

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
BRUCE MUSEUM INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
ONE MUSEUM DRIVE

City or town, state or province, country, and ZIP or foreign postal code  
GREENWICH, CT 06830

**D** Employer identification number  
23-7105904

**E** Telephone number  
(203) 869-0376

**G** Gross receipts \$ 11,775,107

**F** Name and address of principal officer:  
ROBERT P WOLTERSTORFF  
ONE MUSEUM DRIVE  
GREENWICH, CT 06830

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

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

**J** Website: ▶ WWW.BRUCEMUSEUM.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1970

**M** State of legal domicile: CT

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
BRUCE MUSEUM'S EXHIBITIONS AND EDUCATIONAL PROGRAMS ADVANCE THE UNDERSTANDING OF ART AND SCIENCE.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	37
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	37
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	64
<b>6</b> Total number of volunteers (estimate if necessary)	37
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	76,212
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	6,035,832	7,074,312
<b>9</b> Program service revenue (Part VIII, line 2g)	229,375	122,327
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,301,455	816,155
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-26,545	108,682
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,540,117	8,121,476
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,292,095	3,376,081
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	120,000	120,000
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,362,539		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,719,245	1,637,476
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,131,340	5,133,557
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	2,408,777	2,987,919
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	38,065,855	42,027,905
<b>21</b> Total liabilities (Part X, line 26)	548,580	1,733,193
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	37,517,275	40,294,712

## Part II Signature Block

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

**Sign Here**

Signature of officer: \*\*\*\*\* Date: 2021-05-13

ROBERT P WOLTERSTORFF EXECUTIVE DIRECTOR AND CEO  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶ PKF O'CONNOR DAVIES LLP		2021-05-05		P00543209
Firm's address ▶ 3001 SUMMER STREET 5TH FLOOR EAST STAMFORD, CT 06905			Firm's EIN ▶ 27-1728945	Phone no. (203) 323-2400

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

THE BRUCE MUSEUM PROMOTES THE UNDERSTANDING AND APPRECIATION OF ART AND SCIENCE TO ENRICH THE LIVES OF ALL PEOPLE.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  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  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 expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 3,359,011 including grants of \$ ) (Revenue \$ 135,456 )  
See Additional Data

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

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

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

**4e** Total program service expenses ▶ 3,359,011

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
<b>3</b>	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		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> 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		No
<b>5</b>	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		No
<b>6</b>	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		No
<b>7</b>	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		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
<b>9</b>	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		No
<b>10</b>	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	Yes	
<b>11</b>	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.		
<b>11a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
<b>11b</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	Yes	
<b>11c</b>	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		No
<b>11d</b>	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	Yes	
<b>11e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
<b>11f</b>	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
<b>12b</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		No
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>14b</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		No
<b>15</b>	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		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
<b>17</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	Yes	
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	Yes	
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
<b>20b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b>	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		No

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

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 [ ]

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Main form area containing questions 2a through 16b, including sub-sections for organizations receiving deductible contributions, sponsoring organizations, and health insurance issuers.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (37), 1b (37), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

**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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

<b>1b Sub-Total</b> . . . . .	▶			
<b>1c Total from continuation sheets to Part VII, Section A</b> . . . . .	▶			
<b>1d Total (add lines 1b and 1c)</b> . . . . .	▶	971,799	0	130,853

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **7**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3 Yes	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4 Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	5	No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
TURNER CONSTRUCTION 50 WATERVIEW DRIVE SUITE 220 SHELTON, CT 06484	GALLERY RENOVATION	881,246
ESKEW DUMEZ RIPPLE ONE CANAL PLACE SUITE 3150 NEW ORLEANS, LA 70130	BUILDING DESIGN AND PLANNING	367,535
NST SYSTEMS INC 750 EAST MAIN STREET 8TH FLOOR STAMFORD, CT 06902	IT MANAGEMENT	140,724
BARBARA J TAVROW 300 EAST 75TH STREET APT 23B NEW YORK, NY 10021	FUNDRAISING SERVICES	120,606
METCALFE ARCHITECTURE & DESIGN 211 N 13TH STREET PHILADELPHIA, PA 19107	NATURAL HISTORY EXHIBIT DESIGN	108,521

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **6**



Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for Federated campaigns, membership dues, fundraising events, related organizations, government grants, and other contributions.

Table for Program Service Revenue with 5 columns (A-D) and rows 2a-2f for Admissions, Workshop/Program Fees, and other program service revenue. Includes a Business Code column.

Table for Other Revenue with 5 columns (A-D) and rows 3-12 for investment income, royalties, rental income, gain from sales of assets, fundraising events, gaming activities, and sales of inventory.

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	531,106	352,909	37,047	141,150
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	2,149,224	1,428,113	149,920	571,191
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	93,409	62,068	6,516	24,825
<b>9</b> Other employee benefits . . . . .	380,722	252,982	26,557	101,183
<b>10</b> Payroll taxes . . . . .	221,620	147,262	15,459	58,899
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	3,795	445	325	3,025
<b>c</b> Accounting . . . . .	47,510	22,111	15,955	9,444
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17	120,000			120,000
<b>f</b> Investment management fees . . . . .	41,842		41,842	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	123,375	65,813	13,772	43,790
<b>12</b> Advertising and promotion . . . . .	60,933	47,248	1,823	11,862
<b>13</b> Office expenses . . . . .	374,106	263,280	27,890	82,936
<b>14</b> Information technology . . . . .	139,581	97,511	25,943	16,127
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	98,037	72,557	16,987	8,493
<b>17</b> Travel . . . . .	134,274	92,550	1,415	40,309
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	5,938	5,938		
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	273,685	202,882	12,672	58,131
<b>23</b> Insurance . . . . .	31,623	9,096	6,673	15,854
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> EXHIBITIONS/COLLECTIONS	136,536	136,536		
<b>b</b> HOSPITALITY	93,587	42,665	2,067	48,855
<b>c</b> CLEANING & MAINTENANCE	45,400	31,795	9,039	4,566
<b>d</b> HONORARIUM	18,952	18,933		19
<b>e</b> All other expenses	8,302	6,317	105	1,880
<b>25</b> Total functional expenses. Add lines 1 through 24e	5,133,557	3,359,011	412,007	1,362,539
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	146,510	<b>1</b>	87,564
	<b>2</b> Savings and temporary cash investments . . . . .	4,606,404	<b>2</b>	5,686,865
	<b>3</b> Pledges and grants receivable, net . . . . .	1,210,119	<b>3</b>	1,203,675
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	43,272	<b>8</b>	54,902
	<b>9</b> Prepaid expenses and deferred charges . . . . .	164,938	<b>9</b>	153,274
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10,547,207		
	<b>b</b> Less: accumulated depreciation	7,045,918		
	<b>11</b> Investments—publicly traded securities . . . . .	21,555,619	<b>11</b>	21,422,577
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	3,729,567	<b>12</b>	3,725,254
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	4,978,132	<b>15</b>	6,192,505
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	38,065,855	<b>16</b>	42,027,905	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	415,545	<b>17</b>	1,027,920
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	133,035	<b>19</b>	167,673
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	0	<b>25</b>	537,600
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	548,580	<b>26</b>	1,733,193
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	2,847,939	<b>27</b>	4,715,212
	<b>28</b> Net assets with donor restrictions . . . . .	34,669,336	<b>28</b>	35,579,500
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	37,517,275	<b>32</b>	40,294,712	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	38,065,855	<b>33</b>	42,027,905	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	8,121,476
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	5,133,557
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,987,919
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	37,517,275
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-322,884
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	112,402
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	40,294,712

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-7105904

**Name:** BRUCE MUSEUM INC

Form 990 (2019)

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### Form 990, Part III, Line 4a:

THE BRUCE MUSEUM OFFERED A VARIETY ART AND SCIENCE EXHIBITIONS IN 2019-2020 THAT EDUCATED AND ENGAGED OUR DIVERSE, COMMUNITY AUDIENCE. EACH EXHIBITION FEATURED WORLD-CLASS ART, OBJECTS AND ARTIFACTS THAT FOCUSED ON THE NEEDS AND INTERESTS OF OUR VISITORS AND OUR SURROUNDING COMMUNITY. SEE SCHEDULE O FOR A LIST OF THE EXHIBITIONS THAT TOOK PLACE IN 2019-2020.

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PETER SUTTON ..... FORMER EXECUTIVE DIRECTOR/CEO	0.00 .....						X	210,384	0	13,021
SUZANNE LIO ..... MANAGING DIRECTOR	35.00 .....					X		143,705	0	31,800
WILLIAM F FERENCE ..... DIRECTOR OF FINANCE/CFO	35.00 .....			X				135,416	0	31,732
DANIEL KSEPKA ..... CURATOR OF SCIENCE	35.00 .....					X		101,389	0	35,521
ROBERT WOLTERSTORFF ..... EXECUTIVE DIRECTOR/CEO	35.00 .....			X				134,777	0	3,231
WHITNEY ROSENBERG ..... DIRECTOR OF DEVELOPMENT	35.00 .....					X		127,962	0	7,301
ANNE VON STUELPNAGEL ..... DIRECTOR OF EXHIBITIONS	35.00 .....					X		118,166	0	8,247
JAMES B LOCKHART III ..... CHAIRMAN OF BOARD	7.50 .....	X		X				0	0	0
AUNDREA B AMINE ..... VICE CHAIR	1.00 .....	X		X				0	0	0
SIMONE MCENTIRE ..... VICE CHAIR	1.00 .....	X		X				0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HEIDI B SMITH ..... VICE CHAIR	1.00 .....	X		X				0	0	0
PATRICIA W CHADWICK ..... TREASURER	1.00 .....	X		X				0	0	0
WILLIAM DEUTSCH ..... SECRETARY	1.00 .....	X		X				0	0	0
SUE MORETTI BODSON ..... TRUSTEE	1.00 .....	X						0	0	0
ALLISON BRANT ..... TRUSTEE	1.00 .....	X						0	0	0
THOMAS BYRNE ..... TRUSTEE	1.00 .....	X						0	0	0
FRED CAMILLO ..... TRUSTEE	1.00 .....	X						0	0	0
MARYANN KELLER CHAI ..... TRUSTEE	1.00 .....	X						0	0	0
VICKI NETTER FIZGERALD ..... TRUSTEE	1.00 .....	X						0	0	0
ELLEN A FLANAGAN ..... TRUSTEE	1.00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
REBECCA GILLAN ..... TRUSTEE	1.00 .....	X						0	0	0
LUCILE GLASEBROOK ..... TRUSTEE	1.00 .....	X						0	0	0
SACHIKO GOODMAN ..... TRUSTEE	1.00 .....	X						0	0	0
TRACY BISHOP HOLTON ..... TRUSTEE	1.00 .....	X						0	0	0
JOHN IPPOLITO ..... TRUSTEE	1.00 .....	X						0	0	0
MICHAEL KOVNER ..... TRUSTEE	1.00 .....	X						0	0	0
PAMELA LAWRENCE ..... TRUSTEE	1.00 .....	X						0	0	0
KAMIE LIGHTBURN ..... TRUSTEE	1.00 .....	X						0	0	0
SUSAN E LYNCH ..... TRUSTEE	1.00 .....	X						0	0	0
MICHAEL MASON ..... TRUSTEE	1.00 .....	X						0	0	0



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KATHLEEN L METINKO ..... TRUSTEE	1.00 .....	X						0	0	0
DEANNA MULLIGAN ..... TRUSTEE	1.00 .....	X						0	0	0
JULIA B NUSSEIBEH ..... TRUSTEE	1.00 .....	X						0	0	0
JILL OBERLANDER ..... TRUSTEE (THRU 11/2019)	1.00 .....	X						0	0	0
CANDACE PROCACCINI ..... TRUSTEE	1.00 .....	X						0	0	0
CHARLES M ROYCE ..... TRUSTEE	1.00 .....	X						0	0	0
LAURIE RUBIN ..... TRUSTEE	1.00 .....	X						0	0	0
BETSY RUPRECHT ..... TRUSTEE	1.00 .....	X						0	0	0
DEBORAH SIMON ..... TRUSTEE	1.00 .....	X						0	0	0
JUDITH K STEIN MD ..... TRUSTEE	1.00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PETER TESEI ..... TRUSTEE (THRU 12/2019)	1.00 .....	X						0	0	0
ANN VASSILIOU ..... TRUSTEE	1.00 .....	X						0	0	0
JACQUELINE WALKER ..... TRUSTEE	1.00 .....	X						0	0	0
SUE ANNE WEINBERG ..... TRUSTEE	1.00 .....	X						0	0	0
DAVID YUDAIN ..... TRUSTEE	1.00 .....	X						0	0	0
MARTHA R ZOUBEK ..... TRUSTEE	1.00 .....	X						0	0	0

**SCHEDULE A**  
(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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
BRUCE MUSEUM INC

**Employer identification number**  
23-7105904

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

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

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

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

**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 failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	6,547,969	4,825,751	5,945,488	6,035,832	7,074,312	30,429,352
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..	207,624	207,624	209,055	246,652	259,662	1,130,617
<b>4</b>	<b>Total.</b> Add lines 1 through 3	6,755,593	5,033,375	6,154,543	6,282,484	7,333,974	31,559,969
<b>5</b>	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) . . .						639,021
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						30,920,948

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b>	Amounts from line 4. . .	6,755,593	5,033,375	6,154,543	6,282,484	7,333,974	31,559,969
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	1,258,526	909,317	988,343	724,615	927,084	4,807,885
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						36,367,854
<b>12</b>	Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	1,846,877

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	85.020 %
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	78.970 %

**16a 33 1/3% support test—2019.** 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 33 1/3% support test—2018.** 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 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	<b>4b</b>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	<b>6</b>		
<b>7</b>	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		



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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-7105904

**Name:** BRUCE MUSEUM INC

**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).

**Facts And Circumstances Test**

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Name of the organization**  
BRUCE MUSEUM INC

**Employer identification number**  
23-7105904

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

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year . . . . .		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year . . . . .		

**5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  Yes  No

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  Yes  No

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

- 1** Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area  
 Protection of natural habitat       Preservation of a certified historic structure  
 Preservation of open space
- 2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- |   | Held at the End of the Year |
|---|-----------------------------|
| <b>a</b> Total number of conservation easements . . . . .   | <b>2a</b>                   |
| <b>b</b> Total acreage restricted by conservation easements . . . . .   | <b>2b</b>                   |
| <b>c</b> Number of conservation easements on a certified historic structure included in (a) . . . . .   | <b>2c</b>                   |
| <b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . . | <b>2d</b>                   |
- 3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No
- 6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No
- 9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

- 1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_
- 2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a** Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_
- b** Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

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

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |   | Amount |
|---|--------|
| <b>1c</b> Beginning balance . . . . .             |        |
| <b>1d</b> Additions during the year . . . . .     |        |
| <b>1e</b> Distributions during the year . . . . . |        |
| <b>1f</b> Ending balance . . . . .                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	25,068,891	25,009,574	23,724,196	21,886,468	23,074,738
<b>b</b> Contributions . . . . .	166,600	207,275	629,163	785,372	414,940
<b>c</b> Net investment earnings, gains, and losses	231,657	967,411	2,094,019	2,428,976	-546,502
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	1,162,464	1,115,369	1,437,804	1,376,620	1,056,708
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	24,304,684	25,068,891	25,009,574	23,724,196	21,886,468

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 4.100 %
  - b** Permanent endowment ▶ 83.000 %
  - c** Temporarily restricted endowment ▶ 12.900 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements		9,999,934	6,557,496	3,442,438
<b>d</b> Equipment . . . . .		487,887	429,036	58,851
<b>e</b> Other . . . . .		59,386	59,386	0
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				3,501,289

**Part VII Investments—Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) ALTERNATIVE INVESTMENTS	3,725,254	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	3,725,254	

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) MUSEUM EXPANSION COSTS	6,192,505
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	6,192,505

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYCHECK PROTECTION LOAN PAYABLE	537,600
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	537,600

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

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	7,996,023
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-322,884
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	34,326
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	204,947
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-83,611
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	8,079,634
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	41,842
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	41,842
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	8,121,476

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	5,218,586
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	34,326
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	92,545
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	126,871
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	5,091,715
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	41,842
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	41,842
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	5,133,557

**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.

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-7105904

**Name:** BRUCE MUSEUM INC

## Supplemental Information

Return Reference	Explanation
PART III, LINE 4:	THE TOWN OF GREENWICH, CONNECTICUT OWNS THE ENTIRE MUSEUM COLLECTION. THE ORGANIZATION OPE RATES THE FACILITY AND MAINTAINS THE EXHIBITS PER AN AGREEMENT WITH THE TOWN OF GREENWICH. THE ORGANIZATION PROVIDES SECURITY FOR THE COLLECTION AND RESTORATION AND PRESERVATION AS NEEDED TO MAINTAIN THE COLLECTION FOR EXHIBITION.



## Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	THE BRUCE MUSEUM MAINTAINS VARIOUS DONOR-RESTRICTED AND BOARD-DESIGNATED FUNDS WHOSE PURPOSE IS TO PROVIDE LONG TERM SUPPORT FOR THE BRUCE MUSEUM'S MISSION AND CHARITABLE PROGRAMS.

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	BMI RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT BMI HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. FOR INFORMATION RETURNS, BMI IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO YEARS ENDING JUNE 30, 2017.

## Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENTS EXPENSES REPORTED ON PART VIII, LINE 8B 6,121. COST OF GOODS SOLD REPORTED ON PART VIII, LINE 10B 86,424. RECOVERY OF UNCOLLECTIBLE PLEDGES REPORT ON PART IX, LINE 9 112,402.

# Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENTS EXPENSES REPORTED ON PART VIII, LINE 8B 6,121. COST OF GOODS SOLD REPORTED ON PART VIII, LINE 10B 86,424.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
 Internal Revenue Service

**Supplemental Information Regarding  
 Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
 Attach to Form 990 or Form 990-EZ.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
 BRUCE MUSEUM INC

**Employer identification number**  
 23-7105904

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |   |  |
|---|--|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations               | <b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations | <b>f</b> <input checked="" type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations                         | <b>g</b> <input checked="" type="checkbox"/> Special fundraising events            |
| <b>d</b> <input checked="" type="checkbox"/> In-person solicitations          |  |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
BJ TAVROW CONSULTING 300 EAST 75TH STREET SUITE 23B NEW YORK, NY 10021	CAPITAL CAMPAIGN DEVELOPMENT		No	3,600,000	120,000	3,480,000
<b>Total</b>				3,600,000	120,000	3,480,000

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

CT

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>NIGHT AT THE MUSEUM</b> (event type)	(event type)	(total number)	(add col. (a) through col. (c))
<b>1</b>	Gross receipts . . . . .	26,178			26,178
<b>2</b>	Less: Contributions . . . . .	21,281			21,281
<b>3</b>	Gross income (line 1 minus line 2) . . . . .	4,897			4,897
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .	964			964
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	5,157			5,157
<b>10</b>	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				6,121
<b>11</b>	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-1,224

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

**b** If "No," explain: \_\_\_\_\_

---

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

**b** If "Yes," explain: \_\_\_\_\_

---

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

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

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

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

Director/officer       Employee       Independent contractor

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

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

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B, COLUMN (V)	THE AGREEMENT PROVIDES FOR THE PAYMENT OF FEES FOR SERVICE IN THE AMOUNT OF \$120,000. THIS AMOUNT DOES NOT INCLUDE OUT-OF-POCKET EXPESNES FOR MATERIALS AND TRAVEL, WHICH PER THE AGREEMENT MUST BE APPROVED BY THE ORGANIZATION AND ARE SEPARATELY BILLED.

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

## Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

# 2019

**Open to Public Inspection**

Name of the organization  
BRUCE MUSEUM INC

Employer identification number  
23-7105904

**Part I Questions Regarding Compensation**

		Yes	No		
<p><b>1a</b> 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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax idemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p><b>b</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</p>	<b>1b</b>				
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	<b>2</b>				
<p><b>3</b> 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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee  <input type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	Yes			
	<b>4b</b>		No		
	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> 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:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>		No		
	<b>5b</b>		No		
<p><b>6</b> 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:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>		No		
	<b>6b</b>		No		
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .</p>	<b>7</b>	Yes			
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .</p>	<b>8</b>		No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	<b>9</b>				



**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 other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> PETER SUTTON FORMER EXECUTIVE DIRECTOR/CEO	(i)	128,114	0	82,270	10,538	2,483	223,405	82,270
	(ii)	0	0	0	0	0	0	0
<b>2</b> SUZANNE LIO MANAGING DIRECTOR	(i)	118,705	25,000	0	7,235	24,565	175,505	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> WILLIAM F FERENEC DIRECTOR OF FINANCE/CFO	(i)	135,416	0	0	7,068	24,664	167,148	0
	(ii)	0	0	0	0	0	0	0

**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.

Return Reference	Explanation
PART I, LINE 4A	PETER SUTTON, FORMER EXECUTIVE DIRECTOR/CEO, RECEIVED A \$82,270 SEVERANCE PAYMENT AS REPORTED IN PART II, COLUMN B(III).
PART I, LINE 7	SUZANNE LIO, MANAGING DIRECTOR, RECEIVED A \$25,000 DISCRETIONARY BONUS AS REPORTED IN PART II, COLUMN B(II).

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
BRUCE MUSEUM INC

Employer identification number  
23-7105904

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
<b>1</b> Art—Works of art . . . . .	X	13	0	
<b>2</b> Art—Historical treasures . . . . .				
<b>3</b> Art—Fractional interests . . . . .				
<b>4</b> Books and publications . . . . .				
<b>5</b> Clothing and household goods . . . . .				
<b>6</b> Cars and other vehicles . . . . .				
<b>7</b> Boats and planes . . . . .				
<b>8</b> Intellectual property . . . . .				
<b>9</b> Securities—Publicly traded . . . . .	X	14	780,239	AVG. SELLING PRICE
<b>10</b> Securities—Closely held stock . . . . .				
<b>11</b> Securities—Partnership, LLC, or trust interests . . . . .				
<b>12</b> Securities—Miscellaneous . . . . .				
<b>13</b> Qualified conservation contribution—Historic structures . . . . .				
<b>14</b> Qualified conservation contribution—Other . . . . .				
<b>15</b> Real estate—Residential . . . . .				
<b>16</b> Real estate—Commercial . . . . .				
<b>17</b> Real estate—Other . . . . .				
<b>18</b> Collectibles . . . . .				
<b>19</b> Food inventory . . . . .				
<b>20</b> Drugs and medical supplies . . . . .				
<b>21</b> Taxidermy . . . . .				
<b>22</b> Historical artifacts . . . . .				
<b>23</b> Scientific specimens . . . . .				
<b>24</b> Archeological artifacts . . . . .				
<b>25</b> Other ▶ ( _____ )				
<b>26</b> Other ▶ ( _____ )				
<b>27</b> Other ▶ ( _____ )				
<b>28</b> Other ▶ ( _____ )				

**29** Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 1

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

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

Return Reference	Explanation
PART I, COLUMN (B):	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS.
PART I, LINE 33:	VARIOUS COLLECTION ITEMS WERE DONATED TO THE MUSEUM, WHICH IS OWNED BY THE TOWN, DURING THE TAX YEAR. TITLE TO ALL OBJECTS IN THE COLLECTIONS OF THE MUSEUM, AND ALL ADDITIONS THERETO, IS VESTED EXCLUSIVELY IN THE TOWN AND IS HELD IN PUBLIC TRUST. ACCORDINGLY, THE MUSEUM DID NOT REPORT INCOME FROM THE DONATIONS OF OBJECTS TO THE MUSEUM'S COLLECTION ON THE FORM 990, PART VIII.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury

Internal Revenue Service  
Name of the organization  
BRUCE MUSEUM INC

**Supplemental Information to Form 990 or 990-EZ**

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

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Employer identification number**

23-7105904

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<p>SUMMER WITH THE AVERYS [MILTON   SALLY   MARCH] MAY 11, 2019 - SEPTEMBER 1, 2019 ON MAY 11, 2019, THE BRUCE MUSEUM OPENED SUMMER WITH THE AVERYS [MILTON   SALLY   MARCH]. FEATURING LANDSCAPES, SEASCAPES, BEACH SCENES, AND FIGURAL COMPOSITIONS AS WELL AS RARELY SEEN TRAVEL SKETCHBOOKS THE EXHIBITION TOOK AN INNOVATIVE APPROACH TO THE SUPERB WORK PRODUCED BY THE AVERY FAMILY. ALONG WITH CANONICAL PAINTINGS BY MILTON AVERY, THE SHOW OFFERED A UNIQUE OPPORTUNITY TO BECOME ACQUAINTED WITH THE REMARKABLE ART CREATED BY AVERY'S WIFE SALLY AND THEIR DAUGHTER MARCH. ORGANIZED BY KENNETH E. SILVER, SILVER PROFESSOR OF ART HISTORY AT NEW YORK UNIVERSITY AND BRUCE MUSEUM ADJUNCT CURATOR OF ART, ASSISTED BY STEPHANIE GUYET, BRUCE MUSEUM ZVI GRUNBERG FELLOW, 2018-19, THE EXHIBITION WAS ACCOMPANIED BY A SCHOLARLY CATALOGUE, FEATURING FULL-COLOR ILLUSTRATIONS OF ALL THE WORKS IN THE SHOW. EDUCATIONAL PROGRAMMING INCLUDED LECTURES AND AN AUDIO GUIDE. ASSEMBLING ART: WORKS BY VIN GIULIANI AUGUST 3, 2019 - SEPTEMBER 15, 2019 ASSEMBLING ART: WORKS BY VIN GIULIANI DISPLAYED THE CREATIONS OF GREENWICH NATIVE VINCENT "VIN" GIULIANI, WHO TRANSFORMED SCRAP WOOD, TRINKETS, AND A COLORFUL VARIETY OF FOUND OBJECTS INTO ARTISTIC ASSEMBLAGES THAT REPRESENT EVERYTHING FROM KITSCHY AMERICANA TO QUESTIONS ABOUT THE HUMAN PSYCHE. INSPIRED BY POP ART'S MOCKERY OF AMERICAN CONSUMERISM, GIULIANI COMBINED EVERYDAY OBJECTS TO ILLUSTRATE ECONOMIC, SOCIAL, AND POLITICAL ISSUES OF THE 1960S AND 1970S. VIN GIULIANI GREW UP IN GREENWICH, CT, WITH HIS BROTHER JOHN AND HIS PARENTS AMALIA AND NICOLA. THEY LIVED AT 353 GREENWICH AVENUE WHERE HIS FATHER RAN A SHOE REPAIR SHOP. GIULIANI ATTENDED GREENWICH HIGH SCHOOL, WHERE HE WAS AN AVID ART STUDENT AND CONTRIBUTOR TO THE SCHOOL'S YEARBOOK. AFTER GRADUATING IN 1948, GIULIANI STUDIED ART AT THE PRATT INSTITUTE IN NEW YORK. HE CONTINUED TO LIVE IN GREENWICH AND WORKED AS A GRAPHIC DESIGNER WHILE DEVELOPING HIS SIGNATURE STYLE OF ASSEMBLAGE ART. THE WORKS ON VIEW IN THE BANTLE LECTURE GALLERY WERE DONATED TO THE MUSEUM'S PERMANENT ART COLLECTION BY THE GIULIANI FAMILY AND INCLUDE A NUMBER OF DRAWINGS ON SKETCH PAPER. PRECISE RENDERINGS OF ELEMENTS THAT APPEAR IN HIS ASSEMBLAGES, THE IMAGES APPEAR MORE LIKE BLUEPRINTS THAN SKETCHES. THE DRAWINGS DEMONSTRATE HOW THE DESIGN AND REVISION PROCESS WORKED FOR GIULIANI AS WELL AS HIS TALENT AS A GRAPHIC ARTIST. THIS EXHIBITION ALSO FEATURED A FAMILY-FRIENDLY ART ASSEMBLY ZONE. USING FOUND OBJECTS PROVIDED BY THE MUSEUM, PARTICIPANTS OF ALL AGES CREATED UNIQUE PIECES INSPIRED BY GIULIANI'S WORK AND BY THEIR OWN EXPERIENCES AND IMAGINATIONS. GALLERY HAPPENING: DRAWING ON THE GALLERY WALLS ONLINE PRESENTATION SEPTEMBER 8, 2019 - JANUARY 9, 2020 BRUCE CONSTRUCTS AND THE PUBLIC CELEBRATION OF THE CAMPAIGN FOR THE NEW BRUCE ON SEPTEMBER 8, PROVIDED A UNIQUE OPPORTUNITY FOR THE COMMUNITY TO PAINT ON THE GALLERY WALLS. "ALLOWING VISITORS TO CREATE WAS THE BEST," A MUSEUM GUEST DEFINITELY EXPRESSED. BRUCE MUSEUM'S</p>

**990 Schedule O, Optional Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<p>STAFF WERE AWED BY THE COLLECTIVE CREATIVITY LEFT ON DISPLAY THROUGH JANUARY OF 2020. BRUCE CONSTRUCTS, THE SPIRITED LAUNCH OF THE PUBLIC PHASE OF THE CAMPAIGN FOR THE NEW BRUCE, ATTRACTED WELL OVER 1,000 MUSEUM MEMBERS AND SUPPORTERS FROM THROUGHOUT THE COMMUNITY ON SEPTEMBER 8. THANK YOU TO ALL WHO ATTENDED AND TO OUR GENEROUS FRIENDS AND NEIGHBORS FOR HELPING CELEBRATE THIS MOMENTOUS OCCASION! THIS FUN AFTERNOON OF FREE, FAMILY-ORIENTED ACTIVITIES INCLUDED THE RARE CHANCE TO DRAW ON THE MUSEUM'S GALLERY WALLS BEFORE THE START OF RENOVATION WORK. THE EVENT ALSO SERVED AS AN OPPORTUNITY FOR BRUCE STAFF AND CAMPAIGN LEADERS TO THANK SUPPORTERS OF THE NEW BRUCE AND INVITE THE ENTIRE COMMUNITY TO JOIN THESE BENEFICIARIES IN REIMAGINING THE BRUCE MUSEUM. CONTEMPORARY ARTISTS/TRADITIONAL FORMS: CHINESE BRUSHWORK SEPTEMBER 28, 2019 - DECEMBER 8, 2019 CONTEMPORARY ARTISTS/TRADITIONAL FORMS: CHINESE BRUSHWORK FEATURED THE U.S. DEBUT OF 15 PIECES OF CONTEMPORARY CHINESE BRUSHWORK GIFTED TO THE TOWN OF GREENWICH AS PART OF THE 2019 U.S.-CHINA ART AND CULTURE EXCHANGE. THE EXHIBITION INTRODUCED VISITORS TO THE BASIC TOOLS AND CONCEPTS THAT INFORM THESE WORKS OF ART AND PRESENTS THESE PIECES IN THEIR HISTORICAL AND PRESENT-DAY CONTEXTS. ALSO KNOWN AS WATER-PAINTING, BRUSHWORK HAS A LONG AND ILLUSTRIOUS HISTORY IN CHINA. THE ART FORM DEVELOPED DIRECTLY FROM THE PRACTICE OF CALLIGRAPHY, OR "BEAUTIFUL WRITING," SOMETIME DURING THE HAN DYNASTY (220-589 AD). TRADITIONALLY, BRUSHWORK WAS NOT PRACTICED BY PROFESSIONAL ARTISTS BUT BY AMATEURS COLLOQUIALLY KNOWN AS SCHOLAR ARTISTS, WHO PRIDED THEMSELVES ON THEIR MASTERY OF CALLIGRAPHY AND INCORPORATED PAINTING INTO THEIR POEMS. TODAY THE LEGACY OF THE SCHOLAR ARTIST LIVES ON IN CHINA AND IN THE CREATION OF THESE CONTEMPORARY WORKS OF ART. COLLECTING REIMAGINED: A 2D CURIOSITY CABINET DECEMBER 14, 2019 - MARCH 29, 2020 THE PRACTICE OF COLLECTING OBJECTS AND PUTTING THEM ON DISPLAY IN CABINETS OF CURIOSITIES REACHED ITS PEAK AMONG EUROPEAN COLLECTORS, SCIENTISTS, AND ROYALTY DURING THE 16TH AND 17TH CENTURIES. THE PURPOSES OF THESE ROOMS VARIED, FROM SHOWCASING PRIZED POSSESSIONS TO SERVING AS EDUCATIONAL TOOLS. SOME CABINET OWNERS EVEN ASPIRED TO THE METAPHYSICAL IN THEIR DESIRE TO CREATE A MICROCOSM OF THE UNIVERSE THROUGH THEIR COLLECTIONS. ON VIEW DECEMBER 14, 2019 THROUGH MARCH 29, 2020, COLLECTING REIMAGINED: A 2D CURIOSITY CABINET WAS CURATED BY H.S. MILLER, THE MUSEUM'S ZVI GRUNBERG RESIDENT FELLOW 2019-20. THE EXHIBITION WAS BASED ON A CHAPTER OF THE MASTER'S DISSERTATION MILLER COMPLETED WHILE STUDYING AT THE UNIVERSITY OF EDINBURGH IN SCOTLAND. DRAWING INSPIRATION FROM THESE CABINETS ON PAPER, THIS EXHIBITION USES PRINTED WORKS, PHOTOGRAPHS, MEDALS, TEXTILES, AND SCRIMSHAW FROM THE BRUCE MUSEUM COLLECTIONS TO CREATE A CABINET FILLED WITH TWO-DIMENSIONAL DEPICTIONS OF TYPICAL THREE-DIMENSIONAL CABINET OBJECTS. ON THE EDGE OF THE WORLD: MASTERWORKS BY LAURITS ANDERSEN RING FROM SMKTHENATIONAL GALLERY OF DENMARK</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>FEBRUARY 1, 2020 - AUGUST 9, 2020 FOLLOWING AN EXTENSIVE, FIVE-MONTH-LONG RENOVATION OF ITS CHANGING GALLERY SPACES, THE BRUCE MUSEUM WAS PLEASED TO PRESENT A MAJOR NEW INTERNATIONAL EXHIBITION, ON THE EDGE OF THE WORLD: MASTERWORKS BY LAURITS ANDERSEN RING FROM SMK THE NATIONAL GALLERY OF DENMARK. INITIATED BY THE AMERICAN FRIENDS OF STATENS MUSEUM FOR KUNST, THE NATIONAL GALLERY OF DENMARK, THE EXHIBITION OPENED ON SATURDAY, FEBRUARY 1, 2020, AND WAS ON VIEW IN THE MUSEUM'S NEWLY EXPANDED MAIN ART GALLERY THROUGH SUNDAY, AUGUST 9, 2020. L.A. RING (1854-1933), A REALIST AND SYMBOLIST PAINTER, IS CONSIDERED ONE OF THE MOST IMPORTANT FIGURES IN DANISH ART. THE NATIONAL GALLERY OF DENMARK HOLDS THE LARGEST COLLECTION OF RING'S PAINTINGS AND DRAWINGS IN THE WORLD; ON THE EDGE OF THE WORLD SHOWCASED 25 OF THE MOST IMPORTANT PIECES THAT REPRESENT THE KEY THEMES AND SHEER VARIETY AND COMPLEXITY OF HIS OEUVRE. THE EXHIBITION TRAVELED TO ONLY TWO U.S. VENUES. THE BRUCE MUSEUM WAS THE ONLY VENUE ON THE EAST COAST. THROUGH HIS ART, RING DESCRIBED A TIME OF GREAT UPHEAVAL IN DENMARK. THE PROCESSES OF INDUSTRIALIZATION CAUSED MAJOR CHANGES TO THE LABOR MARKET; NEW ENTERPRISES FLOURISHED, AND PEOPLE MOVED FROM THE COUNTRY TO THE CITIES. DENMARK WAS ON THE WAY TO BECOMING A MODERN SOCIETY. ALTHOUGH L.A. RING LIVED IN DENMARK ALL HIS LIFE, HIS WORKS DISPLAY CERTAIN PARALLELS TO THE LANDSCAPES OF AMERICAN REALISM AND NATURALISM. AND JUST AS L.A. RING WAS KEENLY INTERESTED IN HOW INDIVIDUAL MAN HANDLED THE EXISTENTIAL CHALLENGES ARISING AS A RESULT OF THE MODERN BREAKTHROUGH, SO TOO WERE MANY AMERICAN ARTISTS OF THE TIME. POISED BETWEEN REALISM AND SYMBOLISM, L.A. RING'S ART EXPLORES MANKIND'S INNER LIFE, WHICH FOR HIM WAS OFTEN INFUSED BY DEPRESSIVE IDEAS AND MELANCHOLY MOODS. DEATH AND THE PASSING OF ALL THINGS IS A RECURRING THEME IN HIS ART INCLUDING HIS MANY ZEALAND LANDSCAPES, WHICH COME TO FORM PERSONAL, DENSELY ATMOSPHERIC LANDSCAPES OF THE SOUL. HOWEVER, OTHER THEMES OF CLOSENESS AND INTIMACY ALSO FOUND THEIR WAY INTO HIS ART AFTER HE MARRIED THE LOVE OF HIS LIFE IN 1896: SIGRID, ELDEST DAUGHTER OF MASTER POTTER HERMAN KHLER. BOTH ASPECTS OF RING HIS MELANCHOLY AIR AND HIS JOY IN LIFE WERE REPRESENTED IN THE EXHIBITION, EDGE OF THE WORLD: MASTERWORKS BY LAURITS ANDERSEN RING FROM SMK THE NATIONAL GALLERY OF DENMARK. THE EXHIBITION APPEALED TO ART LOVERS AS WELL AS AMERICANS IN GENERAL, AS IT PORTRAYS THE LIFE OF MANY EUROPEAN EMIGRANTS SETTLING IN THE U.S. AROUND 1900.</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<p>UNDER THE SKIN FEBRUARY 1, 2020 - NOVEMBER 29, 2020 NATURE IS FULL OF BEAUTY, AT SCALES GREAT AND SMALL. UNDER THE SKIN HIGHLIGHTED A DOZEN RECENT DISCOVERIES THROUGH A COMBINATION OF REMARKABLE IMAGERY AND REAL BIOLOGICAL SPECIMENS. WHILE EACH REPRESENTS A RESEARCH BREAKTHROUGH, THESE STRIKING AND, IN MANY CASES, PRIZE-WINNING IMAGES CAN RIGHTFULLY BE CONSIDERED ART IN THEIR OWN RIGHT. UNDER THE SKIN SAMPLED IMAGES MADE POSSIBLE BY A REMARKABLE ARRAY OF TECHNOLOGIESCT SCANNING, INFRARED CAMERAS, SCANNING ELECTRON MICROSCOPES AND MORE THAT ALLOW SCIENTISTS TO VISUALIZE THE MARVELS OF EVOLUTION THAT LIE BELOW THE SURFACE. ALL OF THE IMAGES PRESENTED IN THE EXHIBITION WERE CAPTURED IN THE LAST FIVE YEARS, THUS REPRESENTING THE CUTTING EDGE OF MODERN IMAGING. MANY SHOWCASED AMAZING DISCOVERIES THAT WERE UNDREAMT OF JUST A DECADE AGO. NATURAL HISTORY SPECIMENS FROM THE BRUCE MUSEUM AND ON LOAN FROM OTHER COLLECTIONS COMPLEMENTED EACH IMAGE AND REINFORCED THE ROLE OF MUSEUMS AS STEWARDS OF NATURAL HISTORY. VISITORS LEARNED HOW WE CAN PEER INTO THE INNER EAR OF A FROG SMALLER THAN A PISTACHIO, COUNT THE UNBORN BABIES INSIDE A PREGNANT TIGER SHARK, AND REVEAL THE AGE OF A TEN-TON DINOSAUR FROM MICROSCOPIC STRUCTURES IN ITS BONES. EXPLORING THE RELATIONSHIP BETWEEN LIGHT AND NATURE, VISITORS DISCOVERED THAT FLYING SQUIRRELS CAN GLOW A FLUORESCENT PINK, PELICAN POUCHES BURST INTO COLOR IN INFRARED, AND MACARONI PENGUINS HAVE INVENTED THEIR OWN SPECIAL BRAND OF THE COLOR YELLOW. BRUCE GOES DIGITAL MARCH 30, 2020 - PRESENTED DURING THE CHALLENGING TIMES PRESENTED AS A RESULT OF THE GLOBAL PANDEMIC, THE BRUCE MUSEUM BROUGHT ITS EXHIBITIONS ONLINE FOR THOSE WHO COULD NOT OR WOULD NOT VISIT IN MUSEUM IN PERSON. THE BRUCE CONTINUES TO HOST THESE ONLINE EXHIBITIONS- FREE OF CHARGE - FOR THE ENJOYMENT OF ALL ON THE WEBSITE BRUCEMUSEUM.ORG. - ON THE EDGE OF THE WORLD: MASTERWORKS BY LAURITS ANDERSEN RING FROM SMKTHE NATIONAL GALLERY OF DENMARK - UNDER THE SKIN VIRTUAL EXHIBIT TOUR - HOUSE ON THE HILL: THE CHANGING FACE OF THE BRUCE MUSEUM. TO DATE, THE WEBSITE HAS HAD 2,200 VISITS BY 2,300 UNIQUE VISITORS WITH A COMBINED 10,000 PAGE VIEWS. THE EXHIBITION WAS ABLE TO BE INSTALLED ONSITE AS WELL. ICREATE 2020 JUNE 27, 2020 - AUGUST 2, 2020 EACH YEAR, THE BRUCE MUSEUM SHOWCASES THE ART OF HIGH SCHOOL STUDENTS THROUGHOUT CONNECTICUT, NEW JERSEY, AND NEW YORK IN THE ICREATE EXHIBITION. THIS ANNUAL JURIED COMPETITION, IN ITS 11TH CONSECUTIVE YEAR, FEATURED 55 WORKS OF FINE ART SELECTED FROM MORE THAN 850 SUBMISSIONS, AND 123 HIGH SCHOOLS REPRESENTED. THIS EXHIBITION CENTERED ON AN ARRAY OF WORKS INFUSED WITH THE CREATIVE SPIRIT AND IMPACTFUL VOICES OF BUDDING YOUNG ARTISTS. ICREATE SERVES AS AN OUTLET FOR THESE EMERGING ARTISTS, AMPLIFYING THE SCOPE OF THEIR PIECES' INFLUENCE AND PROVIDING THE COMMUNITY A GLIMPSE INTO LOCAL ARTISTIC POTENTIAL. THE WORKS ARE OF DIVERSE MEDIUMS AND EXPLORE DIFFERENT THEMES RANGING FROM CRITIQUES OF TRADITIONAL SOCIAL CONSTRUCTS TO SHARING TR</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>IBUTES OF FAMILY AND FRIENDS, EXPRESSIONS OF CULTURAL DIVERSITY, COMMUNICATING THE IMPORTANCE OF HEALTH AND WELL-BEING, AND GENDER IDENTITY. EDUCATIONAL PROGRAMS THE BRUCE MUSEUM'S PRIMARY GOAL IS TO EDUCATE OUR VISITORS. THE MUSEUM'S AUDIENCE ENGAGEMENT DEPARTMENT TAILORS EACH LEARNING EXPERIENCE TO MATCH OUR TARGETED AUDIENCE SEGMENTS IN THE COMMUNITY. HIGHLIGHTS FROM THE MUSEUM'S EDUCATIONAL PROGRAMMING AND PLANNING IN 2019-2020 INCLUDE THE FOLLOWING: - THIS YEAR, THE MUSEUM HAD OVER 37,000 VISITOR INTERACTIONS THROUGH EDUCATIONAL PROGRAMS, BOTH IN-PERSON AND DIGITALLY. - YOUTH AND FAMILY PROGRAMS PROVIDE OPPORTUNITIES FOR INTERGENERATIONAL GROUPS TO INTERACT IN AN INFORMAL LEARNING ENVIRONMENT AND CREATE ENRICHING EXPERIENCES OUTSIDE OF A SCHOOL ENVIRONMENT FOR CHILDREN, WITH OR WITHOUT THEIR CAREGIVERS. THE NUMBERS LISTED REFLECT PROGRAM PARTICIPATION THROUGH MARCH 2020, AFTER WHICH THE MUSEUM WAS CLOSED FOR THE COVID-19 PANDEMIC. TOTAL NUMBER OF PEOPLE REACHED THROUGH YOUTH AND FAMILY PROGRAMS: 161 PROGRAMS TAUGHT WITH 2,445 VISITOR INTERACTIONS. - YOUTH AND FAMILY PROGRAMS BEGAN OFFERING FAMILY PROGRAMS ON SATURDAYS AND SUNDAYS DURING FY19/20. PRIOR TO THIS, FAMILY PROGRAMS WERE ONLY OFFERED ON SUNDAYS. THE CHANGE TOOK EFFECT IN SEPTEMBER 2019 FOR BOTH WEEKEND FAMILY PROGRAMS: ART ADVENTURES AND SCIENCE SOLVERS. PROGRAMS WERE OFFERED ON BOTH DAYS OF THE WEEKEND WITH THE SAME PROGRAM BEING OFFERED ON BOTH DAYS. - SCHOOL AND TOUR SERVICES OFFER EDUCATIONAL PROGRAMS AND TOURS BASED ON CHANGING EXHIBITIONS AND OUR PERMANENT EXHIBITION, CHANGES IN OUR LAND, TO SCHOOL AND ADULT GROUPS. SCHOOL PROGRAMS INCLUDE INQUIRY-BASED DISCUSSIONS ABOUT OBJECTS ON VIEW AND REGULARLY INCLUDE A HANDS-ON EXPERIMENT OR ART-MAKING ACTIVITY. ADULT TOURS ARE ALSO INQUIRY-BASED AND PROVIDE AMPLE OPPORTUNITIES FOR VISITORS TO DISCUSS OBJECTS ON EXHIBIT WITH A TRAINED EDUCATOR. THE NUMBERS LISTED BELOW REFLECT PROGRAM PARTICIPATION THROUGH MARCH 2020 AFTER WHICH THE MUSEUM WAS CLOSED FOR THE COVID-19 PANDEMIC. NUMBER OF PEOPLE REACHED THROUGH MUSEUM-BASED PROGRAMS: 380 PROGRAMS TAUGHT WITH 5,760 VISITOR INTERACTIONS. - NEIGHBORHOOD COLLABORATIVE IS A PROGRAM THAT SERVES AT-RISK STUDENTS AND OPERATES UNDER THE RESEARCH-BASED PRINCIPLE THAT MULTIPLE VISITS TO THE MUSEUM ARE MORE BENEFICIAL THAN A SINGLE VISIT. NEIGHBORHOOD COLLABORATIVE IS GENEROUSLY SUPPORTED BY GIFTS FROM INDIVIDUALS AND FOUNDATIONS. THIS FUND ALLOWS THE AUDIENCE ENGAGEMENT DEPARTMENT TO WAIVE PROGRAM FEES AND COVER TRANSPORTATION COSTS FOR QUALIFIED GROUPS. THE NUMBERS LISTED BELOW REFLECT PROGRAM PARTICIPATION THROUGH MARCH 2020 AFTER WHICH THE MUSEUM WAS CLOSED FOR THE COVID-19 PANDEMIC. NUMBER OF PEOPLE REACHED THROUGH NEIGHBORHOOD COLLABORATIVE PROGRAMS: 180 PROGRAMS DELIVERED, EQUALING 2,815 STUDENTS (DUPLICATE COUNT). - AT THE REQUEST OF THE MEDIA COORDINATOR, AND IN COLLABORATION WITH THE LANGUAGE ARTS DEPARTMENT AT CENTRAL MIDDLE SCHOOL, CORINNE FLAX DEVELOPED A SERIES OF PRESENTATIONS THAT F</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 4A	FOCUS ON UNDERSTANDING HOW IMAGERY AND MESSAGING IS USED IN ADVERTISING. SPECIFIC TOPICS ADDRESSED IN THESE PROGRAMS WERE GREENWASHING, VIRTUE SIGNALING, MISLEADING ICONOGRAPHY, AND THE PSYCHOLOGY OF MARKETING IN CONNECTION WITH GRAPHIC DESIGN. THESE LESSONS HELPED STUDENTS PREPARE FOR THE FINAL PROJECT, AN EXPLORATION OF THE REPRESENTATION OF RACE AND DIVERSITY IN POPULAR MEDIA. - DURING THIS FISCAL YEAR, THE BRUCE MUSEUM EDUCATORS WORKED WITH 1,246 PARTICIPANTS FROM GREENWICH-BASED SCHOOLS AND ORGANIZATIONS.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART IV, LINE 8:	THE TOWN OF GREENWICH, CONNECTICUT OWNS THE ENTIRE MUSEUM COLLECTION. THE ORGANIZATION OPERATES THE FACILITY AND MAINTAINS THE EXHIBITS PER AN AGREEMENT WITH THE TOWN OF GREENWICH. THE ORGANIZATION PROVIDES SECURITY AND PERFORMS RESTORATION AND PRESERVATION AS NEEDED TO MAINTAIN THE COLLECTION FOR EXHIBITION.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 6	BRUCE MUSEUM, INC. HAS VARIOUS CLASSES OF MEMBERSHIP AS AUTHORIZED BY THE BOARD OF TRUSTEES. EACH CLASS IS ENTITLED TO ONE VOTE ON EACH MATTER SUBMITTED TO A VOTE OF THE MEMBERS, INCLUDING THE ELECTION OF TRUSTEES AT THE ANNUAL MEETING OF THE MEMBERS. THE PERSONS WHO COMPRISE A FAMILY MEMBERSHIP ARE ENTITLED TO ONE VOTE ON EACH MATTER. MEMBERS ARE NOT ENTITLED TO RECEIVE A SHARE OF THE ORGANIZATION'S PROFITS OR EXCESS DUES, OR A SHARE OF THE ORGANIZATION'S NET ASSETS UPON THE ORGANIZATION'S DISSOLUTION.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS OF THE BRUCE MUSEUM, INC. ELECT THE TRUSTEES, OTHER THAN THE EX-OFFICIO TRUSTEES, AT THE ANNUAL MEETING OF THE MEMBERS, BY A MAJORITY VOTE OF THE MEMBERS ENTITLED TO VOTE WHO ARE PRESENT IN PERSON OR BY WRITTEN PROXY.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE ORGANIZATION HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND IS PROVIDED TO THE AUDIT COMMITTEE FOR REVIEW, COMMENT, AND APPROVAL. ONCE APPROVED BY THE AUDIT COMMITTEE, A COMPLETE COPY OF THE RETURN IS DISTRIBUTED TO THE ALL MEMBERS OF THE BOARD OF TRUSTEES PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY WITHIN ITS CODE OF ETHICS WHICH COVERS THE BOARD OF TRUSTEES AS WELL AS THE ORGANIZATION'S STAFF AND VOLUNTEERS. ALL OFFICERS AND TRUSTEES ARE REQUIRED TO DISCLOSE ANNUALLY ANY POTENTIAL CONFLICTS OF INTEREST. PER THE TERMS OF THIS POLICY, A TRUSTEE SHOULD NOT VOTE ON, APPROVE, OR RECOMMEND APPROVAL OF A TRANSACTION BETWEEN THE MUSEUM AND THAT TRUSTEE OR IMMEDIATE FAMILY MEMBER, AND SHOULD DISCLOSE ANY POTENTIAL CONFLICT PRIOR TO A VOTE OR OTHER ACTION. IF SUCH TRUSTEE IS PRESENT WHEN A MATTER INVOLVING A POTENTIAL CONFLICT OF INTEREST IS CONSIDERED, HE OR SHE SHOULD LEAVE THE MEETING DURING THAT DISCUSSION AND/OR THE VOTE. ADDITIONALLY, THE POLICY REQUIRES CARE TO BE EXERCISED BY STAFF TO ASSURE THAT NO CONFLICT OR PERCEIVED CONFLICT ARISES BETWEEN THEMSELVES AND THE ORGANIZATION, AND THE STAFF MUST NOT COLLECT FOR THEMSELVES IN COMPETITION WITH THE MUSEUM. CONFLICT OF INTEREST RESTRICTIONS ARE ALSO EXPLAINED TO VOLUNTEERS AND OBSERVED BY THEM. THE CEO AND A COMMITTEE DETERMINE CONFLICTS AND REVIEW THE CONFLICTS ONCE DETERMINED.



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15A	THE EXECUTIVE COMMITTEE CONDUCTS AN ANNUAL COMPENSATION REVIEW OF THE EXECUTIVE DIRECTOR. COMPENSATION IS BASED ON HIS PERFORMANCE AND COMPARABILITY DATA TO MUSEUM INDUSTRY STANDARDS. THE BOARD APPROVES THE EXECUTIVE DIRECTOR'S COMPENSATION. THE COMPENSATION APPROVAL IS DOCUMENTED IN A LETTER FROM THE BOARD OF DIRECTORS TO THE EXECUTIVE DIRECTOR.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION'S FORM 990 IS AVAILABLE ON THEIR WEBSITE, AS WELL AS GUIDESTAR, CHARITY NAVIGATOR, AND OTHER SIMILAR WEBSITES.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON WRITTEN REQUEST TO THE ORGANIZATION.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9:	RECOVERY OF UNCOLLECTIBLE PLEDGES 112,402.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990. PART XI, LINE 2C:	THE ORGANIZATION'S PROCESSES FOR THE SELECTION OF AN INDEPENDENT ACCOUNTANT AND OVERSIGHT OF ITS AUDITED FINANCIAL STATEMENTS HAVE NOT CHANGED FROM THE PRIOR YEAR.