20,342 3,875. b BOAT HOUSE REVENUE 900099 3,875. С d All other revenue ..... 24,217. e Total. Add lines 11a-11d 4,973,739. 2,886. 791,324. 466,831 Total revenue. See instructions. 432009 11-07-14

# 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	Section 501(
--	--------------

Secu	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor		-		
Do	•	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	400 554	010 010	100 516	455 005
	trustees, and key employees	498,754.	213,213.	129,716.	155,825
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.044.504	4 04 5 4 0 0	0.45 500	0.4.0 = 4.0
7	Other salaries and wages	2,311,721.	1,815,180.	247,798.	248,743
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	000 440	200 550	20.025	44 642
9	Other employee benefits	289,113.	208,660.	38,835.	41,618
10	Payroll taxes	232,986.	168,152.	31,296.	33,538
11	Fees for services (non-employees):				
а	Management	40 156	42 011	F 601	264
b	Legal	49,176.	43,211.	5,601.	364
С	Accounting	32,745.	28,773.	3,730.	242
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	00 060	70.000	0 000	100
	column (A) amount, list line 11g expenses on Sch O.)	82,068.	78,982.	2,898.	188
12	Advertising and promotion	275,583.	271,650.	3,694.	239
13	Office expenses	126,146.	120,323.	5,481.	342
14	Information technology	140,398.	125,319.	14,159.	920
15	Royalties	1 1 4 1 0 0 0	1 042 120	00 647	C 017
16	Occupancy	1,141,802.	1,043,138.	92,647.	6,017
17	Travel	56,507.	51,398.	4,800.	309
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	26 725	25 201	026	600
19	Conferences, conventions, and meetings	26,725.	25,281.	836.	608
20	Interest				
21	Payments to affiliates	1,312,461.	1,049,969.	262,492.	
22	Depreciation, depletion, and amortization	43,797.	40,969.	2,655.	173
23	Insurance Other expanses Itamize expanses not severed	43,131.	40,303.	4,000.	1/3
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	OTHER EXPENSES	504,381.	407,792.	92,908.	3,681
b	PHOTOGRAPHY & DIGITAL I	465,072.	465,072.		
С	DUES AND LICENSES	30,416.	28,203.	1,253.	960
d	EXHIBIT CONSTRUCTION	18,587.	18,587.		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,638,438.	6,203,872.	940,799.	493,767
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	n 11-n7-14				Form <b>990</b> (2014

# Form 990 (2014) Part X Balance Sheet

Pai	πх	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	4,192,096.	1	3,797,638.
	2	Savings and temporary cash investments	1,389,228.	2	1,389,228.
	3	Pledges and grants receivable, net	2,068,945.	3	1,498,472.
	4	Accounts receivable, net	4,308.	4	9,971.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ets		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	045 060	7	0.40 1.40
4	8	Inventories for sale or use	217,262.	8	240,142.
	9	Prepaid expenses and deferred charges	342,743.	9	158,566.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 64,697,182.			20 607 405
		Less: accumulated depreciation 10b 34,009,687.		10c	30,687,495.
	11	Investments - publicly traded securities	14,590,955.	11	14,833,875.
	12	Investments - other securities. See Part IV, line 11	1,393,700.	12	1,442,075.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	89,131,722.	14	89,751,137.
	15	Other assets. See Part IV, line 11	145,248,928.	15	143,808,599.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	546,573.	16 17	610,388.
	17	Accounts payable and accrued expenses	340,373.	17	010,300.
	18 19	Grants payable	5,875,394.	19	6,078,540.
	20	Deferred revenue Tax-exempt bond liabilities	9,600,000.	20	9,600,000.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	3700070001	21	3700070001
w	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
li QE		Complete Part II of Schedule L		22	
Ë	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	85,685.	25	76,807.
	26	Total liabilities. Add lines 17 through 25	16,107,652.	26	16,365,735.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
es		complete lines 27 through 29, and lines 33 and 34.			
anc anc	27	Unrestricted net assets	36,640,730.	27	34,907,498.
3al	28	Temporarily restricted net assets	2,783,835.	28	2,189,196.
Ja I	29	Permanently restricted net assets	89,716,711.	29	90,346,170.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here			
ģ		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et	32	Retained earnings, endowment, accumulated income, or other funds	100 111 051	32	107 440 00:
~	33	Total net assets or fund balances	129,141,276.	33	127,442,864.
	34	Total liabilities and net assets/fund balances	145,248,928.	34	143,808,599.

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Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	,97	3,7	<u> 39.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		,63		
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>99.</u> :
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	129	,14		
5	Net unrealized gains (losses) on investments	5		96	3,1	67.
6	Donated services and use of facilities	6				,
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			3,1	20.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	127	, 44	2,8	64.
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
	·				Yes	No
1	Accounting method used to prepare the Form 990: Cash X 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?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe					
	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?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:	,				
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si					
	Act and OMB Circular A-133?			За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	it			
~	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	54 444		3b	Х	
	and the distance of the description of the description of the distance of the distance of the distance of the description of the distance of the description of the d				990	(2014)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

				MOSEOM				24	1-0541801	
Pa	rt I	Reason for Public (	Charity Status (	All organizations must co	omplete th	is part.) Se	ee instructions.			
he (	organ	ization is not a private found	lation because it is: (	For lines 1 through 11, o	check only	one box.)				
1		A church, convention of ch	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in secti	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)							
3		A hospital or a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170	)(b)(1)(A)(ii	i).			
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in <b>sectio</b>	n 170(b)(1)(A)(iii). l	Enter t	he hospital's name,	
		city, and state:	•						•	
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit de	escribe	ed in	
_		section 170(b)(1)(A)(iv). (C		<b>g,</b>						
6		A federal, state, or local gov		nental unit described in	section 17	70/6//1///	(v)			
	X	, ,	ū				• •	noral r	aublia dagaribad in	
′		An organization that norma	•	ililai part oi its support i	rom a gov	emmema	unit of from the ge	enerai p	Jublic described in	
_		section 170(b)(1)(A)(vi). (C		/4WAW 13 /O						
8	H	A community trust describe								
9	ш	An organization that norma	•	•	•		•	•		
		activities related to its exen								
		income and unrelated busing		(less section 511 tax) fr	om busine	esses acqu	ired by the organiz	ation a	after June 30, 1975.	
		See <b>section 509(a)(2).</b> (Cor	mplete Part III.)							
10	Щ	An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50	)9(a)(4).			
11		An organization organized a	and operated exclus	ively for the benefit of, to	perform :	the functio	ons of, or to carry o	ut the	purposes of one or	
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See <b>section 509(a</b>	)( <b>3).</b> Cl	neck the box in	
		lines 11a through 11d that	describes the type o	of supporting organization	n and con	nplete lines	s 11e, 11f, and 11g	J.		
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	janization(s), typica	ally by	giving	
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of	the su	upporting	
		organization. You must o	complete Part IV, Se	ections A and B.						
b		Type II. A supporting org	anization supervised	or controlled in connec	tion with it	ts supporte	ed organization(s),	by hav	ring	
		control or management o	•					-	•	
		organization(s). You mus					J			
С		Type III functionally inte			in connec	tion with.	and functionally into	egrate	d with	
_		its supported organization					-	- g. a	<b>-</b> ······,	
d		Type III non-functionally		•				organiz	ration(s)	
_		that is not functionally int						-		
		requirement (see instruct	-	•	•		=			
е		Check this box if the orga	•	-				ne III		
Ū		functionally integrated, or					, po ., . , po, . ,	po		
f	Ente	er the number of supported of		nany integrated support						
		ride the following information	-							
9		i) Name of supported	(ii) EIN		(iv) Is the o	rganization	(v) Amount of mone	etary	(vi) Amount of	
		organization		(described on lines 1-9	listed i	in your document?	support (see		other support (see	
				above or IRC section (see instructions))	Yes	No	Instructions)		Instructions)	
				(see instructions))				1		
- - -	1									

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

# 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.)

Sec	ction A. Public Support		· · · · · · · · · · · · · · · · · · ·	·			
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	5,201,802.	6,971,907.	5,058,517.	5,164,726.	3,712,698.	26,109,650.
2	Tax revenues levied for the organ-						
	ization'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						
4	Total. Add lines 1 through 3	5,201,802.	6,971,907.	5,058,517.	5,164,726.	3,712,698.	26,109,650.
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)						
	Public support. Subtract line 5 from line 4.						26,109,650.
	ction B. Total Support					<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	5,201,802.	6,971,907.	5,058,517.	5,164,726.	3,712,698.	26,109,650.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	678,769.	622,597.	742,126.	659,385.	378,145.	2 001 022
_	and income from similar sources	070,709.	044,391.	742,120.	059,305.	3/0,143.	3,081,022.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)	122 652	648,068.	184 930	65,534.	24,217.	1,045,401.
11	Total support. Add lines 7 through 10	122/0320	010,0001	101/3300	03/3310	21/21/4	30,236,073.
12	Gross receipts from related activities,	etc (see instruction	nns)			12 4	,189,956.
	First five years. If the Form 990 is for	•	,				, ,
	organization, check this box and stor				-		
Sec	ction C. Computation of Publ						
14	Public support percentage for 2014 (	ine 6, column (f) d	ivided by line 11, c	olumn (f))		14	86.35 %
	Public support percentage from 2013					15	72.33 %
	33 1/3% support test - 2014. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2013. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and <b>stop here.</b> The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	<b>t - 2014.</b> If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	<b>t - 2013.</b> If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	<u>s</u>

Schedule A (Form 990 or 990-EZ) 2014

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

(Complete only if you checked the box on line 9 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	now, please com	piete i art ii.)				
Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and	(0.) = 0 + 0	(5) = 5 + 1	(0, 20.2	(4, 25.5	(0, 2011	(1)
membership fees received. (Do not						
include any "unusual grants.")						
<b>2</b> Gross receipts from admissions,						
merchandise sold or services per-						
formed, 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 bus-						
in an annual annual time 540						
4 Tax revenues levied for the organ-						
ization'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>b</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						1
Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(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>b</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.)						
14 First five years. If the Form 990 is for	the organization	s first, second, thi	rd. fourth. or fifth t	ax vear as a sect	on 501(c)(3) organi	zation.
check this box and <b>stop here</b>	· ·			•		<b>▶</b> □
Section C. Computation of Publi						······································
15 Public support percentage for 2014 (lin			column (f))		15	%
<b>16</b> Public support percentage from 2013					16	%
Section D. Computation of Inves					1	,,
17 Investment income percentage for 20°					17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2014. If the						
more than 33 1/3%, check this box an	-					
b 33 1/3% support tests - 2013. If the						
line 18 is not more than 33 1/3%, chec	•			•	·	
20 Private foundation. If the organization						

# Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI. including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in

#### Part VI.

- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
3	3b		
	Вс		
	la		
	<del>l</del> b		
	łc		
	5a		
	5b		
	БС		
	6		
	7		
	8		
	e Pa		
	-u		
9	9b		
	Эс		
1	0a		
2000	0b	0 EZ\	

Par	t IV   Supporting Organizations <sub>(continued)</sub>		
		Yes	s No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		
	below, the governing body of a supported organization?	1	
b	A family member of a person described in (a) above?	,	T
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	$\Box$	
	tion B. Type I Supporting Organizations		
		Yes	s No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		
	tax year? If "No," describe in part VI how the supported organization(s) effectively operated, supervised, or		
	controlled the organization's activities. If the organization had more than one supported organization,		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.		
Sect	tion C. Type II Supporting Organizations		
000	uon o. Type n oupporting organizations	Yes	s No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	163	, 140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
Saci	the supported organization(s). 1 tion D. Type III Supporting Organizations		
360	tion B. Type in Supporting Organizations	Yes	No
4	Did the expenientian provide to each of its supported expenientians, by the last day of the fifth month of the	Tes	s 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, (1) a written notice describing the type and amount of support provided during the prior tax		
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the		
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?		_
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
_	the organization maintained a close and continuous working relationship with the supported organization(s).	_	+
3	By reason of the relationship described in (2), did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in part VI the role the organization's		
	supported organizations played in this regard.		
Sec	tion 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):		
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction)		
2	Activities Test. Answer (a) and (b) below.	Yes	s No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.	$\bot$	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		
	reasons for the organization's position that its supported organization(s) would have engaged in these		
	activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
а	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? Provide details in Part VI.		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
	of its supported organizations? If "Yes," describe in $P_{art\ VI}$ the role played by the organization in this regard.		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970. See instru	uctions. All				
	other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1		(optional)				
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						
Sect	ion 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						
е	Discount claimed for blockage or other							
	factors (explain in detail in <b>Part VI</b> ):							
_2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d	3						
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,							
	see instructions).	4						
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
_6	Multiply line 5 by .035	6						
_7	Recoveries of prior-year distributions	7						
_8_	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2	Enter 85% of line 1	2						
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
4	Enter greater of line 2 or line 3	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions)	6						
7	Check here if the current year is the organization's first as a non-functional	y-integrat	ed Type III supporting org	anization (see				
	instructions).							

Schedule A (Form 990 or 990-EZ) 2014

Par	rt V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)			
Secti	ion D -	Distributions		,	Current Year		
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes				
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported						
	organ						
3	Admir						
4	Amou	nts paid to acquire exempt-use assets					
5		ied set-aside amounts (prior IRS approval required)					
6		distributions (describe in <b>Part VI</b> ). See instructions.					
7		annual distributions. Add lines 1 through 6.					
8		putions to attentive supported organizations to which the	ne organization is responsive	 e			
•		de details in <b>Part VI</b> ). See instructions.	no organization to respondent				
9	\i	outable amount for 2014 from Section C, line 6					
10		B amount divided by Line 9 amount					
10	LIIIC	amount divided by Line 3 amount	(i)	(ii)	(iii)		
			Excess Distributions	Underdistributions	Distributable		
Secti	ion E -	Distribution Allocations (see instructions)		Pre-2014	Amount for 2014		
1	Distrik	outable amount for 2014 from Section C, line 6		110 2011	7 and and 101 EU 17		
2		rdistributions, if any, for years prior to 2014					
-		onable cause required-see instructions)					
3	•	es distributions carryover, if any, to 2014:					
	LACES	is distributions carryover, if any, to 2014.					
<u>a</u> b							
c d							
	From	2013					
		of lines 3a through e					
		ed to underdistributions of prior years					
		ed to 2014 distributable amount					
<u> </u>		over from 2009 not applied (see instructions)					
		inder. Subtract lines 3g, 3h, and 3i from 3f.					
4		outions for 2014 from Section D,					
	line 7:	•					
		ed to underdistributions of prior years					
		ed to 2014 distributable amount					
		inder. Subtract lines 4a and 4b from 4.					
5		ining underdistributions for years prior to 2014, if					
		Subtract lines 3g and 4a from line 2 (if amount					
	_	er than zero, see instructions).					
6		ining underdistributions for 2014. Subtract lines 3h					
		b from line 1 (if amount greater than zero, see					
		ctions).					
7	Exces	ss distributions carryover to 2015. Add lines 3j					
	and 4						
8	Break	down of line 7:					
а							
b							
С							
d	Exces	ss from 2013					
_	Tyes-	o from 2014					

Schedule A (Form 990 or 990-EZ) 2014

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

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 ·

OMB No. 1545-0047

2014

THE MARINERS' MUSEUM

Employer identification number

54-0541801

Organization type (check one):								
Filers of	:	Section:						
Form 99	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)( $3$ ) (enter number) organization						
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
		527 political organization						
Form 99	0-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
		s covered by the <b>General Rule</b> or a <b>Special Rule</b> .  (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General	Rule							
		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special	Rules							
X	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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, line 1. Complete Parts I and II.						
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.						
	year, contributions is checked, enter h purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year						
	· ·	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,238,989.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,791,763.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$100,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# THE MARINERS' MUSEUM

54 - 0541801

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				
		_					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		_					
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		_					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		_					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		_					
		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		_					
123453 11-05	-14	Schedule B (Form	990, 990-EZ, or 990-PF) (2014				

Name of organization Employer identification number 54-0541801 THE MARINERS' MUSEUM 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 Part III 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. (<u>a)</u> No. `fŕom Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization THE MARINERS' MUSEUM **Employer identification number** 54-0541801

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 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 advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired	•	
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,		<u> </u>
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abor-		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	•	
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organization's accounting for
Da	conservation easements.	4 Aut Historiaal Trassumes av C	Other Circilar Accets
Pa	t III Organizations Maintaining Collections o		other Similar Assets.
	Complete if the organization answered "Yes" to Form	<u> </u>	
та	If the organization elected, as permitted under SFAS 116 (AS	•	·
	historical treasures, or other similar assets held for public ex		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
D	If the organization elected, as permitted under SFAS 116 (AS	• •	
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pi	ublic service, provide the following amounts
	relating to these items:		•
	(i) Revenue included in Form 990, Part VIII, line 1		
^			<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre		ai gairi, provide
_	the following amounts required to be reported under SFAS 1		<b>•</b>
a	Revenue included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

	dule D (Form 990) 2014 THE MAR				.b C		-0541		
	rt III   Organizations Maintaining C								
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are	a signif	icant use o	of its colle	ction it	ems
	(check all that apply):								
а	X Public exhibition	d		hange programs	~ /-			~	
b	Scholarly research	е	X Other PU	BLICATION	S (1	300KS,	, MOV.	LES	
С	X Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	n how they further t	he organization's e	xempt	purpose ir	n Part XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other sim	ilar ass	sets			
	to be sold to raise funds rather than to be ma								X No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes"	to Forr	n 990, Par	t IV, line 9	, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi	ian or other intermed	liary for contribution	is or other assets r	not incl	uded			
	on Form 990, Part X?						L Ye	s	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:		_				
					L		Am	ount	
С	Beginning balance				L	1c			
d	Additions during the year				L	1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fe						🔲 Ye	s	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided in Part X	III				
Pai	Tt V Endowment Funds. Complete in	f the organization an	swered "Yes" to Fo	rm 990, Part IV, lin	e 10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) <sup>1</sup>	hree years	back (e)	Four ye	ars back
1a	Beginning of year balance	14,540,214.	13,083,463.	11,404,264	١.	11,487,	356.	9,0	21,482.
b	Contributions	0.	251,922.	829,924	١.	120,	838.	1,79	95,908.
С	Net investment earnings, gains, and losses	531,401.	1,605,441.	1,212,300	).	117,	633.	1,0	54,150.
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs	283,094.	389,962.	353,435	; <b>.</b>	312,	344.	3'	76,523.
f	Administrative expenses	8,579.	10,650.	9,590	١.	9,:	219.		7,661.
	End of year balance	14,779,942.	14,540,214.	13,083,463	3.	11,404,	264.	11,48	87,356.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment	66.07	%						
b	Permanent endowment ► 33.93	%	_						
С	Temporarily restricted endowment ▶	<del></del>							
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered fo	r the o	rganization	า		
	by:							Ye	es No
	(i) unrelated organizations						38	a(i) 2	ζ
	(ii) related organizations						3a	a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?				3	3b	
4	Describe in Part XIII the intended uses of the								
Pai	rt VI Land, Buildings, and Equipm	nent.							
	Complete if the organization answere	d "Yes" to Form 990,	, Part IV, line 11a. S	ee Form 990, Part	X, line	10.			
	Description of property	(a) Cost or ot	ther (b) Cost	or other (c)	Accur	nulated	(d) [	Book v	alue
	· · ·	basis (investm	nent) basis	(other)	deprec	iation			
1a	Land		1,99	5,993.			1,9	995,	,993.
	Buildings		50,79	9,636. 25	,634	1,795.	25,3	164,	,841.
	Leasehold improvements								
	Equipment		6,39	3,891. 5	,915	5,110.	, ,	478	,781.
	Other					782.			,880.
	I. Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1						,495.

**▶** 30,687,495. Schedule D (Form 990) 2014

Part VII Investments - Other Securities.		a 11b. Coo Form 000. Dort V. line 10	31 0311001 Fage 0
Complete if the organization answered "Yes" t  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	
(1) Financial derivatives	(3) 20011 14141	(0,	
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" t	o 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	
(1)	.,	<u> </u>	,
(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" t	o Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) FUNDS HELD IN TRUST BY OTH	HERS - SEE S	CHEDULE O	89,751,137.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		89,751,137 <b>.</b>
Part X Other Liabilities.	- ,		
Complete if the organization answered "Yes" t	o Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, I	ine 25.
1. (a) Description of liability	, , ,	(b) Book value	
(1) Federal income taxes			
(2) CHARITABLE GIFT ANNUITIES		76,807.	
(3)		-	
(4)			

76,807. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  $\triangleright$ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2014

(6) (7) (8)

	ddie D (Foliii 990) 2014 - Fili Filit Hittitalis Hobboti			<u> </u>	OSTICOI Page-
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per R	etur	٦.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	6,045,911
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	963,167.		
b	Donated services and use of facilities	2b	17,137.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)		91,868.		
е	Add lines 2a through 2d			2e	1,072,172
3	Subtract line 2e from line 1			3	4,973,739
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				4,973,739
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents Wit	h Expenses per	Retu	rn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	7,744,323
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	17,137.		
b	Prior year adjustments	2b			
С	Other losses				
d			88,748.		
е	Add lines 2a through 2d			2e	105,885
3	Subtract line 2e from line 1			3	7,638,438
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0

Part XIII Supplemental Information.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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 1A:

BEGINNING IN 2008, UNDER THE PROVISION OF SFAS NO. 116, THE VALUE OF THE COLLECTION HAS BEEN EXCLUDED FROM THE STATEMENT OF FINANCIAL POSITION. ONLY CURRENT YEAR PURCHASES AND PROCEEDS FROM SALE ARE REFLECTED IN THE IT IS THE POLICY OF THE MUSEUM THAT PROCEEDS STATEMENT OF ACTIVITIES. FROM THE SALE OF ANY COLLECTION ITEMS ARE TO BE USED FOR THE ACQUISITION OF OBJECTS FOR THE PERMANENT COLLECTIONS OR FOR THE CONSERVATION OF ITEMS CURRENTLY OWNED BY THE MUSEUM EXTERNAL CONSERVATORS.

# PART III, LINE 4:

THE COLLECTION INCLUDES MARITIME RELATED OBJECTS AND EPHEMERA USED FOR

EDUCATIONAL PURPOSES.

432054 10-01-14

Schedule D (Form 990) 2014

7,638,438.

Part XIII Supplemental Information (continued)

#### PART V, LINE 4:

THE MARINERS' MUSEUM ENDOWMENT (ENDOWMENT) WAS ESTABLISHED TO SUPPORT ITS

MISSION. THE ENDOWMENT SUBSTANTIALLY CONTRIUBTES TO THE GROWTH, FINANCIAL

SECURITY AND THE LONG-TERM STABILITY OF THE MUSEUM.

#### PART X, LINE 2:

THE MUSEUM IS A NONSTOCK CORPORATION WHICH HAS BEEN DETERMINED BY THE

INTERNAL REVENUE SERVICE TO BE EXEMPT FROM TAXES ON INCOME DERIVED FROM

ACTIVITIES RELATED TO ITS EXEMPT PURPOSE UNDER SECTION 501(C)(3) OF THE

INTERNAL REVENUE CODE. THE MUSEUM IS SUBJECT TO INCOME TAXES ON PROFITS,

IF ANY, GENERATED FROM THE SALE OF ITEMS IN ITS GIFT SHOP WHICH ARE

UNRELATED TO ITS EXEMPT PURPOSE. THE INTERNAL REVENUE SERVICE HAS ALSO

DETERMINED THAT THE MUSEUM IS NOT A PRIVATE FOUNDATION UNDER SECTION

509(A)(1). THE MUSEUM HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL

UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF DECEMBER 31, 2014 AND 2013.

FISCAL YEARS ENDING ON OR AFTER DECEMBER 31, 2011, REMAIN SUBJECT TO

EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES

PART XI, LINE 2D -	OTHER ADJUSTMENTS:
--------------------	--------------------

-	
COST OF GOODS SOLD	88,748.
DISCOUNT TO NET PRESENT VALUE	8,848.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-5,728.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	91,868.
PART XII. LINE 2D - OTHER ADJUSTMENTS:	

Schedule D (Form 990) 2014

COST OF GOODS SOLD

88,748.

#### SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information on Tax-Exempt Bonds**

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI.

Attach to Form 990. Information about Schedule K (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

2014
Open to Public Inspection

Name of the organization

THE MARINERS' MUSEUM

Employer identification number 54-0541801

THE MARINERS MUSEUM						<u> </u>	4-0	<b>541</b>	9 O T		
Part I Bond Issues SEE PART VI FOR COLUMNS	(A) ANI	) (F)	CONTI	NUATIONS							
(a) Issuer name (b) Issuer EIN (c) CUSIP # (d)	l) Date issued	(e) Issu	e price	(f) Descripti	on of purpose	(g) De	feased	<b>(h)</b> On	behalf	(i) Po	ole
						of issu			suer	uer financin	
						Yes	No	Yes	No	Yes	N
ECONOMIC DEVELOPMENT				REFINANC							
A AUTHORITY OF LANCASTER C54-6001382 NONE 03	3/14/12	9,600	,000.	DTD 10/1	/05 USED		Х		Х		Σ
В											L
С											$oxed{oxed}$
											ĺ
D											匚
Part II Proceeds											
	Α			В	С				D		
1 Amount of bonds retired											
2 Amount of bonds legally defeased	0 604										
3 Total proceeds of issue	9,600	0,000.									
4 Gross proceeds in reserve funds											
5 Capitalized interest from proceeds											
6 Proceeds in refunding escrows											
7 Issuance costs from proceeds											
8 Credit enhancement from proceeds							_				
9 Working capital expenditures from proceeds							_				
10 Capital expenditures from proceeds	0 600						_				
11 Other spent proceeds	9,600	0,000.									
12 Other unspent proceeds	2.0	007					_				
13 Year of substantial completion				1			_		_		
	Yes X	No	Yes	No	Yes	No		Yes	_	No	—
14 Were the bonds issued as part of a current refunding issue?		Х					-		-		
15 Were the bonds issued as part of an advance refunding issue?	Х	^					-		-		
16 Has the final allocation of proceeds been made?	X						-		-		
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?											—
Part III Private Business Use	_			В	С						
1. Was the ergenization a partner in a partner bin as a member of an LLC	Yes	No	Yes	<del>-</del>	Yes	No	+	Vac	D	Na	
1 Was the organization a partner in a partnership, or a member of an LLC,	res	No X	res	No	res	NO		Yes	+	No	
which owned property financed by tax-exempt bonds?  2 Are there any lease arrangements that may result in private business use of		- 25					+		+		
, , , , , , , , , , , , , , , , , , , ,		x									
bond-financed property?  432121	30	23					0-1-	dule K	<b>/</b> F	- 000	

Par	t III Private Business Use (Continued)									
			A		В	3		<u> </u>	[	)
За	Are there any management or service contracts that may result in private	Yes	No		Yes	No	Yes	No	Yes	No
	business use of bond-financed property?		X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside									
	counsel to review any management or service contracts relating to the financed property?									
c	Are there any research agreements that may result in private business use of bond-financed property?		X							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside									
	counsel to review any research agreements relating to the financed property?									
4	Enter the percentage of financed property used in a private business use by									
	entities other than a section 501(c)(3) organization or a state or local government		.00	%		%		%		%
5	Enter the percentage of financed property used in a private business use as a result of									
	unrelated trade or business activity carried on by your organization, another									
	section 501(c)(3) organization, or a state or local government			%		%		%		%
6	Total of lines 4 and 5			%		%		%		%
7	Does the bond issue meet the private security or payment test?		X							
8a	Has there been a sale or disposition of any of the bond-financed property to a non-									
	governmental person other than a 501(c)(3) organization since the bonds were issued?		X							
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed									
	of			%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections									
	1.141-12 and 1.145-2?									
9	Has the organization established written procedures to ensure that all nonqualified									
	bonds of the issue are remediated in accordance with the requirements under									
	Regulations sections 1.141-12 and 1.145-2?		X							
Par	t IV Arbitrage									
			A		В	3	(	0		)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No		Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X							
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?	Х								
	Exception to rebate?		X							
c	No rebate due?		X							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was									
	performed									
3	Is the bond issue a variable rate issue?		X							
4a	Has the organization or the governmental issuer entered into a qualified									
	hedge with respect to the bond issue?		X							
b	Name of provider									
	Term of hedge									
d	Was the hedge superintegrated?									
e	Was the hedge terminated?									
43212	79									

Part IV Arbitrage (Continued)								
	Α		ļ i	3		2	<u> </u>	D
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		Х						
Part V Procedures To Undertake Corrective Action			•					
		A	ı	3			Г	D
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of								
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation is not available under applicable								
regulations?		X						
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedul	e K (see instr	uctions)	1				
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME:								
ECONOMIC DEVELOPMENT AUTHORITY OF LANCASTER COUNTY	TY. VII	RGINIA						
(F) DESCRIPTION OF PURPOSE:	,							
REFINANCE NOTE DTD 10/1/05 USED TO CONSTRUCT EXH	TBTT A	ND USS	MONTTO	R CENTE	!R			
THE INDICE HOLD BY TO THE TO COMPINE THE			1101111101	CLITT				
SCHEDULE K, SUPPLEMENTAL INFORMATION: OTHER SPEN	r PROCI	EEDS RE	PRESEN	יי				
AMOUNTS TO REFINANCE ORIGINAL NOTE ISSUED 10/1/0				<u> </u>				
THEORY OF THE INTEREST OF THE PROPERTY OF	<del></del>							

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

**Open To Public** 

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.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. Inspection Employer identification number

Name of the organization

THE MARINERS' MUSEUM

54-0541801

Pai	rt I Types of Property			_						
		(a)	(b)	(c)			(d)			
		Check if	Number of contributions or	Noncash contribut			Method of de		•	_
		applicable		amounts reported Form 990, Part VIII, li		non	cash contribu	tion a	mount	S
1	Art - Works of art	X	227		0.	FAIR	MARKET	VA	LUE	
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									
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 (DONATED GOOD)	X	4	64	3.	FAIR	MARKET	VA	LUE	
26	Other (		_	· -						
27	Other (									
28	Other (									
29	Number of Forms 8283 received by the organiz	zation durin	a the tay year for a	ontributions	$\neg$					
29	for which the organization completed Form 828		,							
	for which the organization completed Form 626	oo, Part IV, I	Donee Acknowled	gernent 28	<u>,                                    </u>				V	Na
20-	Device the constitution receive he			and a Doubline A	<b>4</b> 10		_4 :4		Yes	No
30a	During the year, did the organization receive by									
	must hold for at least three years from the date		,	•						v
	exempt purposes for the entire holding period?	'						30a		X
	If "Yes," describe the arrangement in Part II.				,				37	
31	Does the organization have a gift acceptance p							31	Х	<b>—</b>
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell no	ncash				,,	
	contributions?							32a	Х	
b	If "Yes," describe in Part II.									
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column (a	a) is ch	ecked,				
	describe in Part II.									
ΙΗΔ	For Panerwork Reduction Act Notice see	the Instruc	tions for Form 00	Λ			Schedule M	Earm	990)	2014)

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, LINE 32B:
FROM TIME TO TIME, THE MUSEUM WILL SEND WORKS OF ART TO AUCTION FOR
SALE. PROCEEDS FROM THESE SALES ARE RESTRICTED TO FUTURE ACQUISITION
OF OBJECTS FOR THE COLLECTION.
SCHEDULE M, LINE 33:
BEGINNING IN 2008, UNDER THE PROVISION OF SFAS NO. 116, THE VALUE OF
THE COLLECTION HAS BEEN EXCLUDED FROM THE STATEMENT OF FINANCIAL
POSITION. THUS, THE VALUE OF DONATED COLLECTION ITEMS ARE EXCLUDED
FROM REVENUE.
FAIR MARKET VALUES OF THE DONATED WORKS OF ART RECEIVED FROM JANUARY 1
THROUGH SEPTEMBER 30, 2014 FOR WHICH THE ORGANIZATION COMPLETED FORMS
8283 ARE APPROXIMATELY \$356,500.

### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

THE MARINERS' MUSEUM

**Employer identification number** 54-0541801

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE SEA BY EXPLORING MARITIME CULTURE, SCIENCE AND HISTORY. MARINERS' MUSEUM IS COMMITTED TO USING ITS ART AND ARTIFACTS TO EDUCATE LOCAL, NATIONAL AND INTERNATIONAL AUDIENCES OF ALL AGES ABOUT THE VITAL ROLE OF THE SEA IN MANKIND'S DEVELOPMENT. THE MUSEUM ASPIRES TO BE THE LEADER IN PROMOTING AN APPRECIATION OF THE MARITIME WORLD - PAST, PRESENT AND FUTURE.

INCIDENT TO THE WHOLE, THE MARINERS' MUSEUM PARK AND LAKE MAURY OFFER THE RESIDENTS OF AND VISITORS TO THE AREA THE OPPORTUNITY TO EXPERIENCE THE BEAUTY AND PEACE OF AN OASIS IN THE CITY, TO ENJOY HEALTHY EXERCISE ON THE NOLAND TRAIL AND TO ENHANCE THEIR APPRECIATION OF THE NATURAL HABITAT OF THE PARK.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AUDIENCES OF ALL AGES ABOUT THE VITAL ROLE OF THE SEA IN MANKIND'S THE MUSEUM ASPIRES TO BE THE LEADER IN PROMOTING AN DEVELOPMENT. APPRECIATION OF THE MARITIME WORLD - PAST, PRESENT AND FUTURE.

INCIDENT TO THE WHOLE, THE MARINERS' MUSEUM PARK AND LAKE MAURY OFFER THE RESIDENTS OF AND VISITORS TO THE AREA THE OPPORTUNITY TO EXPERIENCE THE BEAUTY AND PEACE OF AN OASIS IN THE CITY, TO ENJOY HEALTHY EXERCISE ON THE NOLAND TRAIL AND TO ENHANCE THEIR APPRECIATION OF THE NATURAL HABITAT OF THE PARK.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization THE MARINERS' MUSEUM

Employer identification number 54-0541801

PHOTOGRAPHY - COLLECTION AND MAINTENANCE OF CURRENT AND HISTORICAL

PHOTOGRAPHS, INFORMATION INQUIRIES ADDRESSED.

EXPENSES \$ 108,745. INCLUDING GRANTS OF \$ 0. REVENUE \$ 31,012.

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

A DRAFT COPY OF THE ORGANIZATION'S FORM 990 IS SENT TO EVERY TRUSTEE. THE FINANCE COMMITTEE ASKS QUESTIONS AND PROVIDES REVISIONS TO THE FORM 990. IF APPROVED BY THE FINANCE COMMITTEE, A RECOMMENDATION IS MADE BY THE FINANCE COMMITTEE FOR THE BOARD TO REVIEW THE FORM 990 AND APPROVE. ULTIMATELY, THE FULL BOARD WILL APPROVE THE FORM 990 AND THE FORM 990 IS FILED.

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

THE ORGANIZATION'S BOARD REVIEWS THE CONFLICT OF INTEREST POLICY, PROVIDE

QUESTIONNAIRES FOR THE BOARD MEMBERS TO REPORT CONFLICTS OF INTEREST, AND

REPORT ON ANY FINDINGS OF CONFLICTS OF INTERESTS.

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

THE ORGANIZATION'S BOARD OF TRUSTEES REVIEWS AND APPROVES THE COMPENSATION

OF THE TOP MANAGEMENT OFFICIAL AND OFFICERS AND KEY EMPLOYEES OF THE

ORGANIZATION.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC FOR REVIEW UPON REQUEST.

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

DISCOUNT TO NET PRESENT VALUE

8,848.

Name of the organization THE MARINERS' MUSEUM	Employer identification number 54-0541801
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-5,728.
TOTAL TO FORM 990, PART XI, LINE 9	3,120.

FORM 990, PART XII, LINE 2C:

FORM 990, PART XII, LINE 2C: THERE WERE NO CHANGES TO THE FINANCE COMMITTEE'S PROCEDURES REGARDING THE OVERSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT AUDITORS.

SCHEDULE D, PART IX OTHER ASSETS - FUNDS HELD IN TRUST BY OTHERS FUNDS HELD IN TRUST BY OTHERS CONSIST PRIMARILY OF IRREVOCABLE TRUSTS ESTABLISHED BY THE MUSEUM FOUNDER, ARCHER M. HUNTINGTON, WHICH ARE CLASSIFIED AS PERMANENTLY RESTRICTED. THE TRUSTS ARE NOT-FOR-PROFIT SUPPORTING ORGANIZATIONS. THE MUSEUM RECEIVES CONTRIBUTIONS BASED ON DISTRIBUTIONS OF INVESTMENT INCOME FROM THE SECURITIES HELD BY THE TRUSTS. THESE CONTRIBUTIONS ARE BASED ON INVESTMENT INCOME, NET OF EXPENSES, REALIZED AND UNREALIZED GAINS AND LOSSES. THE MUSEUM HAS ADOPTED A TOTAL RETURN POLICY WITH RESPECT TO DISTRIBUTIONS RECEIVED FROM ITS HUNTINGTON TRUST AT JP MORGAN. THIS TOTAL RETURN POLICY ALLOWS THE MUSEUM TO RECEIVE DISTRIBUTIONS BASED UPON 4.5% OF THE ROLLING AVERAGE MARKET VALUE OF THE TRUSTS, USING THE QUARTER END VALUE FOR THE PRECEDING TWELVE QUARTERS, ENDING WITH SEPTEMBER 30 OF THE CURRENT YEAR. FOR 2014, THE BOARD OF TRUSTEES APPROVED A TEMPORARY INCREASE TO THE TOTAL RETURN POLICY WHICH ALLOWED THE MUSEUM TO RECEIVE DISTRIBUTIONS BASED UPON 5% OF THE PRECEDING TWELVE QUARTERS ROLLING AVERAGE OF THE FAIR MARKET VALUE OF THE TRUSTS. THE REMAINING TRUSTS ALSO PAY OUT 5% OF THE TRUST ASSETS ON AN ANNUAL BASIS.

Name of the organization  THE MARINERS' MUSEUM	Employer identification number 54-0541801
THE MUSEUM IS ALSO A CO-BENEFICIARY WITH THREE OTHER NOT-	FOR-PROFIT
ORGANIZATIONS UNDER THE TRUST AGREEMENT WITH BANK OF AMER	RICA (FORMERLY
U.S. TRUST CO., OF NEW YORK). THEREFORE, THE AMOUNT RECOF	RDED IS 25% OF
THE TRUST'S VALUE, WHICH REPRESENTS THE MUSEUM'S SHARE UN	IDER THIS
SPLIT-INTEREST AGREEMENT.	

### TAX RETURN FILING INSTRUCTIONS

FORM 990-T

#### FOR THE YEAR ENDING

SEPTEMBER 30, 2014

Prepared for	THE MARINERS' MUSEUM 100 MUSEUM DRIVE NEWPORT NEWS, VA 23606
Prepared by	DIXON HUGHES GOODMAN LLP 701 TOWN CENTER DRIVE, SUITE 700 NEWPORT NEWS, VA 23606-4295
Amount due or refund	NO AMOUNT IS DUE.
Make check payable to	NO AMOUNT IS DUE.
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	AUGUST 17, 2015
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

#### CHANGE OF ACCOUNTING PERIOD

Form	990-T			nd proxy tax und	ler se	ction 6033(e))			OMB No. 1545-0687
		For ca	lendar year 2014 or other tax yea					<u>.4</u> .	2014
	tment of the Treasury al Revenue Service		► Information about Fo Do not enter SSN number						Open to Public Inspection for 501(c)(3) Organizations Only
Α	Check box if address changed		Name of organization (					DEmplo (Emplo	oyer identification number oyees' trust, see ctions.)
<b>D</b> Ev	cempt under section	Print	THE MARINER	S' MIISEIIM					4-0541801
	] 501( <b>c</b> )( <b>3</b> )	Or	Number, street, and room		v see in	etructions		E Unrela	ated business activity codes
	408(e) 220(e)	Туре	100 MUSEUM		A, 300 III	structions.		(See in	nstructions.)
	408A 530(a)		City or town, state or prov		r foreiar	postal code		1	
	]529(a)		NEWPORT NEW					453	220
C Boo	ok value of all assets and of year		exemption number (See in		<b></b>				
			k organization type 🕨			501(c) trust	401(a) trust		Other trust
			ary unrelated business activ					1,7	V
			poration a subsidiary in an a tifying number of the paren		nt-subsi	diary controlled group?	▶ ١	Ye	s X No
			THE OFFICERS	corporation.		Telenho	ne number 🕨 7	757.	591.7701
			de or Business Inc	ome		(A) Income	(B) Expense		(C) Net
	Gross receipts or sal		5,598.		$\Box$	( )	.,.		( )
b	Less returns and allo	wances	-	c Balance	1c	5,598.			
2	Cost of goods sold (	Schedule	A, line 7)		2	2,712.			
3	Gross profit. Subtrac				3	2,886.			2,886.
4 a	Capital gain net incor	ne (attac	ch Schedule D)		4a				
			Part II, line 17) (attach Form		4b				
			sts		4c				
			ips and S corporations (atta		5				
					6				
7			me (Schedule E)		7				
8		-	and rents from controlled or	- , , , , , , , , , , , , , , , , , , ,	8				
9 10			on 501(c)(7), (9), or (17) or		9 10				
			ome (Schedule I) e J)		11				
12	Other income (See in	struction	ns; attach schedule)		12				
			gh 12		<del></del>	2,886.			2,886.
			ot Taken Elsewher			tions on deductions.)			•
	(Except for	contrib	utions, deductions must	be directly connecte	d with t	he unrelated business	income.)		
14	Compensation of of	ficers, di	rectors, and trustees (Sche	dule K)				14	
15								15	2,053.
16								16	<u> 27.</u>
17								17	
18								18	
19 20	Charitable contribut	ione (So	e instructions for limitation	rulae)				19	
21			562)					20	
22	Less depreciation c	laimed o	n Schedule A and elsewhere	on return		22a		22b	
23								23	
24			mpensation plans					24	
25								25	406.
26			chedule I)					26	
27	Excess readership of	osts (Sc	hedule J)					27	
28			nedule)					28	5,961.
29	Total deductions	. Add lin	nes 14 through 28					29	8,447.
30			ncome before net operating					30	<5,561.
31			(limited to the amount on					31	√E E € 1 ·
32			ncome before specific dedu					32	<5,561.> 1,000.
33 34			y \$1,000, but see line 33 ins e <b>income</b> . Subtract line 33 f					33	Ι,000•
J <del>4</del>			Income. Subtract line 33 li		•	·		34	<5,561.>
42370								1 U-1	(3,301.)

Part IV Tax and Payments  40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	Part III	Tax Computation								
a Enter your share of the \$00,000, \$25,000, and \$9,025,000 and \$9,025,000 is considered to the standard of th	35 Organ	nizations Taxable as Corpora	ti <b>ons</b> . See	instructions for tax cor	nputation.					
to 1) 8	Contr	olled group members (section	s 1561 an	id 1563) check here 🕨	See instructions	s and:				
b Enter organization share of, (1) Additional SVs tax (not more than \$11,750) S (2) Additional SVs tax (not more than \$10,000) S  a lincome tax on the amount on line 34  Trust Tax fast schedule or   Schedule D (Form 1011)  Tax rate schedule or   Schedule D (F	<b>a</b> Enter	your share of the \$50,000, \$2	5,000, and	d \$9,925,000 taxable in	come brackets (in that o	order):				
(2) Additional 3% tax (not more than \$100,000)	(1)	\$	(2) \$		(3)  \$					
c Income tax on the amount on time 34    Stream Stable at True Rabes See instructions	<b>b</b> Enter	organization's share of: (1) A	dditional 5	5% tax (not more than \$	\$11,750) <b>\\$</b>					
c Income tax on the amount on time 34    Stream Stable at True Rabes See instructions	(2) A	dditional 3% tax (not more tha	ın \$100,00	00)	\$					
Trusts Taxable at Trust Rates. See instructions or tax computation. Income tax on the amount on fine 34 from:    Trust Tax eschedule or   Schodule D (Form 1041)   37   770xy tax. See instructions   38   38   38   38   38   38   38   3							<b>&gt;</b>	35c		0.
37   Proxy tax. See instructions   38   Alternative minimum tax   38   Total Add lines 37 and 38 to line 35c or 36, whichever applies   39   0.										
37   Proxy tax. See instructions   38   Alternative minimum tax   38   Total Add lines 37 and 38 to line 35c or 36, whichever applies   39   0.		Tax rate schedule or	Schedule	D (Form 1041)			•	36		
3   Total Add lines 37 and 38 to line 95c or 36, whichever applies   39   0 .								37		
Total Add lines 37 and 38 to line 35c or 36, whichever applies   39   0.								38		
Part IV   Tax and Payments	39 Total.	Add lines 37 and 38 to line 39	5c or 36, v	vhichever applies				39		0.
D Other credits (see instructions) c General business credit. Attach Form 3800 d Oredit for prior year minimum tax (attach Form 8807   406   e Total credits. Add lines 40a through 40d 41 Subtractine 40e from line 39 42 Other taxes. Check If from: Sorm 4255   Form 8611   Form 8697   Form 8666   Other (attach schedule) 42   43 Total tax. Add lines 41 and 42 44 a Paymenis: A 2013 overpayment credited to 2014   44a   b 2014 estimated tax payments   44b   c 15 tax deposited with Form 8868   44c   d Foreign organizations: Tax paid or withheld at source (see instructions)   44d   d Estimated tax peanly (see instructions)   44d   d Other credits and payments   64e   d Foreign organizations: Tax paid or withheld at source (see instructions)   44d   d Other credits and payments   64e   d Foreign organizations: Tax paid or withheld at source (see instructions)   44d   d Other credits and payments   64e   d Foreign organizations: Tax paid or withheld at source (see instructions)   44d   d Other credits and payments   64e   d Foreign organizations: Tax paid or withheld at source (see instructions)   64e   d Foreign organizations: Tax paid or withheld at source (see instructions)   64e   d Foreign organizations: Tax paid or withheld at source (see instructions)   64e   d Foreign organizations: Tax paid or withheld at source (see instructions)   64e   d Foreign organizations: Tax paid or withheld at source (see instructions)   64e   d Foreign organizations: Tax paid or withheld at source (see instructions)   64e   d Foreign organizations: Tax paid or withheld at source (see instructions)   64e   d Foreign organizations: Tax paid or withheld at source (see instructions)   64e   d Foreign organizations: Tax paid or withheld at source (see instructions)   64e   d Foreign organizations: Tax paid or withheld at source (see instructions)   64e   d Foreign organizations: Tax paid or wit	Part IV	Tax and Payments	•	··						
D Other credits (see instructions) c General business credit. Attach Form 3800 d Oredit for prior year minimum tax (attach Form 8807   406   e Total credits. Add lines 40a through 40d 41 Subtractine 40e from line 39 42 Other taxes. Check If from: Sorm 4255   Form 8611   Form 8697   Form 8666   Other (attach schedule) 42   43 Total tax. Add lines 41 and 42 44 a Paymenis: A 2013 overpayment credited to 2014   44a   b 2014 estimated tax payments   44b   c 15 tax deposited with Form 8868   44c   d Foreign organizations: Tax paid or withheld at source (see instructions)   44d   d Estimated tax peanly (see instructions)   44d   d Other credits and payments   64e   d Foreign organizations: Tax paid or withheld at source (see instructions)   44d   d Other credits and payments   64e   d Foreign organizations: Tax paid or withheld at source (see instructions)   44d   d Other credits and payments   64e   d Foreign organizations: Tax paid or withheld at source (see instructions)   44d   d Other credits and payments   64e   d Foreign organizations: Tax paid or withheld at source (see instructions)   64e   d Foreign organizations: Tax paid or withheld at source (see instructions)   64e   d Foreign organizations: Tax paid or withheld at source (see instructions)   64e   d Foreign organizations: Tax paid or withheld at source (see instructions)   64e   d Foreign organizations: Tax paid or withheld at source (see instructions)   64e   d Foreign organizations: Tax paid or withheld at source (see instructions)   64e   d Foreign organizations: Tax paid or withheld at source (see instructions)   64e   d Foreign organizations: Tax paid or withheld at source (see instructions)   64e   d Foreign organizations: Tax paid or withheld at source (see instructions)   64e   d Foreign organizations: Tax paid or withheld at source (see instructions)   64e   d Foreign organizations: Tax paid or wit	40a Foreig	n tax credit (corporations atta	ch Form 1	1118; trusts attach Forn	n 1116)	40a				
Central business credit. Attach Form 3801 or 8827)   40e   40e   40e   41   0.4   40e   41   0.4   41   0.4   41   0.4   42   42   42   43   0.4   44   48   49   44   40   40										
a Credit for prior year minimum tax (attach Form 8801 or 8827)  1 Total credits. Add lines 40 through 40d  41 Subtract line 40e from line 39  42 Other taxes. Check if from:										
e Total credits. Add lines 40 at brough 40d  41 Subtract line 40e from line 39  42 Other taxes. Check if from:										
41 Subtract line 40e from line 39 42 Other cates. Check if from:								40e		
42 Other taxes. Check if from:	41 Subtr	act line 40e from line 39						41		0.
43 Total tax. Add lines 41 and 42  44 a Payments: A 2013 overpayment credited to 2014  44 a Payments: A 2013 overpayment credited to 2014  5 2014 estimated tax payments  5 Tax deposited with Form 8868  4 Foreign organizations: Tax paid or withheld at source (see instructions)  6 Backup withholding (see instructions)  7 Credit for small employer health insurance premiums (Attach Form 8941)  44 Total payments: Form 4136  6 Starder and payments: Form 2439  45 Total payments. Add lines 44a through 449  46 Estimated tax penally (see instructions). Check if Form 2220 is attached ▶ 46  47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount overpaid  48 Overpayment. If line 45 is less than the total of lines 43 and 46, enter amount overpaid  49 Enter the amount of line 48 you want: Credited to 2015 estimated tax penally (see instructions)  1 At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form FinCK Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of time foreign country here by Law year, did the cognization receive additional to the comparisation receive additional to the	42 Other	taxes. Check if from: Fo	rm 4255	Form 8611	Form 8697 Form	n 8866	Other (attach schedule)	42		
## At a Payments: A 2013 overpayment credited to 2014  ## b 2014 estimated tax payments   C Tax deposited with Form 8868										0.
b 2014 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) 44c d Foreign organizations: Tax paid or withheld at source (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments: Form 4136 f Total payments. Add lines 44a through 44g d Estimated tax penalty (see instructions), Check if Form 2230 is attached Form 44f f Tax due. If line 45 is less than the total of lines 43 and 46, enter amount overpaid d Soverpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid d Soverpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid d Soverpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid d Soverpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid d Soverpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid d Soverpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid d Soverpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid d Soverpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid d Soverpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid d Soverpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid d Soverpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid d Soverpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid d Soverpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid d Soverpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid d Soverpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid d Soverpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpai	<b>44 a</b> Pavm									
d Foreign organizations: Tax paid or withheld at source (see instructions)  d Foreign organizations: Tax paid or withheld at source (see instructions)  f Credit for small employer health insurance premiums (Attach Form 8941)  g Other credits and payments:  Form 4136  f Total payments Add lines 44a through 449  45  f Total payments Add lines 44a through 449  46 Estimated tax penalty (see instructions), Check if Form 2220 is attached ▶  Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed ▶ 47  To.  48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶ 48  O .  49 Enter the amount of line 48 you want: Credited to 2015 estimated tax  Part V Statements Regarding Certain Activities and Other Information (see instructions)  1 At any time during the 2014 calendar year, did the organization may have to file Form FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the amount of lax-exempt interest received or accrued during the tax year of the organization receive a distribution from, or was it they granter or, or transferor to, a toreign toution?  Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ LOWER OF COST OR MARKET  1 Inventory at beginning of year 1 24, 942. 6 Inventory at and of year 8  2 Purchases 2 < 11, 916. 7 Cost of goods Sold. Subtract line 6 from line 6. Enter the earn and the prepare in the prepare from the organization?  Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ LOWER OF COST OR MARKET  1 Inventory at beginning of year 1 24, 942. 6 Inventory at and of year 6 Inventory valuation ▶ LOWER OF COST OR MARKET  1 Inventory at beginning of year 1 24, 942. 6 Inventory at and of year 6 Inventory valuation ▶ LOWER OF COST OR MARKET  1 Inventory at beginning of year 5 13, 026. In the return including accompanying sc										
e Backup withholding (see instructions)  e Backup withholding (see instructions)  f Credit for small employer health insurance premiums (Attach Form 8941)  g Other credits and payments:  Form 4136  Form 4136  Other  Total  441  455 Total payments. Add lines 44a through 449  46 Estimated tax penalty (see instructions). Check if Form 2220 is attached  47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed  48 Verpayment. If line 45 is larger than the total of lines 43 and 46, enter amount owerpaid  49 Enter the amount of line 48 you want: Credited to 2015 estimated tax  Part V Statements Regarding Certain Activities and Other Information (see instructions)  1 At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country Pit YES, the organization may have to file Form FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here   2 During the tax year, dith the organization may have to file Form FinCEN Form 114, Report of Foreign Bank and Financial Accounts in Yes, enter the name of the foreign country have to file.  3 Enter the amount of tax-exempt interest received or accrued during the tax year!  Schedule A - Cost of Goods Sold. Enter method of inventory valuation   1 Inventory at beginning of year 1 24 , 942 6 Inventory at leading the account of year										
e Backup withholding (see instructions)  1 Credit for small employer health insurance premiums (Attach Form 8941)  9 Other credits and payments:    Form 4136										
9 Other credits and payments:										
g Other credits and payments:										
Total payments. Add lines 44a through 44g  45 Total payments. Add lines 44a through 44g  46 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ 46  47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owerpaid  48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid  49 Enter the amount of line 48 you want: Credited to 2015 estimated tax  Part V Statements Regarding Certain Activities and Other Information (see instructions)  1 At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶  2 During the tax year, did the organization from, or was it the grantor of, or transferor to, a foreign trust?  3 Enter the amount of lax-exemple interest received or accrued during the tax year ▶ \$  Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ LOWER OF COST OR MARKET  1 Inventory at beginning of year  1 24, 942. 6 Inventory at each of year  2 211, 916. 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 7 2, 712.  4a Additional section 263A (with respect to property produced or acquired for resale) apply to be the organization resale and the property produced or acquired for resale) apply to be the organization of preparer (where than taxpayer) is based on all information of which prepare how helder. When the preparer shown below (see Institutions)								$\dashv$		
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ 46  47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed ▶ 47 O.  48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶ 48 O.  49 Enter the amount of line 48 you want. Credited to 2015 estimated tax  Part V Statements Regarding Certain Activities and Other Information (see instructions)  1 At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, see instructions for other forms the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, see instructions for other forms the organization?  2 Purinds the amount of tax-exempt interest received or accured during the tax year. See instructions for other forms the organization of securities, or other forms the organization?  3 Cost of labor				Other —	Total I	440				
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount ower 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶ 48 0.  49 Enter the amount of line 48 you want. Credited to 2015 estimated tax ▶ Refunded ▶ 49  Part V Statements Regarding Certain Activities and Other Information (see instructions)  1 At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 14, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ X  2 During the tax year, did the organization receive a distribution from, or was it the grantor to, or transferor to, a foreign flustr?  1 If YES, enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$  Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ LOWER OF COST OR MARKET  1 Inventory at beginning of year 1 24, 942 6 inventory at head of year 6 inventory at beginning of year 2 2 <11, 916 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 7 2, 712 .  4a Additional section 283A costs (att. schedule) 4b 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 7 2, 712 .  4a Additional section 283A costs (att. schedule) 4b 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 7 2, 712 .  4a Additional section 283A costs (att. schedule) 4b 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 7 2, 712 .  4b Additional section 283A costs (att. schedule) 4b 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 7 2, 712 .  4b Additional section 283A costs (att. schedule) 5 13,026 .  4c Tost of goods sold. Subtract line 6 from lin			 uah 44a					45		
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed  48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid  49 Enter the amount of line 48 you want: Credited to 2015 estimated tax  Part V Statements Regarding Certain Activities and Other Information (see instructions)  1 At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶  2 During the tax year, did the organization from, or was it the grantor of, or transferor to, a foreign flust?  1 Inventory at beginning of year 1 24,942. 6 Inventory at end of year  2 Purchases 2 <11,916. 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 7 2,712.  4a Additional section 283A costs (att. schedule) 4b property produced or acquired for resale) apply to the organization.  5 Total. Add lines 1 through 4b 5 13,026. Total. Add lines 1 through 4b 5 13,026. Total. Add lines 1 through 4b Firm's name Preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true.  Paid Preparer Use Only  4 AMES M. HAGGARD Preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Prim's name DIXON HUGHES GOODMAN LLP Firm's name DIXON HU	46 Estim	ated tax penalty (see instruction	ons) Chec	k if Form 2220 is attach	ned 🕨 🗍			46		
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid  49 Enter the amount of line 48 you want: Credited to 2015 estimated tax  Part V Statements Regarding Certain Activities and Other Information (see instructions)  1 At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶  2 During the tax year, did the organization receive a distribution from, or was it the gramfor of, or transferor to, a foreign trust?  3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$  Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ LOWER OF COST OR MARKET  1 Inventory at beginning of year  1   1   24 , 942   6   inventory at end of year  2   virth, see instructions for other forms the organization may have to file.  3   Cost of labor  3   Cost of labor  3   Cost of labor  3   Cost of labor  4   A   Additional section 263A costs (att.s.chedule)   4   A   Additional section 263A costs (att.s.chedule)   5   Total. Add lines 1 through 4b   5   13 , 026   the organization?  PRESIDENT AND CEO    PRESIDENT AND CEO   Tillie										0.
Part V   Statements Regarding Certain Activities and Other Information (see instructions)   1								_		
Part V   Statements Regarding Certain Activities and Other Information (see instructions)   1								$\vdash$		
1 At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here Accounts. If YES, enter the name of the foreign country here  2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ Schedule A - Cost of Goods Sold. Enter method of inventorry valuation ▶ LOWER OF COST OR MARKET  1 Inventory at beginning of year 1 24,942. 6 Inventory at end of year 6 10,314. 2 Purchases 2 <11,916. 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 7 2,712. 4a Additional section 263A costs (att. schedule) 4b 5 13,026. 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?  Vider 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.  Sign Here  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Print/Type preparer's name  Print/Type preparer's name  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Print/Type print/T						ation (se		10		
securities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign Bank and Financial  Accounts. If YES, enter the name of the foreign country here  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If YES, see instructions for other forms the organization may have to file.  Inventory at beginning of year  Inventory at beginning of y								ccount (l	nank. Y	es No
Accounts. If YES, enter the name of the foreign country here 2 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If YES, see instructions for other forms the organization may have to file.  3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$  Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ LOWER OF COST OR MARKET  1 Inventory at beginning of year 1 24,942 6 Inventory at end of year 6 Inventory at end of year 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 7 2,712 .  4a Additional section 263A costs (att. schedule) 4b 5 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?  Sign  Here  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Print/Type preparer's name  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Print/Type preparer's name  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Print/Type preparer's	-			=	=		-	•		
Schedule A - Cost of Goods Sold. Enter method of inventory valuation      Inventory at beginning of year		,								х
Schedule A - Cost of Goods Sold. Enter method of inventory valuation      Inventory at beginning of year	2 During the to	ax year, did the organization receive	a distributi	on from, or was it the grant	or of, or transferor to, a foreig	gn trust?				
Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► LOWER OF COST OR MARKET  1 Inventory at beginning of year 1 24,942. 6 Inventory at end of year 6 10,314.  2 Purchases 2 <11,916. 7 Cost of goods sold. Subtract line 6  3 Cost of labor 3 From line 5. Enter here and in Part I, line 2 7 2,712.  4a Additional section 263A costs (att. schedule) 4b Souther costs (attach schedule) 4b Property produced or acquired for resale) apply to the organization?  Sign  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Paid  Preparer  Use Only  Paid  Primt/Type preparer's name  Preparer's signature  Primty self- employed  Primty's name DIXON HUGHES GOODMAN LLP  Firm's name DIXON HUGHES GOODMAN LLP  Firm's self- employed  Firm's self- employed  Primty's self- employ										
1 Inventory at beginning of year 1 24,942. 6 Inventory at end of year 2 VII,916. 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 7 2,712.  4a Additional section 263A costs (att. schedule) 4a 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?  Sign Here    Ves No						OWER	OF COST OR	MAR	KET	
2					<u> </u>			_		,314.
3 Cost of labor 3   from line 5. Enter here and in Part I, line 2   7   2,712.  4a Additional section 263A costs (att. schedule)   4a   Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?   X    Sign   Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Print/Type preparer's name   Preparer's signature   Preparer's signature   Date   Print/Type preparer's name   Preparer's signature   Date   Check   if print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Preparer's signature   Date   Check   Firm's EIN   Print/Type preparer's EIN   Print/Ty			2					,		, -
4a Additional section 263A costs (att. schedule) b Other costs (attach schedule) 5 Total. Add lines 1 through 4b 5 13,026.  Sign Here  Print/Type preparer's name  Preparer Use Only  Add Add Ines 1 through 4b 5 13,026.  B Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?  Yes No property produced or acquired for resale) apply to the organization?  X  Yes No Property produced or acquired for resale) apply to the organization?  Yes No Property produced or acquired for resale) apply to the organization?  X  PRESIDENT AND CEO Title  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Print/Type p				, -				7	2	.712.
b Other costs (attach schedule) 4b property produced or acquired for resale) apply to the organization? X  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  PRESIDENT AND CEO Title  Print/Type preparer's name  Print/Type preparer's name  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Date  Check if PTIN  Self- employed  PO0100566  P00100566  Firm's name DIXON HUGHES GOODMAN LLP  Firm's name DIXON HUGHES GOODMAN LLP  Title  Firm's EIN 56-0747981										
Total. Add lines 1 through 4b		` '					•			
Sign Here  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  PRESIDENT AND CEO  May the IRS discuss this return with the preparer shown below (see instructions)? ▼ Yes No  Print/Type preparer's name  Print/Type preparer's name  Preparer  Use Only  Date  Print/Type preparer → DIXON HUGHES GOODMAN LLP  Firm's name → DIXON HUGHES GOODMAN LLP  To 1 TOWN CENTER DRIVE, SUITE 700				13,026.		•	,,			х
Here    PRESIDENT AND CEO   May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No   No	Un	der penalties of perjury, I declare th	at I have ex	amined this return, including	g accompanying schedules a	and statemen	ts, and to the best of my kn			
Paid Preparer Use Only    No   Print/Type preparer's name   Preparer's signature   Preparer's signature   Preparer's signature   Preparer's signature   Date   Check   if self-employed   Preparer's name   Preparer's signature   P		rect, and complete. Declaration of p	oreparer (oth	ner than taxpayer) is based	on all information of which pr	reparer has ar	ny knowledge.			_
Signature of officer  Print/Type preparer's name  Preparer  Use Only    Print/Type preparer's name   Preparer's signature   Date   Check if self- employed   Print/ self- emp	Here				► PRESI	DENT	AND CEO			
Paid Preparer Use Only  Print/Type preparer's name  Preparer's signature  Preparer's signature  Preparer's signature  Date  Check if self- employed  PO 0100566  PO 0100566  Firm's name ▶ DIXON HUGHES GOODMAN LLP  701 TOWN CENTER DRIVE, SUITE 700		Signature of officer		Date						
Paid Preparer Use Only    Paid   Preparer   JAMES   M.   HAGGARD     P00100566		Print/Type preparer's name		Prenarer's signa	ture	Date	<del> </del>			
Preparer Use Only   JAMES M. HAGGARD   P00100566   P00100566   Po0100566   Po	De:d	Jes ersparor o marilo		. roparor o orgina	•					
Use Only   Firm's name ▶ DIXON HUGHES GOODMAN LLP   Firm's EIN ▶ 56-0747981   701 TOWN CENTER DRIVE, SUITE 700		JAMES M. HAGG	ARD				J SSII SIIIpioyee		001005	66
701 TOWN CENTER DRIVE, SUITE 700	•	Preparer STATE TO THE PROPERTY OF THE PROPERTY								
	Use Only					700	THIII 3 LIIV			
							Phone no.	757.	873.10	33

Schedule C - Rent Income	e (From Real	Proper	ty and	l Personal	Propert	y Lease	ed With Real P	rope	erty)(see instructions)
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrue	ed				24.5		
(a) From personal property (if the prent for personal property is more than 50% but not more than 50%.	ore than	( <b>b</b> ) F	f rent for p	nd personal proper ersonal property ex t is based on profit	ceeds 50% o	entage r if	3(a) Deductions directions 2(	ectly con a) and 2(	nnected with the income in (b) (attach schedule)
(1)									
(2)									
(3)									
(4)									
Total	0.	Total				0.	(h) Total dadustion	•	
(c) Total income. Add totals of column						^	(b) Total deductions Enter here and on page	1,	0
here and on page 1, Part I, line 6, colur						0.	Part I, line 6, column (B)	▶	0.
Schedule E - Unrelated De	ept-Financec	incom	ie (see i	nstructions)			3. Deductions directly	connoct	tod with ar allocable
				2. Gross inc			to debt-fi		
1. Description of debt	-financed property			or allocable financed p		(a)	Straight line depreciation (attach schedule)	1	(b) Other deductions (attach schedule)
(1)									
(2)									
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	e adjusted basis allocable to anced property ch schedule)		<b>6.</b> Column 4 divided by column 5			7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)	+				%			-	
(2)	1				<del>/</del> 6				
(3)					%				
(4)					%	,			
	•						nter here and on page 1,		Enter here and on page 1,
						P	art I, line 7, column (A).		Part I, line 7, column (B).
Totals						▶		0.	0.
Total dividends-received deductions			····						0.
Schedule F - Interest, Ann	uities, Roya	lties, ar					nizations (see i	nstruc	tions)
			Exemp	t Controlled O	rganizatio	ns			_
Name of controlled organization	Employer id num	entification		3. related income see instructions)		4. If specified ents made	5. Part of column included in the cororganization's gross	ntrolling	connected with income
(1)									
(2)									
(3)									
(4)									
Nonexempt Controlled Organization	ns								
7. Taxable Income 8	. Net unrelated incom (see instructions		<b>9</b> . To	tal of specified pay made	ments	in the con	column 9 that is included trolling organization's ross income		Deductions directly connected with income in column 10
(1)								1	
(2)									
(3)								L	
(4)									
						Enter here	olumns 5 and 10. and on page 1, Part I, 8, column (A).	Ent	Add columns 6 and 11. ter here and on page 1, Part I, line 8, column (B).
Totale							0.		0.
Totals							<u> </u>		0.

Schedule G - Investme (see instr		Section 5	501(c)(7	), (9), or (17) Or	ganizat	ion		
1. Descr	ription of income			2. Amount of income		uctions onnected chedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)								
(2)								
(3)								
(4)								
			E	Enter here and on page 1, Part I, line 9, column (A).				Enter here and on page 1, Part I, line 9, column (B).
Totals				0.				0.
Schedule I - Exploited (see instru					ng Inco	me		
	·	n _		4. Net income (loss)				7 -
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Exper directly con with produ of unrela business ir	nected uction uted	from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	<ol><li>Gross from acti is not ur business</li></ol>	vity that related	<b>6.</b> Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here a page 1, P line 10, co	art I,	1				Enter here and on page 1, Part II, line 26.
Totals	0.		0.					0.
Schedule J - Advertisi								
Part I Income From I	Periodicals Rep	orted on	a Cons	solidated Basis				
1. Name of periodical	<b>2.</b> Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, comput cols. 5 through 7.		culation come	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)								
(2) (3)				-				
(4)				-				
(4)								
Totale (corrute Dort II line (E))		0.	0.					0.
Totals (carry to Part II, line (5))  Part II Income From I						مان ما انمام ما انم	David II dill in	0.
columns 2 through			а Ѕера	rate basis (For e	eacn perio	dical listed in	i Part II, fill in	
1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, comput cols. 5 through 7.		culation come	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)	<del>                                     </del>							
(2)					+			
(3)								
(4)								
		0.	0.					0.
Totals from Part I	Enter here and page 1, Part I line 11, col. (A	on Enter h	ere and on 1, Part I, 1, col. (B).	2				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)		0.	0.					0.
Schedule K - Compens	sation of Office	rs, Direct	ors, an	d Trustees (see	instructio	ns)		
1. N	lame			2. Title		<ol><li>Percent of time devoted to business</li></ol>	, T. Comb	ensation attributable related business
(1)							%	
(2)							%	
(3)							%	
(4)							%	
<b>Total</b> . Enter here and on page 1, P	Part II, line 14						▶	0.
1 3, -	,							Form <b>990-T</b> (2014)

	<del></del>			
			AMOUNT	
DIT CARD FEES ENSES			15 1	4.
M 990-T, PAGE 1,	LINE 28		5,96	1 1
NET	OPERATING LOSS D	EDUCTION	STATEMENT	
LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
9,233. 10,217. 6,542. 545. 9,052. 10,595. 7,663. 7,242. 1,780. 2,024. 2,166. 62.	0. 0. 0. 0. 0. 0. 0.	9,233. 10,217. 6,542. 545. 9,052. 10,595. 7,663. 7,242. 1,780. 2,024. 2,166. 62.	10,217 6,542 9,052 10,595 7,663 7,242 1,780 2,024 2,166	7.
	PAGE 1,  NET  LOSS SUSTAINED  9,233. 10,217. 6,542. 545. 9,052. 10,595. 7,663. 7,242. 1,780. 2,024. 2,166.	ENSES  M 990-T, PAGE 1, LINE 28    NET OPERATING LOSS DESCRIPTION	M 990-T, PAGE 1, LINE 28    NET OPERATING LOSS DEDUCTION	DIT CARD FEES 15 ENSES 15  M 990-T, PAGE 1, LINE 28 5,96  NET OPERATING LOSS DEDUCTION STATEMENT  LOSS PREVIOUSLY APPLIED REMAINING THIS YEAR  9,233. 0. 9,233. 10,217. 10,217. 6,542. 6

**Caution:** Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY

### **TAX RETURN FILING INSTRUCTIONS**

VIRGINIA FORM 500

#### FOR THE YEAR ENDING

SEPTEMBER 30, 2014

Prepared for	THE MARINERS' MUSEUM 100 MUSEUM DRIVE NEWPORT NEWS, VA 23606
Prepared by	DIXON HUGHES GOODMAN LLP 701 TOWN CENTER DRIVE, SUITE 700 NEWPORT NEWS, VA 23606-4295
Amount due or refund	NO PAYMENT REQUIRED
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	VIRGINIA DEPT. OF TAXATION P.O. BOX 1500 RICHMOND, VA 23218-1500
Return must be mailed on or before	SEPTEMBER 15, 2015
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL.

#### **FORM 500**

Department of Taxation PO Box 1500 Richmond, VA 23218-1500

# 2014 Virginia Corporation Income Tax Return



			nted a waiver from the electronic filing		0014		Official Use Only			
	SHORT Year Filer: Beginning Date JANUARY 1, 2014; Ending Date SEPTEMBER 30, 2014									
	Short Year Return X Change in Accounting Period  By checking the box to the right, I (we) authorize the Department to discuss this return with the undersigned preparer.									
FEI		ше Берапт	ent to discuss this return with the t	ndersigned pre	parer.		<u> </u>			
5	54-0541801				Che	ck all tha	at apply:			
Nai					1 _	Initial	Filer			
						_	Change			
ľι	THE MARINERS' MUSEUM					_	ng Address Change			
	ailing Address				1 =	_	cal Address Change			
1	L00 MUSEUM DRIVE					,				
·	y or Town					State	ZIP Code			
	JEWPORT NEWS ysical Address (if different from Mailing Address)				Entity	VA Type Code	23606			
[ [1]	ysical Address (ii different from Mailing Address)				NP					
Phy	ysical City or Town			State ZIP Cod			NAICS			
'	,						453220			
Dat	te Incorporated State or Country of Incorporation	n	Description of Business Activity				433220			
			MUSEUM GIFT SHOP	SALES						
		T								
	Check Applicable Boxes	Final Re	turn	Corpora	ate Tel	ecomm	unications Company			
	Consolidated - Sch. 500AC Attached	Final	Return - Check here and applicabl	e Fnter am	ount fr	om Form	n 500T, Line 7:			
	Combined - Sch. 500AC Attached		s below.				.00			
	Change in Filing Status	☐ Wit	hdrawn	Noncor	porate	Telecor	mmunications			
	Multistate Sch. 500A Attached	☐ Dis	solved - No longer liable for tax.	Compa	ny C	heck bo	x and enter			
	Schedule 500AB Attached		solved Date	amount	from F	orm 500	T, Line 10:			
	X Nonprofit Corporation	☐ Me	rged				.00			
		Me	rger Date	Electric	Supp	lier Com	pany			
		Me	rged FEIN #	Enter am	ount fr	om Sch.	500EL, Line 7 or 14:			
		∟ sc	Corp Effective				.00			
	Amended Return		Amended Return - Check here an	d No	nrofun	doblo or	r Refundable			
	Complete Form 500 and Schedule 500ADJ.		other applicable boxes.		edit Ch		neiuiluable			
	Attach an explanation of changes to income		Federal Audit - Attach			_	Changes			
	and modifications.		copy of IRS final determination.			oss Carr	_			
	DO NOT FILE THIS FORM TO CARRY BAC	ка 🗀	Schedule 500A Changes		•		planation.			
	NET OPERATING LOSS. File Form 500NOL		Schedule 500ADJ Changes		101 / 11	itaon exp	nariation.			
	Questions and Related Information		••••••••••••••••••••••••••••••••••••••							
	Questions and Helated Information									
Α	Have you made any payments to an affiliated	•	•	•		•	•			
	related to intangible property (patents, trader		• • • • • • • • • • • • • • • • • • • •			nd attach				
_			nter Exception amount from Sch	edule 500AB, I			.00			
l	B Coalfield Employment Enhancement Tax Credit earned from Form 306, Line 11.  B									
6	C If a net operating loss deduction was claimed in computing federal taxable income on the U.S. Corporation Income Tax Return, provide the requested information. If a NOL resulted (2) Federal NOL									
	•	•		• •			.00			
	from a merger, enter the FEIN of the compan	y generating	SEE STATEMENT	(3) Percen			0/			
	(If there are NOLs for more than one year, attach a	schedule for e			eu (NI	s year				
<u>ا</u>	If Pass-Through Entity Withholding is claimed		·	00000011 0.)						
	VK-1s and complete and attach Schedule 50	•					D			
F	Has your federal income tax liability been red	, ,		r vear(s) that		V	ear E			
-	has not previously been reported to the Depa		•	your(o) triat			ear			
F			M DRIVE, NEWPORT N	EWS, VA	23	<b>C</b> 0	ear			
			· · · · · ·							
	Contact for Corporation's books THE O	FFICERS	Contact F	Phone Number		757.	591.7701			

#### 2014 Virginia Form 500

FEIN 54-0541801

Page 2



INCC	

Federal taxable income (from attached federal return)   1   -5561_00				
Total (add Lines 1 and 2)   3   -5561.00   4   0.00   5   Balance (subtract Line 4 from Line 3)   5   -5561.00   5   Balance (subtract Line 4 from Line 3)   6   0.00   7   Virginia taxable income (subtract Line 6 from Line 5)   7   -5561.00   7   7   -5561.00   7   Virginia taxable income (subtract Line 6 from Line 5)   7   -5561.00   7   7   -5561.00   7   7   -5561.00   7   7   -5561.00   7   7   -5561.00   7   7   7   7   7   7   7   7   7	1	Federal taxable income (from attached federal return)	1	-5561 <sub>.00</sub>
Total subtractions from Schedule 500ADJ, Section B, Line 10	2	Total additions from Schedule 500ADJ, Section A, Line 7	2	
Total subtractions from Schedule 500ADJ, Section B, Line 10   5   5-5561_00   6   8   3   5   5-5561_00   6   8   3   5   5-5561_00   7   7   7   7   7   7   7   7   7	3	Total (add Lines 1 and 2)	3	-5561 <sub>.00</sub>
6         Savings and Loan Association's Bad Debt Deduction (see Instructions)         6         .00           7         Virginia taxable income (subtract Line 6 from Line 5)         7         -5561.00           TAX COMPUTATION           8         Multistate Corporation - If business conducted within and without Virginia (Multistate Corporation), attach Schedule 500A and complete Lines 8(a) through 8(d). If entire business conducted in Virginia, skip to Line 9.         8(a)         .00           (a) Income subject to Virginia tax from Schedule 500A, Section B, Line 1 or Line 2(h)         8(b)         %6           (b) Apportionment factor percentage from Schedule 500A, Section B, Line 3(c)         8(c)         .00           (c) Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c)         8(d)         .00           9 Income tax (6% of Line 7 or 6% of Line 8(a))         9         0.00           PAYMENTS AND CREDITS           10         Nonrefundable tax credits: Enter the amount from Schedule 500CR, Part XXXI, Line 139         10         .00           11         Adjusted corporate tax (subtract Line 10 from Line 9)         11         .00           12         2014 estimated Virginia income tax payments including overpayment credit from 2013         12         .00           12         2014 estimated Virginia income tax payments including overpayment credit from 2013 <td< td=""><td>4</td><td></td><td></td><td></td></td<>	4			
6 Savings and Loan Association's Bad Debt Deduction (see Instructions)         6         .00           7 Virginia taxable income (subtract Line 6 from Line 5)         7         -5561.00           TAX COMPUTATION           8 Multistate Corporation - If business conducted within and without Virginia (Multistate Corporation), attach Schedule 500A and complete Lines 8(a) through 8(d). If entire business conducted in Virginia, skip to Line 9.         (a) Income subject to Virginia tax from Schedule 500A, Section B, Line 3()         8(a)         .00           (b) Apportionment factor percentage from Schedule 500A, Section B, Line 2(h)         8(b)         .9         .00           (c) Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c)         8(c)         .00           (d) Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e)         8(d)         .00           9 Income tax (6% of Line 7 or 6% of Line 8(a))         9         0.00           PAYMENTS AND CREDITS           10 Nonrefundable tax credits: Enter the amount from Schedule 500CR, Part XXXI, Line 139         10         .00           11 Adjusted corporate tax (subtract Line 10 from Line 9)         11         .00           12 2014 estimated Virginia income tax payments including overpayment credit from 2013         12         .00           13 Extension payment         13         .00           14 Refundable tax cre	5	Balance (subtract Line 4 from Line 3)	5	-5561 <sub>.00</sub>
### TAX COMPUTATION    Multistate Corporation - If business conducted within and without Virginia (Multistate Corporation), attach Schedule 500A and complete Lines 8(a) through 8(d). If entire business conducted in Virginia, skip to Line 9.    (a) Income subject to Virginia tax from Schedule 500A, Section B, Line 3(i)	6			
8 Multistate Corporation - If business conducted within and without Virginia (Multistate Corporation), attach Schedule 500A and complete Lines 8(a) through 8(d). If entire business conducted in Virginia, skip to Line 9.  (a) Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j) 8(a)	7	Virginia taxable income (subtract Line 6 from Line 5)	7	-5561 <sub>.00</sub>
Schedule 500A and complete Lines 8(a) through 8(d). If entire business conducted in Virginia, skip to Line 9.  (a) Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j) 8(a) .00  (b) Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(h) 8(b) 96  (c) Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c) 8(c) .00  (d) Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e) 8(d) .00  PAYMENTS AND CREDITS  10 Nonrefundable tax credits: Enter the amount from Schedule 500CR, Part XXXI, Line 139 10 .00  11 Adjusted corporate tax (subtract Line 10 from Line 9) 11 .00  12 2014 estimated Virginia income tax payments including overpayment credit from 2013 12 .00  13 Extension payment 13 .00  14 Refundable tax credits from Schedule 500CR, Part XXXV, Line 147 14 .00  15 Pass-Through Entity total withholding from Schedule 500ADJ, Section D 15 .00  16 Total payments and credits (add Lines 12 through 15) 16 .00  REFUND OR TAX DUE  17 Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11) 17 .00  18 Penalty (see Instructions) 19 .00  20 Additional charge from Form 500C, Line 17 (attach Form 500C) 20 .00  21 Total due (add Lines 17 through 20) 21 .00  22 Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16) 22 .00  23 Amount to be credited to 2015 estimated tax 23 .00	T	AX COMPUTATION		
(b) Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(h)         8(b)         %           (c) Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c)         8(c)         .00           (d) Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e)         8(d)         .00           9 Income tax (6% of Line 7 or 6% of Line 8(a))         9         0.00           PAYMENTS AND CREDITS           10 Nonrefundable tax credits: Enter the amount from Schedule 500CR, Part XXXI, Line 139         10         .00           11 Adjusted corporate tax (subtract Line 10 from Line 9)         11         .00           12 2014 estimated Virginia income tax payments including overpayment credit from 2013         12         .00           13 Extension payment         13         .00           14 Refundable tax credits from Schedule 500CR, Part XXXV, Line 147         14         .00           15 Pass-Through Entity total withholding from Schedule 500ADJ, Section D         15         .00           16 Total payments and credits (add Lines 12 through 15)         16         .00           REFUND OR TAX DUE           17 Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)         17         .00           18 Penalty (see Instructions)         19         .00           20 Additional c	8	Schedule 500A and complete Lines 8(a) through 8(d). If entire business conducted in Virginia, skip to Line 9.	9/0)	00
(c) Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c)       8(c)       .00         (d) Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e)       8(d)       .00         9 Income tax (6% of Line 7 or 6% of Line 8(a))       9       0.00         PAYMENTS AND CREDITS         10 Nonrefundable tax credits: Enter the amount from Schedule 500CR, Part XXXI, Line 139       10       .00         11 Adjusted corporate tax (subtract Line 10 from Line 9)       11       .00         12 2014 estimated Virginia income tax payments including overpayment credit from 2013       12       .00         13 Extension payment       13       .00         14 Refundable tax credits from Schedule 500CR, Part XXXV, Line 147       14       .00         15 Pass-Through Entity total withholding from Schedule 500ADJ, Section D       15       .00         16 Total payments and credits (add Lines 12 through 15)       16       .00         REFUND OR TAX DUE         17 Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)       17       .00         18 Penalty (see Instructions)       18       .00         19 Interest (see Instructions)       19       .00         20 Additional charge from Form 500C, Line 17 (attach Form 500C)       20       .00         21 Total d				
(d) Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e)       8(d)       .00         9 Income tax (6% of Line 7 or 6% of Line 8(a))       9       0.00         PAYMENTS AND CREDITS         10 Nonrefundable tax credits: Enter the amount from Schedule 500CR, Part XXXI, Line 139       10       .00         11 Adjusted corporate tax (subtract Line 10 from Line 9)       11       .00         12 2014 estimated Virginia income tax payments including overpayment credit from 2013       12       .00         13 Extension payment       13       .00         14 Refundable tax credits from Schedule 500CR, Part XXXV, Line 147       14       .00         15 Pass-Through Entity total withholding from Schedule 500ADJ, Section D       15       .00         16 Total payments and credits (add Lines 12 through 15)       16       .00         REFUND OR TAX DUE         17 Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)       17       .00         18 Penalty (see Instructions)       18       .00         19 Interest (see Instructions)       19       .00         20 Additional charge from Form 500C, Line 17 (attach Form 500C)       20       .00         21 Total due (add Lines 17 through 20)       21       .00         22 Overpayment (if Line 16 is greater than Line 11				
9 Income tax (6% of Line 7 or 6% of Line 8(a))         9         0.00           PAYMENTS AND CREDITS           10 Nonrefundable tax credits: Enter the amount from Schedule 500CR, Part XXXI, Line 139         10         .00           11 Adjusted corporate tax (subtract Line 10 from Line 9)         11         .00           12 2014 estimated Virginia income tax payments including overpayment credit from 2013         12         .00           13 Extension payment         13         .00           14 Refundable tax credits from Schedule 500CR, Part XXXV, Line 147         14         .00           15 Pass-Through Entity total withholding from Schedule 500ADJ, Section D         15         .00           16 Total payments and credits (add Lines 12 through 15)         16         .00           REFUND OR TAX DUE           17 Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)         17         .00           18 Penalty (see Instructions)         18         .00           19 Interest (see Instructions)         19         .00           20 Additional charge from Form 500C, Line 17 (attach Form 500C)         20         .00           21 Total due (add Lines 17 through 20)         21         .00           22 Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)         22         .00				
PAYMENTS AND CREDITS   10		(d) Nonapportionable investment function loss from Schedule 300A, Section B, Line 3(e)	o(u)	.00
10 Nonrefundable tax credits: Enter the amount from Schedule 500CR, Part XXXI, Line 139       10       .00         11 Adjusted corporate tax (subtract Line 10 from Line 9)       11       .00         12 2014 estimated Virginia income tax payments including overpayment credit from 2013       12       .00         13 Extension payment       13       .00         14 Refundable tax credits from Schedule 500CR, Part XXXV, Line 147       14       .00         15 Pass-Through Entity total withholding from Schedule 500ADJ, Section D       15       .00         16 Total payments and credits (add Lines 12 through 15)       16       .00         REFUND OR TAX DUE         17 Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)       17       .00         18 Penalty (see Instructions)       18       .00         19 Interest (see Instructions)       19       .00         20 Additional charge from Form 500C, Line 17 (attach Form 500C)       20       .00         21 Total due (add Lines 17 through 20)       21       .00         22 Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)       22       .00         23 Amount to be credited to 2015 estimated tax       23       .00	9	Income tax (6% of Line 7 or 6% of Line 8(a))	9	0.00
11 Adjusted corporate tax (subtract Line 10 from Line 9)       11       .00         12 2014 estimated Virginia income tax payments including overpayment credit from 2013       12       .00         13 Extension payment       13       .00         14 Refundable tax credits from Schedule 500CR, Part XXXV, Line 147       14       .00         15 Pass-Through Entity total withholding from Schedule 500ADJ, Section D       15       .00         16 Total payments and credits (add Lines 12 through 15)       16       .00         REFUND OR TAX DUE         17 Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)       17       .00         18 Penalty (see Instructions)       18       .00         19 Interest (see Instructions)       19       .00         20 Additional charge from Form 500C, Line 17 (attach Form 500C)       20       .00         21 Total due (add Lines 17 through 20)       21       .00         22 Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)       22       .00         23 Amount to be credited to 2015 estimated tax       23       .00	P	AYMENTS AND CREDITS		
12       2014 estimated Virginia income tax payments including overpayment credit from 2013       12       .00         13       Extension payment       13       .00         14       Refundable tax credits from Schedule 500CR, Part XXXV, Line 147       14       .00         15       Pass-Through Entity total withholding from Schedule 500ADJ, Section D       15       .00         16       Total payments and credits (add Lines 12 through 15)       16       .00         REFUND OR TAX DUE         17       Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)       17       .00         18       Penalty (see Instructions)       18       .00         19       Interest (see Instructions)       19       .00         20       Additional charge from Form 500C, Line 17 (attach Form 500C)       20       .00         21       Total due (add Lines 17 through 20)       21       .00         22       Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)       22       .00         23       Amount to be credited to 2015 estimated tax       23       .00	10	Nonrefundable tax credits: Enter the amount from Schedule 500CR, Part XXXI, Line 139	10	.00
13       Extension payment       13       .00         14       Refundable tax credits from Schedule 500CR, Part XXXV, Line 147       14       .00         15       Pass-Through Entity total withholding from Schedule 500ADJ, Section D       15       .00         16       Total payments and credits (add Lines 12 through 15)       16       .00         REFUND OR TAX DUE         17       Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)       17       .00         18       Penalty (see Instructions)       18       .00         19       Interest (see Instructions)       19       .00         20       Additional charge from Form 500C, Line 17 (attach Form 500C)       20       .00         21       Total due (add Lines 17 through 20)       21       .00         22       .00         23       Amount to be credited to 2015 estimated tax       23       .00	11	Adjusted corporate tax (subtract Line 10 from Line 9)	11	.00
14 Refundable tax credits from Schedule 500CR, Part XXXV, Line 147       14       .00         15 Pass-Through Entity total withholding from Schedule 500ADJ, Section D       15       .00         16 Total payments and credits (add Lines 12 through 15)       16       .00         REFUND OR TAX DUE         17 Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)       17       .00         18 Penalty (see Instructions)       18       .00         19 Interest (see Instructions)       19       .00         20 Additional charge from Form 500C, Line 17 (attach Form 500C)       20       .00         21 Total due (add Lines 17 through 20)       21       .00         22 Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)       22       .00         23 Amount to be credited to 2015 estimated tax       23       .00	12	2014 estimated Virginia income tax payments including overpayment credit from 2013	12	.00
15 Pass-Through Entity total withholding from Schedule 500ADJ, Section D       15       .00         16 Total payments and credits (add Lines 12 through 15)       16       .00         REFUND OR TAX DUE         17 Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)       17       .00         18 Penalty (see Instructions)       18       .00         19 Interest (see Instructions)       19       .00         20 Additional charge from Form 500C, Line 17 (attach Form 500C)       20       .00         21 Total due (add Lines 17 through 20)       21       .00         22 Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)       22       .00         23 Amount to be credited to 2015 estimated tax       .00	13	Extension payment	13	.00
16 Total payments and credits (add Lines 12 through 15)       16       .00         REFUND OR TAX DUE         17 Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)       17       .00         18 Penalty (see Instructions)       18       .00         19 Interest (see Instructions)       19       .00         20 Additional charge from Form 500C, Line 17 (attach Form 500C)       20       .00         21 Total due (add Lines 17 through 20)       21       .00         22 Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)       22       .00         23 Amount to be credited to 2015 estimated tax       .00	14	Refundable tax credits from Schedule 500CR, Part XXXV, Line 147	14	.00
REFUND OR TAX DUE         17 Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)       17       .00         18 Penalty (see Instructions)       18       .00         19 Interest (see Instructions)       19       .00         20 Additional charge from Form 500C, Line 17 (attach Form 500C)       20       .00         21 Total due (add Lines 17 through 20)       21       .00         22 Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)       22       .00         23 Amount to be credited to 2015 estimated tax       23       .00	15	Pass-Through Entity total withholding from Schedule 500ADJ, Section D	15	.00
17 Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)       17       .00         18 Penalty (see Instructions)       18       .00         19 Interest (see Instructions)       19       .00         20 Additional charge from Form 500C, Line 17 (attach Form 500C)       20       .00         21 Total due (add Lines 17 through 20)       21       .00         22 Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)       22       .00         23 Amount to be credited to 2015 estimated tax       23       .00	16	Total payments and credits (add Lines 12 through 15)	16	.00
18 Penalty (see Instructions)       18       .00         19 Interest (see Instructions)       19       .00         20 Additional charge from Form 500C, Line 17 (attach Form 500C)       20       .00         21 Total due (add Lines 17 through 20)       21       .00         22 Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)       22       .00         23 Amount to be credited to 2015 estimated tax       23       .00	R	EFUND OR TAX DUE		
18 Penalty (see Instructions)       18       .00         19 Interest (see Instructions)       19       .00         20 Additional charge from Form 500C, Line 17 (attach Form 500C)       20       .00         21 Total due (add Lines 17 through 20)       21       .00         22 Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)       22       .00         23 Amount to be credited to 2015 estimated tax       23       .00	17	Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)	17	.00
20       Additional charge from Form 500C, Line 17 (attach Form 500C)       20       .00         21       Total due (add Lines 17 through 20)       21       .00         22       Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)       22       .00         23       Amount to be credited to 2015 estimated tax       23       .00				.00
21 Total due (add Lines 17 through 20)       21       .00         22 Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)       22       .00         23 Amount to be credited to 2015 estimated tax       23       .00	19	Interest (see Instructions)	19	.00
22Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)22.0023Amount to be credited to 2015 estimated tax23.00	20	Additional charge from Form 500C, Line 17 (attach Form 500C)	20	.00
23 Amount to be credited to 2015 estimated tax 23 .00	21	Total due (add Lines 17 through 20)	21	.00
	22	Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)	22	.00
24 Amount to be refunded (subtract Line 23 from Line 22)   24     .00				.00
	24	Amount to be refunded (subtract Line 23 from Line 22)	24	.00

I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to act on behalf of the corporation for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules and statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the income tax laws of the Commonwealth of Virginia. If prepared by a person other than the taxpayer, this declaration is based on all information of which he or she has any knowledge.

Date	Signature of Officer		Title PRESIDENT AND CEO
Printed Name of Officer ELLIOT GRUE	BER		Phone Number
	Firm Name JAMES M. HAGGARD ES GOODMAN LLP		Phone Number 757.873.1033
Date	Individual of Firm, Signature of Preparer		701 TOWN CENTER DRIVE, SUIT NEWS, VA 23606-4295
Preparer's FEIN, PTIN or SS $P00100566$	SN	Approved Vendor Cod	1019

TOT	CARRYFORWARD	
MOT!	CARRIFURWARD	ADOOSIMENT

VA	500			NOL C	ARRYFORWARD	ADJUSTMENT	STATE	EMENT	1
	YEAR END DATE	FEDERAL	NOL	AD:	DITION	SUBTRACTION	NET VIRGINIA MODIFICATION	ERCENT FEDER NOL UTILI: THI;	AL ZED S
	12/31/12 09/30/14	2	,166. 62.		0.	0.	0.0		
NE	r VIRGINIA	MODIFICA	ATION				0.	_	

## 2014 Virginia Schedule 500FED

#### **Schedule of Federal Line Items**



Name as shown on Virginia return THE MARINERS' MUSEUM FEIN 54-0541801

Name as shown on Virginia return  THE MARINERS' MUSEUM	_ FEIN 54-054	1801
Form 1120, Deductions and Taxable Income		
Domestic Production Activities Deduction	1	.00.
2. Federal Taxable Income before NOL and Special Deductions	2	-5561 <sub>.00</sub>
3. Net Operating Loss Deduction	3	.00
4. Special Deductions	4	1000 .00
Federal Taxable Income after NOL and Special Deductions	5	-5561 <sub>.00</sub>
Form 1120, Schedule C, Dividends and Special Deductions		
6. Subpart F Income	6 <u></u>	.00
7. Foreign Dividend Gross-Up	7	.00.
Form 1120, Schedule K or M-3		
8. Tax Exempt Interest	8	.00
Form 5884		
9. Salaries and Wages not deducted due to the WOTC	9	.00
Form 4562, Special Depreciation Allowance and Other Depreciation		
10. Special depreciation allowance for qualified property placed in service during the		
taxable year		
11. Property subject to 168(f)(1) election	11	.00
12. Other depreciation	12	1312461 .00
Form 1118, Schedule A, Income or Loss Before Adjustments-Gross Income o	r Loss	
13. Total: Deemed Dividends (Exclude Gross-up)		
14. Total: Deemed Dividend (Gross-up)		
15. Total: Other Dividends (Exclude Gross-up)		
16. Total: Other Dividends (Gross-up)		
17. Total: Interest		
18. Total: Gross Rents, Royalties, and License Fees		
19. Total: Gross Income from Performance of Services		
20. Total: Other		
21. Total: Total Gross Income or Loss from Outside the US	21	.00
Form 1118, Schedule A, Income or Loss Before Adjustments-Deductions		
22. Total: Definitely Allocable - Rental, Royalty, and Licensing Expenses -		
Depreciation, Depletion, and Amortization	<sup>22</sup> —	.00.
23. Total: Definitely Allocable - Rental, Royalty, and Licensing Expenses -	00	00
Other Expenses	23	.00
24. Total: Definitely Allocable - Expenses Related to Gross Income from	0.4	00
Performance of Services  25. Total: Definitely Allegable, Other Definitely Allegable Deductions		.00
25. Total: Definitely Allocable - Other Definitely Allocable Deductions		
Total: Total Definitely Allocable Deductions     Total: Apportioned Share of Deductions not Definitely Allocable		
28. Total: Net Operating Loss Deduction		
29. Total: Total Deductions		.00.
Form 1118, Schedule A, Income or Loss Before Adjustments-Total Income		.00
30. Total: Total Income or (Loss) Before Adjustments	30	.00

Attach Schedule 500FED to Your Virginia Corporation Return, Form 500.

Schedule 500FED does not replace the requirement to attach a complete federal Form 1120 to your Virginia return.

## Virginia Corporation Income Tax e-file Signature Authorization

Tax Year **2014** 

### DO NOT SEND THIS VA-8879C TO THE VA DEPT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Corporation Name	Federal ID Number						
THE MARINERS' MUSEUM	54-0541801						
Part I Tax Return Information							
1. Federal Taxable Income (Form 500, Page 2, Line 1)	1. <5,561.						
2. Virginia Taxable Income (Form 500, Page 2, Line 7)	2. <5,561.						
3. Income tax (Form 500, Page 2, Line 9)	3.						
4. Total payments and credits (Form 500, Page 2, Line 16)	4.						
5. Total due (Form 500, Page 2, Line 21)	5.						
6. Amount to be refunded (Form 500, Page 2, Line 24)	6.						
Part II Declaration and Signature Authorization of Officer							
Under penalties of perjury, I declare to be the officer of the above corporation and that I have examined a copy of the corporation's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider including the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of the corporate electronic income tax return. If filing a balance due return, I authorize the Virginia Department of Taxation and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on the 2014 Virginia income tax return for payment of state taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.  I understand that if the Virginia Department of Taxation does not receive full and timely payment of the tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit the complete return to the Virginia Department of Taxation. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return.  Officer's PIN: check one box only  I authorize the ERO named below to enter my PIN  One tenterall zeros  Do not enterall zeros							
DIXON HUGHES GOODMAN LLP  ERO Firm Name							
I will enter my PIN as my signature on the corporation's 2014 electronic Virginia corporation income are entering your own PIN and the return is filed using the Practitioner PIN method. The ERO must	, , ,						
Your Signature	Date						
Part III Certification and Authentication							
ERO's EFIN/PIN: Enter your six digit EFIN followed by your five digit self-selected PIN.  5492182360  Do not enter all zero							
I certify that the above numeric entry is my PIN, which is my signature for the 2014 Virginia corporation inco	me tax return for the corporation						
indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practi	tioner PIN method and have followed						
all other requirements as specified by the Department. ERO's may sign the form using a rubber stamp, med	hanical device, such as a signature						
pen, or computer software program.							
ERO's Signature	Date						

Form VA-8879C (REV 11/14)

#### \*\* PUBLIC DISCLOSURE COPY \*\*

Department of the Treasury

A For the 2014 calendar year, or tax year beginning

Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

► Information about Form 990 and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Tax vear beginning JAN 1, 2014 and ending SEP 30, 2014

Open to Public Inspection

В	Check if applicable:	C Name of organization		D Employer identific	cation number						
Г	Address	THE MARINERS' MUSEUM									
F	Name change	Doing business as		54-0	541801						
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	if mail is not delivered to street address)  Room/suite								
Ē	Final return/	100 MUSEUM DRIVE	T to o i i i o a i to		591.7701						
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,630,124.						
	Amended			H(a) Is this a group re							
Ē	Applica-	F Name and address of principal officer: ELLIOT GRUBER		for subordinates							
	pending	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	·····- —						
T	Tax-exem	pt status: X 501(c)(3) 501(c) ( ) ( (insert no.) 4947(a)(1)	or 527		list. (see instructions)						
J Website: ► WWW • MARINER • ORG  H(c) Group exemption number ►											
K Form of organization: X Corporation Trust Association Other ▶ L Year of formation: 1930 M State of legal domicile: VA											
	art I S	Summary									
Ф	<b>1</b> Br	iefly describe the organization's mission or most significant activities: $\overline{ exttt{THE}}$	MARINI	ERS' MAKES A	DIFFERENCE						
Activities & Governance	<u> </u>	N PEOPLES' LIVES, INVITING THEM TO $\overline{ ext{DISC}}$	OVER ?	THEIR RELATI	ONSHIP TO						
š	2 Cr	neck this box 🕨 🔲 if the organization discontinued its operations or dispo	sed of mor	e than 25% of its net as							
<u>8</u>	3 Nu	umber of voting members of the governing body (Part VI, line 1a)		3	20						
ھ 9	4 Nu	umber of independent voting members of the governing body (Part VI, line 1b)			20						
es	<b>5</b> To	tal number of individuals employed in calendar year 2014 (Part V, line 2a)		<del></del> 1	0						
ĬΣ	<b>6</b> To	tal number of volunteers (estimate if necessary)			185						
Act	<b>7 a</b> To	tal unrelated business revenue from Part VIII, column (C), line 12			2,886.						
_	<b>b</b> Ne	et unrelated business taxable income from Form 990-T, line 34	·····		<5,561.>						
	1			Prior Year	Current Year						
ne	8 Co	ontributions and grants (Part VIII, line 1h)		5,164,726.	3,712,698.						
Revenue	9 Pr	ogram service revenue (Part VIII, line 2g)		747,693. 548,547.	647,276.						
Re	10 Inv	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		544,639.	234,309. 379,456.						
		her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,005,605.	4,973,739.						
_		tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,005,005.	4,913,139.						
		rants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.						
	l	enefits paid to or for members (Part IX, column (A), line 4)		4,292,102.	3,332,574.						
Expenses	15 Sa	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
ben	h To	oressional fundraising lees (Part IX, Column (D), line 25)   493,7	67.	<u> </u>	<u> </u>						
Ä	17 Ot	her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4 740 581.	4,305,864.						
		ital expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,032,683.	7,638,438.						
	1	evenue less expenses. Subtract line 18 from line 12		<2.027.078.	> <2,664,699.						
or	3	vortue 1666 experiede. Gabriade iirio 16 front iirio 12		eginning of Current Year	End of Year						
Net Assets or	<b>20</b> To	otal assets (Part X, line 16)		145,248,928.	143,808,599.						
ASS	<b>21</b> To	otal liabilities (Part X, line 26)		16,107,652.	16,365,735.						
iset iset	22 Ne	et assets or fund balances. Subtract line 21 from line 20		129,141,276.	127,442,864.						
P	art II	Signature Block									
Un	der penaltie	es of perjury, I declare that I have examined this return, including accompanying schedule	s and staten	nents, and to the best of m	y knowledge and belief, it is						
true	e, correct, a	and complete. Declaration of preparer (other than officer) is based on all information of wi	hich prepare	r has any knowledge.							
Sig	gn 📗	Signature of officer		Date							
He	re	ELLIOT GRUBER, PRESIDENT AND CEO									
	<u> </u>	Type or print name and title		Data I I	DTIN						
_		rint/Type preparer's name Preparer's signature		Date Check Check If	PTIN						
Pai	_	AMES M. HAGGARD		self-employ							
	· —	rm's name DIXON HUGHES GOODMAN LLP	0	Firm's EIN ▶	56-0747981						
US	e Only   Fi	rm's address 701 TOWN CENTER DRIVE, SUITE 70	U	, 7F	7 072 1022						
_		NEWPORT NEWS, VA 23606-4295		Phone no. 75	7.873.1033						
Ma	y the IRS	discuss this return with the preparer shown above? (see instructions)			X Yes No						

Pa	It 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:	mo
	THE MARINERS' MAKES A DIFFERENCE IN PEOPLES' LIVES, INVITING THE	
	DISCOVER THEIR RELATIONSHIP TO THE SEA BY EXPLORING MARITIME CUI	<u> </u>
	SCIENCE AND HISTORY. THE MARINERS' MUSEUM IS COMMITTED TO USING	ITS
	ART AND ARTIFACTS TO EDUCATE LOCAL, NATIONAL AND INTERNATIONAL	
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
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by ex	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expension	enses, and
	revenue, if any, for each program service reported.	
4a		63,056.
	EXHIBITIONS, COLLECTIONS, CONSERVATION, AND MAINTENANCE OF MUSEU	JM.
	APPROXIMATELY 65,178 SERVED.	
		05 440
4b	(Code:) (Expenses \$ 267,759 • including grants of \$) (Revenue \$	25,418.
	LIBRARY AND CHRIS CRAFT - COLLECTION AND MAINTENANCE OF CURRENT	
	HISTORICAL BOOKS AND PERIODICALS, INFORMATION INQUIRIES ADDRESSE	ED.
	APPROXIMATELY 813 INDIVIDUALS SERVED.	
	200 444	71 020
4c		71,838.
	EDUCATION - PROGRAMS WITH SPECIAL STUDENT TOURS. APPROXIMATELY	15,840
	INDIVIDUALS SERVED.	
4d		
	(Expenses \$ 108,745 · including grants of \$ ) (Revenue \$ 31,012.)	
<u>4e</u>	Total program service expenses ▶ 6,203,872.	Form <b>990</b> (2014)

#### 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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			<b> </b> ₩
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		$ _{\mathbf{x}}$
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		<del>                                     </del>
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<del></del> -
Ū	Schedule D, Part III	8	Х	
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?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		X
С	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? If "Yes," complete Schedule D, Part VIII	11c		X
a	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		Х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	X	
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	1 Ie	21	
'	the organization's separate of 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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- "		
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<sub>v</sub>
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		<u> </u>
19		19		x
20a	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
	1. 100 to mio 200, dia trio organization attaon a copy of the addition interior station of this foldin:	200		

#### Part IV Checklist of Required Schedules (continued)

			Yes	No
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? If "Yes," complete Schedule I, Parts I and II	21		Х
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? If "Yes," complete Schedule I, Parts I and III	22		Х
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? If "Yes," complete			
	Schedule J	23		Х
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
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? If "Yes," complete Schedule L, Part I	25a		Х
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? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			7.7
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			,,
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		\ <sub>37</sub>	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2014)

#### 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			Ш
			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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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	, , , , , , , , , , , , , , , , , , , ,	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_	v	
а	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?	7b	Α.	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			x
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	<b>.</b> .		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
8	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
9	5.11	9a		
a h	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	30		
а	Initiation fees and capital contributions included on Part VIII, line 12			
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:			
	Gross income from members or shareholders 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2014

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 20			
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?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
<i>1</i> a		7a		х
h	more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1 a		
b		76		x
	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		25
8		0-	Х	
a	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	- 21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			х
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Λ
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	Nia
40-	Did the every insting have lead about we have been as efficience.	10-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401-		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►VA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (	ıvailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	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:			
	THE OFFICERS - 757.591.7701			
	100 MUSEUM DRIVE, NEWPORT NEWS, VA 23606			

09400814 781789 2059270000

### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average		not c	Position check more than one				Reportable	Reportable	Estimated
	hours per					is bot or/trus		compensation	compensation from related	amount of other
	week (list any	rot						from the	organizations	compensation
	hours for	direc				pe		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			ensate		(W-2/1099-MISC)	,	organization
	organizations	al trus	ınal tr		loyee	e e				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer			organizations
(1) HENRY MORRIS	line) 1.00	Ĕ	il	J0	sy.	e Ţ	요			
TRUSTEE	1.00	х								
(2) RICHARD L. MCCLUNEY, JR.	1.00									
SECRETARY		х		х						
(3) T. JAMES BAYNE	1.00									
TRUSTEE		х								
(4) CHARLES L. CABELL	1.00									
TRUSTEE		Х								
(5) JOHN T. CASTEEN, III	1.00									
TRUSTEE		Х								
(6) STEVEN BARNUM	1.00									
TRUSTEE		Х								
(7) RICHARD F. BARRY, III	1.00									
TRUSTEE		Х								
(8) ELIZABETH HARDEN	1.00									
TRUSTEE		Х								
(9) DAVID F. HOST	1.00	l								
CHAIRMAN	1 00	Х		X						
(10) ANN HUNNICUT	1.00	,,								
TRUSTEE	1 00	Х								
(11) TERESA SULLIVAN	1.00									
TRUSTEE	1.00	Х								
(12) FRANK WAGNER TRUSTEE	1.00	Х								
(13) MATTHEW J. MULHERIN	1.00	^								
TRUSTEE	1.00	Х								
(14) VIRGINIA FITZHUGH WILSON	1.00	<u> </u>				$\vdash$				
TRUSTEE	1.00	Х								
(15) CHARLES W. WORNOM	1.00	<del>  _ `</del>				$\vdash$				
TREASURER		x		х						
(16) TIMOTHY J. SULLIVAN	1.00	<u> </u>		_						
TRUSTEE		х								
(17) SHEPERD W. MCKENNEY	1.00									
TRUSTEE		х								

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

(A) Name and title	(B) Average			(C Pos	C) ition	1		<b>(D)</b> Reportable	<b>(E)</b> Reportable		(F Estim	
Name and title	hours per	(do not check more than one		compensation	compensation		amou					
	week					or/trus		from	from related		oth	
	(list any	ector						the	organizations		compe	nsation
	hours for related	or dir	es.			ated		organization	(W-2/1099-MISC)	)	from	
	organizations	ustee	truste		9	suadı		(W-2/1099-MISC)			organi and re	
	below	iual tr	tional	١.	) ploye	st con yee					organiz	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				o. ga	
(18) ANNE C. H. CONNER	1.00	_	<u> </u>	Ť						$\top$		
VICE CHAIRMAN		Х		Х								
(19) CONRAD HALL	1.00											
TRUSTEE		Х										
(20) EDWARD WHITMORE	1.00											
TRUSTEE		Х										
(21) MARGARET SHELTON	35.00											
ASSISTANT SECRETARY				Х								
(22) ELLIOT GRUBER	35.00											
PRESIDENT & CEO				Х								
(23) PAGE STOOKS	35.00											
DIRECTOR OF DEVELOPMENT				Х								
(24) JOHN PASCUCCI	35.00											
VICE PRESIDENT OF OPERATIONS AND HUM				Х								
(25) ANNA G. HOLLOWAY	35.00											
VICE PRESIDENT OF MUSEUM COLLECTIONS				Х						$\perp$		
1b Sub-total		<u> </u>				<u> </u>				+		
c Total from continuation sheets to Part VI										+		
d Total (add lines 1b and 1c)										+		
Total number of individuals (including but n								eceived more than \$100	0.000 of reportable			
compensation from the organization						<b>-</b> ,		5551154 111515 111411 <b>4</b> 155	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
											Ye	s No
3 Did the organization list any former officer,				-	-	-		-	•			
line 1a? If "Yes," complete Schedule J for s	uch individual									L	3	X
4 For any individual listed on line 1a, is the su	•							•	•			
and related organizations greater than \$150										L	4	X
5 Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	/ unr	elat	ed organization or indiv	idual for services			
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	-	-							· · · · · · · · · · · · · · · · · · ·	ensat	ion fror	n
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	<u>rithir</u>		year.			
(A) Name and business	addross	NT/	INC	7				<b>(B)</b> Description of s	onvices	Cor	(C) mpensa	tion
- Name and business		14/	)INI	<u> </u>			$\dashv$	Description of s	ici vices		прспас	
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se lis	stec	d above) who received n	nore than			
\$100,000 of compensation from the organiz	zation >											
										F	orm <b>99</b>	<b>0</b> (2014)

#### Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Unrelated Total revenue from tax under exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 64,412. **b** Membership dues c Fundraising events d Related organizations 132,422. e Government grants (contributions) f All other contributions, gifts, grants, and 515,864 similar amounts not included above ..... 643 g Noncash contributions included in lines 1a-1f: \$ 3,712,698. h Total. Add lines 1a-1f Business Code 900099 348,071 348,071 2 a ADMISSIONS Program Service Revenue b EDUCATION PROGRAM FEES 611710 71,838. 71,838. c MEMBERSHIP DUES 900099 45,515. 45,515. d PHOTOGRAPHY 900099 31,012. 31,012. 900099 25,418. 25,418. e LIBRARY & CHRIS CRAFT 900099 125,422. 125,422. f All other program service revenue 647,276 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 154,623 154,623. other similar amounts) Income from investment of tax-exempt bond proceeds 5 (i) Real (ii) Personal 223,522 6 a Gross rents 0. **b** Less: rental expenses ...... 223,522. c Rental income or (loss) 223,522 223,522. **d** Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 647,323. assets other than inventory b Less: cost or other basis 567,637. and sales expenses 79,686. c Gain or (loss) 79,686. 79,686. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a Other **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns a 220,465 and allowances 88,748. **b** Less: cost of goods sold ..... 2,886. 9,000. 131,717. 119,831. c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 20,342 11 a OTHER INCOME 900099 20,342 3,875. b BOAT HOUSE REVENUE 900099 3,875. С d All other revenue 24,217. e Total. Add lines 11a-11d ,973,739 791,324. 2,886. 466,831 Total revenue. See instructions.

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#### 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 respons	7.53			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	498,754.	213,213.	129,716.	155,825
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,311,721.	1,815,180.	247,798.	248,743
8	Pension plan accruals and contributions (include				<del>-</del>
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	289,113.	208,660.	38,835.	41,618
10	Payroll taxes	232,986.	168,152.	31,296.	33,538
11	Fees for services (non-employees):		•	·	·
	Management				
b	Legal	49,176.	43,211.	5,601.	364
	Accounting	32,745.	28,773.	3,730.	242
	Lobbying	, ,	,	,	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	82,068.	78,982.	2,898.	188
12	Advertising and promotion	275,583.	271,650.	3,694.	239
13	Office expenses	126,146.	120,323.	5,481.	342
13 14	Information technology	140,398.	125,319.	14,159.	920
		110,000	123/3130	11/1331	720
15 16	Royalties	1,141,802.	1,043,138.	92,647.	6,017
	Occupancy	56,507.	51,398.	4,800.	309
17 18	Travel	30,307.	31,330.	4,000	303
10	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	26,725.	25,281.	836.	608
19	Conferences, conventions, and meetings	20,725	25,201.	050.	- 000
20					
21	Payments to affiliates	1,312,461.	1,049,969.	262,492.	
22	Depreciation, depletion, and amortization	43,797.	40,969.	2,655.	173
23	Other expanses, Itamiza expanses not covered	±3,131•	±0,,00,•	2,000	1,3
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	OTHER EXPENSES	504,381.	407,792.	92,908.	3,681
b	PHOTOGRAPHY & DIGITAL I	465,072.	465,072.	,	- ,
c	DUES AND LICENSES	30,416.	28,203.	1,253.	960
d	EXHIBIT CONSTRUCTION	18,587.	18,587.	=,===	
	All other expenses	,	,		
25	Total functional expenses. Add lines 1 through 24e	7,638,438.	6,203,872.	940,799.	493,767
<u>26</u>	Joint costs. Complete this line only if the organization	, ,	.,,	,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	sassanona oampaign and randraioning oblicitation.				

### Form 990 (2014) Part X Balance Sheet

Pa	πх	balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	4,192,096.	1	3,797,638.
	2	Savings and temporary cash investments	1,389,228.	2	1,389,228.
	3	Pledges and grants receivable, net	2,068,945.	3	1,498,472.
	4	Accounts receivable, net	4,308.	4	9,971.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
ğ	8	Inventories for sale or use	217,262.	8	240,142.
	9	Prepaid expenses and deferred charges	342,743.	9	158,566.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 64,697,182.			
	b	Less: accumulated depreciation 10b 34,009,687.	31,915,881.	10c	30,687,495.
	11	Investments - publicly traded securities	14,590,955.	11	14,833,875.
	12	Investments - other securities. See Part IV, line 11	1,395,788.	12	1,442,075.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	89,131,722.	15	89,751,137.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	145,248,928.	16	143,808,599.
	17	Accounts payable and accrued expenses	546,573.	17	610,388.
	18	Grants payable		18	
	19	Deferred revenue	5,875,394.	19	6,078,540.
	20	Tax-exempt bond liabilities	9,600,000.	20	9,600,000.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
≝		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	05 605		E 6 00E
		Schedule D	85,685.	25	76,807.
	26	Total liabilities. Add lines 17 through 25	16,107,652.	26	16,365,735.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Fund Balances	l	complete lines 27 through 29, and lines 33 and 34.	26 640 720		24 007 400
auc	27	Unrestricted net assets	36,640,730.	27	34,907,498.
Ba	28	Temporarily restricted net assets	2,783,835.	28	2,189,196.
nd	29	Permanently restricted net assets	89,716,711.	29	90,346,170.
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
S Q		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds	100 1/1 076	32	107 440 064
_	33	Total net assets or fund balances	129,141,276.	33	127,442,864.
	34	Total liabilities and net assets/fund balances	145,248,928.	34	143,808,599.

Form **990** (2014)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,	97	3,7	39.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,	63	8,4	38.
3 Revenue less expenses. Subtract line 2 from line 1 3 <2						
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 129					
5	Net unrealized gains (losses) on investments	5		96	3,1	67.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			3,1	20.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	127,	44	2,8	64.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
	Act and OMB Circular A-133?			За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	Х	

Form **990** (2014)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE MARINERS' MIISHIM

**Employer identification number** 54-0541801

				MOSEOM			J	4-0341001
Pa	rt I	Reason for Public (	Charity Status (	All organizations must co	omplete th	is part.) Se	ee instructions.	
he o	organ	ization is not a private found	ation because it is: (	For lines 1 through 11,	check only	one box.)		
1		A church, convention of ch	urches, or association	on of churches describe	d in <b>sectio</b>	n 170(b)(1	I)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E.)				
3		A hospital or a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170	)(b)(1)(A)(ii	ii).	
4		A medical research organiz	ation operated in co	njunction with a hospita	l describe	d in <b>sectio</b>	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C		,		, 3		
6		A federal, state, or local gov	· · · · · · · · · · · · · · · · · · ·	nental unit described in	section 17	70(h)(1)(Δ)	(v)	
	X	An organization that norma	ū				• •	nublic described in
•		section 170(b)(1)(A)(vi). (Co	•	intial part of its support	nom a gov	Ciriiriciitai	unit of from the general	public described in
8			-	(1)/AVvi) (Complete Der	+ 11 \			
9	H	A community trust describe				المار والسامات		
9		An organization that norma	*	-	-			-
		activities related to its exen	-	•				-
		income and unrelated busin		(less section 511 tax) fr	om busine	esses acqu	lired by the organization	aπer June 30, 1975.
		See section 509(a)(2). (Cor					201 1141	
10	Н	An organization organized a	•	•	-			,
11	Ш	An organization organized a	•	•	•		•	
		more publicly supported or						check the box in
		lines 11a through 11d that	• •			•	, ,	
а		☐ Type I. A supporting orga	· ·	•				
		the supported organization	• •	• • • • • • • • • • • • • • • • • • • •	a majority	of the dire	ctors or trustees of the s	supporting
	_	organization. <b>You must o</b>	complete Part IV, Se	ections A and B.				
b			anization supervised	l or controlled in connec	tion with it	ts support	ed organization(s), by ha	ving
		control or management o	f the supporting orga	anization vested in the s	same perso	ons that co	ontrol or manage the sup	ported
	_	organization(s). You mus	t complete Part IV,	Sections A and C.				
С		■ Type III functionally interest	grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally	<b>integrated.</b> A supp	orting organization oper	rated in co	nnection v	vith its supported organi	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	s A and D	, and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or						
f	Ente	er the number of supported o	* *	, , , , , , , , , , , , , , , , , , , ,	0 0			
q		ride the following information	•	ed organization(s).				
		i) Name of supported	(ii) EIN		(iv) Is the o		(v) Amount of monetary	(vi) Amount of
		organization		(described on lines 1-9	governing	in your document?	support (see	other support (see
				above or IRC section (see instructions))	Yes	No	Instructions)	Instructions)
				(occ morradiono))				
					1	1		
					1	<del>                                     </del>		

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Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

#### 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.)

Sec	ction A. Public Support		· · · · · · · · · · · · · · · · · · ·	·			
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	5,201,802.	6,971,907.	5,058,517.	5,164,726.	3,712,698.	26,109,650.
2	Tax revenues levied for the organ-						
	ization'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						
4	Total. Add lines 1 through 3	5,201,802.	6,971,907.	5,058,517.	5,164,726.	3,712,698.	26,109,650.
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)						
	Public support. Subtract line 5 from line 4.						26,109,650.
	ction B. Total Support					<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	5,201,802.	6,971,907.	5,058,517.	5,164,726.	3,712,698.	26,109,650.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	678,769.	622,597.	742,126.	659,385.	378,145.	2 001 022
_	and income from similar sources	070,709.	044,391.	742,120.	059,305.	3/0,143.	3,081,022.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)	122 652	648,068.	184 930	65,534.	24,217.	1,045,401.
11	Total support. Add lines 7 through 10	122/0320	010,0001	101/3300	03/3310	21/21/4	30,236,073.
12	Gross receipts from related activities,	etc (see instruction	nns)			12 4	,189,956.
	First five years. If the Form 990 is for	•	,				, ,
	organization, check this box and stor				-		
Sec	ction C. Computation of Publ						
14	Public support percentage for 2014 (	line 6, column (f) d	ivided by line 11, c	olumn (f))		14	86.35 %
	Public support percentage from 2013					15	72.33 %
	33 1/3% support test - 2014. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2013. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and <b>stop here.</b> The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	<b>t - 2014.</b> If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	<b>t - 2013.</b> If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	<u>s</u>

Schedule A (Form 990 or 990-EZ) 2014

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

(Complete only if you checked the box on line 9 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.)

Se	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and	(a) 2010	(6) 2011	(6) 2012	(u) 2013	(e) 2014	(i) iotai
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	******						
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	endar year (or fiscal year beginning in) 🖊	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(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						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	Add lines 10a and 10b						
	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						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization'	s first second this	I rd fourth or fifth t	av vear as a sectio	n 501(c)(3) organi:	zation
••		· ·			-		Lation,
Se	ction C. Computation of Publi						
	Public support percentage for 2014 (li			column (f))		15	%
	Public support percentage from 2013					16	<del>/</del> 6
	ction D. Computation of Inves					1 .0 1	70
17						17	%
18	Investment income percentage from 2					18	<del></del>
	a 33 1/3% support tests - 2014. If the						
.56	more than 33 1/3%, check this box ar						
ı	33 1/3% support tests - 2013. If the						
	line 18 is not more than 33 1/3%, che						
20	<b>Private foundation.</b> If the organization						
	ato roundationi ii tile organizatioi	. ala not officer a	. ~ o	م, ت التي التي التي التي التي التي التي ال	DON AIR 300 III		🖊 🖳

#### Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	_		
	2		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	-10		
	5a		
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	5b		
	5c		
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	7		
	8		
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	0:		
	9b		
	9с		
	10-		
	10a		
	10b		
2 00	90 or 99	0-E7\	2014

Pa	t IV Supporting Organizations (continued)			
	(Softmass)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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? 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.	2		
Sec	tion 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)? 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).	1		
Sec	tion D. 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, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970. See instru	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(optional)
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		
Sect	ion 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		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
_7	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y-integrat	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2014

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)			
Secti	ion D -	Distributions		,	Current Year		
1	Amou	nts paid to supported organizations to accomplish exer	mpt purposes				
2	Amou	nts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purposes of supported organizations						
4	Amou	nts paid to acquire exempt-use assets					
5	Qualif	ied set-aside amounts (prior IRS approval required)					
6	Other	distributions (describe in Part VI). See instructions.					
7	Total	annual distributions. Add lines 1 through 6.					
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	e			
		de details in <b>Part VI</b> ). See instructions.	J				
9		outable amount for 2014 from Section C, line 6					
		B amount divided by Line 9 amount					
			(i)	(ii)	(iii)		
Secti	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014		
1	Distrib	outable amount for 2014 from Section C, line 6					
		rdistributions, if any, for years prior to 2014					
_		onable cause required-see instructions)					
3	`	s distributions carryover, if any, to 2014:					
a	LAGGG	S distributions sarry over, if any, to 2014.					
b							
c							
d							
	From	2013					
		of lines 3a through e					
		ed to underdistributions of prior years					
		ed to 2014 distributable amount					
		over from 2009 not applied (see instructions)					
÷		inder. Subtract lines 3g, 3h, and 3i from 3f.					
4		outions for 2014 from Section D,					
_	line 7:						
		ed to underdistributions of prior years					
		ed to 2014 distributable amount					
		inder. Subtract lines 4a and 4b from 4.					
		ining underdistributions for years prior to 2014, if					
J		Subtract lines 3g and 4a from line 2 (if amount					
		er than zero, see instructions).					
6							
J	6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see						
7		ctions). ss distributions carryover to 2015. Add lines 3j					
'	and 4	-					
Q		c. down of line 7:					
8	break	down of lifte 7.					
<u>a</u>							
<u>b</u>							
<u>C</u>		on from 2012					
		ss from 2013					
е	Exces	ss from 2014					

Schedule A (Form 990 or 990-EZ) 2014

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

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 ·

OMB No. 1545-0047

2014

THE MARINERS' MUSEUM

Employer identification number

54-0541801

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)( $3$ ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		s covered by the <b>General Rule</b> or a <b>Special Rule</b> .  (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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, line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	year, contributions is checked, enter h purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year				
	· ·	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
THE MARINERS' MUSEUM	54-0541801
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.	

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional additional copies of Part I if additional copi	tional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4		Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)

# THE MARINERS' MUSEUM

54-0541801

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		  	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Name of organization Employer identification number 54-0541801 THE MARINERS' MUSEUM 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 Part III 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. (<u>a)</u> No. `fŕom Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE MARINERS' MUSEUM

**Employer identification number** 54-0541801

Pai	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 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 v	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	• •		
Pai			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	`	orically important land area
	Protection of natural habitat	Preservation of a certi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied 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
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru		·····
	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel		
	year <b>&gt;</b>		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat		
	conservation easements.		-
Pai	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descril	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of pul	olic service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

Pai	t III Organizations Maintaining Co	ollections of Ar	t, Historical Tr	easures, c	r Oth	er Simila	ar Asse	ts(continued)	)
3	Using the organization's acquisition, accession	n, and other records	s, check any of the	following tha	t are a s	ignificant ι	use of its	collection iter	ms
	(check all that apply):								
а	X Public exhibition	d	X Loan or exc	hange progra	ıms				
b	X Scholarly research	е	X Other PU	BLICAT	IONS	(BOOF	KS, M	OVIES	
С	X Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further t	he organizati	on's exe	mpt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's co	ollection?				Yes X	No_
Pai	t IV Escrow and Custodial Arrang	<b>jements.</b> Complet	te if the organizatio	n answered '	'Yes" to	Form 990,	Part IV, I		
	reported an amount on Form 990, Part	: X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contribution	s or other as	sets not	t included			
	on Form 990, Part X?							Yes	□No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:						
								Amount	
С	Beginning balance					1c			
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fo							Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	olanation has been	provided in F	Part XIII				
Pai	t V Endowment Funds. Complete if	the organization ans	wered "Yes" to Fo	rm 990, Part	IV, line <sup>1</sup>	10.			
•	·	(a) Current year	(b) Prior year	(c) Two year	s back	(d) Three ye	ears back	(e) Four years	s back
1a	Beginning of year balance	14,540,214.	13,083,463.	11,404	1,264.	11,4	87,356.	9,021	,482.
	Contributions	0.	251,922.	829	924.	1:	20,838.	1,795	,908.
	Net investment earnings, gains, and losses	531,401.	1,605,441.	1,212	2,300.	1:	17,633.	1,054	1,150.
	Grants or scholarships								
	Other expenditures for facilities								
	and programs	283,094.	389,962.	353	3,435.	3:	12,344.	376	5,523.
f	Administrative expenses	8,579.	10,650.	9	,590.		9,219.	7	7,661.
	End of year balance	14,779,942.	14,540,214.			11,4	04,264.	11,487	,356.
2	Provide the estimated percentage of the curre			-		· ·		,	
	Board designated or quasi-endowment	66.07	%						
	Permanent endowment 33.93	%							
	Temporarily restricted endowment								
_	The percentages in lines 2a, 2b, and 2c shoul								
За	Are there endowment funds not in the posses	•	tion that are held a	nd administe	red for t	he organiz	ation		
	by:							Yes	No
	(i) unrelated organizations							<del>   </del>	+
	(ii) related organizations								X
b	If "Yes" to 3a(ii), are the related organizations	listed as required or	Schedule R?					3b	+-
4	Describe in Part XIII the intended uses of the								
	t VI Land, Buildings, and Equipme		William Tarida.						
	Complete if the organization answered		Part IV. line 11a. S	ee Form 990.	Part X.	line 10.			
	Description of property	(a) Cost or ot		or other		ccumulate	а	(d) Book valu	
	besomption of property	basis (investm	, , ,	(other)		preciation	٠	(a) Book vail	uc
12	Land	,	,	5,993.		production		1,995,9	993.
	Land Buildings			9,636.	25.	634,79		5,164,8	
	Leasehold improvements				/	,	<del>-   -</del>	- , = , -	
	Equipment		6.39	3,891.	5.	915,11	10.	478,7	781.
	Other			7,662.		459,78		3,047,8	
	. Add lines 1a through 1e. (Column (d) must eq					/		0,687,4	

Schedule D (Form 990) 2014

Part VII	Investments -	Other Securities.

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"		-	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)		_	
(C)			
(D)			
(E)			
(F)			
(G) (H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	to Form 990 Part IV line	e 11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	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"		e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) FUNDS HELD IN TRUST BY OT	HERS - SEE S	CHEDULE O	89,751,137.
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)	45)		<b>89,751,137.</b>
Total. (Column (b) must equal Form 990, Part X, col. (B) lin  Part X Other Liabilities.	e 15.)		► 09,731,137.
	to Form 000 Dort IV line	a 11a av 11f Caa Farm 000 Dart V lina (	05
Complete if the organization answered "Yes"  1. (a) Description of liability	to Form 990, Part IV, line	(b) Book value	<del>2</del> 5.
		(b) Book value	
(1) Federal income taxes (2) CHARITABLE GIFT ANNUITIES		76,807.	
(-)		70,007.	
(3)			
(4)			
(5) (6)			
(7)			
(8)			
\ <del>-</del> /			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2014

(9)

76,807.

Concadio B	(1 01111 000	,										_
Part XI	Recond	ciliation	of Revenue p	er Aud	dited	Financial	Statements	With	Revenue p	oer	Return	١.
	0	:£ 41= = =		-l IIVII	4- F	- 000 D-41	\/ line 10=					

	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	6,045,911.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	963,167.		
b	Donated services and use of facilities	2b	17,137.		
С	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	2d	91,868.		
е	Add lines 2a through 2d			2e	1,072,172.
3	Subtract line 2e from line 1			3	4,973,739.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,973,739.

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

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

1	Total expenses and losses per audited financial statements	1	1,144,323.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	17,137.		
b	Prior year adjustments	2b			
	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	88,748.		
е	Add lines 2a through 2d			2e	105,885.
3	Subtract line 2e from line 1			3	7,638,438.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
_5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)			5	7,638,438.

### 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 1A:

BEGINNING IN 2008, UNDER THE PROVISION OF SFAS NO. 116, THE VALUE OF THE COLLECTION HAS BEEN EXCLUDED FROM THE STATEMENT OF FINANCIAL POSITION. ONLY CURRENT YEAR PURCHASES AND PROCEEDS FROM SALE ARE REFLECTED IN THE IT IS THE POLICY OF THE MUSEUM THAT PROCEEDS STATEMENT OF ACTIVITIES. FROM THE SALE OF ANY COLLECTION ITEMS ARE TO BE USED FOR THE ACQUISITION OF OBJECTS FOR THE PERMANENT COLLECTIONS OR FOR THE CONSERVATION OF ITEMS CURRENTLY OWNED BY THE MUSEUM EXTERNAL CONSERVATORS.

# PART III, LINE 4:

THE COLLECTION INCLUDES MARITIME RELATED OBJECTS AND EPHEMERA USED FOR

# EDUCATIONAL PURPOSES.

432054 10-01-14

Schedule D (Form 990) 2014

#### PART V, LINE 4:

THE MARINERS' MUSEUM ENDOWMENT (ENDOWMENT) WAS ESTABLISHED TO SUPPORT ITS

MISSION. THE ENDOWMENT SUBSTANTIALLY CONTRIUBTES TO THE GROWTH, FINANCIAL

SECURITY AND THE LONG-TERM STABILITY OF THE MUSEUM.

#### PART X, LINE 2:

THE MUSEUM IS A NONSTOCK CORPORATION WHICH HAS BEEN DETERMINED BY THE

INTERNAL REVENUE SERVICE TO BE EXEMPT FROM TAXES ON INCOME DERIVED FROM

ACTIVITIES RELATED TO ITS EXEMPT PURPOSE UNDER SECTION 501(C)(3) OF THE

INTERNAL REVENUE CODE. THE MUSEUM IS SUBJECT TO INCOME TAXES ON PROFITS,

IF ANY, GENERATED FROM THE SALE OF ITEMS IN ITS GIFT SHOP WHICH ARE

UNRELATED TO ITS EXEMPT PURPOSE. THE INTERNAL REVENUE SERVICE HAS ALSO

DETERMINED THAT THE MUSEUM IS NOT A PRIVATE FOUNDATION UNDER SECTION

509(A)(1). THE MUSEUM HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL

UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF DECEMBER 31, 2014 AND 2013.

FISCAL YEARS ENDING ON OR AFTER DECEMBER 31, 2011, REMAIN SUBJECT TO

EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES

PART	XI,	LINE	2D	_	OTHER	ADJUSTMENTS:
------	-----	------	----	---	-------	--------------

COST OF GOODS SOLD	88,748.
DISCOUNT TO NET PRESENT VALUE	8,848.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-5,728.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	91,868.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	

Schedule D (Form 990) 2014

COST OF GOODS SOLD

88,748.

### SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information on Tax-Exempt Bonds**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990. Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

2014
Open to Public Inspection

Name of the organization

THE MARINERS' MUSEUM

Employer identification number 54-0541801

THE MARINERS MUSEUM							4 0	341	0 U T		
Part I Bond Issues SEE PART VI FOR COLUMNS	S(A)AN	ID (F)	CONTI	NUATIONS							
(a) Issuer name (b) Issuer EIN (c) CUSIP # (	(d) Date issued	(e) Issu	e price	(f) Descripti	on of purpose	( <b>g</b> ) De	efeased	(h) On of is		(i) Po	
						Yes	No	Yes	No	Yes	
ECONOMIC DEVELOPMENT				REFINANC	E NOTE						Г
A AUTHORITY OF LANCASTER C54-6001382 NONE (	03/14/12	9,600	,000.	DTD 10/1	/05 USED		Х		Х		2
В											
С											L
D											
Part II Proceeds					1						_
	A	1		В	С				D		_
1 Amount of bonds retired							-				—
2 Amount of bonds legally defeased	9 60	0,000.									_
Total proceeds of issue		0,000.					-				_
4 Gross proceeds in reserve funds 5 Capitalized interest from proceeds											_
5 Capitalized interest from proceeds 6 Proceeds in refunding escrows							-				
7 Issuance costs from proceeds											—
8 Credit enhancement from proceeds											_
9 Working capital expenditures from proceeds											_
O Capital expenditures from proceeds	_										_
11 Other spent proceeds	0 (0	0,000.									
12 Other unspent proceeds											
13 Year of substantial completion	2	1007									
	Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as part of a current refunding issue?	X										
15 Were the bonds issued as part of an advance refunding issue?		X									
Has the final allocation of proceeds been made?											
Does the organization maintain adequate books and records to support the final allocation of proceeds?	X										
Part III Private Business Use					1						
	A A			B	C C		-		P		
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No X	Yes	No	Yes	No	-	Yes	+	No	
which owned property financed by tax-exempt bonds?	+	Λ					-		_		
2 Are there any lease arrangements that may result in private business use of		х									
bond-financed property?		Λ						dula K			_

Par	t III Private Business Use (Continued)									
			A		В	3	Ç		[	)
За	Are there any management or service contracts that may result in private	Yes	No		Yes	No	Yes	No	Yes	No
	business use of bond-financed property?		X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside									
	counsel to review any management or service contracts relating to the financed property?									
c	Are there any research agreements that may result in private business use of bond-financed property?		X							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside									
	counsel to review any research agreements relating to the financed property?									
4	Enter the percentage of financed property used in a private business use by									
	entities other than a section 501(c)(3) organization or a state or local government		.00	%		%		%		%
5	Enter the percentage of financed property used in a private business use as a result of									
	unrelated trade or business activity carried on by your organization, another									
	section 501(c)(3) organization, or a state or local government			%		%		%		%
6	Total of lines 4 and 5			%		%		%		%
7	Does the bond issue meet the private security or payment test?		X							
8a	Has there been a sale or disposition of any of the bond-financed property to a non-									
	governmental person other than a 501(c)(3) organization since the bonds were issued?		X							
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed									
	of			%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections									
	1.141-12 and 1.145-2?									
9	Has the organization established written procedures to ensure that all nonqualified									
	bonds of the issue are remediated in accordance with the requirements under									
	Regulations sections 1.141-12 and 1.145-2?		X							
Par	t IV Arbitrage									
			A		В	3	(	0	D	
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No		Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X							
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?	Х								
	Exception to rebate?		X							
c	No rebate due?		X							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was									
	performed									
3	Is the bond issue a variable rate issue?		X							
4a	Has the organization or the governmental issuer entered into a qualified									
	hedge with respect to the bond issue?		X							
b	Name of provider									
	Term of hedge									
d	Was the hedge superintegrated?									
e	Was the hedge terminated?									
43212	79									

Part IV Arbitrage (Continued)								
		A	В		С		<u> </u>	D
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		Х						
Part V Procedures To Undertake Corrective Action			•					
		A	ı	3			Г	D
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of								
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation is not available under applicable								
regulations?		X						
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedul	e K (see instr	uctions)	1				
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME:								
ECONOMIC DEVELOPMENT AUTHORITY OF LANCASTER COUNTY	TY. VII	RGINIA						
(F) DESCRIPTION OF PURPOSE:	,							
REFINANCE NOTE DTD 10/1/05 USED TO CONSTRUCT EXH	TBTT A	ND USS	MONTTO	R CENTE	!R			
THE INDICE HOLD BY TO THE TO COMPINE THE			1101111101	CLITT				
SCHEDULE K, SUPPLEMENTAL INFORMATION: OTHER SPEN	r PROCI	EEDS RE	PRESEN	יי				
AMOUNTS TO REFINANCE ORIGINAL NOTE ISSUED 10/1/0				-				
THEORY OF THE PROPERTY OF THE	<del></del>							

## **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

**Noncash Contributions** 

OMB No. 1545-0047

Open To Public Inspection

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

THE MARINERS' MUSEUM

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number 54-0541801

Pai	rt I Types of Property								
		(a)	(b)	(c)	(d)				
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de	•			
		applicable		Form 990, Part VIII, line 1g	noncash contribu	ution amou	nts		
1	Art - Works of art	X	227	0.	FAIR MARKET	' VALU	E		
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								
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 ( DONATED GOOD )	X	4	643.	FAIR MARKET	' VALU	E		
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organiz		•						
	for which the organization completed Form 828	33, Part IV,	Donee Acknowled	gement 29					
						Ye	s No		
30a	During the year, did the organization receive by								
	must hold for at least three years from the date						v		
	exempt purposes for the entire holding period?					30a	X		
	If "Yes," describe the arrangement in Part II.	-0	du 4h	-f		- V			
31	Does the organization have a gift acceptance p					31 X			
32a	Does the organization hire or use third parties of				n	32a X			
L	contributions?					32a X			
	If "Yes," describe in Part II.	ooluma (a) 4	for a tupo of pro-	rty for which column (a) is	hookod				
33	If the organization did not report an amount in o	colurrin (c) 1	or a type of prope	rty for which column (a) is c	пескеа,				
	describe in Part II.								

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

Schedule M (Form 990) (2014)

<b>Supplemental Information.</b> 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, LINE 32B:
FROM TIME TO TIME, THE MUSEUM WILL SEND WORKS OF ART TO AUCTION FOR
SALE. PROCEEDS FROM THESE SALES ARE RESTRICTED TO FUTURE ACQUISITION
OF OBJECTS FOR THE COLLECTION.
SCHEDULE M, LINE 33:
BEGINNING IN 2008, UNDER THE PROVISION OF SFAS NO. 116, THE VALUE OF
THE COLLECTION HAS BEEN EXCLUDED FROM THE STATEMENT OF FINANCIAL
POSITION. THUS, THE VALUE OF DONATED COLLECTION ITEMS ARE EXCLUDED
FROM REVENUE.
FAIR MARKET VALUES OF THE DONATED WORKS OF ART RECEIVED FROM JANUARY 1
THROUGH SEPTEMBER 30, 2014 FOR WHICH THE ORGANIZATION COMPLETED FORMS
8283 ARE APPROXIMATELY \$356,500.

# SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

THE MARINERS' MUSEUM

**Employer identification number** 54-0541801

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE SEA BY EXPLORING MARITIME CULTURE, SCIENCE AND HISTORY. MARINERS' MUSEUM IS COMMITTED TO USING ITS ART AND ARTIFACTS TO EDUCATE LOCAL, NATIONAL AND INTERNATIONAL AUDIENCES OF ALL AGES ABOUT THE VITAL ROLE OF THE SEA IN MANKIND'S DEVELOPMENT. THE MUSEUM ASPIRES TO BE THE LEADER IN PROMOTING AN APPRECIATION OF THE MARITIME WORLD - PAST, PRESENT AND FUTURE.

INCIDENT TO THE WHOLE, THE MARINERS' MUSEUM PARK AND LAKE MAURY OFFER THE RESIDENTS OF AND VISITORS TO THE AREA THE OPPORTUNITY TO EXPERIENCE THE BEAUTY AND PEACE OF AN OASIS IN THE CITY, TO ENJOY HEALTHY EXERCISE ON THE NOLAND TRAIL AND TO ENHANCE THEIR APPRECIATION OF THE NATURAL HABITAT OF THE PARK.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AUDIENCES OF ALL AGES ABOUT THE VITAL ROLE OF THE SEA IN MANKIND'S THE MUSEUM ASPIRES TO BE THE LEADER IN PROMOTING AN DEVELOPMENT. APPRECIATION OF THE MARITIME WORLD - PAST, PRESENT AND FUTURE.

INCIDENT TO THE WHOLE, THE MARINERS' MUSEUM PARK AND LAKE MAURY OFFER THE RESIDENTS OF AND VISITORS TO THE AREA THE OPPORTUNITY TO EXPERIENCE THE BEAUTY AND PEACE OF AN OASIS IN THE CITY, TO ENJOY HEALTHY EXERCISE ON THE NOLAND TRAIL AND TO ENHANCE THEIR APPRECIATION OF THE NATURAL HABITAT OF THE PARK.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization THE MARINERS' MUSEUM

Employer identification number 54-0541801

PHOTOGRAPHY - COLLECTION AND MAINTENANCE OF CURRENT AND HISTORICAL

PHOTOGRAPHS, INFORMATION INQUIRIES ADDRESSED.

EXPENSES \$ 108,745. INCLUDING GRANTS OF \$ 0. REVENUE \$ 31,012.

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

A DRAFT COPY OF THE ORGANIZATION'S FORM 990 IS SENT TO EVERY TRUSTEE. THE FINANCE COMMITTEE ASKS QUESTIONS AND PROVIDES REVISIONS TO THE FORM 990. IF APPROVED BY THE FINANCE COMMITTEE, A RECOMMENDATION IS MADE BY THE FINANCE COMMITTEE FOR THE BOARD TO REVIEW THE FORM 990 AND APPROVE. ULTIMATELY, THE FULL BOARD WILL APPROVE THE FORM 990 AND THE FORM 990 IS FILED.

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

THE ORGANIZATION'S BOARD REVIEWS THE CONFLICT OF INTEREST POLICY, PROVIDE

QUESTIONNAIRES FOR THE BOARD MEMBERS TO REPORT CONFLICTS OF INTEREST, AND

REPORT ON ANY FINDINGS OF CONFLICTS OF INTERESTS.

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

THE ORGANIZATION'S BOARD OF TRUSTEES REVIEWS AND APPROVES THE COMPENSATION

OF THE TOP MANAGEMENT OFFICIAL AND OFFICERS AND KEY EMPLOYEES OF THE

ORGANIZATION.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC FOR REVIEW UPON REQUEST.

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

DISCOUNT TO NET PRESENT VALUE

8,848.

Name of the organization THE MARINERS' MUSEUM	Employer identification number 54-0541801			
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-5,728.			
TOTAL TO FORM 990, PART XI, LINE 9	3,120.			

FORM 990, PART XII, LINE 2C:

FORM 990, PART XII, LINE 2C: THERE WERE NO CHANGES TO THE FINANCE COMMITTEE'S PROCEDURES REGARDING THE OVERSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT AUDITORS.

SCHEDULE D, PART IX OTHER ASSETS - FUNDS HELD IN TRUST BY OTHERS FUNDS HELD IN TRUST BY OTHERS CONSIST PRIMARILY OF IRREVOCABLE TRUSTS ESTABLISHED BY THE MUSEUM FOUNDER, ARCHER M. HUNTINGTON, WHICH ARE CLASSIFIED AS PERMANENTLY RESTRICTED. THE TRUSTS ARE NOT-FOR-PROFIT SUPPORTING ORGANIZATIONS. THE MUSEUM RECEIVES CONTRIBUTIONS BASED ON DISTRIBUTIONS OF INVESTMENT INCOME FROM THE SECURITIES HELD BY THE TRUSTS. THESE CONTRIBUTIONS ARE BASED ON INVESTMENT INCOME, NET OF EXPENSES, REALIZED AND UNREALIZED GAINS AND LOSSES. THE MUSEUM HAS ADOPTED A TOTAL RETURN POLICY WITH RESPECT TO DISTRIBUTIONS RECEIVED FROM ITS HUNTINGTON TRUST AT JP MORGAN. THIS TOTAL RETURN POLICY ALLOWS THE MUSEUM TO RECEIVE DISTRIBUTIONS BASED UPON 4.5% OF THE ROLLING AVERAGE MARKET VALUE OF THE TRUSTS, USING THE QUARTER END VALUE FOR THE PRECEDING TWELVE QUARTERS, ENDING WITH SEPTEMBER 30 OF THE CURRENT YEAR. FOR 2014, THE BOARD OF TRUSTEES APPROVED A TEMPORARY INCREASE TO THE TOTAL RETURN POLICY WHICH ALLOWED THE MUSEUM TO RECEIVE DISTRIBUTIONS BASED UPON 5% OF THE PRECEDING TWELVE QUARTERS ROLLING AVERAGE OF THE FAIR MARKET VALUE OF THE TRUSTS. THE REMAINING TRUSTS ALSO PAY OUT 5% OF THE TRUST ASSETS ON AN ANNUAL BASIS.

## CHANGE OF ACCOUNTING PERIOD

Form	990-T	E	ו ⊦	OMB No. 1545-0687					
		For ca	lendar year 2014 or other tax year beginning			tion 6033(e)) ⊿ SE	P 30 201	<u> </u>	2044
		rui ca	Information about Form 990-T					-	2014
	tment of the Treasury al Revenue Service	•	Do not enter SSN numbers on this	form as it may	be mad	e public if your organiz			Open to Public Inspection for 501(c)(3) Organizations Only
A L	Check box if address changed		Name of organization ( L Check	k box if name cl	hanged a	and see instructions.)		(Emplo	yer identification number byees' trust, see ctions.)
B Ex	kempt under section	Print	THE MARINERS' MU	JSEUM				5	4-0541801
X	]501( <b>c</b> )(3)	or	Number, street, and room or suite r	no. If a P.O. box	, see ins	tructions.			ited business activity codes istructions.)
	]408(e)	Туре	100 MUSEUM DRIVI	Ε				(000	
	408A 530(a)		City or town, state or province, cou			postal code			
	529(a)		NEWPORT NEWS, V		6			453	220
C Boo	ok value of all assets and of year		exemption number (See instruction		<u> </u>	1			
			corganization type X 50			501(c) trust	401(a) trust	L	Other trust
			ary unrelated business activity.   1					1,,	<b>V</b> .
			poration a subsidiary in an affiliated g		it-subsic	liary controlled group?	▶ [	Ye:	s X No
			tifying number of the parent corporat <b>PHE OFFICERS</b>	tion.		Talamba	one number <b>&gt;</b> 7	57	501 7701
			de or Business Income			(A) Income	(B) Expenses		(C) Net
	Gross receipts or sal		5,598.			(71)	(2) 2/40/100		(0) 1101
	Less returns and allo			ce <b>&gt;</b>	1c	5,598.			
			A, line 7)		2	2,712.			
3	Gross profit. Subtrac				3	2,886.			2,886.
			h Schedule D)		4a	,			,
			art II, line 17) (attach Form 4797)		4b				
			sts		4c				
			ips and S corporations (attach stater		5				
					6				
7			ne (Schedule E)		7				
8	Interest, annuities, ro	yalties, a	and rents from controlled organizatio	ns (Sch. F)	8				
9	Investment income of	f a sectio	on 501(c)(7), (9), or (17) organization	n (Schedule G)	9				
10			me (Schedule I)		10				
11	Advertising income (	Schedule	e J)		11				
12	Other income (See in	struction	ns; attach schedule)		12				
			gh 12		13	2,886.			2,886.
Pa			ot Taken Elsewhere (See in				o incomo \		
			utions, deductions must be direct						
14			rectors, and trustees (Schedule K)					14	2 052
15								15 16	2,053.
16 17								17	<u> </u>
18								18	
19								19	
20	Charitable contribut	ions (Se	e instructions for limitation rules)					20	
21			562)						
22	Less depreciation c	aimed o	n Schedule A and elsewhere on retur	n		22a		22b	
23								23	
24			mpensation plans					24	_
25								25	406.
26			chedule I)					26	
27	Excess readership of	osts (Sc	hedule J)					27	
28	Other deductions (a	ttach sch	nedule)			SEE STAT	EMENT 1	28	5,961.
29	Total deductions	. Add lin	es 14 through 28					29	8,447.
30	Unrelated business	taxable i	ncome before net operating loss ded	uction. Subtrac	t line 29	from line 13		30	<5,561. <sub>&gt;</sub>
31			(limited to the amount on line 30)					31	
32			ncome before specific deduction. Sul					32	<5,561.>
33			y \$1,000, but see line 33 instructions					33	1,000.
34			income. Subtract line 33 from line 3		-	•		_	.E EC1
42370	_		Reduction Act Notice see instruction					34	<5,561.>

Part II	I Tax Computation									
35	Organizations Taxable as Corporati	ons. See instruction	ons for tax comp	tation.						
	Controlled group members (sections	s 1561 and 1563)	check here 🕨 📙	See instruction:	<b>s</b> and:					
а	Enter your share of the \$50,000, \$25	,000, and \$9,925,	000 taxable incor	ne brackets (in that c	order):	_				
	(1) \$	(2) \$		(3) \$						
b	Enter organization's share of: (1) Ad									
	(2) Additional 3% tax (not more than	n \$100,000)		\$						
C	Income tax on the amount on line 34	ļ				<b>)</b>	► 35c			0
	Trusts Taxable at Trust Rates. See i									
	Tax rate schedule or S	Schedule D (Form	1041)			<b>)</b>	▶ 36			
37	Proxy tax. See instructions					<b>)</b>	▶ 37			
38	Alternative minimum tax						38			
39	Total. Add lines 37 and 38 to line 35	c or 36, whichever	applies				39			0
Part I	/ Tax and Payments									
40 a	Foreign tax credit (corporations attac	ch Form 1118; trus	sts attach Form 1	16)	40a					
b	Other credits (see instructions)				40b					
C	General business credit. Attach Form	1 3800			40c					
d	Credit for prior year minimum tax (at	tach Form 8801 o	r 8827)		40d					
	Total credits. Add lines 40a through						40e			
41	Subtract line 40e from line 39						41			0
42	Other taxes. Check if from: For	m 4255 🔲 For	m 8611 🔲 Fo	rm 8697 🔲 Form	1 8866 🗌	Other (attach schedule	e) <b>42</b>			
43	Total tax. Add lines 41 and 42						43			0
44 a	Payments: A 2013 overpayment cre-									
b	2014 estimated tax payments				44b					
	Tax deposited with Form 8868									
	Foreign organizations: Tax paid or wi									
е	Backup withholding (see instructions	3)			44e					
	Credit for small employer health insu									
g	Other credits and payments:	Form	2439							
	Form 4136	Other		 Total	▶ 44g					
45	Total payments. Add lines 44a throu						45			
46	Estimated tax penalty (see instruction	ns). Check if Form	2220 is attached	<b>▶</b> □			46			
47	Tax due. If line 45 is less than the tot									0
48	Overpayment. If line 45 is larger than	n the total of lines	43 and 46, enter	amount overpaid		<b>)</b>	▶ 48			0
49	Enter the amount of line 48 you want	t: Credited to 201	5 estimated tax	<b>•</b>		Refunded	▶ 49			
Part V	Statements Regardin	g Certain Ad	ctivities and	Other Inform	<b>ation</b> (s	ee instructions)				
1 At a	ny time during the 2014 calendar year	r, did the organiza	tion have an inter	est in or a signature (	or other au	ıthority over a financial	account (	bank,	Yes	No
	rities, or other) in a foreign country?					Report of Foreign Bank	and Finan	cial		
Acco	ounts. If YES, enter the name of the fo	oreign country her	e <b>-</b>							X
2 Durir	ounts. If YES, enter the name of the forg the tax year, did the organization receive as, see instructions for other forms the organ	a distribution from, or ization may have to fi	was it the grantor of le.	, or transferor to, a foreig	gn trust?					Х
3 Ente	r the amount of tax-exempt interest r	eceived or accrue	d during the tax ye	ear▶\$						
Sched	ule A - Cost of Goods So			/aluation 🕨 L	OWER	OF COST OF	R MAR			
1 Inve	ntory at beginning of year						6	1	0,31	<u> 14</u>
2 Puro	chases	2 <13	1,916.	Cost of goods sole	<b>d.</b> Subtrac	t line 6				
3 Cos	of labor	3		from line 5. Enter l	here and ir	n Part I, line 2	7		2,71	L2
4a Addi	tional section 263A costs (att. schedule)	4a	8	Do the rules of sec	ction 263A	(with respect to			Yes	No
<b>b</b> Othe	er costs (attach schedule)	4b		property produced	d or acquire	ed for resale) apply to				
5 Tota	II. Add lines 1 through 4b		3,026.	the organization?						Х
	Under penalties of perjury, I declare that correct, and complete. Declaration of pr	t I have examined this	s return, including ac	companying schedules	and stateme	ents, and to the best of my k	knowledge a	and belief, it is	s true,	
Sign	correct, and complete. Declaration of pr	roparor (outlor triair ta)			•		May the IR	RS discuss this	s return w	vith
Here				PRESI	DENT	AND CEO		er shown belo		
	Signature of officer		Date	Title			instruction	ıs)? X Ye	es 🔃	No
_	Print/Type preparer's name	Pr	eparer's signatur	9	Date	Check	if PTI	N		
Paid						self- employ				
Prepa	rer JAMES M. HAGGA							00100		
Use O	Inly Firm's name ► DIXON					Firm's EIN	<b>▶</b> 5	6-074	7981	L
	701			VE, SUITE	700					
	Firm's address ► <b>NEW</b> E	PORT NEWS	s. VA 23	606-4295		Phone no	757.	873.1	033	

Schedule C - Rent Incom	ne (From Real	Proper	ty and	l Personal	Propert	y Lease	ed With Real I	rope	erty)(see instructions)
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrue	ed				0/ \=		
(a) From personal property (if the rent for personal property is 10% but not more than	more than	( <b>b</b> ) F	f rent for p	nd personal proper ersonal property ex t is based on profit	ceeds 50% c	entage or if	3(a) Deductions di columns 2	rectly cor (a) and 2	nnected with the income in (b) (attach schedule)
(1)									
(2)									
(3)									
(4)									
Total	0.	Total				0.	(h) Total daduation		
(c) Total income. Add totals of column						0	(b) Total deduction Enter here and on page	1.	0
here and on page 1, Part I, line 6, colo						0.	Part I, line 6, column (E	) >	0.
Schedule E - Unrelated D	Dept-Financed	incom	ie (see i	nstructions)			2 Dadustiana disasti		to d with as allocable
				2. Gross inc			<ol> <li>Deductions directly to debt-f</li> </ol>		
1. Description of debt-financed property				or allocable financed p		(a)	Straight line depreciatio (attach schedule)	n	(b) Other deductions (attach schedule)
(1)									
(2)									
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  5. Average of or debt-financed		e adjusted basis allocable to anced property h schedule) <b>6.</b> Column 4 divided by column 5				7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)					%	,		-	
(2)					%	_			
(3)					%				
(4)					%	,			
	•					Er	nter here and on page 1,		Enter here and on page 1,
						P	art I, line 7, column (A).		Part I, line 7, column (B).
Totals						▶		0.	0.
Total dividends-received deduction								▶	0.
Schedule F - Interest, An	nuities, Roya	lties, ar	nd Rer	its From C	ontrolle	d Orga	nizations (see	instruc	ctions)
			Exemp	t Controlled O	rganizatio	ns			
1. Name of controlled organization	Employer id num	entification	Net ur (loss) (s	3. related income see instructions)		4. of specified ents made	5. Part of column included in the coorganization's gros	ntrolling	connected with income
(1)									
(2)									
(3)									
(4)									
Nonexempt Controlled Organizat	ions								
7. Taxable Income	8. Net unrelated incom (see instructions		<b>9</b> . To	tal of specified pay made	ments	in the con	column 9 that is included trolling organization's ross income		Deductions directly connected with income in column 10
(1)									
(2)									
(3)									
(4)									
						Enter here	olumns 5 and 10. and on page 1, Part I, 8, column (A).	En	Add columns 6 and 11. ter here and on page 1, Part I, line 8, column (B).
Totals							0		0.
Totals								<u>-                                    </u>	

Schedule G - Investme (see instr		Section 5	501(c)(7	), (9), or (17) Or	ganizat	ion		
1. Descr	ription of income			2. Amount of income		uctions onnected chedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)								
(2)								
(3)								
(4)								
			E	Enter here and on page 1, Part I, line 9, column (A).				Enter here and on page 1, Part I, line 9, column (B).
Totals				0.				0.
Schedule I - Exploited (see instru					ng Inco	me		<u> </u>
	·	n _		4. Net income (loss)		7 -		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Exper directly con with produ of unrela business ir	nected uction uted	from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	<ol><li>Gross from acti is not ur business</li></ol>	vity that related	<b>6.</b> Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here a page 1, P line 10, co	art I,	-				Enter here and on page 1, Part II, line 26.
Totals	0.		0.					0.
Schedule J - Advertisi								
Part I Income From I	Periodicals Rep	orted on	a Cons	solidated Basis	_			
1. Name of periodical	<b>2.</b> Gross advertising income	advertising advertis		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, comput cols. 5 through 7.	5. Circulation income		6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)								
				_				
(2) (3)								
(4)				-				
Totals (carry to Part II, line (5))		0.	0.					0.
Part II Income From I					ach nerio	dical listed in	n Part II fill in	1 0.
columns 2 through			и оори	i ato Baoio (i oi o	acii peno	alcai iistea ii	ir artii, iiii iii	
		-í		4. Advertising gain				7. Excess readership
1. Name of periodical	2. Gross advertising income		Direct sing costs	or (loss) (col. 2 minus col. 3). If a gain, comput cols. 5 through 7.		culation	<b>6.</b> Readership costs	costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
Totals from Part I	▶	0.	0.	,	<u> </u>			0.
	Enter here and page 1, Part I line 11, col. (A	page ). line 1	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.	
Totals, Part II (lines 1-5)		0.	0.					0.
Schedule K - Compens	sation of Office	rs, Direct	ors, an	d Trustees (see	instructio			
1. N	lame			2. Title		<ol> <li>Percent of time devoted to business</li> </ol>	- T. COII	npensation attributable nrelated business
(1)							%	
(2)							%	
(3)							%	
(4)							%	
<b>Total</b> . Enter here and on page 1, P	Part II, line 14						<b></b>	0.
. 3							<u> </u>	Form <b>990-T</b> (2014)