Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None"in the "Page Scaling"	
selection box in the Adobe "Print" dialog.	
PUBLIC DISCLOSURE COPY	



701 Town Center Drive, Suite 700 Newport News, VA 23606 **D** 757.873.1033 **F** 757.873.1106 www.dhgllp.com

THE MARINERS' MUSEUM 100 MUSEUM DRIVE NEWPORT NEWS, VA 23606

THE MARINERS' MUSEUM:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2015 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2015 FORM 990

2015 FORM 990-T

2015 VIRGINIA FORM 500

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

PLEASE REVIEW THE RETURNS FOR COMPLETENESS AND ACCURACY.

WE HAVE PREPARED THE RETURNS FROM INFORMATION YOU FURNISHED US WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURNS BY TAX AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH POSSIBLE EXAMINATIONS.

WE ARE ENCLOSING THE DOCUMENTS YOU GAVE US TO ASSIST IN PREPARATION OF THE RETURNS.

WE HAVE ENCLOSED MAILING ENVELOPES FOR YOUR CONVENIENCE IN FILING THE RETURNS.

WE RECOMMEND THAT YOU USE CERTIFIED MAIL WITH POST MARKED RECEIPT FOR PROOF OF TIMELY FILING.

OUR PRACTICE GROWS FROM EXISTING CLIENT REFERRALS. IF YOU ARE SATISFIED WITH OUR SERVICE, PLEASE REFER US TO A FRIEND OR BUSINESS ASSOCIATE.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX

RETURNS.

VERY TRULY YOURS,

JAMES M. HAGGARD

# **TAX RETURN FILING INSTRUCTIONS**

\*\* FORM 990 PUBLIC DISCLOSURE COPY \*\*

# FOR THE YEAR ENDING

SEPTEMBER 30, 2016

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	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

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

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

Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning

▶ 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 year beginning OCT 1, 2015 and ending SEP 30,

Open to Public Inspection

OMB No. 1545-0047

В	Check if applicable	C Name of organization		D Employer identif	fication number
Г	Addres				
	Name change			54-0	0541801
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb	er
Ē	Final return/	100 MUSEUM DRIVE			.591.7701
	termin- ated		1	G Gross receipts \$	9,470,759.
	Amend	NEWPORT NEWS, VA 23606		H(a) Is this a group	
F	Applica		Ī	for subordinate	
	pendin	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates	
$\overline{}$	Tax-exe	mpt status: X 501(c)(3) 501(c) ( )	or 527		a list. (see instructions)
		e: ► WWW.MARINERSMUSEUM.ORG	,	H(c) Group exempti	
		organization: X Corporation Trust Association Other	I Year		M State of legal domicile: VA
		Summary	1	or remaining	IVI State or regar dominent.
	T 4	Briefly describe the organization's mission or most significant activities: THE	MARINI	ERS' MUSEUM	AND PARK
Governance		CONNECTS PEOPLE TO THE WORLD'S WATERS, E	BECAUSI	E THROUGH TI	HE WATERS -
rna	2	Check this box  if the organization discontinued its operations or dispo			
Ş.	3			3	1 00
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			
တ္ဆ	5	Fotal number of individuals employed in calendar year 2015 (Part V, line 2a)			122
iţi	6	Fotal number of volunteers (estimate if necessary)			1.00
Activities &	7a	Fotal unrelated business revenue from Part VIII, column (C), line 12			710
⋖	bı	Net unrelated business taxable income from Form 990-T, line 34			<u> </u>
		,		Prior Year	Current Year
Φ	8 (	Contributions and grants (Part VIII, line 1h)		6,042,253	
ň	9 1	Program service revenue (Part VIII, line 2g)		867,254	
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		107,906	
œ	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		551,520	
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,568,933	
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		4,575	
		Benefits paid to or for members (Part IX, column (A), line 4)		0	
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,513,303	5,476,522.
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)	· · · · · · · · · · · · · · · · · · ·	0	
e d	. b	Total fundraising expenses (Part IX, column (D), line 25)   1,031,3	331.		
ŭ	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,965,055	4,836,083.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,482,933	
	19	Revenue less expenses. Subtract line 18 from line 12			> <2,948,906.>
or	ß			eginning of Current Year	
ets	<u>20</u>	Fotal assets (Part X, line 16)		135,340,395	
ASS	21	Fotal liabilities (Part X, line 26)		16,467,678	
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		118,872,717	
P	art II	Signature Block			
Un	der penal	ties of perjury, I declare that I have examined this return, including accompanying schedul	es and staten	nents, and to the best of r	my knowledge and belief, it is
true	e, correct	and complete. Declaration of preparer (other than officer) is based on all information of w	vhich prepare	r has any knowledge.	
Siç	gn	Signature of officer		Date	
Не	re	HOWARD H. HOEGE III, PRESIDENT AND CE	EO		
		Type or print name and title	_		
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai		JAMES M. HAGGARD		self-emplo	
	eparer	Firm's name DIXON HUGHES GOODMAN LLP		Firm's EIN ▶	56-0747981
Us	e Only	Firm's address 701 TOWN CENTER DRIVE, SUITE 70	00		
		NEWPORT NEWS, VA 23606-4295		Phone no. 7	57.873.1033
Ма	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No
					- 000 (22.45)

Pa	In III Statement of Program Service Accomplishments	v
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: THE MARINERS' MUSEUM AND PARK CONNECTS PEOPLE TO THE WORLD'S WA	A MED C
	BECAUSE THROUGH THE WATERS - THROUGH OUR SHARED MARITIME HERITA	
	ARE CONNECTED TO ONE ANOTHER.	AGE - WE
	ARE COMMECTED TO ONE ANOTHER:	
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
Ū	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	expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section of	
	revenue, if any, for each program service reported.	,
4a	(Code: ) (Expenses \$ 8,044,190 • including grants of \$ ) (Revenue \$	716,215.)
	EXHIBITIONS, COLLECTIONS, AND MAINTENANCE OF MUSEUM. APPROXIMATE	rely
	85,000 SERVED.	
4b	(Code:) (Expenses \$ 280 , 750 • including grants of \$ 4 , 700 • ) (Revenue \$	81,499.)
	RESEARCH - COLLECTION AND MAINTENANCE OF CURRENT AND HISTORICAL	
	AND PERIODICALS, COLLECTION AND MAINTENANCE OF CURRENT AND HIST	
	PHOTOGRAPHS, INFORMATION INQUIRIES ADDRESSED. APPROXIMATELY 1,8	300
	INDIVIDUALS SERVED.	
	22.406	100 010
4c	(Code:) (Expenses \$	190,240.
	PROGRAMS - PROGRAMS WITH SPECIAL STUDENT TOURS. APPROXIMATELY	18,000
	INDIVIDUALS SERVED.	
<u></u>	Otherwise and the Manager (Department of Other that Other	
4d	Other program services (Describe in Schedule O.)	ì
_	(Expenses \$ 75,509 • including grants of \$ ) (Revenue \$  Total program service expenses ▶ 8,433,935 •	)
<u>4e</u>	Total program service expenses ▶ 8,433,935.	Form <b>990</b> (2015)

# Form 990 (2015) THE MARINERS 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	Х	
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		Х
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		X
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, 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
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		7.7	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
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		v	
	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		X
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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	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	امدا		Х
4-7	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		Х
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		
19		19		Х
	complete Schedule G, Part III		aan /	_

Form **990** (2015)

# Form 990 (2015) THE MARINERS ' MUSE Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		X
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? 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	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			١
	any tax-exempt bonds?	24c		X
	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			٠,,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			٠,,
	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,"			37
	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			3.7
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	00		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	
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Λ	х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	200	х	
24	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		X
22	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		22
32		32		х
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
55	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	00		
0.7	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
-	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?			
33	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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O	38	х	
				(0015)

Form **990** (2015)

# Form 990 (2015) 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			
b				
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)		37	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	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			Х
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
р	If "Yes," enter the name of the foreign country:			
<b>E</b> ~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	En		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
		5c		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	3C		
ua	any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ou		
~	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
	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 was required			
	to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	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?	9b		
	Section 501(c)(7) organizations. Enter:			
	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			
	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders  11a			
	Gross income from members or shareholders			
D	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	120		
	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	(2015)

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 22			
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		X
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		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		X
b				
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
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?			
	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			37
	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			
0	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed VA		1-	
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) a	ıvallab	ie	
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website X Upon request Other (explain in Schedule O)	l <b>£</b> :	_:_!	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ı ıınan	cial	
20	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			

Form **990** (2015)

# 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.

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

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

(A)	(B)	Ĭ			<del>)</del>			(D)	(E)	(F)
Name and Title	Average hours per	box	not c , unle	heck ss pe	more rson i	than is bot	h an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer B		Highest compensated highest compensated mat/xrd		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ANNE C. H. CONNER	1.00								•	
CHAIR OF THE BOARD		Х		Х				0.	0.	0.
(2) EDWARD WHITMORE	1.00	l		l						
VICE CHAIRMAN		Х		Х				0.	0.	0.
(3) CHARLES W. WORNOM	1.00								0	0
TREASURER	1 00	Х		Х				0.	0.	0.
(4) CONRAD HALL	1.00	١							•	•
SECRETARY	1 00	Х		Х				0.	0.	0.
(5) STEVEN BARNUM	1.00	,,							0	0
TRUSTEE	1 00	Х						0.	0.	0.
(6) T. JAMES BAYNE	1.00	Ψ.							0	^
TRUSTEE	1.00	Х						0.	0.	0.
(7) JOHN BIAGAS	1.00	Ψ.							0	^
TRUSTEE	1.00	Х						0.	0.	0.
(8) CHARLES L. CABELL	1.00	X						0.	0.	0.
TRUSTEE (9) JOHN T. CASTEEN, III	1.00	^						0.	0.	0.
TRUSTEE	1.00	X						0.	0.	0.
(10) KENNETH CROFTON	1.00							0.	· ·	<u></u>
TRUSTEE	1.00	x						0.	0.	0.
(11) C. CHRIS HALL	1.00								•	
TRUSTEE	2,00	x						0.	0.	0.
(12) EDWARD HEIDT	1.00	<del> </del>								•
TRUSTEE		х						0.	0.	0.
(13) DAVID F. HOST	1.00	ļ <u> </u>								
TRUSTEE		Х						0.	0.	0.
(14) JOHN R. LAWSON, II	1.00									
TRUSTEE		Х						0.	0.	0.
(15) JERRY MILLER	1.00									
TRUSTEE		Х						0.	0.	0.
(16) HENRY MORRIS	1.00									
TRUSTEE		Х						0.	0.	0.
(17) MATTHEW J. MULHERIN	1.00									
TRUSTEE		Х	L	L	L	L	L	0.	0.	0.
532007 12-16-15										Form <b>990</b> (2015)

532007 12-16-15

Form **990** (2015)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)		(C)					(D)	(E)			
Name and title	Average	<b>–</b>						Reportable	Reportable	ole Estimate		
	hours per	box, unless person is both a officer and a director/trustee					h an	compensation	compensation		amou	nt of
	week (list any	_	Cer an	lu a u	recio	)/ ii us	lee)	from	from related			
	hours for	lirecto				_		the organization	organizations (W-2/1099-MISC)			
	related	3e or c	stee			ısatec		(W-2/1099-MISC)	(***2/1099*****130)	organiza		
	organizations	truste	al tru		yee	эшре		(** = ** * * * * * * * * * * * * * * * *		and rela		
	below	Individual trustee or director	Institutional trustee	Je.	key employee	Highest compensated employee	Former				organiz	ations
	line)	lndi	Inst	Officer	Key	High	쥰			$\perp$		
(18) MARGARET PODLICH	1.00								0			•
TRUSTEE	1 00	Х						0.	0	•		0.
(19) CONWAY SHEILD	1.00								0			•
TRUSTEE	1 00	Х						0.	0	•		0.
(20) TERESA SULLIVAN	1.00	ν,							0			^
TRUSTEE	1 00	Х						0.	0	+		0.
(22) KEITH VANDERVENNET	1.00	<b>.</b>						0.	0			0.
TRUSTEE	1.00	Х						0.	0	+		<u> </u>
(23) FRANK WAGNER	1.00	х						0.	0			0.
TRUSTEE (24) HOWARD HOEGE	35.00	^						0.	0	+		<u> </u>
PRES. & CEO - EFF. 6/1/16	33.00			x				0.	0			0.
(25) JOHN PASCUCCI	35.00			Δ				0.	0	+		<u></u>
VICE PRESIDENT OF HUMAN RE	33.00			Х				109,030.	0		2	832.
(26) MARGARET SHELTON	35.00							103,030.	<u> </u>	┿		052.
ASSISTANT SECRETARY	33.00			x				67,575.	0		6	434.
(30) ELLIOT H. GRUBER	35.00							01/3/30		┿	<u> </u>	
FRMR PRES. & CEO - THROUGH 5/31/16							X	247,925.	0		10.	993.
1b Sub-total		l	<u> </u>			l		424,530.	0		20.	259.
c Total from continuation sheets to Part VI								0.	0			0.
d Total (add lines 1b and 1c)							<b>•</b>	424,530.	0	•	20,	259.
2 Total number of individuals (including but n							no r	eceived more than \$100	,000 of reportable	•		
compensation from the organization						•			•			2
											Ye	s No
3 Did the organization list any former officer,	director, or tru	ıste	e, ke	y er	nplo	yee	, or	highest compensated e	mployee on			
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	ım of reportab											
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J t	for such individual		· L	4 X	
5 Did any person listed on line 1a receive or a	•				•			•				
rendered to the organization? If "Yes," com	plete Schedule	e J f	or st	uch	pers	son .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co										nsat	tion fron	n
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir		/ear.			
(A) Name and business	addrass	NT/	\\TT	,				<b>(B)</b> Description of s	onvices	Co	( <b>C</b> ) mpensa	tion
Ivanie and business	address	147	INC	<u>.                                    </u>			$\dashv$	Description of s	ei vices		препза	
							$\dashv$					
							$\dashv$					
							+					
							$\dashv$					
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se lis	stec	d above) who received m	ore than			
\$100,000 of compensation from the organi	•					0		,				
<u> </u>	•								•	F	orm <b>99</b>	0 (2015)

#### 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 Unrelated Total revenue Related or from tax under exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues ..... 1b 62,024. c Fundraising events d Related organizations 1d 127,723 e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above ..... 5,580,419 g Noncash contributions included in lines 1a-1f: \$ 5,770,166, h Total. Add lines 1a-1f Business Code 2 a ADMISSIONS Program Service Revenue 900099 421,116 421,116 b MEMBERSHIP DUES 900099 101,364 101,364 c EDUCATION PROGRAM FEES 611710 75,874 75,874 d PHOTOGRAPHY 900099 27,137 27,137 LIBRARY & CHRIS CRAFT 900099 14,932 14,932 900099 128,485 128,485 All other program service revenue g Total. Add lines 2a-2f 768,908 Investment income (including dividends, interest, and 399,296 399,296. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 258,971 6 a Gross rents **b** Less: rental expenses ...... 258,971. c Rental income or (loss) 258,971. d Net rental income or (loss) 258,971 (i) Securities (ii) Other 7 a Gross amount from sales of 1,855,629 assets other than inventory b Less: cost or other basis 1,912,834 and sales expenses <57,205. c Gain or (loss) <57,205. <57,205.> 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 and allowances 264,562 189,526 **b** Less: cost of goods sold ..... 75,036 65,819 718 8,499. **c** Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER INCOME 900099 152,552 152,552 b BOAT HOUSE REVENUE 900099 675 675 С d All other revenue 153,227 e Total. Add lines 11a-11d 7,368,399 718. Total revenue. See instructions. 987,954. 609,561.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 4,700. 4,700. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, 190,770. 16,285. 25,591. 232,646. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 4,323,936. 3,548,342. 244,052. 531,542. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 17,700. 579,321. 475,440. 86,181. Other employee benefits 9 10,407. 340,619. 279,541. 50,671. Payroll taxes 10 Fees for services (non-employees): a Management ..... 78,520. 1,145. 77,375. Legal 33,075. 33,075. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees \_\_\_\_\_ Other, (If line 11g amount exceeds 10% of line 25, 250,303. 130,958. 80,310. 39,035. column (A) amount, list line 11g expenses on Sch O.) 22,713. 3,917. 336,041. 309,411. Advertising and promotion 12 45,312. 220,787. 119,246. 56,229. 13 Office expenses 122,370. 101,611. 8,073. 12,686. 14 Information technology 15 Royalties 1,453,345. 150,759. 1,189,440. 113,146. 16 Occupancy 77,847. 39,546. 33,069. 5,232. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 58,539. 49,668. 7,017. 1,854. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 1,727,419. 1,727,419. Depreciation, depletion, and amortization ..... 22 73,257. 30,999. 42,258. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) .... 339,513. 195,873. 66,115. 77,525. OTHER EXPENSES 8,715. DUES AND LICENSES 43,906. 18,876. 16,315. **EXHIBIT CONSTRUCTION** 10,618. 10,618. 10,543. PHOTOGRAPHY & DIGITAL 10,332. 211. e All other expenses 10,317,305. 8,433,935. 852,039. 1,031,331. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

# Part X Balance Sheet

	ILA	Dalatice Silect			
		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	757,289.	1	345,424.
	2	Savings and temporary cash investments	19,904,211.	2	1,090,038.
	3	Pledges and grants receivable, net	970,956.	3	838,127.
	4	Accounts receivable, net	207,838.	4	155,893.
	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	
⋖	8	Inventories for sale or use	233,892.	8	145,519.
	9	Prepaid expenses and deferred charges	52,249.	9	150,264.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 65,439,306.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation  10a 65,439,306.  10b 37,465,779.	29,203,816.	10c	27,973,527.
	11	Investments - publicly traded securities	813,047.	11	19,027,863.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	83,197,097.	15	84,307,151.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	135,340,395.	16	134,033,806.
	17	Accounts payable and accrued expenses	600,169.	17	728,383.
	18	Grants payable		18	
	19	Deferred revenue	6,200,794.	19	6,178,369.
	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	66 715		56 604
		Schedule D	66,715.	25	56,624.
	26	Total liabilities. Add lines 17 through 25	16,467,678.	26	16,563,376.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Ses		complete lines 27 through 29, and lines 33 and 34.	22 600 004		20 650 407
auc	27	Unrestricted net assets	32,690,084.	27	30,658,407.
Fund Balances	28	Temporarily restricted net assets	2,661,365. 83,521,268.	28	2,188,913.
nd	29	Permanently restricted net assets	03,321,200.	29	84,623,110.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
S O		and complete lines 30 through 34.			
Setk	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	110 070 717	32	117 470 420
_	33	Total net assets or fund balances	118,872,717.	33	117,470,430.
	34	Total liabilities and net assets/fund balances	135,340,395.	34	134,033,806.

Form **990** (2015)

Pai	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		,36					
2	Total expenses (must equal Part IX, column (A), line 25)	2		,31					
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,87					
5	Net unrealized gains (losses) on investments	5	1	, 55					
6	Donated services and use of facilities	6		10	0,0	00.			
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9		<10	9,3	84.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B))	10	117	,47	0,4	30.			
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	О.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	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?			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								
За	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?	5		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			3b	Х				
	, , , , , , , , , , , , , , , , , , , ,				990	(2015)			

#### **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

**Employer identification number** 54-0541801

Name of the organization

THE MARINERS' MUSEUM

Pa	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
The	orgar	nization 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	urches, or association	on of churches describe	d in <b>sectio</b>	n 170(b)(	1)(A)(i).	
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 9	90-EZ).)		
3		A hospital or a cooperative		•			ii).	
4		A medical research organiz					•	the hospital's name.
		city, and state:		. ,				,
5		An organization operated for	or the benefit of a co	allege or university owner	d or opera	ted by a d	overnmental unit describ	ned in
٠		section 170(b)(1)(A)(iv). (C		mage of armiversity owner	a or opera	tod by a g	overnmental and accord	700 II 1
6		A federal, state, or local go	· · · · · ·	nontal unit described in	coetion 17	70/6\/4\/4\	(v)	
_	X							من ام مانسم ممان منا مانسم
7	22							
_		section 170(b)(1)(A)(vi). (C						
8	H	A community trust describe						
9		An organization that norma	•	•	•		· · · · · · · · · · · · · · · · · · ·	•
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment
		income and unrelated busing	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ired by the organization	after June 30, 1975.
		See <b>section 509(a)(2).</b> (Co	mplete Part III.)					
10	Щ	An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).	
11		An organization organized a	and operated exclus	ively for the benefit of, to	perform :	the functio	ons of, or to carry out 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)(3).</b> (	Check 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.	
а		☐ Type I. A supporting organical interpretation in the properties of the proper	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), typically by	giving 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 s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organization(s), by ha	iving
		control or management o	of the supporting org	anization vested in the s	ame 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 inte	grated. A supportin	g organization operated	in connec	tion with,	and functionally integrate	ed with,
		its supported organizatio					• •	,
d		Type III non-functionally		•				zation(s)
		that is not functionally int						* *
		requirement (see instruct	-		•		•	
е	. [	Check this box if the orga	•					
Ī		functionally integrated, or					. 1, po 1, 1, po 11, 1, po 111	
f	Ent	er the number of supported						
		vide the following information						
9		(i) Name of supported	(ii) EIN		(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
		organization	.,	(described on lines 1-9		in vour	support (see	other support (see
				above (see instructions))	Yes	No No	instructions)	instructions)
					103	140		
_								
Tot:	al le						l	l

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

# 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) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5,058,517.	5,164,726.	3,712,698.	6,042,253.	5,770,166.	25,748,360.
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	5,058,517.	5,164,726.	3,712,698.	6,042,253.	5,770,166.	25,748,360.
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)						156,051.
6	Public support. Subtract line 5 from line 4.						25,592,309.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	5,058,517.	5,164,726.	3,712,698.	6,042,253.	5,770,166.	25,748,360.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	742,126.	659,385.	378,145.	408,971.	658,267.	2,846,894.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	184,930.	65,534.	24,217.	74,378.	153,227.	502,286.
11	<b>Total support.</b> Add lines 7 through 10						29,097,540.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 4	,852,546.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stor						<u></u>
	ction C. Computation of Publ						00.00
14	Public support percentage for 2015 (					14	87.95 %
15	Public support percentage from 2014					15	86.69 %
16a	33 1/3% support test - 2015. If the o	•		•		•	
_	<b>stop here.</b> The organization qualifies						<b>▶</b> X
b	b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and <b>stop here.</b> The organization qualifies as a publicly supported organization						
17a	7a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the		•				
	organization meets the "facts-and-circ						
<u>18</u>	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990 or 990-EZ) 2015

## 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	ction A. Public Support	olow, please com	proto r urt m.j				
	endar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and	` ,	, ,	. ,	, ,	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services 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						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
8	Public support. (Subtract line 7c from line 6.)						
<u>Se</u>	ction B. Total Support						
	endar year (or fiscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital				1		
	assets (Explain in Part VI.)				ļ		
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>		
14	First five years. If the Form 990 is for	the organization	s first, second, thi	d, fourth, or fifth to	ax year as a section	on 501(c)(3) organiz	zation,
<u></u>	check this box and stop here ction C. Computation of Publ						<b>P</b>
				l (f))		15	
	Public support percentage for 2015 (I Public support percentage from 2014					16	<u>%</u> %
	ction D. Computation of Inves					10	70
17						17	%
	Investment income percentage from 2					18	<del></del>
	a 33 1/3% support tests - 2015. If the						
.50	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2014. If the						
•	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization			•		•	

# Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- 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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b 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		
3b		
Зс		
4a		
4b		
4c		
5а		
5b		
5c		
6		
7		
8		
9a		
9b		
30		
9с		
10a		
10b	000 E7	

Pa	rt IV	Supporting Organizations (continued)			
		··· · · · · · · · · · · · · · · · · ·		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_		v, the governing body of a supported organization?	11a		
h		nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
		B. Type I Supporting Organizations	110		
000	tion i	b. Type Toupporting Organizations		Yes	No
4	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to		162	INO
1					
		arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		ear? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
		ribe how the powers to appoint and/or remove directors or trustees were allocated among the supported	-		
_		nizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		// how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion (	C. Type II Supporting Organizations			
		•		Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	upported organization(s).	1		
Sec	tion [	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year,	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organ	nization'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			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described in (2), did the organization's supported organizations have a			
		icant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally-Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the yea <b>(see instructions):</b>			
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 insti	ructions	:).	
2		ties Test. Answer (a) and (b) below.	Ī	Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported 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,			
		the organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
b		ne activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		e organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ties but for the organization's involvement.	2b		
3		nt of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-		ees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_		supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		

Pa	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970. See instru	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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	ly-integrat	ed Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2015

Par	ιV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	on D -	Distributions	,	Current Year	
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp			
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
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	Э	
	(provi	de details in <b>Part VI</b> ). See instructions.			
9	Distrib	outable amount for 2015 from Section C, line 6			
10	Line 8	amount divided by Line 9 amount			
			(i)	(ii)	(iii)
<b>.</b>		Distribution Allegations (see instance)	<b>Excess Distributions</b>	Underdistributions	Distributable
Secti	on E -	Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distrib	outable amount for 2015 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2015			
	(reaso	nable cause required-see instructions)			
3	Exces	s distributions carryover, if any, to 2015:			
а					
b					
С					
d	From	2013			
е	From	2014			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2015 distributable amount			
i	Carry	over from 2010 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2015 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2015 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2015, if			
	any. S	Subtract lines 3g and 4a from line 2 (if amount			
	greate	er than zero, see instructions).			
6		ining underdistributions for 2015. Subtract lines 3h			
	and 4	b from line 1 (if amount greater than zero, see			
		ctions).			
7	Exces	ss distributions carryover to 2016. Add lines 3j			
	and 4				
8	Break	down of line 7:			
а					
b					
С	Exces	s from 2013			
d	Exces	s from 2014			
е	Exces	s from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A	(Form 990 or 990-EZ) 2015 THE MARTNERS MOSEOM 54-0541001 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

Employer identification number

THE MARINERS' MUSEUM 54-0541801

Organization type (check one):

_						
Filers of:		Section:				
Form 990	or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 990-	PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
-	-	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 F	Rule					
F	or an organization	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 R	ules					
s	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
у	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.					
y is p	For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \big> \$					
Caution.	An organization th	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),				

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

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) (2015)

Name of organization Employer identification number

THE MARINERS' MUSEUM 54-0541801

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,714,694.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) 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 F	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

Name of organization Employer identification number MUSEUM 54-0541801 THE MARINERS' 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. (a) No. from 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" on 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	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on 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 w	vriting that the assets held in donor adv	sed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	form a made attack made at a large effect		
Pa			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a ce	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the forn	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	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I		
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes	the organization's accounting for
_	conservation easements.		
Ра	rt III Organizations Maintaining Collections of		otner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	, ,	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		·
2	If the organization received or held works of art, historical trea		al gain, provide
	the following amounts required to be reported under SFAS 11	, ,	
а	Revenue included on Form 990, Part VIII, line 1		
h	Assets included in Form 990, Part X		<b>A</b>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 532051 11-02-15

Schedule D (Form 990) 2015

	dule D (Form 990) 2015 THE MAR							-0541801	
Pai	t III Organizations Maintaining C	ollections of A	rt, Histor	ical Tr	easures, o	or Other	Similar A	ssets(continu	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check ar	ny of the	following tha	at are a sigr	nificant use o	of its collection	items
	(check all that apply):								
а	X Public exhibition	d	Loa	an or excl	nange progra	ams			
b	X Scholarly research	е	X Oth	er PU	BLICAT	IONS	(BOOKS,	MOVIES	<u> </u>
С	X Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they	further th	ne organizati	on's exem <sub>l</sub>	ot purpose ir	n Part XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, histo	rical trea	sures, or oth	er similar a	ssets		
	to be sold to raise funds rather than to be ma	aintained as part of t	he organiza	ation's co	llection?			Yes	X No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the or	ganizatio	n answered	"Yes" on F	orm 990, Pai	rt IV, line 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for cor	ntribution	s or other as	sets not in	cluded		
	on Form 990, Part X?							Yes	└─ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tab	le:					
								Amount	
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for esc	row or cu	istodial acco	ount liability	·?	Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.								
Pai	t V Endowment Funds. Complete in	f the organization an	swered "Ye	es" on Fo	rm 990, Parl				
		(a) Current year	(b) Prio	year	(c) Two year	rs back (d	<b>)</b> Three years		ears back
1a	Beginning of year balance	13,644,492.	14,7	79,942.	14,54	0,214.	13,083,4		404,264.
b	Contributions	300,000.					251,9	922.	829,924.
	Net investment earnings, gains, and losses	574,943.	•	14,055.	53:	1,401.	1,605,4	141. 1,	212,300.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	890,446.	1,1	79,505.	28	3,094.	389,9	962.	353,435.
f	Administrative expenses					8,579.	10,6		9,590.
g	End of year balance	13,628,989.		14,492.		9,942.	14,540,2	214. 13,	083,463.
2	Provide the estimated percentage of the curr		e (line 1g, d	column (a	i)) held as:				
	Board designated or quasi-endowment	97.11	_%						
b	Permanent endowment ► 2.89	%							
С	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiza	ation that a	re held a	nd administe	ered for the	organization		
	by:								Yes No
	(i) unrelated organizations							3a(i)	X
								3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on Sch	edule R?				3b	
4	Describe in Part XIII the intended uses of the		wment fun	ds.					
Pai	<u>'t VI</u> Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	), Part IV, li	ne 11a. S	ee Form 990	), Part X, lir	ne 10.		
	Description of property	(a) Cost or o		(b) Cost			umulated	(d) Book	value
		basis (investr	nent)	basis		depre	eciation	4 00-	
	Land				5,993.	00 =			,993.
	Buildings		5	11,13	7,844.	28,50	00,308.	22,637	,536.
	Leasehold improvements			<u> </u>					050
d	Equipment				6,498.		13,420.		,078.
_	Othor	1		5 51	8 971 J	2.83	22 051.	1 2 696	920.

Schedule D (Form 990) 2015

27,973,527.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2015 THE MARINERS	' MUSEUM		54-0541801	Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" or	n Form 990, Part IV, (b) Book value			value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end-of-year market	value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" or	5 Form 000 Port IV	line 11e See Form 000	Dart V line 12	
(a) Description of investment	(b) Book value		aluation: Cost or end-of-year market	value
(1)	(B) Book value	(e) metrica er v	aladion. Cost of one of year marries	
(1)				
(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" or	n Form 990, Part IV.	line 11d. See Form 990,	Part X, line 15.	
	escription	•	<b>(b)</b> Book v	alue
(1) FUNDS HELD IN TRUST BY OTH	ERS - SEE	SCHEDULE O	84,307	,151
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 1	15.)		<b>▶</b> 84,307	,151
Part X Other Liabilities.				
Complete if the organization answered "Yes" or	n Form 990, Part IV,		n 990, Part X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				

(3) (4) (5) (6) (7) (8)

56,624. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ightharpoons

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) 2015

CHARITABLE GIFT ANNUITIES

56,624.

Schedule D (Form 990) 2015 THE MARINERS	3' MUSEUM		54-	0541801	Page
Part XI Reconciliation of Revenue per Aud	ited Financial Statements	s With Revenue per F	Retur	n.	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 12a.				
1 Total revenue, gains, and other support per audited fi	nancial statements		1	9,204	,543
2 Amounts included on line 1 but not on Form 990, Par	t VIII, line 12:				
a Net unrealized gains (losses) on investments	L	2a 1,556,003.			
Complete if the organization answered "Yes" of a Total revenue, gains, and other support per audited find the Amounts included on line 1 but not on Form 990, Part 2.	on Form 990, Part IV, line 12a. inancial statements t VIII, line 12:		1		,54

100,000. **b** Donated services and use of facilities c Recoveries of prior year grants 180,141 Other (Describe in Part XIII.) 1,836,144. e Add lines 2a through 2d 2e 7,368,399. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 10,606,830. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990. Part IX. line 25: 100,000. a Donated services and use of facilities

**b** Prior year adjustments c Other losses 189,525. Other (Describe in Part XIII.)

289,525. e Add lines 2a through 2d 10,317,305. Subtract line 2e from line 1

4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b

b Other (Describe in Part XIII.) c Add lines 4a and 4b

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

## 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:

THE MUSEUM MAINTAINS SIGNIFICANT COLLECTION ASSETS, INCLUDING MODELS, SMALL CRAFTS, PRINTS, PAINTINGS, BOOKS, PHOTOGRAPHS, AND NAVIGATION INSTRUMENTS. IN ACCORDANCE WITH INDUSTRY PRACTICE, 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 STATEMENT OF ACTIVITIES. IT IS THE POLICY OF THE MUSEUM THAT PROCEEDS FROM THE SALE OF ANY COLLECTION ITEMS ARE TO BE USED FOR THE ACQUISITION OF OBJECTS FOR THE PERMANENT COLLECTIONS OR FOR THE CONSERVATION OR MAINTENANCE OF ITEMS CURRENTLY OWNED BY THE MUSEUM BY EXTERNAL CONSERVATORS.

532054 09-21-15

Part XIII Supplemental Information (continued)

PART III, LINE 4:

THE COLLECTION INCLUDES MARITIME RELATED OBJECTS AND EPHEMERA USED FOR EDUCATIONAL PURPOSES.

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).

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

COST OF GOODS SOLD	189,526.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-9,385.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	180,141.

# PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD	189,525.
--------------------	----------

Schedule D (Form 990) 2015

# **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

THE MARINERS' MUSEUM

Employer identification number 54-0541801

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		X
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			77
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	_		37
а	The organization?	6a		X
b	Any related organization?	6b		_X_
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	_		v
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	_		
	Regulations section 53.4958-6(c)?	9		L

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

Schedule J (Form 990) 2015

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

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

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

	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (F) Compensat		
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) ELLIOT H. GRUBER (i)	247,925.	0.	0.	3,118.	7,875.	258,918.	0.	
FRMR PRES. & CEO - THROUGH 5/31/16 (iii)		0.	0.	0.	0.	0.	0.	
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i) (ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i) (ii)								
(i)								
(ii)								
(i)								
(ii)								

Part III Supplemental Information

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

PART I, LINE 1A:

THE MUSEUM BUILT A RESIDENCE IN THE 1940'S AS A GUEST HOUSE FOR VISITING

DIGNITARIES, OUT OF TOWN TRUSTEES AND OTHER GUESTS OF THE MUSEUM. THE

PRESIDENT AND CEO LIVES IN THE HOUSE TO ACT AS HOST TO THESE GUESTS AND TO

SPONSOR EVENTS FOR THE MUSEUM AND THE LOCAL COMMUNITY. THIS INCLUDES FUND

RAISING ACTIVITIES AND MEETINGS.

PART I, LINE 1B:

THE MUSEUM BY-LAWS PROVIDE THE WRITTEN POLICY FOR USE OF THE MUSEUM HOUSE

AS A RESIDENCE FOR THE PRESIDENT AND CEO. THIS DOCUMENT GIVES THE EXECUTIVE

COMMITTEE OF THE BOARD OF TRUSTEES THE AUTHORITY TO SET THE COMPENSATION OF

THE CEO. THE CHAIRMAN OF THE BOARD, ACTING ON THIS AUTHORITY, ISSUES AN

ANNUAL LETTER TO THE CEO THAT DETAILS HIS COMPENSATION BASED ON HIS

PERFORMANCE. A PERCENTAGE OF THE TAX BENEFIT IS NOT CHARGED TO THE

PRESIDENT AND CEO.

### 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.

2015
Open to Public Inspection

Name of the organization

THE MARINERS' MUSEUM

Employer identification number 54-0541801

INE MAKINE.									4-0	341	OUT		
Part I Bond Issues S.	EE PART VI	FOR COLUM	NS (A) Al	ND (F)	CONTI	NUATIONS	5						
(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	d (e) Issu	ıe price	(f) Descript	ion of purpose	(g) De	) Defeased (h) On behalf			(i) Po	oole
										of is	suer	finar	ncir
								Yes	No	Yes	No	Yes	N
ECONOMIC DEVELOPMENT				_		REFINANC							
A AUTHORITY OF LANCASTER	C54-6001382	NONE	03/14/12	2 9,600	,000.E	OTD 10/1	./05 USEI	)	X		X		12
В													╀
С													⊢
D													
Part II Proceeds			l										_
urtii 1100ccus				Α		В	С				D		_
1 Amount of bonds retired				•									_
2 Amount of bonds legally defeased													_
3 Total proceeds of issue				00,000.									
	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													
O Capital expenditures from proceeds													
11 Other spent proceeds			9,60	00,000.									
2 Other unspent proceeds				2007									
13 Year of substantial completion				2007			1				_		—
	-formalisa or in accord		Yes X	No	Yes	No	Yes	No		Yes	-	No	_
<ul><li>Were the bonds issued as part of a current re</li><li>Were the bonds issued as part of an advance</li></ul>				Х			+				+		_
<ul><li>Were the bonds issued as part of an advance</li><li>Has the final allocation of proceeds been ma</li></ul>				71					-				
17 Does the organization maintain adequate books and records			X								+		
Part III Private Business Use	s to support the ilital allocation	If of proceeds?											_
			1	Α		В	С				D		_
1 Was the organization a partner in a partnersh	nip, or a member of an	LLC.	Yes	No	Yes	No	Yes	No		Yes	Ī	No	_
which owned property financed by tax-exem	•			X		1					$\top$		_
2 Are there any lease arrangements that may r													
bond-financed property?	•			X									
bond-financed property?			 33	^					Scho	dulo K	/Eorn		<u></u>

Par	Till Private Business Use (Continued)								
			A	I	В		2		)
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		%		%		%		%
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	rt IV Arbitrage								
			A		В			[	)
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?								
a	Rebate not due yet?	X							
b	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								
c	Term of hedge								
d	Was the hedge superintegrated?								
<u>e</u>	Was the hedge terminated?								
53212	<i>17</i>								

Part IV Arbitrage (Continued)								
	A Yes No		E	3	(	2	I	D
	Yes		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		ı	•		•		•	
	,	Α	E	3		2		D
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of			1		1.00		100	110
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	s on Schedul	e K (see instr	ructions)	l .	1	<u> </u>	1	
SCHEDULE K, PART I, BOND ISSUES:		<del> </del>						
(A) ISSUER NAME:								
ECONOMIC DEVELOPMENT AUTHORITY OF LANCASTER COUN	TY. VII	RGINIA						
(F) DESCRIPTION OF PURPOSE:	,							
REFINANCE NOTE DTD 10/1/05 USED TO CONSTRUCT EXH	IBIT A	ND USS	MONITOR	R CENTE	ER.			
SCHEDULE K, SUPPLEMENTAL INFORMATION: OTHER SPEN	T PROCI	EEDS RE	EPRESENT	Г				
AMOUNTS TO REFINANCE ORIGINAL NOTE ISSUED 10/1/0								
								,

Page 3

Schedule K (Form 990) 2015

### **SCHEDULE L**

### **Transactions With Interested Persons**

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule L (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

		HE MAI	-		_								<u>410</u>	UΤ		
Part I	Excess Bene	fit Trans	acti	ons (section 50	01(c)(3	3), sect	ion 501(c)(4),	and 50	1(c)	(29) organizatior	ns only	′).				
	Complete if the o	organization	n ansv	vered "Yes" on I	Form 9	990, Pa	art IV, line 25a	or 25b	o, or	Form 990-EZ, P	art V, I	ine 40	Db.			
1 , , , .				Relationship bety										(d)	Correc	cted?
( <b>a</b> ) Na	me of disqualified p	erson		person and or	ganiza	ation		(C	) De	scription of tran	sactio	n		Ye	s	No
2 Enter	the amount of tax i	ncurred by	the o	rganization man	agers	or disc	ualified perso	ons dur	ina	the vear under						
		-		-	-		-		-			<b>S</b>				
	the amount of tax,											\$				
	and annount or tast,	,,	, .				<b>_</b>					•				
Part II	Loans to and	or Fron	n Int	erested Per	sons	<u>.</u>										
	Complete if the c	organization	n ansv	vered "Yes" on l	Form 9	990-F7	Part V. line 3	8a or F	orm	990. Part IV. lin	ie 26: (	or if th	ne orga	nizatio	on	
	reported an amo	-					, ,		•		,	o	.c c.gc			
(;	a) Name of	(b) Relation		(c) Purpose	(d) Lo	an to or	(e) Origin	al	(f	Balance due	(g)	In	<b>(h)</b> App	oroved	(i) W	ritten
	rested person	with organiz	zation	ion of loan from the organization?			principal am	orincipal amount		,	defa		oy bo	proved ard or littee?	agreei	ment?
					То	From					Yes	No	Yes	No	Yes	No
					10	1 10111					100	110	100	110	100	110
					-											
Total	Grants or As	-:	Dar	ofition Into		d Da		▶ \$								
Part III	_			_												
	Complete if the c								_							
(a) N	lame of interested p	person	(	<b>b)</b> Relationship			(c) Amou			(d) Type			• •	) Purp		
				interested pers		ıa	assista	nce		assistan	ce		Ċ	assista	irice	
												$\dashv$				
			-									$\dashv$				
												_				
												$\perp$				
												- 1				

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

Schedule L (Form 990 or 990-EZ) 2015

## Schedule L (Form 990 or 990-EZ) 2015 THE MARINERS ' MUSEUM Part IV Business Transactions Involving Interested Persons.

		transaction	transaction	(e) Sharing organization revenues		
(a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of transaction (d) Description of transaction (d) Description of transaction (d) Description of transaction (e) Amount of transaction (f) Description of transaction (f) Descr			THE MUSEUM	Yes	No X	
	ponses to questions on Schedule L (see	instructions).		1		
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:			
(A) NAME OF PERSON: HOWAR	D H. HOEGE, III, PRE	SIDENT & CE	EO			
(B) RELATIONSHIP BETWEEN						
INDEPENDENT CONTRACTOR		D 01101111111	. 10111			
(D) DESCRIPTION OF TRANSA	CTION: THE MUSEUM CO.	NTRACTED WI	TH HOWARD H	[•		
HOEGE, III, TO FOSTER AND	CREATE A STRATEGIC	VISION FOR	THE MUSEUM.			
THROUGH THIS PROCESS, THE	MUSEUM DECIDED TO B	RING HIM ON	FULL TIME	AS T	HE	
PRESIDENT & CEO. EFFECTI	VE JUNE 1, 2016, HE	BECAME THE	INTERIM PRE	SIDE	NT	
& CEO. HE DID NOT PERFOR	M ANY DUTIES OF THIS	ROLE UNTIL	THE EFFECT	IVE		
DATE. ALL BUSINESS RELAT	IONSHIP AS AN INDEPE	NDENT CONTR	RACTED CEASE	:D		
EFFECTIVE THE SAME DATE.	AMOUNTS INCLUDED IN	THIS TRANS	SACTION WERE	PAI		
TO 3H3 LEADERSHIP, LLC, A						
PAYMENTS REPRESENT THE COL						
AND ARE REPORTED AS NONEM	PLOYEE COMPENSATION	TO 3H3 LEAD	ERSHIP, LLC	C, IN		
BOX 7 OF 1099-MISC.						

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

**Noncash Contributions** 

OMB No. 1545-0047

**Open To Public** Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization

Employer identification number 54-0541801

	THE MARINERS' MUSEUM 54-05											
Pai	t I Types of Property					•						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1		<b>(d</b> Method of c noncash contrib	letermin	•	s			
1	Art - Works of art	Х	100	0								
2	Art - Historical treasures											
3	Art - Fractional interests											
4	Books and publications											
5	Clothing and household goods											
6	Cars and other vehicles	Х	1	0								
7	Boats and planes		_		+							
8	Intellectual property											
9	Securities - Publicly traded											
10	Securities - Closely held stock											
11	Securities - Partnership, LLC, or											
•••	• • • • • • • • • • • • • • • • • • • •											
12	trust interests Securities - Miscellaneous											
13	Qualified conservation contribution -											
13												
1/	Historic structures  Qualified conservation contribution - Other											
14	Real estate - Residential											
15 16	Real estate - Commercial											
17 10	Real estate - Other											
18	Collectibles	X	2	0								
19	Food inventory			0	+							
20	Drugs and medical supplies											
21	Taxidermy											
22	Historical artifacts											
23	Scientific specimens											
24	Archeological artifacts				+							
25	Other ()				+							
26	Other ()				+							
27	Other ()				+							
28	Other ( )											
29	Number of Forms 8283 received by the organi											
	for which the organization completed Form 82	os, Part IV,	Donee Acknowled	gement <b>29</b>				Yes	Na			
20-	During the year did the examination receive h	v oontributie	an any proporty rou	and a Dort Llines 1 three	uah OC	) that it		res	No			
30a	During the year, did the organization receive b	•		•	•	•						
	must hold for at least three years from the date						20-		х			
	exempt purposes for the entire holding period	<i>'</i>					30a		22			
	If "Yes," describe the arrangement in Part II.	naliau that ::	aguiros tha ravie	of any non atondard cont	ibution	o?	31	х				
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?  Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash											
32a			-	· ·			200	х				
L	contributions?						32a	77				
	If "Yes," describe in Part II.	ookumen (a) 4	ior o tupo of musica	du far which call was (a) !-	ob o =!	۵						
33	If the organization did not report an amount in	column (c) 1	or a type of prope	rty for which column (a) is	спеске	a,						
	describe in Part II.	the leature	tions for Form 00	0		Schedule M	I /Eour	000) (	2045			

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, PART I, COLUMN (B):
PART 1, LINE 1, COLUMN (B) IS REPORTING THE NUMBER OF ITEMS RECEIVED BY
THE MUSEUM.
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 OCTOBER 1,
2015 THROUGH SEPTEMBER 30, 2016 FOR WHICH THE ORGANIZATION COMPLETED
FORMS 8283 ARE APPROXIMATELY \$101,520.

### 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:

THROUGH OUR SHARED MARITIME HERITAGE - WE ARE CONNECTED TO ONE ANOTHER.

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

CONSERVATION - MAINTENANCE OF CURRENT AND HISTORICAL COLLECTIONS AND

ARTIFACTS.

EXPENSES \$ 75,509. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND APPROVED BY THE CHIEF FINANCIAL OFFICER. THE FORM IS THEN MADE AVAILABLE TO THE ENTIRE BOARD.

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

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

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization THE MARINERS' MUSEUM	Employer identification number $54-0541801$
REQUEST.	•
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-9,384
EXPENSE RELATED TO DONATED SERVICES	-100,000
TOTAL TO FORM 990, PART XI, LINE 9	-109,384
FORM 990, PART XII, LINE 2C:	
FORM 990, PART XII, LINE 2C: THERE WERE NO CHANGES TO T	HE FINANCE
COMMITTEE'S PROCEDURES REGARDING THE OVERSIGHT OF THE A	UDIT 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 THESE CONTRIBUTIONS ARE BASED ON INVESTMENT INCOME, NET OF TRUSTS. EXPENSES, REALIZED AND UNREALIZED GAINS AND LOSSES. THE TRUSTEES OF THE HUNTINGTON TRUSTS HAVE ADOPTED A TOTAL RETURN POLICY WHICH DISTRIBUTES 5% OF THE ROLLING AVERAGE MARKET VALUE OF THE HUNTINGTON TRUSTS, USING QUARTER END VALUE OF THE PRECEDING TWELVE QUARTERS ENDING WITH SEPTEMBER 30 OF THE CURRENT YEAR. THE REMAINING TRUSTS ALSO PAY OUT 5% OF THE TRUST ASSETS ON AN ANNUAL BASIS.

THE MUSEUM IS ALSO A CO-BENEFICIARY WITH THREE OTHER NOT-FOR-PROFIT

Name of the organization  THE MARINERS' MUSEUM	Employer identification number 54-0541801
ORGANIZATIONS UNDER THE TRUST AGREEMENT WITH BANK OF AMER	CICA (FORMERLY
U.S. TRUST CO., OF NEW YORK). THEREFORE, THE AMOUNT RECO	RDED IN THE
ACCOMPANYING STATEMENT OF FINANCIAL POSITION IS 25% OF TH	IE TRUST'S
VALUE, WHICH REPRESENTS THE MUSEUM'S SHARE UNDER THIS SPI	IT-INTEREST
AGREEMENT.	

## TAX RETURN FILING INSTRUCTIONS

FORM 990-T

### FOR THE YEAR ENDING

SEPTEMBER 30, 2016

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 15, 2017
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

EXTENDED TO AUGUST 15. 2017

Form	990-T	E	Exempt Organization Bus (and proxy tax und	sine	ss Income T	ax Returi	ո	OMB No. 1545-0687
		For cal	lendar year 2015 or other tax year beginning $\operatorname{OCT}\ 1$ ,			30, 201	L6	2015
_			► Information about Form 990-T and its instruc				_	<b>Z</b> U 13
Depar Interna	tment of the Treasury al Revenue Service	<b>I</b> ▶	Do not enter SSN numbers on this form as it may		_		). T	Open to Public Inspection for 501(c)(3) Organizations Only
Α	Check box if address changed		Name of organization ( Check box if name cl	hanged	and see instructions.)		Empl	oyer identification number loyees' trust, see actions.)
B Ex	cempt under section	Print	THE MARINERS' MUSEUM				5	4-0541801
X	]501( <b>c</b> )(3)	Or Type	Number, street, and room or suite no. If a P.O. box	, see in	structions.			ated business activity codes nstructions.)
	408(e) 220(e)	Type	100 MUSEUM DRIVE				,	
	deligation		City or town, state or province, country, and ZIP of NEWPORT NEWS, VA 2360		n postal code		453	220
C Boo	ok value of all assets and of year	<del></del>	exemption number (See instructions.)	<b>&gt;</b>				
	134,033,806.		corganization type X 501(c) corporation		501(c) trust	401(a) trust	L	Other trust
			ary unrelated business activity.   MUSEUM			3	1	77
			oration a subsidiary in an affiliated group or a parer	ıt-subsi	diary controlled group?	<b>&gt;</b> 1	Ye	s X No
			tifying number of the parent corporation.		Ŧ	ne number 🕨 7	757	E01 7701
	e books are in care of rt   Unrelate		de or Business Income	1	(A) Income	(B) Expense		(C) Net
			10,317.		(A) IIICOIIIC	(b) Expense	•	(0) 1401
	Gross receipts or sale Less returns and allo		c Balance	1c	10,317.			
			A, line 7)	2	9,599.			
3	Gross profit. Subtrac			3	718.			718.
	•		h Schedule D)	4a	7 - 0 1			, 200
			art II, line 17) (attach Form 4797)	4b				
			ets	4c				
			ips and S corporations (attach statement)	5				
	Rent income (Schedi			6				_
	,	, ,	ne (Schedule E)	7				
			and rents from controlled organizations (Sch. F)	8				
9	Investment income of	f a sectio	on 501(c)(7), (9), or (17) organization (Schedule G)	9				
			me (Schedule I)	10				
11	Advertising income (	Schedule	e J)	11				
			ns; attach schedule)	12	-10			= 1.0
			gh 12	13	718.			718.
Pa	(Except for	contribu	ot Taken Elsewhere (See instructions for utions, deductions must be directly connected	d with	the unrelated business	<u> </u>	,	
14			rectors, and trustees (Schedule K)				14	4 500
15	Salaries and wages						15	4,509.
16							16	41.
17							17	
18 19							18	
20	Charitable contribut	ione (Se	e instructions for limitation rules)				20	
21			562)				20	
22			n Schedule A and elsewhere on return				22b	
23							23	
24			mpensation plans				24	
25							25	902.
26	Excess exempt expe	enses (So	chedule I)				26	
27	Excess readership of	osts (Sc	hedule J)				27	
28	Other deductions (a	ttach sch	nedule)		SEE STATI	EMENT 1	28	1,788.
29	Total deductions	. Add lin	es 14 through 28				29	7,240.
30	Unrelated business	taxable iı	ncome before net operating loss deduction. Subtrac	t line 29	9 from line 13		30	<6,522.>
31			(limited to the amount on line 30)				31	
32			ncome before specific deduction. Subtract line 31 fr				32	<6,522.>
33			y \$1,000, but see line 33 instructions for exceptions				33	1,000.
34			income. Subtract line 33 from line 32. If line 33 is	-	•			46 E22 s
52370							34	<6,522.>

Part III	1	ax Computation											
35	Orgar	izations Taxable as Corpora	tions. See	instructions for tax o	omputatio	n.							
(	Contr	olled group members (section	s 1561 and	d 1563) check here		See instructions	s and:						
a l	nter	your share of the \$50,000, \$2	5,000, and	\$9,925,000 taxable	income br	ackets (in that o	order):						
	(1)	\$	(2)  \$			(3)  \$	ŕ	1					
		organization's share of: (1) A		% tax (not more than				i					
		dditional 3% tax (not more tha						i					
		e tax on the amount on line 3								► 35c			0.
		Taxable at Trust Rates. See											
[		Tax rate schedule or	Schedule [	) (Form 1041)						▶ 36			
37		tax. See instructions								▶ 37			
		ative minimum tax											
39	Total.	Add lines 37 and 38 to line 3	5c or 36, w	hichever applies						39			0.
Part IV	<b>7</b> 1	ax and Payments	•	··						•	•		
40a F	oreig	n tax credit (corporations atta	ch Form 1	118; trusts attach Fo	rm 1116)		40a	a					
		credits (see instructions)						b					
		al business credit. Attach Forr						c					
		for prior year minimum tax (a						d					
		credits. Add lines 40a throug								40e			
41 9	Subtra	act line 40e from line 39								41			0.
42 (	Other	taxes. Check if from: Fo	rm 4255 [	Form 8611	Form 8	697 Form	n 8866 🗌	Other (at	tach schedul	e) 42			
43	Total	tax. Add lines 41 and 42								43			0.
44 a [	aym	ents: A 2014 overpayment cr											
		estimated tax payments						5					
		eposited with Form 8868						_					
		n organizations: Tax paid or v						d l					
		p withholding (see instruction						e					
		for small employer health ins						f					
		credits and payments:		Form 2439									
[	_	Form 4136		Other		 Total	<b>▶</b> 449	g					
45	Total	payments. Add lines 44a thro	ugh 44g							45			
		ated tax penalty (see instruction											
		ue. If line 45 is less than the to								_			0.
		ayment. If line 45 is larger tha								▶ 48			0.
		the amount of line 48 you war							nded	▶ 49			
Part V	5	tatements Regardir	ng Cert	ain Activities	and Ot	her Informa	ation (	see instruct	ions)				
1 At an	y tim	during the 2015 calendar ye	ar, did the	organization have an	interest ir	or a signature o	or other a	uthority over	a financial	account (	bank,	Yes	No
secui	ities,	or other) in a foreign country'	? If YES, th	e organization may l	nave to file	FinCEN Form 1	14, Repoi	rt of Foreign	Bank and F	inancial			
Acco	unts.	If YES, enter the name of the	foreign cou	intry here 🕨									X
2 During If YES	g the ta , see i	If YES, enter the name of the ax year, did the organization receive astructions for other forms the orga	e a distribution nization may	on from, or was it the gra	intor of, or tr	ansteror to, a toreig	gn trust?						X
3 Enter	the a	mount of tax-exempt interest	received o	r accrued during the	tax year	<b>&gt;</b> \$							
Schedu	ıle <i>i</i>	A - Cost of Goods S	<b>old.</b> Ente	er method of inven	tory valua	ation $ ightharpoonup$ ${f L}$	OWER	OF CO	ST OF	R MAF			
1 Inver	itory	at beginning of year	1	11,695.		entory at end of	f year			6		8,1	27 <b>.</b>
2 Purcl	nases		2	6,031.	7 Co	st of goods sole	<b>d</b> . Subtra	ct line 6					
3 Cost	of lab	or	3		fro	m line 5. Enter h	here and i	in Part I, line	2	7		9,5	<u>99.</u>
		ection 263A costs (att. schedule)	4a		<b>8</b> Do	the rules of sec	ction 263	A (with respe	ct to			Yes	No
<b>b</b> Other	cost	s (attach schedule)	4b			operty produced	d or acqui	red for resale	e) apply to				
5 Total		lines 1 through 4b	5	17,726.		e organization?							X
٥.	Un	der penalties of perjury, I declare threet, and complete. Declaration of	at I have exa	mined this return, includer than taxpayer) is base	ding accomp	anying schedules a	and statem	ents, and to the	e best of my l	knowledge	and belief, it is	true,	
Sign		oon, ama oomprotor a colai anom or p	or opalior (our			·		, ,	·.	May the IF	RS discuss this	s return v	with
Here						PRESI	DENT	AND (	EO	the prepar	er shown belo	w (see	
		Signature of officer		Date		Title				instruction	ns)? XY	es	No
		Print/Type preparer's name		Preparer's sig	nature		Date	C	heck	if PT	IN		
Paid								s	elf- employ				
Prepar	er	JAMES M. HAGG									00100		
Use O		Firm's name ► DIXON					<b>-</b>		Firm's EIN	<u>▶ 5</u>	6-074	798	1
	•			CENTER I			700				0.00		
		Firm's address ► <b>NEW</b>	PORT	NEWS, VA	2360	6-4295			Phone no.	757.	873.1	033	

Schedule C - Rent Incon	ne (From Real	Property and	d Personal	Property	y Lease	ed With Real P	rope	rty)(see instructions)
1. Description of property								
(1)								
(2)								
(3)								
(4)	0							
(a) From personal property (if the		ed or accrued	nd personal proper	ty (if the perce	ontogo	3(a) Deductions dire	ctly con	nected with the income in
rent for personal property is 10% but not more than	more than	` ´of rent for p	ersonal property ex t is based on profit	ceeds 50% o	r if	columns 2(a	and 2(1	b) (attach schedule)
(1)								
(2)								
(3)								
(4) Total	0.	Total			0.			
(c) Total income. Add totals of colur					0.	(b) Total deductions		
here and on page 1, Part I, line 6, col					0.	Enter here and on page 1 Part I, line 6, column (B)		0.
Schedule E - Unrelated I			instructions)		•	r arti, inic o, column (b)		
			The tradition to j			3. Deductions directly of		
			2. Gross indo		(0)	to debt-fin		
1. Description of de	ebt-financed property		financed		(a)	Straight line depreciation (attach schedule)		<ul><li>(b) Other deductions (attach schedule)</li></ul>
(1)								
(2)								
(3)								
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis Illocable to nced property schedule)  6. 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)				%	,			
						nter here and on page 1,		Enter here and on page 1,
Totals						art I, line 7, column (A).	0.	Part I, line 7, column (B).
Total dividends-received deduction								0.
Schedule F - Interest, Ar			nts From C	ontrolle	d Orgai	<b>nizations</b> (see in	struc	• •
·			ot Controlled C			( ::		<b>,</b>
1. Name of controlled organization	2.		3.	Ĭ	4.	5. Part of column 4	that is	6. Deductions directly
· ·	Employer ide numl	entification Net ur per (loss) (s	nrelated income see instructions)	Total or payme	f specified ents made	included in the cont organization's gross	trolling	connected with income
(1)								
(2)								
(3)								
(4)	<u> </u>							
Nonexempt Controlled Organiza				. 1.	10			
7. Taxable Income	8. Net unrelated incom (see instructions		tal of specified pay made	rments	in the conf	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).	Ente	Add columns 6 and 11. er here and on page 1, Part I, line 8, column (B).
Totals						0.		0.
<b>Totals</b> 523721 01-06-16				·····		<u> </u>		Form <b>990-T</b> (2015)

Schedule G - Investme (see instr		Section 8	501(c)(7	), (9), or (17) Or	ganizat	ion		
<b>1</b> . Desc	ription of income			2. Amount of income		onnected   4	. Set-asides attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)					`	,		(22.0.2 [2.0.2 22.0.3.)
(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	<b>Exempt Activit</b>			Than Advertisi	ing Inco	me		
		3. Exper		4. Net income (loss)	_			7. Excess exempt
1. Description of exploited activity	2. Gross unrelated business income from trade or business	directly con with produ of unrela business in	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	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	Periodicals Rep	oorted on	a Cons	solidated Basis				
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 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 columns 2 through	Periodicals Rep		a Sepa	rate Basis (For e	each perio	dical listed in F	art II, fill in	
	0.0			4. Advertising gain				7. Excess readership
1. Name of periodical	<b>2.</b> Gross advertising income		Direct sing costs	or (loss) (col. 2 minus col. 3). If a gain, comput cols. 5 through 7.		culation 6	Readership costs	costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
Totals from Part I	▶	0.	0.	•				0.
	Enter here and page 1, Part line 11, col. (A	I, page	ere and on 1, Part I, 1, 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	Name			2. Title		<ol><li>Percent of time devoted to business</li></ol>		ensation attributable elated business
(1)						9/	6	
(2)						9/		
(3)						9/		
(4)						9	0	
Total. Enter here and on page 1, F	Part II, line 14		<u></u>			<b>&gt;</b>	·	0.
								Form <b>990-T</b> (2015)

TOTAL TO FORM 990-T, PAGE 1, LINE 28    TAX YEAR	FORM 990-T	<u>.</u>	OTHER DEDUCT	TIONS	STATEMENT	1
UTILITIES & OVERHEAD ALLOCATION 29 POSTAGE 29 BANK AND CREDIT CARD FEES 364 DUES AND LICENSES 30  TOTAL TO FORM 990-T, PAGE 1, LINE 28  TOTAL TO FORM 990-T, PAGE 1, LINE 28  LOSS PREVIOUSLY APPLIED REMAINING THIS YEAR  12/31/99 9,233. 0. 9,233. 9,233. 12/31/00 10,217. 0. 10,217. 10,217. 12/31/01 6,542. 0. 6,542. 6,542. 12/31/02 545. 0. 545. 545. 12/31/03 9,052. 0. 9,052. 9,052. 12/31/04 10,595. 0. 10,595. 10,595. 12/31/05 7,663. 0. 7,663. 7,663. 12/31/06 7,242. 0. 7,242. 12/31/06 12/31/06 7,242. 0. 7,242. 12/31/06 12/31/10 1,780. 0. 1,780. 1,780. 12/31/11 2,024. 0. 2,166. 2,166. 12/31/12 2,166. 0. 2,166. 2,166. 12/31/13 62. 0. 62. 62. 09/30/14 5,561. 0. 5,561. 5,561.	DESCRIPTIO	N			AMOUNT	
BANK AND CREDIT CARD FEES DUES AND LICENSES  TOTAL TO FORM 990-T, PAGE 1, LINE 28  TOTAL TO FORM 990-T, PAGE 1, LINE 28  LOSS PREVIOUSLY LOSS AVAILABLE TAX YEAR LOSS SUSTAINED APPLIED REMAINING THIS YEAR  12/31/99 9,233. 0. 9,233. 9,233. 12/31/00 10,217. 0. 10,217. 10,217. 12/31/01 6,542. 0. 6,542. 6,542. 12/31/02 545. 0. 545. 545. 12/31/03 9,052. 0. 9,052. 9,052. 12/31/04 10,595. 0. 10,595. 10,595. 12/31/05 7,663. 0. 7,663. 7,663. 12/31/06 7,242. 0. 7,242. 7,242. 12/31/10 1,780. 0. 1,780. 1,780. 12/31/11 2,024. 0. 2,024. 2,024. 12/31/11 2,024. 0. 2,024. 2,024. 12/31/12 2,166. 0. 2,166. 2,166. 12/31/13 62. 0. 62. 62. 09/30/14 5,561. 0. 5,561. 5,561.	UTILITIES	- & OVERHEAD ALLOCAT:	ION		1,19	92.
FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT    LOSS	BANK AND C				30	
TAX YEAR         LOSS SUSTAINED         APPLIED         LOSS REMAINING         AVAILABLE THIS YEAR           12/31/99         9,233.         0.         9,233.         9,233.           12/31/00         10,217.         0.         10,217.         10,217.           12/31/01         6,542.         0.         6,542.         6,542.           12/31/02         545.         0.         545.         545.           12/31/03         9,052.         0.         9,052.         9,052.           12/31/04         10,595.         0.         10,595.         10,595.           12/31/05         7,663.         0.         7,663.         7,663.           12/31/10         1,780.         0.         1,780.         1,780.           12/31/11         2,024.         0.         2,024.         2,024.           12/31/12         2,166.         0.         2,166.         2,166.           12/31/13         62.         0.         5,561.         5,561.	TOTAL TO F	ORM 990-T, PAGE 1,	LINE 28		1,78	88.
TAX YEAR         LOSS SUSTAINED         PREVIOUSLY APPLIED         LOSS REMAINING         AVAILABLE THIS YEAR           12/31/99         9,233.         0.         9,233.         9,233.           12/31/00         10,217.         0.         10,217.         10,217.           12/31/01         6,542.         0.         6,542.         6,542.           12/31/02         545.         0.         545.         545.           12/31/03         9,052.         0.         9,052.         9,052.           12/31/04         10,595.         0.         10,595.         10,595.           12/31/05         7,663.         0.         7,663.         7,663.           12/31/10         1,780.         0.         1,780.         1,780.           12/31/11         2,024.         0.         2,024.         2,024.           12/31/12         2,166.         0.         2,166.         2,166.           12/31/13         62.         0.         5,561.         5,561.	FORM 990-T	' NET	OPERATING LOSS	DEDUCTION	STATEMENT	2
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	TAX YEAR	LOSS SUSTAINED	PREVIOUSLY			
09/30/15 21,317. 0. 21,317. 21,317.	12/31/00 12/31/01 12/31/02 12/31/03 12/31/04 12/31/05 12/31/10 12/31/10 12/31/11 12/31/12	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.	10,217. 6,542. 545. 9,052. 10,595. 7,663. 7,242. 1,780. 2,024. 2,166. 62.	10,21 6,54 9,05 10,59 7,66 7,24 1,78 2,02 2,16	7. 2. 5. 5. 3. 2. 4. 6. 1.

Form 886	8 (Rev. 1-2014)					Page 2
	re filing for an Additional (Not Automatic) 3-Month Ex	ctension, c	complete only Part II and check this	s box		
	y complete Part II if you have already been granted an					
<ul><li>If you a</li></ul>	re filing for an Automatic 3-Month Extension, comple	te only Pa	art I (on page 1).			
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no co	opies need	ed).
			Enter filer's	identifyir	ng number, s	ee instructions
Type or	Name of exempt organization or other filer, see instru	ıctions.		Employe	r identificatio	n number (EIN) or
print					F 4 0 F	11001
File by the due date for	THE MARINERS' MUSEUM				54-054	
filing your return. See	Number, street, and room or suite no. If a P.O. box, s 100 MUSEUM DRIVE	see instruc	ctions.	Social se	curity numbe	r (SSN)
instructions.	City, town or post office, state, and ZIP code. For a fine NEWPORT NEWS, VA 23606	oreign add	dress, see instructions.			
	•					
Enter the	Return code for the return that this application is for (file	e a separa	ate application for each return)			0 1
Application	on	Return	Application			Return
ls For		Code	Is For			Code
Form 990	or Form 990-EZ	01				
Form 990	-BL	02	Form 1041-A			08
Form 472	0 (individual)	03	Form 4720 (other than individual)			09
Form 990		04	Form 5227			10
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	T (trust other than above)	06	Form 8870		15 000	12
STOP! DO	o not complete Part II if you were not already granted THE OFFICERS	an autor	matic 3-month extension on a prev	lously file	ea Form 886	3.
■ The be	ooks are in the care of  100 MUSEUM DRI	VE: -	NEWPORT NEWS VA 2	3606		
	one No. > 757.591.7701	<u> </u>	Fax No. ▶ 757.591.73	20		
-	rganization does not have an office or place of busines	s in the l li				
	s for a Group Return, enter the organization's four digit					roup check this
box ▶ [	If it is for part of the group, check this box	7	ach a list with the names and EINs of			
			т 15, 2017			
<b>5</b> For	calendar year , or other tax year beginning	OCT 1	, 2015 , and endin	g SEP	30, 20	)16 .
	e tax year entered in line 5 is for less than 12 months, o  Change in accounting period	check reas		Final r		
7 Stat	te in detail why you need the extension					
, WA	ITING ON ADDITIONAL INFORMA	TION :	NECESSARY TO FILE	A COM	PLETE A	AND
			ONAL TIME IS RESPE			
	is application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			
	refundable credits. See instructions.			8a	\$	0.
	is application is for Forms 990-PF, 990-T, 4720, or 6069					
	payments made. Include any prior year overpayment al	llowed as	a credit and any amount paid		_	0
<u>-</u>	viously with Form 8868.			8b	\$	0.
	ance due. Subtract line 8b from line 8a. Include your pa	•	th this form, if required, by using			0
EFI	PS (Electronic Federal Tax Payment System). See instr		st be completed for Part II o	8c	\$	0.
Under pena	alties of perjury, I declare that I have examined this form, include arrect, and complete, and that I am authorized to prepare this fo	ling accomp	_	-	f my knowledg	e and belief,
				D-1		
Signature	Title >	CFA		Date		269 (Day 1 001 1)
					⊢orm 8	<b>368</b> (Rev. 1-2014)

### Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

• If you	u are filing for an Automatic 3-Month Extension, complet	te only Pa	rt I and check this box		<b>&gt;</b>	
• If you	u are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form).		
Do not	complete Part II unless you have already been granted a	an automa	atic 3-month extension on a previous	sly filed Fo	rm 8868.	
Electro	nic filing (e-file) . You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tin	ne to file (6	months for a corp	oration
required	d to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically f	ile Form 88	368 to request an e	xtension
of time	to file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for	Transfers A	Associated With Ce	ertain
Persona	al Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details	on the elec	tronic filing of this	form,
visit wu	w.irs.gov/efile and click on e-file for Charities & Nonprofits				-	
Part	Automatic 3-Month Extension of Time	. Only s	submit original (no copies ne	eded).		
A corpo	oration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete		
Part I o	nly					X
All othe	r corporations (including 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reques	st an exten	sion of time	
	ncome tax returns.		·		er's identifying nur	nber
Туре о	Name of exempt organization or other filer, see instru	ctions.			identification num	
print	,			' '		, ,
	THE MARINERS' MUSEUM				54-054180	)1
File by the due date f		ee instruc	tions.	Social se	curity number (SSN	1)
iling your	100 MUSEUM DRIVE				, (	7
eturn. Se nstruction		oreign add	ress, see instructions.			
	NEWPORT NEWS, VA 23606		,			
	·					
Enter th	ne Return code for the return that this application is for (file	e a separa	te application for each return)			0 7
	io resum occión de resum mai mo appresamente	ou oopula				
Applica	ation	Return	Application			Return
ls For			Code Is For			
	90 or Form 990-EZ	01	Form 990-T (corporation)			
Form 99		02	Form 1041-A		07	
	720 (individual)	03	Form 4720 (other than individual)		09	
Form 99	` '	04	Form 5227			10
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	90-T (trust other than above)	06	Form 8870			12
01111 0	THE OFFICERS	_ 00	1 0111 0070			1 12
• The	books are in the care of  100 MUSEUM DRIV	/F: - 1	NEWPORT NEWS, VA 2	3606		
	phone No. ► 757.591.7701		Fax No. ▶ 757.591.73	20		
	e organization does not have an office or place of business	e in the Llr				
	s is for a Group Return, enter the organization's four digit					obook this
box <b>&gt;</b>						
	request an automatic 3-month (6 months for a corporation				ers the extension is	3 101.
' '	1E 001E	•	,		The extension	
-	s for the organization's return for:	t Organiza	tion return for the organization name	eu above.	THE EXTENSION	
13						
	▶		d ending SEP 30, 2016			
	tax year beginning OCI I, 2013	, an	dending BEL 30, 2010		<u> </u>	
0 14	the tay year entered in the 1 is faulted them 10 mountles.		ana. Indiana makuma	Circal water	_	
2 If	the tax year entered in line 1 is for less than 12 months, c	neck reas	on: Initial return	Final retur	N	
۱ - ۱	Change in accounting period	0000				
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any						Λ
_	onrefundable credits. See instructions.			3a	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069					0
_	stimated tax payments made. Include any prior year overp	•		3b	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pa	•	• •			^
	y using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.
Cautio	n. If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	3453-EO ar	nd Form 8879-EO fo	or payment
rictri ict	TOTAL C					

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. 523841

Form 8868 (Rev. 1-2014)

**Caution:** Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None"in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY

## **2015 TAX RETURN FILING INSTRUCTIONS**

VIRGINIA FORM 500

### FOR THE YEAR ENDING

SEPTEMBER 30, 2016

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
To be signed and dated by	NOT APPLICABLE
Amount of tax	Total tax \$ 0.00  Less: payments and credits \$ 0.00  Plus: other amount \$ 0.00  Plus: interest and penalties \$ 0.00  NO PMT REQUIRED \$
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE VADOT, PLEASE SIGN, DATE AND RETURN VA-8879C TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE VADOT. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE VADOT.
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	

### **FORM 500**

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

# 2015 Virginia Corporation Income Tax Return



	CAL or Attention; Return must be filed elections.  ORT Year Filer: Beginning Date OCTOBER		this form only if you have an approved		016		Official Use Only	
	Short Year Return Change in Accounting		, Ending 54to <u>5 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = </u>			-		
Bv	checking the box to the right, I (we) authorize	•	ent to discuss this return with the u	ndersigned prei	narer	$\rightarrow$	X	
FEI		trio Bopartiri	one to allocate time rotain with the a	ndoroignod pro				
5	54-0541801				Che	ck all th	at apply:	
Nai	me					_ Initial	Filer	
						Name	Change	
ľ	THE MARINERS' MUSEUM					Mailin	ng Address Chang	je
Ма	iling Address					☐ Physi	cal Address Chan	ge
	100 MUSEUM DRIVE							
·	y or Town					State	ZIP Code	
	NEWPORT NEWS				le o	VA	23606	
Pny	ysical Address (if different from Mailing Address)					Type Code		
Dhy	ysical City or Town			State ZIP Code	NP	)	NAICS	
[ [1]	/sical City or Town			State Zir Code				
Dat	te Incorporated State or Country of Incorporatio	2	Description of Business Activity				453220	
	State of Country of Incorporatio	11	'	CATEC				
	L		MUSEUM GIFT SHOP	PALES				
	Check Applicable Boxes	Final Re	turn	Corpora	te Tel	ecomm	unications Compa	any
	Osnoslidated Cab FOOAC Attachas			- Fatar and		F	FOOT 1: 7.	
	Consolidated - Sch. 500AC Attached Combined - Sch. 500AC Attached	I	<b>Return</b> - Check here and applicable below.	e   Enteramo	ourit ir	OIII FOIII	n 500T, Line 7: .00	
	Change in Filing Status	│	hdrawn	Noncorn	orate	Telecor	mmunications	
	Multistate Sch. 500A Attached		solved - No longer liable for tax.	-			x and enter	
	Schedule 500AB Attached		solved Date	•	•		T, Line 10:	
	X Nonprofit Corporation		rged				.00	
	p. e		rger Date	Electric	Suppl	ier Com		
			rged FEIN #	Enter amo	ount fr	om Sch.	500EL, Line 7 or 1	4:
			Corp Effective				.00	
			· — — — — — — — — — — — — — — — — — — —					'
	Amended Return		Amended Return - Check here and	d Non	refun	dable or	Refundable	
	Complete Form 500 and Schedule 500ADJ.		other applicable boxes.	Cre	dit Ch	ange		
	Attach an explanation of changes to income and modifications.		Federal Audit - Attach	Sch	edule	500AB	Changes	
	and modifications.		copy of IRS final determination.	Сар	ital L	oss Carr	ryback	
	DO NOT FILE THIS FORM TO CARRY BAC		Schedule 500A Changes	Oth	er - At	tach exp	olanation.	
	NET OPERATING LOSS. File Form 500NOL	.D	Schedule 500ADJ Changes					
	Questions and Related Information							
Α	Have you made any payments to an affiliated		•	•	-	•	•	
	related to intangible property (patents, trader							
_	Coeffield Employment Enhancement Toy		er Exception amount from Schedu	ile 500AB, Line				.00 .00
l	Coalfield Employment Enhancement Tax C If a net operating loss deduction was claimed		•	(1) Voor of				.00
٦	U.S. Corporation Income Tax Return, provide	•	•	(1) Year of (2) Federal				.00
	from a merger, enter the FEIN of the compan	•		(3) Percent		leral		.00
	FEIN	y generating	SEE STATEMENT	1 NOL use				%
	(If there are NOLs for more than one year, attach a	schedule for e			- u 11	you!		/0
D	If Pass-Through Entity Withholding is claimed			500				
-	VK-1s and complete and attach Schedule 50	•					D	
E	Has your federal income tax liability been red	, ,		r vear(s) that		Ye	D ear E	
_	has not previously been reported to the Department		• •	, (-/			ear	
F			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	

### 2015 Virginia Form 500

FEIN 54-0541801





INCC	

1	Federal taxable income (from attached federal return)	1	$-6522_{.00}$
2	Total additions from Schedule 500ADJ, Section A, Line 7		.00
3	Total (add Lines 1 and 2)	3	-6522 <sub>.00</sub>
4	Total subtractions from Schedule 500ADJ, Section B, Line 10		.00
5	Balance (subtract Line 4 from Line 3)		-6522.00
6	Savings and Loan Association's Bad Debt Deduction (see Instructions)		.00
7			-6522 <sub>.00</sub>
T	AX 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.	9(a)	00
	(a) Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j)		
	(b) Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(g)		<u>%</u>
	(c) Nonapportionable investment function income from Schedule 500A, Section B, Line 3(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
P	AYMENTS 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	2015 estimated Virginia income tax payments including overpayment credit from 2014	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
R	EFUND OR TAX DUE		
17	Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)	17	.00
18			.00
19			.00
20	Additional charge from Form 500C, Line 17 (attach Form 500C)		.00
	Total due (add Lines 17 through 20)		.00
	Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)		.00
	Amount to be credited to 2016 estimated tax		.00
	Amount to be refunded (subtract Line 23 from Line 22)		.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 HOWARD H. H			Phone Number		
	Firm Name JAMES M. HAGGARD S GOODMAN LLP		Phone Number 757.873.1033		
Date			701 TOWN CENTER DRIVE, SUIT NEWS, VA 23606-4295		
Preparer's FEIN, PTIN or SS $56-0747981$	SN .	Approved Vendor Coo	de 1019		

JOT.	CABBAEUBMABU	$\Delta$ D.TII COMPNO	ሮጥልጥፑ	'W

VA	500		NOL	CARRYFORWARD	ADJUSTMENT	STATE	EMENT	1
	YEAR END DATE	FEDERAL NOL		ADDITION	SUBTRACTION	NET VIRGINIA MODIFICATION	FEDERA FEDERA NOL UTILIA THIS	AL ZED S
(	12/31/12 09/30/14 09/30/15	2,166 62 21,317	•	0. 0. 0.	0. 0. 0.	0.0.0.	.000	00
NE	r VIRGINIA	MODIFICATION	1			0.	-	

# 2015 Virginia Schedule 500FED

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



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

Name as shown on Virginia return THE MARINERS MUSEUM	_ FEIN <u>54-054</u>	1801
Form 1120, Deductions and Taxable Income		
Domestic Production Activities Deduction	1	.00
2. Federal Taxable Income before NOL and Special Deductions		-6522 <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	-6522 <sub>.00</sub>
Form 1120, Schedule C, Dividends and Special Deductions		
6. Subpart F Income	6	.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		4505440
12. Other depreciation	12	1727419 .00
Form 1118, Schedule A, Income or Loss Before Adjustments-Gross Income of	or 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	22	.00
23. Total: Definitely Allocable - Rental, Royalty, and Licensing Expenses -		•
Other Expenses	23	.00.
24. Total: Definitely Allocable - Expenses Related to Gross Income from	0.4	00
Performance of Services	24	.00.
25. Total: Definitely Allocable - Other Definitely Allocable Deductions	· · · · · · · · · · · · · · · · · · ·	·
26. Total: Total Definitely Allocable Deductions		
Total: Apportioned Share of Deductions not Definitely Allocable     State Operating Loss Deduction		
29. Total: Total Deductions		
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.

VA-8879C Virginia Department of Taxation

# Virginia Corporation Income Tax e-file Signature Authorization

Tax Year **2015** 

## 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
	F.4. 0.F.4.1.0.0.1
HE MARINERS' MUSEUM	54-0541801
Part I Tax Return Information	6 500
1. Federal Taxable Income (Form 500, Page 2, Line 1)	1. <6,522.
2. Virginia Taxable Income (Form 500, Page 2, Line 7)	2. <6,522.
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 co return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, of that the information provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service in Part I above agrees with the information and amounts shown on the corresponding lines of the corporate obligance due return, I authorize the Virginia Department of Taxation and its designated Financial Agent to initial entry to the financial institution account indicated on the 2015 Virginia income tax return for payment of state authorize the financial institutions involved in the processing of the electronic payment of taxes to receive coanswer inquiries and resolve issues related to the payment. I certify that the transaction does not directly involved 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 lia liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermed complete return to the Virginia Department of Taxation. I have selected a personal identification number (PIN electronic income tax return.  Officer's e-File PIN: check one box only  I authorize the ERO named below to enter my e-File PIN 23606  Do not enter all zeros  as my signature on the corp corporation income tax return.	orrect and complete. I further declare Provider including the amounts shown electronic income tax return. If filing a ate an ACH electronic funds withdrawal e taxes owed on this return. I also infidential information necessary to olve a financial institution outside of ability, the corporation will remain diate Service Provider to transmit the
ERO Firm Name	
I will enter my e-File PIN as my signature on the corporation's 2015 electronic Virginia corporation inc	come tax return. Check this box only
if you are entering your own e-File PIN and the return is filed using the Practitioner PIN method. The I	ERO must complete Part III below.
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 ERO EFIN/PIN, which is my signature for the 2015 Virginia corpor	ation income tax return for the
corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of	of the Practitioner PIN method and
have followed all other requirements as specified by the Department. ERO's may sign the form using a rubbe	r stamp, mechanical device, such as
a signature pen, or computer software program.	
ERO's Signature	Date

Form VA-8879C (REV 10/15)

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

ggn

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

Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. Open to Public Department of the Treasury ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection OCT 1, 2015 SEP 30, A For the 2015 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change THE MARINERS' MUSEUM Name change 54-0541801 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 757.591.7701 100 MUSEUM DRIVE termin-ated 9,470,759. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return NEWPORT NEWS, VA 23606 H(a) Is this a group return Applica-F Name and address of principal officer: HOWARD H. HOEGE III Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) = 501(c)) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: WWW.MARINERSMUSEUM.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 1930 M State of legal domicile: VA Part I Summary Briefly describe the organization's mission or most significant activities: THE MARINERS MUSEUM AND PARK Activities & Governance CONNECTS PEOPLE TO THE WORLD'S WATERS, BECAUSE THROUGH THE WATERS -Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 22 Number of independent voting members of the governing body (Part VI, line 1b) 122 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 166 Total number of volunteers (estimate if necessary) 6 718. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a <6,522.> b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 6,042,253. 5,770,166. Contributions and grants (Part VIII, line 1h) Revenue 867,254 768,908. Program service revenue (Part VIII, line 2g) 107,906. 342,091. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 487,234. 551,520. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 7,568,933. 7,368,399. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 4,575. 4,700.Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 4,513,303. 5,476,522. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright$  1, 031, 331. 4,965,055 4,836,083. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 9,482,933. 10,317,305. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <2,948,906.> <1,914,000. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 135,340,395. 134,033,806. Total assets (Part X, line 16) 16,563,376. 16,467,678. 21 Total liabilities (Part X, line 26) 118,872,717. 117,470,430. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign HOWARD H. HOEGE III, PRESIDENT AND CEO Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature JAMES M. HAGGARD P00100566 Paid

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Firm's address > 701 TOWN CENTER DRIVE, SUITE 700

NEWPORT NEWS, VA 23606-4295

Firm's name DIXON HUGHES GOODMAN LLP

May the IRS discuss this return with the preparer shown above? (see instructions)

Preparer

Use Only

Form **990** (2015)

X Yes No

56-0747981

Phone no. 757.873.1033

Firm's EIN

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE MARINERS' MUSEUM AND PARK CONNECTS PEOPLE TO THE WORLD'S WA	ATERS,
	BECAUSE THROUGH THE WATERS - THROUGH OUR SHARED MARITIME HERITA	GE - WE
	ARE CONNECTED TO ONE ANOTHER.	
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.	163 [110
_	,	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes LA_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	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	penses, and
	revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 8,044,190 • including grants of \$ ) (Revenue \$	716,215.)
	EXHIBITIONS, COLLECTIONS, AND MAINTENANCE OF MUSEUM. APPROXIMAT	ELY
	85,000 SERVED.	
	· ·	
4b	(Code: ) (Expenses \$ 280,750 • including grants of \$ 4,700 • ) (Revenue \$	81,499.)
	RESEARCH - COLLECTION AND MAINTENANCE OF CURRENT AND HISTORICAL	
	AND PERIODICALS, COLLECTION AND MAINTENANCE OF CURRENT AND HIST	
	PHOTOGRAPHS, INFORMATION INQUIRIES ADDRESSED. APPROXIMATELY 1,8	
	INDIVIDUALS SERVED.	
	THE VIEW DERVED.	
4c	(Code: ) (Expenses \$ 33,486 • including grants of \$ ) (Revenue \$	190,240.)
	PROGRAMS - PROGRAMS WITH SPECIAL STUDENT TOURS. APPROXIMATELY	18,000
	INDIVIDUALS SERVED.	,
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 75,509 • including grants of \$ ) (Revenue \$	)
4e	Total program service expenses   8,433,935.	1
-+6	Total program service expenses	Farm <b>990</b> (2015)

## Form 990 (2015) THE MARINERS 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)?		х	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
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		Х
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		Х
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		Х
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		X
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,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	441.		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Λ
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44.		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
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 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	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's siability 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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? 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			77
	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,			37
	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		Х
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		Х
	complete Schedule G, Part III	19	000	

Form **990** (2015)

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

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		X
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? 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	<u> </u>
	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		X
	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			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	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,"			v
	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			X
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):	200		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		- 25
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	- 21	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
٥.	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		Х
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	Х	

Form **990** (2015)

## Form 990 (2015) 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					
			1 20		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	39			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r				v	
_	(gambling) winnings to prize winners?	 I	 I	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		122			
	filed for the calendar year ending with or within the year covered by this return	2a		OL.	х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return.			2b	-21	
20	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions Did the organization have unrelated business gross income of \$1,000 or more during the year?			За	х	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other			30		
Tu	financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		х
b	If "Yes," enter the name of the foreign country:	accoc		Tu		
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	CCOU	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
С	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					
	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 contribute					
	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	rvices	provided 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	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	quired			
	to file Form 8282?		1	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	contra	ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. 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.					
а				9a		
<b>D</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a				
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
11	Section 501(c)(12) organizations. Enter:	LIUD	L			
''	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against	114				
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	İ			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1			
	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 executestics receive any property for independent and or described and described the toy receive			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
				Form	990	(2015

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 22							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1						
	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?							
_	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	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u> </u>						
~	persons other than the governing body?	7b		X				
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	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
	tion Dir onoto (mis section b requests information about politics not required by the internal revenue society		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X				
	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					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
	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					
	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	Х					
	Other officers or key employees of the organization	15b	X					
~	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		х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100						
~	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	100						
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) is	availah	ole					
.5	for public inspection. Indicate how you made these available. Check all that apply.	. r anak						
	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					
.5	statements available to the public during the tax year.	a.i	Jidi					
20	State the name, address, and telephone number of the person who possesses the organization's books and records:							
20	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.

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

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

<b>(A)</b> Name and Title	(B) Average hours per	box	not c	ss pe	ition more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ANNE C. H. CONNER	1.00	7,		77				0	0	0
CHAIR OF THE BOARD	1.00	Х		Х				0.	0.	0.
(2) EDWARD WHITMORE	1.00	X		х				0.	0.	0.
VICE CHAIRMAN	1.00	^		^				0.	0.	0.
(3) CHARLES W. WORNOM TREASURER	1.00	X		х				0.	0.	0.
(4) CONRAD HALL	1.00	^		^				0.	0.	0.
SECRETARY	1.00	Х		х				0.	0.	0.
(5) STEVEN BARNUM	1.00	^		_				0.	0.	0.
TRUSTEE	1.00	Х						0.	0.	0.
(6) T. JAMES BAYNE	1.00							0.	0.	0.
TRUSTEE	1.00	x						0.	0.	0.
(7) JOHN BIAGAS	1.00								•	•
TRUSTEE		x						0.	0.	0.
(8) CHARLES L. CABELL	1.00							-		
TRUSTEE		х						0.	0.	0.
(9) JOHN T. CASTEEN, III	1.00									
TRUSTEE		х						0.	0.	0.
(10) KENNETH CROFTON	1.00									
TRUSTEE		Х						0.	0.	0.
(11) C. CHRIS HALL	1.00									
TRUSTEE		Х						0.	0.	0.
(12) EDWARD HEIDT	1.00									
TRUSTEE		Х						0.	0.	0.
(13) DAVID F. HOST	1.00									
TRUSTEE		Х						0.	0.	0.
(14) JOHN R. LAWSON, II	1.00									
TRUSTEE		Х						0.	0.	0.
(15) JERRY MILLER	1.00									
TRUSTEE		Х						0.	0.	0.
(16) HENRY MORRIS	1.00								_	_
TRUSTEE		Х						0.	0.	0.
(17) MATTHEW J. MULHERIN	1.00								_	_
TRUSTEE		Х						0.	0.	0 <b>.</b> Form <b>990</b> (2015)

532007 12-16-15 Form **990** (2015)

Section A. Onicers, Directors, Trus	tees, Key Elli	pioy	ees	, all	u ni	gne	SI C	ompensated Employe	es (continueu)			
(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson	than of the state	h an	(D) Reportable compensation	(E) Reportable compensation	l	(F) Estimat amount	of
	(list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	or a	other mpens from th ganiza nd rela ganizat	ation ne tion ted
(18) MARGARET PODLICH	1.00	드	드	5	<u>\$</u>	포등	요					
TRUSTEE		х						0.	0.			0.
(19) CONWAY SHEILD	1.00											
TRUSTEE		Х						0.	0.			0.
(20) TERESA SULLIVAN	1.00											
TRUSTEE	1 00	Х						0.	0.			0.
(22) KEITH VANDERVENNET	1.00	<b>.</b> ,							0			0
TRUSTEE (22) FRANK MAGNER	1.00	Х						0.	0.			0.
(23) FRANK WAGNER TRUSTEE	1.00	X						0.	0.			0.
(24) HOWARD HOEGE	35.00							0.	0.			
PRES. & CEO - EFF. 6/1/16	33.00	ł		x				0.	0.			0.
(25) JOHN PASCUCCI	35.00											
VICE PRESIDENT OF HUMAN RE		1		х				109,030.	0.		2,8	32.
(26) MARGARET SHELTON	35.00											_
ASSISTANT SECRETARY				Х				67,575.	0.		6,4	34.
(30) ELLIOT H. GRUBER	35.00								_			
FRMR PRES. & CEO - THROUGH 5/31/16							X	247,925.	0.		10,9	
1b Sub-total								424,530.	0.	4	20,2	
c Total from continuation sheets to Part VI								424,530.	0.		20,2	0.
d Total (add lines 1b and 1c)											40,2	133.
compensation from the organization	ot iiiiited to ti	1036	liste	u ai	DOVE	<i>⊃)</i> ₩1	10 11	eceived more than proc	,,000 of reportable			2
compensation from the organization											Yes	No
3 Did the organization list any <b>former</b> officer,	director, or tru	uste	e, ke	y er	nplo	yee,	or	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for s	uch individual									3	Х	
4 For any individual listed on line 1a, is the su	•							•	the organization			
and related organizations greater than \$150										4	X	
5 Did any person listed on line 1a receive or a	· · · · · · · · · · · · · · · · · · ·				-		elat	ed organization or indivi	idual for services	_		v
rendered to the organization? If "Yes," com	plete Schedul	e J f	or si	ıch	pers	son .				5		X
Complete this table for your five highest co	mnensated in	dene	ande	nt c	onti	racto	ore t	hat received more than	\$100,000 of company	ation	from	
the organization. Report compensation for										atioi	1 110111	
(A)								(B)			(C)	
Name and business	address	N	INC	3				Description of s	ervices C		ensatio	on
							_					
												-
							T					
2 Total number of independent contractors (i	-	ot li	mite	d to		_	stec	above) who received m	nore than			
\$100,000 of compensation from the organic	zation >				(	0						
										Forn	n <b>990</b>	(2015)

#### THE MARINERS' MUSEUM 54-0541801 Page 9 Form 990 (2015) 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 Unrelated Total revenue Related or from tax under exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b 62,024. c Fundraising events d Related organizations 1d 127,723 e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above ..... 5,580,419 g Noncash contributions included in lines 1a-1f: \$ 5,770,166, h Total. Add lines 1a-1f Business Code 2 a ADMISSIONS Program Service Revenue 900099 421,116 421,116 b MEMBERSHIP DUES 900099 101,364 101,364 c EDUCATION PROGRAM FEES 611710 75,874 75,874 d PHOTOGRAPHY 900099 27,137 27,137 LIBRARY & CHRIS CRAFT 900099 14,932 14,932 900099 128,485 128,485 All other program service revenue 768,908 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 399,296 399,296. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 258,971 6 a Gross rents **b** Less: rental expenses ...... 258,971. c Rental income or (loss) 258,971. 258,971 **d** Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 1,855,629 assets other than inventory b Less: cost or other basis 1,912,834 and sales expenses <57,205. c Gain or (loss) <57,205. <57,205.> d Net gain or (loss)

 e Total. Add lines 11a-11d
 ▶
 153,227.

 12 Total revenue. See instructions.
 ▶
 7,368,399.
 987,954.
 718.
 609,561.

 532009 12-16-15
 Form 990 (2015)

264,562, 189,526,

Business Code

900099

900099

11 a OTHER INCOME

С

b BOAT HOUSE REVENUE

8 a Gross income from fundraising events (not

contributions reported on line 1c). See
Part IV, line 18 \_\_\_\_\_\_a

b Less: direct expenses \_\_\_\_\_\_\_
c Net income or (loss) from fundraising events
9 a Gross income from gaming activities. See

10 a Gross sales of inventory, less returns

Part IV, line 19 a

b Less: direct expenses b

c Net income or (loss) from gaming activities ...

and allowances

**b** Less: cost of goods sold .....

c Net income or (loss) from sales of inventory

Miscellaneous Revenue

d All other revenue

including \$

Revenue

Other

75,036

152,552

675

65,819

152,552

675

8,499.

718

54-0541801 Page **10** THE MARINERS' MUSEUM Form 990 (2015) Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Management and general expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 4,700. 4,700. individuals. See Part IV, line 22 ..... Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, 190,770. 16,285. 25,591. 232,646. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 4,323,936. 3,548,342. 244,052. 531,542. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 17,700. 579,321. 475,440. 86,181. 9 Other employee benefits 10,407. 340,619. 279,541. 50,671. Payroll taxes 10 Fees for services (non-employees): a Management ..... 78,520. 1,145. 77,375. Legal 33,075. 33,075. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees \_\_\_\_\_ Other, (If line 11g amount exceeds 10% of line 25, 250,303. 130,958. 80,310. 39,035. column (A) amount, list line 11g expenses on Sch O.) 22,713. 3,917. 336,041. 309,411. Advertising and promotion 12 45,312. 220,787. 119,246. 56,229. 13 Office expenses 122,370. 101,611. 8,073. 12,686. Information technology 14 15 Royalties

8,715. DUES AND LICENSES 43,906. 18,876. 16,315. **EXHIBIT CONSTRUCTION** 10,618. 10,618. 10,543. 10,332. 211. PHOTOGRAPHY & DIGITAL e All other expenses 10,317,305. 8,433,935. 852,039. 1,031,331. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization

1,453,345.

1,727,419.

77,847.

58,539.

73,257.

339,513.

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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

Occupancy

Travel

Payments of travel or entertainment expenses for any federal, state, or local public officials

Conferences, conventions, and meetings

Payments to affiliates

Depreciation, depletion, and amortization .....

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.)

Other expenses. Itemize expenses not covered

OTHER EXPENSES

Form **990** (2015)

113,146.

5,232.

1,854.

77,525.

150,759.

33,069.

7,017.

42,258.

66,115.

16

17

18

19 20

21

22

23

24

1,189,440.

1,727,419.

39,546.

49,668.

30,999.

195,873.

## Form 990 (2015) Part X Balance Sheet

Га	πX	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			757,289.	1	345,424.
	2	Savings and temporary cash investments			19,904,211.	2	1,090,038.
	3	Pledges and grants receivable, net			970,956.	3	838,127.
	4	Accounts receivable, net			207,838.	4	155,893.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensat	ted em	ployees. Complete			
		Part II of Schedule L		5			
	6	Loans and other receivables from other disqualified					
		section 4958(f)(1)), persons described in section 4	4958(c	)(3)(B), and contributing			
		employers and sponsoring organizations of section					
) ts		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net			0.2.20.0	7	145 510
4	8	Inventories for sale or use			233,892.	8	145,519.
	9	Prepaid expenses and deferred charges			52,249.	9	150,264.
	10a	Land, buildings, and equipment: cost or other		CE 420 20C			
		basis. Complete Part VI of Schedule D		65,439,306.	20 202 016		07 072 507
		Less: accumulated depreciation	10b	37,465,779.		10c	
	11	Investments - publicly traded securities			813,047.	11	19,027,863.
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets		83,197,097.	14	84,307,151.	
	15	Other assets. See Part IV, line 11			135,340,395.	15	134,033,806.
	16	Total assets. Add lines 1 through 15 (must equal	600,169.	16	728,383.		
	17	Accounts payable and accrued expenses			000,109.	17	120,303.
	18	Grants payable			6,200,794.	18 19	6,178,369.
	19	Deferred revenue			9,600,000.	20	9,600,000.
	20 21	Tax-exempt bond liabilities			5,000,000	21	3,000,000.
"	22	Escrow or custodial account liability. Complete Pa				21	
ţį	22	Loans and other payables to current and former of key employees, highest compensated employees					
Liabilities		Complete Part II of Schedule L		•		22	
Ë	23	Secured mortgages and notes payable to unrelat				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay-					
		parties, and other liabilities not included on lines					
		Schedule D	66,715.	25	56,624.		
	26	Total liabilities. Add lines 17 through 25			16,467,678.	26	16,563,376.
		Organizations that follow SFAS 117 (ASC 958),					
S		complete lines 27 through 29, and lines 33 and		•			
ĕ	27	Unrestricted net assets			32,690,084.	27	30,658,407.
ala	28	Temporarily restricted net assets			2,661,365.	28	2,188,913.
ğ.	29	D		83,521,268.	29	84,623,110.	
Ξ		Organizations that do not follow SFAS 117 (AS	SC 958	), check here 🕨 🗌			
þ		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 equ	uipmen	t fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc				32	
Z	33	Total net assets or fund balances			118,872,717.	33	117,470,430.
	34	Total liabilities and net assets/fund balances			135,340,395.	34	134,033,806.

Form **990** (2015)

Pa	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	7,	368	3,3	99.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,			
3	Revenue less expenses. Subtract line 2 from line 1	3	<2,			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	118,			
5	Net unrealized gains (losses) on investments	5				03.
6	Donated services and use of facilities	6		100	0,0	00.
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<	109	9,3	84.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	117,	47(	0,4	30.
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	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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?			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:					
	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	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?			3а	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** (2015)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► 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' MUSEUM

**Employer identification number** 54-0541801

Pai	t I	Reason for Public (	Charity Status (	All organizations must co	omplete th	is part.) Se	ee instructions.	
he o	organi	zation is not a private found	ation because it is: (	(For lines 1 through 11, o	check only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative		•			i).	
4		A medical research organiz					-	the hospital's name.
		city, and state:	· ·	,			(	,
5		An organization operated for	or the benefit of a co	ollege or university owner	d or opera	ted by a g	overnmental unit describ	ped in
_		section 170(b)(1)(A)(iv). (C		,	•	, ,		
6		A federal, state, or local gov		mental unit described in	section 17	70(b)(1)(A)	(v).	
	37	An organization that norma	-				•	public described in
		section 170(b)(1)(A)(vi). (Co	•				anno en menn ane general	
8		A community trust describe	• •	(1)(A)(vi). (Complete Par	t II.)			
9		An organization that norma				contributio	ons membership fees a	nd gross receipts from
		activities related to its exem	•	•	-			-
		income and unrelated busin	•	·				-
		See section 509(a)(2). (Cor		(loop coolier or r tarly in				a
10		An organization organized a	•	ively to test for public sa	afetv. See	section 50	9(a)(4).	
11		An organization organized a	•	•	-			purposes of one or
		more publicly supported or	•	•	•		•	
		lines 11a through 11d that	~					
а		Type I. A supporting orga	• •			•		giving
		the supported organization	•	•				
		organization. You must c						•
b		Type II. A supporting orga	-		tion with it	s supporte	ed organization(s), by ha	ving
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	entrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.	-			
С		Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally	integrated. A supp	orting organization oper	ated 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	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-functio	nally integrated support	ing organi	zation.		
f	Ente	r the number of supported o	organizations					
g	Prov	ide the following information	about the supporte					
	(i	Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the o listed i		(v) Amount of monetary	(vi) Amount of
		organization		above (see instructions))	governing	document?	support (see instructions)	other support (see instructions)
					Yes	No	mondono)	mon donorio,
ota	ı							

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

## 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) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5,058,517.	5,164,726.	3,712,698.	6,042,253.	5,770,166.	25,748,360.
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	5,058,517.	5,164,726.	3,712,698.	6,042,253.	5,770,166.	25,748,360.
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)						156,051.
6	Public support. Subtract line 5 from line 4.						25,592,309.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	5,058,517.	5,164,726.	3,712,698.	6,042,253.	5,770,166.	25,748,360.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	742,126.	659,385.	378,145.	408,971.	658,267.	2,846,894.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	184,930.	65,534.	24,217.	74,378.	153,227.	502,286.
11	<b>Total support.</b> Add lines 7 through 10						29,097,540.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 4	,852,546.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stor						<u></u>
	ction C. Computation of Publ						0.0.0.0.
14	Public support percentage for 2015 (					14	87.95 %
15	Public support percentage from 2014					15	86.69 %
16a	16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and						
_	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	7a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the		•				
	organization meets the "facts-and-circ						
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s ▶∟

Schedule A (Form 990 or 990-EZ) 2015

## 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	ction A. Public Support	olow, please com	proto r urt m.j				
	endar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and	` ,	, ,	. ,	, ,	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services 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						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
8	Public support. (Subtract line 7c from line 6.)						
<u>Se</u>	ction B. Total Support						
	endar year (or fiscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital				1		
	assets (Explain in Part VI.)				ļ		
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>		
14	First five years. If the Form 990 is for	the organization	s first, second, thi	d, fourth, or fifth to	ax year as a section	on 501(c)(3) organiz	zation,
<u></u>	check this box and stop here ction C. Computation of Publ						<b>P</b>
				l (f))		15	
	Public support percentage for 2015 (I Public support percentage from 2014					16	<u>%</u> %
	ction D. Computation of Inves					10	70
17						17	%
	Investment income percentage from 2					18	<del></del>
	a 33 1/3% support tests - 2015. If the						
.50	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2014. If the						
•	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization			•		•	

## Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- 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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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		
26		
3b		
3с		
4a		
4b		
4c		
_		
5a		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
10b		
auı		

Pa	rt IV	Supporting Organizations (continued)			
		··· · · · · · · · · · · · · · · · · ·		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_		v, the governing body of a supported organization?	11a		
h		nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
		B. Type I Supporting Organizations	110		
000	tion i	b. Type Toupporting Organizations		Yes	No
4	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to		162	INO
1					
		arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		ear? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
		ribe how the powers to appoint and/or remove directors or trustees were allocated among the supported	-		
_		nizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		// how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion (	C. Type II Supporting Organizations			
		•		Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	upported organization(s).	1		
Sec	tion [	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year,	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organ	nization'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			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described in (2), did the organization's supported organizations have a			
		icant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally-Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the yea <b>(see instructions):</b>			
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 insti	ructions	:).	
2		ties Test. Answer (a) and (b) below.	Ī	Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported 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,			
		the organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
b		ne activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		e organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ties but for the organization's involvement.	2b		
3		nt of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-		ees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_		supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		

14100815 781789 2059270000

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. 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					
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):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	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-functionall	y-integra	ated Type III supporting org	ganization (see			
	instructions).						

Schedule A (Form 990 or 990-EZ) 2015

Par	rt V   Type III Non-Functionally Integrated	509	(a)(3) Supporting Org	anizations <sub>(continued)</sub>	
Secti	tion D - Distributions			,	Current Year
1	Amounts paid to supported organizations to accomplis				
2	Amounts paid to perform activity that directly furthers e				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt pu	urpos	es of supported organizatior	ns	
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval require	:d)			
6	Other distributions (describe in Part VI). See instruction	ns.			
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to wl	hich t	he organization is responsive	e	
	(provide details in <b>Part VI</b> ). See instructions.				
9	Distributable amount for 2015 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount				
	•		(i)	(ii)	(iii)
			Excess Distributions	Underdistributions	Distributable
Secti	tion E - Distribution Allocations (see instructions)			Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2015				
	(reasonable cause required-see instructions)				
3	Excess distributions carryover, if any, to 2015:				
а					
b					
С					
d	From 2013				
е	From 2014				
f	Total of lines 3a through e				
	Applied to underdistributions of prior years				
	Applied to 2015 distributable amount				
i					
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2015 from Section D,				
	line 7:				
а	Applied to underdistributions of prior years				
	Applied to 2015 distributable amount				
	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2015, if				
	any. Subtract lines 3g and 4a from line 2 (if amount				
	greater than zero, see instructions).				
6	Remaining underdistributions for 2015. Subtract lines 3	3h			
	and 4b from line 1 (if amount greater than zero, see				
	instructions).				
7	Excess distributions carryover to 2016. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а					
b					
	Excess from 2013				
	Excess from 2014				
	Excess from 2015				

Schedule A (Form 990 or 990-EZ) 2015

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

Employer identification number

THE MARINERS' MUSEUM 54-0541801

Organization type (check one):

_						
Filers of:		Section:				
Form 990	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 990-	PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
-	-	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 F	Rule					
F	or an organization	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 R	ules					
s	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
у	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.					
y is p	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year   \$\bigs\$\bigs\text{\$\text{					
Caution.	An organization th	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),				

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

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) (2015)

Name of organization Employer identification number

THE MARINERS' MUSEUM 54-0541801

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,714,694.	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		\$ 2,490,352.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 250,000.	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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

## THE MARINERS' MUSEUM

54-0541801

Part II	Noncash Property (see instructions). Use duplicate copies of P	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
		<u> </u>	

Name of organization Employer identification number MUSEUM 54-0541801 THE MARINERS' 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. (a) No. from 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" on 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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE MARINERS' MUSEUM

**Employer identification number** 54-0541801

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on 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 w	vriting that the assets held in donor adv	sed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	form a made attack made at a large effect		
Pa			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a ce	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the forn	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	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I		
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes	the organization's accounting for
_	conservation easements.		
Ра	rt III Organizations Maintaining Collections of		otner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	, ,	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		·
2	If the organization received or held works of art, historical trea		al gain, provide
	the following amounts required to be reported under SFAS 11	, ,	
а	Revenue included on Form 990, Part VIII, line 1		
h	Assets included in Form 990, Part X		<b>A</b>

	t III   Organizations Maintaining C			oacuroc or	Othor				Page Z
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that	are a sigi	nificant i	use of its	collection	items
	(check all that apply):		77						
а	X Public exhibition	d	X Loan or excl	hange progran	ns ONG	/ DOO!		0117	1
b	X Scholarly research	е	X Other PU	BLICATI	ONS	( BOO!	KS, M	OVIES	
С	X Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further the	ne organizatior	n's exem	pt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations o	f art, historical trea	sures, or other	r similar a	assets	_	-	
	to be sold to raise funds rather than to be ma							Yes	X No
Par	t IV Escrow and Custodial Arran	gements. Complet	te if the organizatio	n answered "Y	es" on F	orm 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contribution	s or other asse	ets not ir	ncluded		_	
	on Form 990, Part X?						L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII								
С	Beginning balance					1c			
d	Additions during the year								
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo					v?		Yes	No
	If "Yes," explain the arrangement in Part XIII.								
Par						).			
		(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Four	ears back
1a	Beginning of year balance	13,644,492.	14,779,942.	14,540,		•	83,463.		404,264.
	Contributions	300,000.	, ,	, ,			51,922.		829,924.
c	Net investment earnings, gains, and losses	574,943.	44,055.	531	401.		05,441.		212,300.
d	Grants or scholarships	, -	, -	,	<u> </u>		, -	,	
	Other expenditures for facilities								
·	and programs	890,446.	1,179,505.	283	,094.	3	89,962.		353,435.
	Administrative expenses		_,,		,579.		10,650.		9,590.
		13,628,989.	13,644,492.	14,779,			40,214.	13	083,463.
g 2	End of year balance				,		,	20,	
	Board designated or quasi-endowment	97.11	% column (2	i)) Held as.					
a	Permanent endowment 2.89	%							
b	Temporarily restricted endowment								
С	· · ·	%							
2-	The percentages on lines 2a, 2b, and 2c sho		*:		4 4				
Sa	Are there endowment funds not in the posse	ssion of the organiza	tion that are neid a	na administere	ed for the	e organiz	ation	Г	/aa Na
	by:								Yes No
	(i) unrelated organizations							33.(.)	X
								3a(ii)	^_
	If "Yes" on line 3a(ii), are the related organiza							3b	
4 Do:	Describe in Part XIII the intended uses of the		wment funds.						
Pai			David IV line dda C		Dad V III	10			
	Complete if the organization answered							( N D )	
	Description of property	(a) Cost or other	1 ' '			umulate eciation	d	(d) Book	value
		basis (investm	,	5,993.	черп	eciation		1 005	003
	Land				28,50	00 30			,993.
	Buildings		51,13	7,844.	۷٥,50	00,30	JO •   4	4,03/	,536.
	Leasehold improvements		C 70	6 400	<i>C</i> 1	12 11		C 4 2	070
	Equipment			6,498.		43,42	4U•	043	,078.
	Other			8,971.	۷,82	22,0!			,920.
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part )	K, column (B), line 1	0c.)			<b>▶</b> 2	1,973	,527.

Corredate E	(1 01111 000) <del>2</del> 010			
Part VII	Investments -	Other Se	ecurities.	

Part VIII Investments - Other Securities.  Complete if the organization answered "Yes"	on Form 990 Part IV line	11h Soo Form 000 Part	V line 12	
(a) Description of security or category (including name of security)	(b) Book value			d-of-year market value
(1) Financial derivatives	, ,	. ,		<u> </u>
(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.	II am Farra 000 Dart IV lina	11. Can Farma 000 Dark	V line 10	
Complete if the organization answered "Yes"  (a) Description of investment	(b) Book value	(c) Method of valuat	ion: Cost or end	d-of-year market value
(1)	(b) Book value	(e) mounds or valuati	1011. 0001 01 0110	a or your market value
(1)				
(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"		11d. See Form 990, Part	X, line 15.	<b>(1)</b>
TIDIDA IITID TII MDIIAM DII AA	Description	UIEDIII E O		(b) Book value
(1) FUNDS HELD IN TRUST BY OT	THERS - SEE SC	HEDOLE O		84,307,151
(2)				
(3)				
<u>(4)</u>				
<u>(5)</u> (6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 15.)			84,307,151
Part X Other Liabilities.	,			
Complete if the organization answered "Yes'	on Form 990, Part IV, line	11e or 11f. See Form 990	), Part X, line 25	i.
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) CHARITABLE GIFT ANNUITIES	5	56,624.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Table (Column (b) must accord form 000. Port V. acl. (P.) limited.	25 )	56,624.		
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	IE ∠3.) ▶ I	JU,U44•		

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

54-0541801 Page 4 Schedule D (Form 990) 2015 THE MARINERS' MUSEUM Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	9,204,543.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,556,003.		
b	Donated services and use of facilities	2b	100,000.		
	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	2d	180,141.		
	Add lines 2a through 2d			2e	1,836,144.
3	Subtract line <b>2e</b> from line <b>1</b>			3	7,368,399.
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	7,368,399.

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

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

1	Total expenses and losses per audited financial statements			1	10,606,830.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	100,000.		
b	Prior year adjustments	2b			
	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	189,525.		
е	Add lines 2a through 2d			2e	289,525.
3	Subtract line 2e from line 1			3	10,317,305.
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 <b>4a</b> and <b>4b</b>			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	10,317,305.

#### 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:

THE MUSEUM MAINTAINS SIGNIFICANT COLLECTION ASSETS, INCLUDING MODELS, SMALL CRAFTS, PRINTS, PAINTINGS, BOOKS, PHOTOGRAPHS, AND NAVIGATION INSTRUMENTS. IN ACCORDANCE WITH INDUSTRY PRACTICE, 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 STATEMENT OF ACTIVITIES. IT IS THE POLICY OF THE MUSEUM THAT PROCEEDS FROM THE SALE OF ANY COLLECTION ITEMS ARE TO BE USED FOR THE ACQUISITION OF OBJECTS FOR THE PERMANENT COLLECTIONS OR FOR THE CONSERVATION OR MAINTENANCE OF ITEMS CURRENTLY OWNED BY THE MUSEUM BY EXTERNAL CONSERVATORS.

Part XIII Supplemental Information (continued)

## PART III, LINE 4:

THE COLLECTION INCLUDES MARITIME RELATED OBJECTS AND EPHEMERA USED FOR EDUCATIONAL PURPOSES.

#### 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).

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

COST OF GOODS SOLD	189,526.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-9,385.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	180,141.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	

COST OF GOODS SOLD 189,525.

## **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

THE MARINERS' MUSEUM

Employer identification number 54-0541801

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		X
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		- V
a	The organization?	5a		X
b	Any related organization?	5b		<u> </u>
_	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of:	6-		х
a	The organization?	6a		X
b	Any related organization?	6b		<u> </u>
-	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	_		Х
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	i	1

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) ELLIOT H. GRUBER	(i)	247,925.	0.	0.	3,118.	7,875.	258,918.	0.
	(ii)	0.	0.	0.		0.		
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							-
	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)			-				
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

THE MUSEUM BUILT A RESIDENCE IN THE 1940'S AS A GUEST HOUSE FOR VISITING

DIGNITARIES, OUT OF TOWN TRUSTEES AND OTHER GUESTS OF THE MUSEUM. THE

PRESIDENT AND CEO LIVES IN THE HOUSE TO ACT AS HOST TO THESE GUESTS AND TO

SPONSOR EVENTS FOR THE MUSEUM AND THE LOCAL COMMUNITY. THIS INCLUDES FUND

RAISING ACTIVITIES AND MEETINGS.

PART I, LINE 1B:

THE MUSEUM BY-LAWS PROVIDE THE WRITTEN POLICY FOR USE OF THE MUSEUM HOUSE

AS A RESIDENCE FOR THE PRESIDENT AND CEO. THIS DOCUMENT GIVES THE EXECUTIVE

COMMITTEE OF THE BOARD OF TRUSTEES THE AUTHORITY TO SET THE COMPENSATION OF

THE CEO. THE CHAIRMAN OF THE BOARD, ACTING ON THIS AUTHORITY, ISSUES AN

ANNUAL LETTER TO THE CEO THAT DETAILS HIS COMPENSATION BASED ON HIS

PERFORMANCE. A PERCENTAGE OF THE TAX BENEFIT IS NOT CHARGED TO THE

PRESIDENT AND CEO.

#### 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.

2015
Open to Public Inspection

Name of the organization

THE MARINERS' MUSEUM

 $\begin{array}{c} \text{Employer identification number} \\ 54-0541801 \end{array}$ 

Part I Bond Issues SEE PART VI FOR COLUMNS	(A) ANI	) (F)	CONTI	NUATIC	NS						
(a) Issuer name (b) Issuer EIN (c) CUSIP # (d)	d) Date issued	(e) Issu	e price	(f) Desc	cription of purpose	(g) Det	feased	( <b>h)</b> On of iss		(i) Po	
						Yes	No	Yes	No	Yes	No
ECONOMIC DEVELOPMENT					NCE NOTE						
A AUTHORITY OF LANCASTER C54-6001382 NONE 03	3/14/12	9,600	,000.	DTD 10	/1/05 USED		Х		X		Х
В											
С											
D											
Part II Proceeds											
1 Amount of bonds retired	Α_			В	С		+		D		
2 Amount of bonds legally defeased											
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											
11 Other spent proceeds	9,600	0,000.									
12 Other unspent proceeds											
13 Year of substantial completion	20	007									
	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									
16 Has the final allocation of proceeds been made?	X										
Does the organization maintain adequate books and records to support the final allocation of proceeds?	X										
Part III Private Business Use											
ļ	Ą			В	Ç		_		D		
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	_	Yes	$\perp$	No	
which owned property financed by tax-exempt bonds?	<b></b>	Х					_		_		
2 Are there any lease arrangements that may result in private business use of	į l	ι,									
bond-financed property?  532121 LHA For Panerwork Reduction Act Notice, see the Instructions for Form 990		X						dule K			

Par	Till Private Business Use (Continued)								
			A	I	В		2		)
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		%		%		%		%
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	rt IV Arbitrage								
			A		В			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?								
a	Rebate not due yet?	X							
b	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								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								
53212	<i>17</i>								

Part IV Arbitrage (Continued)								
	A		В		С		I	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		ı	•		•		•	
	,	Α	E	3		2		D
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of			1		1.00		100	110
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	s on Schedul	e K (see instr	ructions)	l .	1	<u> </u>	1	
SCHEDULE K, PART I, BOND ISSUES:		<del> </del>						
(A) ISSUER NAME:								
ECONOMIC DEVELOPMENT AUTHORITY OF LANCASTER COUN	TY. VII	RGINIA						
(F) DESCRIPTION OF PURPOSE:	,							
REFINANCE NOTE DTD 10/1/05 USED TO CONSTRUCT EXH	IBIT A	ND USS	MONITOR	R CENTE	ER.			
SCHEDULE K, SUPPLEMENTAL INFORMATION: OTHER SPEN	T PROCI	EEDS RE	EPRESENT	Г				
AMOUNTS TO REFINANCE ORIGINAL NOTE ISSUED 10/1/0								
								,

Page 3

#### **SCHEDULE L**

(Form 990 or 990-EZ)

### **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open To Public Inspection

Employer identification number Name of the organization THE MARINERS' MUSEUM 54-0541801 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (b) Relationship (d) Loan to or (i) Written (a) Name of (c) Purpose (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? To From Yes No Yes No Yes No Total **>** \$ Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (c) Amount of (e) Purpose of (d) Type of (b) Relationship between assistance assistance assistance interested person and the organization

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

Schedule L (Form 990 or 990-EZ) 2015

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes No		
HOWARD H. HOEGE, III, PRES	INDEPENDENT CONTRAC	48,300.	THE MUSEUM		Х	
Dark V. Complemental Information						
Part V Supplemental Information Provide additional information for response	onses to questions on Schedule L (see	instructions).				
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:			
(A) NAME OF PERSON: HOWARD	H. HOEGE, III, PRE	SIDENT & CE	EO			
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AN	D ORGANIZAT	CION:			
INDEPENDENT CONTRACTOR						
(D) DESCRIPTION OF TRANSAC	TION: THE MUSEUM CO	NTRACTED WI	TH HOWARD H	Ι.		
HOEGE, III, TO FOSTER AND						
THROUGH THIS PROCESS, THE	MUSEUM DECIDED TO B	RING HIM ON	FULL TIME	AS T	HE	
PRESIDENT & CEO. EFFECTIV	E JUNE 1, 2016, HE	BECAME THE	INTERIM PRE	SIDE	NT	
& CEO. HE DID NOT PERFORM	ANY DUTIES OF THIS	ROLE UNTII	THE EFFECT	IVE		
DATE. ALL BUSINESS RELATI	ONSHIP AS AN INDEPE	NDENT CONTR	RACTED CEASE	D		
EFFECTIVE THE SAME DATE.	AMOUNTS INCLUDED IN	THIS TRANS	SACTION WERE	PAI	D	
TO 3H3 LEADERSHIP, LLC, A	CONSULTING BUSINESS	OWNED BY H	OEGE. THES	SE		
PAYMENTS REPRESENT THE CON	TRACTED AMOUNTS AND	REIMBURSEM	MENT OF EXPE	NSES	1	
AND ARE REPORTED AS NONEMP	LOYEE COMPENSATION	TO 3H3 LEAL	ERSHIP, LLC	C, IN	ſ	
BOX 7 OF 1099-MISC.						

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

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.

**Noncash Contributions** 

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

THE MARINERS' MUSEUM

Employer identification number 54-0541801

Par	t I Types of Property				•				
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of det noncash contribut		•		
				Form 990, Part VIII, line 1g	Horicasii contribut	LIOIT AI	nount	5	
1	Art - Works of art	X	100	0.					
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles	X	1	0.					
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or trust interests								
12	trust interests Securities - Miscellaneous								
13	Qualified conservation contribution -								
10	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory	X	2	0.					
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ( )								
26	Other ()								
27	Other ( )								
28	Other ( )								
29	Number of Forms 8283 received by the organi	ization durin	g the tax year for o	ontributions					
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29					
					_		Yes	No	
30a	During the year, did the organization receive b	y contribution	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it				
	must hold for at least three years from the dat	e of the initia	al contribution, and	I which is not required to be	used for				
	exempt purposes for the entire holding period	?				30a		Х	
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?								
32a	a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
L						32a	Х		
	If "Yes," describe in Part II.	ookuma (s) i	for a tupo of musical	du for which only were (a) !!-	and and				
33	If the organization did not report an amount in	column (c) 1	ior a type of prope	rty for which column (a) is cr	ieckea,				
	describe in Part II.				Cobodulo M /				

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

Schedule M (Form 990) (2015)

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, PART I, COLUMN (B):
PART 1, LINE 1, COLUMN (B) IS REPORTING THE NUMBER OF ITEMS RECEIVED BY
THE MUSEUM.
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 OCTOBER 1,
2015 THROUGH SEPTEMBER 30, 2016 FOR WHICH THE ORGANIZATION COMPLETED
FORMS 8283 ARE APPROXIMATELY \$101,520.

# SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2015

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Emple

Employer identification number 54-0541801

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

THROUGH OUR SHARED MARITIME HERITAGE - WE ARE CONNECTED TO ONE ANOTHER.

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

THE MARINERS' MUSEUM

CONSERVATION - MAINTENANCE OF CURRENT AND HISTORICAL COLLECTIONS AND

ARTIFACTS.

EXPENSES \$ 75,509. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND APPROVED BY

THE CHIEF FINANCIAL OFFICER. THE FORM IS THEN MADE AVAILABLE TO THE ENTIRE

BOARD.

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

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

Schedule O (Form 990 or 990-EZ) (2015)

532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)	Page <b>2</b>
Name of the organization THE MARINERS' MUSEUM	Employer identification number 54-0541801
REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-9,384.
EXPENSE RELATED TO DONATED SERVICES	-100,000.
TOTAL TO FORM 990, PART XI, LINE 9	-109,384.
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 AUD	IT 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 TRUSTEES OF THE HUNTINGTON TRUSTS HAVE ADOPTED A TOTAL RETURN POLICY WHICH DISTRIBUTES 5% OF THE ROLLING AVERAGE MARKET VALUE OF THE HUNTINGTON TRUSTS, USING QUARTER END VALUE OF THE PRECEDING TWELVE QUARTERS ENDING WITH SEPTEMBER 30 OF THE CURRENT YEAR. THE REMAINING TRUSTS ALSO PAY OUT 5% OF THE TRUST ASSETS ON AN ANNUAL BASIS.

THE MUSEUM IS ALSO A CO-BENEFICIARY WITH THREE OTHER NOT-FOR-PROFIT

EXTENDED TO AUGUST 15, 2017

Form <b>990-T</b>	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))											
		2015										
	For calendar year 2015 or other tax year beginning OCT 1, 2015, and ending SEP 30, 2016.  Information about Form 990-T and its instructions is available at www.irs.gov/form990t.											
Department of the Treasury Internal Revenue Service	<b>│</b> ▶	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).  Open to Public Inspection for 501(c)(3) Organizations Only										
A Check box if address changed		Name of organization ( Check box if name changed and see instructions.)  DEmployer identification ( Employees' trust, see instructions.)										
<b>B</b> Exempt under section												
$\mathbf{X}$ 501( $\mathbf{c}$ )( $3$ )	Or Type	Number, street, and room		ated business activity codes nstructions.)								
408(e) 220(e)	Туре	100 MUSEUM	_									
408A 530(a) 529(a)		City or town, state or prov	453	220								
C Book value of all assets at end of year	<b>F</b> Group	p exemption number (See i	nstructions.)	<b></b>								
134,033,806.		k organization type 🕨			501(c) trust	401(a) trust		Other trust				
		ary unrelated business acti										
		ooration a subsidiary in an a		nt-subsi	diary controlled group?	<b>&gt;</b>	Ye	es X No				
		tifying number of the paren	t corporation.		<del></del>		7 - 7	E01 7701				
J The books are in care of				1	(A) Income	ne number > 7		(C) Net				
1a Gross receipts or sale		de or Business Inc 10,317.	one		(A) Illcollie	(b) Expense	3	(O) Net				
<b>b</b> Less returns and allo			c Balance	1c	10,317.							
		A, line 7)		2	9,599.							
		rom line 1c		3	718.			718.				
		ch Schedule D)		4a								
		Part II, line 17) (attach Form		4b								
		sts		4c								
		nips and S corporations (att		5								
				6								
		me (Schedule E)		7								
	-	and rents from controlled o	- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	8								
		on 501(c)(7), (9), or (17) o		$\overline{}$								
		ome (Schedule I)		10								
11 Advertising income (	Schedul	e J)		11 12								
		ns; attach schedule) igh 12		13	718.			718.				
		ot Taken Elsewhei						710.				
		utions, deductions must				income.)						
		rectors, and trustees (Sche					14	4 500				
								4,509.				
								41.				
20 Charitable contribut	ions (Se	e instructions for limitation	rules)				20					
		562)										
		n Schedule A and elsewher					22b					
							23					
		mpensation plans					24					
							25	902.				
		chedule I)					26					
<b>27</b> Excess readership of	costs (Sc	hedule J)				<u></u>	27	1,788.				
	Other deductions (attach schedule) SEE STATEMENT 1											
		nes 14 through 28					29	7,240.				
		ncome before net operating					30	<6,522.				
		n (limited to the amount on					31	<6,522.				
		ncome before specific dedu y \$1,000, but see line 33 in					32	1,000.				
		y \$ 1,000, but see line 33 in e income. Subtract line 33 i					33	1,000				
				_	*		34	<6,522.				
523701												

Part III	1	ax Computation										
35 (	35 Organizations Taxable as Corporations. See instructions for tax computation.											
(	Controlled group members (sections 1561 and 1563) check here ▶ ☐ See instructions and:											
a E	a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):											
(	(1)  \$   (2)  \$   (3)  \$											
	b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)  \$											
		dditional 3% tax (not more tha						<u> </u>				
		e tax on the amount on line 34								1		0.
										1		
37 F												
39	Total.	Add lines 37 and 38 to line 3	5c or 36, w	hichever applies					39			0.
Part IV	<b>7</b> 1	ax and Payments		• •						•		
40a F	oreig	n tax credit (corporations atta	ch Form 1	118; trusts attach Fo	rm 1116)		40a					
		credits (see instructions)										
		al business credit. Attach Forr										
		for prior year minimum tax (a										
		credits. Add lines 40a throug							40e	1		
41 8	Subtra	act line 40e from line 39							41			0.
<b>42</b> (	Other	taxes. Check if from: Fo	rm 4255 [	Form 8611	Form 86	97 Form	8866	Other (attach schedu	le) 42			
43	Total	tax. Add lines 41 and 42							43			0.
44 a F	aym	ents: A 2014 overpayment cr										
		estimated tax payments										
		eposited with Form 8868										
		n organizations: Tax paid or v										
e E	Backu	p withholding (see instruction	ıs)				. 44e					
		for small employer health ins										
		credits and payments:		Form 2439								
		orm 4136		Other		Total <b>•</b>	► 44g					
45	Total	payments. Add lines 44a thro	ugh 44g						45			
		ated tax penalty (see instruction										
47	Tax d	ue. If line 45 is less than the to	otal of lines	43 and 46, enter am	ount owed				▶ 47			0.
48 (	Overp	ayment. If line 45 is larger tha	an the total	of lines 43 and 46, 6	nter amoui	nt overpaid			▶ 48			0.
49 E		the amount of line 48 you war						Refunded	<b>49</b>			
Part V		Statements Regardir	ng Cert	ain Activities	and Oth	er Informa	<b>ition</b> (se	e instructions)				
1 At an	y tim	during the 2015 calendar ye	ar, did the	organization have an	interest in	or a signature oi	r other aut	hority over a financia	l account (	(bank,	Yes	No
		or other) in a foreign country'						•	inancial			
Acco	unts.	If YES, enter the name of the	foreign cou	ntry here								X
2 During If YES	, see i	If YES, enter the name of the ax year, did the organization receive astructions for other forms the orga	e a distribution nization may	n from, or was it the gra have to file.	ntor of, or tra	nsteror to, a foreign	trust?					X
3 Enter	the a	mount of tax-exempt interest	received o	accrued during the	tax year ►	\$						
Schedu	ıle <i>i</i>	A - Cost of Goods S	<b>old.</b> Ente		tory valua	tion 🕨 LC	WER	OF COST O	R MAF			
1 Inven	itory	at beginning of year	1	11,695.					6		8,1	<u>27.</u>
2 Purch			2	6,031.	7 Cos	t of goods sold.	. Subtract	line 6				
3 Cost	of lab	or	3		fror	n line 5. Enter he	ere and in	Part I, line 2	7		9,5	<u>99.</u>
		ection 263A costs (att. schedule)	4a		<b>8</b> Do 1	the rules of secti	ion 263A (	(with respect to			Yes	No
<b>b</b> Other	cost	s (attach schedule)	4b		pro	perty produced (	or acquire	d for resale) apply to				
5 Total		lines 1 through 4b	5	17,726.	the	organization?						X
0:	Un	der penalties of perjury, I declare threet, and complete. Declaration of	at I have exa preparer (othe	mined this return, includer than taxpayer) is base	ing accompa d on all inforr	nying schedules ar nation of which pre	nd statemen eparer has a	its, and to the best of my ny knowledge.	knowledge	and belief, it is	true,	
Sign	Ι.			,					May the II	RS discuss this	return v	vith
Here		Signature of officer		D-t-		PRESI	DENT	AND CEO		rer shown belo	· —	,
	Ľ	Signature of officer		Date		Title				ns)? X Ye	S	No
		Print/Type preparer's name		Preparer's sig	nature		Date	Check	」if │PT .	IN		
Paid		TAMBO W	* D.D					self- employ		00100	F C C	
Prepar	er	JAMES M. HAGG		HG GC05212	<b>NT TTT</b>					00100		<del></del>
Use O	nly	Firm's name ► DIXON					700	Firm's EIN	<b>&gt;</b> 5	6-074	198.	т
				CENTER D			700		757	072 1	<b>022</b>	
		Firm's address ► <b>NEW</b>	LOKI.	иьwb, VA	∠30U€	)-4 <i>4</i> 35		Phone no.	101.	873.1	ひころ	

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	instructions)			2 Dadustiana disasti		to d with as allocable	
				2. Gross inc			<ol> <li>Deductions directly to debt-f</li> </ol>			
1. Description of de	bt-financed property			or allocable financed		(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)	of or a debt-fina	e adjusted ba allocable to anced proper h schedule)		6. 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	nts From C	ontrolle	d Orga	nizations (see	instruc	ctions)	
			Exemp	t Controlled C	rganizatio	ns				
1. Name of controlled organization	Employer id num	dentification Net unrelate				4. of specified ents made	pecified included in the co		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 (	501(c)(7)	), (9), or (17) Oı	rganizat	ion		
1. Descr	iption of income		1	2. Amount of income	3. Ded directly of (attach s	uctions connected schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)								
(2)								
(3)			+					
(4)						+		
				inter here and on page 1,				Enter here and on page 1,
			F	Part I, line 9, column (A).				Part I, line 9, column (B).
Totals			▶	0.				0.
Schedule I - Exploited (see instru		y Income	, Other	Than Advertisi	ing Inco	me		
	_	3		4. Net income (loss)	_			7 Fyence evenue
1. Description of exploited activity	2. Gross unrelated business income from trade or business	related business income from of unrelated		from unrelated trade or business (column 2 minus column 3). If a is not		6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(1)								<del>                                     </del>
(2)								
(3)								
(4)								
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here a page 1, F line 10, co	art I,					Enter here and on page 1, Part II, line 26.
Totals	0.		0.					0.
Schedule J - Advertisir	ng Income (see	instructions)						
Part I Income From F	Periodicals Rep	orted on	a Cons	olidated Basis	i			
1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compucols. 5 through 7.		rculation come	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 F			a Sepa	rate Basis (For	each peric	dical listed in	n Part II, fill in	
columns 2 through	7 on a line-by-line b	asis.)		1				
1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.			7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)		1						
(2)					1			
(3)		+				+		
(4)								
Totals from Part I	Enter here and	0 • Enter h	0 • ere and on					0 •
	1, Part I, I, col. (B).			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			
<b>1</b> . N	ame			2. Title		3. Percent o time devoted business	- T. Comp	ensation attributable elated business
(1)							%	
(2)							%	
							%	
(3)								
(4) T : 1 5 : 1   1   1   1   1   1   1   1   1   1							%	
Total. Enter here and on page 1, P	arτ II, line 14	<u></u>					<b>P</b>	0 • Form <b>990-T</b> (2015)

523731 01-06-16