DLN: 93493319074919 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 D Employer identification number B Check if applicable THE GLASS-GLEN BURNIE MUSEUM INC □ Address change 54-1857973 ☐ Name change Doing business as THE MUSEUM OF THE SHENANDOAH VALLEY ☐ Initial return ☐ Final return/terminated Number and street (or P O box if mail is not delivered to street address) Room/suite 901 AMHERST STREET E Telephone number ☐ Amended return ☐ Application pending (540) 662-1473 City or town, state or province, country, and ZIP or foreign postal code WINCHESTER, VA $\,$ 22601 G Gross receipts \$ 12,634,506 Name and address of principal officer H(a) Is this a group return for DANA HAND EVANS ☐Yes ☑No subordinates? 901 AMHERST ST H(b) Are all subordinates WINCHESTER, VA 22601 ☐ Yes ☐No ıncluded? Tax-exempt status **✓** 501(c)(3) 4947(a)(1) or 501(c) () ◀ (insert no) If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW THEMSV ORG L Year of formation 1997 M State of legal domicile VA Summary 1 Briefly describe the organization's mission or most significant activities DEDICATED TO PRESERVING AND ENRICHING THE CULTURAL LIFE AND HERITAGE OF THE SHENANDOAH VALLEY Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 25 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 6 **6** Total number of volunteers (estimate if necessary) 125 Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 5,089,015 8 Contributions and grants (Part VIII, line 1h) . 7,050,526 Ravenua 310,029 421,067 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,452,207 -85,965 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 116,219 105,022 8,928,981 5,529,139 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,667,314 2,629,401 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶366,338 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 2,979,968 3,055,303 5,647,282 5,684,704 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 3,281,699 -155,565 Net Assets or Fund Balances Beginning of Current Year End of Year 35,558,691 38,353,198 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 1,161,399 3,954,523 22 Net assets or fund balances Subtract line 21 from line 20 . 34,397,292 34,398,675 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 2019-11-14 Signature of officer Sign Here DANA HAND EVANS CEO AND DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2019-11-14 P01068721 Paid self-employed Firm's name YOUNT HYDE & BARBOUR PC Firm's EIN ► 54-1149263 Preparer Use Only Firm's address ► PO BOX 2560 Phone no (540) 662-3417 WINCHESTER, VA 226041760 ✓ Yes 🗆 No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)					Page 2					
Pa	rt III Statement	of Program Servic	e Accomplis	hments							
	Check If Sche	dule O contains a respo	nse or note to a	any line in this Part III		🗹					
1	Briefly describe the o	rganization's mission									
VALL OFFE WOR STOR WAR WILL	EY A CULTURAL SITE RING AN EXTENSIVE S KING FARM IN THE CI' RY, INCLUDING THE GI BATTLEFIELD SITE TI EXPAND INTO A CULT	THAT SERVES THE ENT SCHEDULE OF EDUCATI TY OF WINCHESTER, AI LEN BURNIE HOUSE AN HE MSV CELEBRATES T 'URAL PARK BY OPENIN	TRE REGION, TI ONAL AND COM ND ACTIVELY BU D SURROUNDIN HE VALLEY'S PA IG 90 ACRES OF	HE MSV FULFILLS ITS I IMUNITY PROGRAMMIN JILDING AND CARING IG SEVEN-ACRE GARDI ST, SERVES AS A VIBF THE MSV LANDSCAPE	IND ENRICH THE CULTURAL LIFE AMISSION BY PRESENTING A WIDE IG, PRESERVING THE LARGEST GREOR A COLLECTION OF OBJECTS VENS AND ROSE HILL FARM PARK, AMANT CULTURAL CENTER IN THE PROTOTHE PUBLIC AS A FREE-ADMISSION THE MISSION THE COMM	VARIETY OF EXHIBITIONS, REEN SPACE AND ONLY WHICH TELL THE VALLEY'S A PUBLIC PARK AND CIVIL RESENT, AND, IN 2020, SSION ART PARK WITH A					
2	-	undertake any significa	nt program serv	vices during the year w	hich were not listed on	☐ Yes ☑ No					
	•	the prior Form 990 or 990-EZ?									
3	•										
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?										
	If "Yes," describe these changes on Schedule O										
4	Describe the organization 501(c)(3) an	ation's program service	accomplishmer	to report the amount of	largest program services, as meas of grants and allocations to others,						
4a	(Code) (Expenses \$	1,924,221	including grants of \$) (Revenue \$	83,660)					
	See Additional Data										
4b	(Code) (Expenses \$	1,827,646	ıncludıng grants of \$) (Revenue \$)					
	See Additional Data										
4c	(Code) (Expenses \$	915,586	including grants of \$) (Revenue \$	175,291)					
	See Additional Data										
4d	Other program service	ces (Describe in Schedu	ıle O)								
	(Expenses \$	ıncl	uding grants of	\$) (Revenue \$)					
4e	Total program serv	/ice expenses ▶	4,667,4	F 2							

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Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 📆	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 2	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🛂	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 2	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
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 2	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🥦	11e	Yes	

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

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the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸

11f

12a

12b

13

14a

14b

15

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18

19

20a

20b

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Yes

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Νo

Nο

Νo

Nο

Form **990** (2018)

Ш	990 (2018)			Page
ar	Checklist of Required Schedules (continued)			
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule 3	23	Yes Yes	No
1	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
•	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🛸	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
1	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
श	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			旦

1a

1b

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

41

0

1c

Yes

11b

12b

13b

13c

12a

13a

14a

14b

15

No

Nο

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b Gross income from other sources (Do not net amounts due or paid to other sources

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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tion	A Coverning Body and Management
	Check if Schedule O contains a response or note to any line in this Part VI
	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions
VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines

Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" resp	onse to	lines 🗹
Se	ection A. Governing Body and Management			
	-		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 25			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			

6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the annual translation beautiful beautiful branches an efficiency			
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a 10b		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		Yes	No
11a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the	10b	Yes	No
11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	No
11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b		No

15a a The organization's CEO, Executive Director, or top management official . Yes **b** Other officers or key employees of the organization 15b Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation

status with respect to such arrangements?

in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt

16a

16b

Νo

List the States with which a copy of this Form 990 is required to be filed▶ 17 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

☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

20

Section C. Disclosure

policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records ►DIRECTOR OF FINANCE 901 AMHERST STREET WINCHESTER, VA 22601 (540) 662-1473

orm 990 (2018)										Page 7
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	this	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	istees, Key E	mploy	ees	, an	id H	lighe	st C	Compensated En	nployees	
ear • List all f compens	e this table for all persons require of the organization's current of ation Enter -0- in columns (D), (ficers, directors, E), and (F) if no	trustee	s (wl nsatı	neth on v	er ir vas į	ndıvıdu Daid	als (or organizations), re	gardless of amount	-
	of the organization's current key		•								
ho receive	organization's five current high of reportable compensation (Box of and any related organizations										
f reportabl	of the organization's former office e compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	•'			·	•
rganızatıor	of the organization's former dire n, more than \$10,000 of reportab	le compensation	n from t	he or	gan	ızatı	on and	an	y related organization	ns	2
ompensate	s in the following order individua ed employees, and former such p	ersons	•								
_ Check	this box if neither the organizatio	n nor any relate	ed orgar	nizatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	Γ
	(A) Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1000 MISC)	MISC)	related organizations
See Addition	al Data Table						Ŀ				
					l	1		l			

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

Page 8

Part VII Section A. Officers, Di	rectors, Trustees	, key	Empi	oye	es,	and I	Higi	iest Comper	isate	a Employees (cont	inuea)	
(A) Name and Title	(B) Average hours per week (list any hours		ne b	ox, u n off	che inles	s pers	son	(D) Reportabl compensati from the organization	on (W-	(E) Reportable compensatior from related organizations (compensation V- from the	
	for related organizations below dotted	Individe or dire	In strt.	Officer	¥e)er	Highes	Former	2/1099-MIS	SC)	2/1099-MISC		organızat relat organıza	ed
	line)	Individual trustee or director	Institutional Trustee		key employee	t comp	-						
		şte e	rustee		,	Highest compensated employee							
See Additional Data Table													
											+		
4.0.1.7.1.1													
1b Sub-Total	to Part VII, Section	Α				* -		343,22	27	348,00	0		38,753
Total number of individuals (inclusion freportable compensation from	ıdıng but not lımıted	to thos			oove	e) who	rece	eived more tha	n \$10	00,000			
3 Did the organization list any form	ner officer director	or trust	ee k	ev er	mple	ovee (or hii	ahest compen	sated	emplovee on		Yes	No
line 1a? If "Yes," complete Sched For any individual listed on line 1	lule J for such individ	dual .	•	•	•		•				3		No
organization and related organiza	ations greater than \$		0۶ <i>If</i>								4	Yes	
5 Did any person listed on line 1a r services rendered to the organiza									r ındı	vidual for	5		No
Section B. Independent Conti	ractors												
Complete this table for your five from the organization Report cor	mpensation for the c									ı's tax year	npen	sation	
Na	(A) ame and business addre	ess							Descr	(B) ription of services		(C Comper	
HOWARD SHOCKEY AND SONS								CONS	TRUCT	ION			,608,608
1057 MARTINSBURG PIKE WINCHESTER, VA 22601 BLAUCH BROTHERS								MECH	ANITOA	L CONTRACTING			220 170
166 GARBER LANE WINCHESTER, VA 22602								IMECH.	TIVICA	LCONTRACTING			320,178
SECURITAS								SECU	RITY S	ERVICES			105,407
14200 PARK MEADOW DRIVE STE S-350 CHANTILLY, VA 20151 WINCHESTER PRINTERS								GRAPI	HIC DE	SIGN			102,887
212 INDEPENDENCE DRIVE WINCHESTER, VA 22602								Olvari					102,007
· · · · · · · · · · · · · · · · · · ·													

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 ▶ 4

Part	VIII	Statement of										
		Check if Schedul	e O contains	a respo	onse or no	ote to any	(his Part VIII (A) revenue	R∈ ∈ fi	(B) elated or exempt unction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1a	Federated campaign	ns	1a						evenue		312 - 314
nts ints		Membership dues		1b	l	144,376						
ira 10u		: Fundraising events		1c	<u> </u>							
, (S		I Related organizatio		1d	l 3	3,884,683						
ia is		Government grants (co		1e	I	, ,						
ıs,		All other contributions,		10	<u> </u> 							
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts no above		1f	1	,059,956						
혈	g	Noncash contribution	ons included									
Contributions, Gifts, Grants and Other Similar Amounts		ın lınes 1a - 1f \$			<u>,066</u>							
ರ ₹	<u> </u>	1 Total. Add lines 1a	-1f	•		<u> </u>		5,089,015				
ı						Business	Code		75 201	4.77	204	
nue	2a	ADMISSIONS					713990		.75,291	1/5	,291	
P.	_	GIFT SHOP SALES					453220		.45,551			145,55
S.	С	EDUCATIONAL PROGRAM	MS				713990		45,468		,468	
ξer	d	PUBLIC EVENTS					713990		38,192	38 	,192	
E .	е	PLANT SALES					110000		16,565			16,56
Program Service Revenue	f	All other program se	rvice revenue									
ΔŤ		Fotal. Add lines 2a-2			•	4	421,067					
		nvestment income (iii			interest. a	and other	1					
	SI	ımılar amounts) 🛚 .				•	•	271,08	36			271,086
		ncome from investme			ond proce		-		+			
	5 K	Royalties	(ı) Rea		· · ·	ersonal	1					
	6a	Gross rents	(i) itea		(11)	ersonar	-					
	_			90,373								
	b	Less rental expenses		0								
	c	Rental income or		90,373			1					
	ч	(loss)	- (lasa)				4	90,37	73			90,373
	u	Net rental income o	(i) Securit		· · ·	► Other		90,57	<u> </u>			90,37.
	7a	Gross amount	, ,		, ,	Other	-					
		from sales of assets other	6,7	48,316								
		than inventory										
	b	Less cost or other basis and	7,1	05,367								
	c	sales expenses Gain or (loss)	-3	57,051			-					
		Net gain or (loss)			1	•	┪	-357,05	51			-357,05
		Gross income from fo	_									
ne		(not including \$ contributions reporte		of								
Revenue		See Part IV, line 18		а	ĺ							
Re		Less direct expense		b								
Other		Net income or (loss)			ents .	• •	_		_			
ō		Gross income from g See Part IV, line 19		es								
				а								
		Less direct expense		Ь								
		Net income or (loss) Gross sales of invent		activit	ies	•	_					
		returns and allowand										
				а								
		Less cost of goods s		b								
	<u> </u>	Net income or (loss) Miscellaneous		invent		ss Code			+			
	11:	aMISCELLANEOUS IN			Dusine	71399	0	14,64	19			14,649
								•				
	b				-		+		+			
	-											
	c				 				+			
	-											
	d	All other revenue .			-				+			
		Total. Add lines 11a				>			10			
	12	Total revenue. See	Instructions					14,64				
								5,529,13	39	258,951	[0 181,173 Form 990 (2018

Part IX	Statement of	Functional	Expenses
C - F0	() () () (4.5	

miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

expenses on Schedule O)

b GROUNDS MAINTENANCE

c BUILDING MAINTENANCE

d COMMUNICATIONS

e All other expenses

a COLLECTION, CARE, CONSE

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	anizations must comp	elete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21		·		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				_
5 Compensation of current officers, directors, trustees, and key employees	262,124	88,568	138,129	35,427
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,875,461	1,628,200	135,012	112,249
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	85,849	70,208	10,379	5,262
9 Other employee benefits	250,403	211,954	27,617	10,832
10 Payroll taxes	155,564	122,566	20,894	12,104
11 Fees for services (non-employees)				
a Management				
b Legal	13,901	11,541	1,543	817
c Accounting	25,730		25,730	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	19,732		19,732	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	84,742	67,423	10,907	6,412
12 Advertising and promotion	215,865	210,022	493	5,350
13 Office expenses	121,635	90,674	11,645	19,316
14 Information technology				
15 Royalties				
16 Occupancy	321,357	313,101	5,473	2,783
17 Travel	34,438	17,614	5,730	11,094
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest	29,937	31	29,906	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,004,811	828,072	111,981	64,758
23 Insurance	102,659	80,005	16,353	6,301
24 Other expenses Itemize expenses not covered above (List				

244,118

179,747

144,059

95,947

416,625

5,684,704

244,118

169,077

125,524

77,419

311,336

4,667,453

0

4,268

7,414

12,199

49,752

366,338

Form **990** (2018)

0

6,402

11,121

6,329

55,537

650,913

Form 990 (2018)

Liabil

Assets or Fund Balances

Net

23

24

26

27

28

29

30

31

32

33

34

persons Complete Part II of Schedule L .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here > \square and

				(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing			278,146	1	106,185
2	Savings and temporary cash investments .		. 广		2	
3	Pledges and grants receivable, net		1,745,493	3	299,737	
4	Accounts receivable, net		2,607	4	0	
5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L	e		5		
st: 7	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L Notes and loans receivable, net)		6		
٠ ا <u>ښ</u>	Inventories for sale or use		49.148	8	38,956	
8 X			210.270	9	197,365	
9	Prepaid expenses and deferred charges	-	210,270	9	197,303	
108	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 37.	662,639			
b	Less accumulated depreciation	10b 10.	016,827	21,948,037	10 c	27,645,812
11	Investments—publicly traded securities .			11,129,508	11	9,891,230
12	Investments—other securities See Part IV, line	11			12	
13	Investments—program-related See Part IV, line	e 11			13	
14	Intangible assets		. [14	
15	Other assets See Part IV, line 11			195,482	15	173,913
16	Total assets.Add lines 1 through 15 (must equ	ıal lıne 34)		35,558,691	16	38,353,198
17	Accounts payable and accrued expenses			907,245	17	709,791
18	Grants payable				18	
19	Deferred revenue			52,654	19	1,313,704
20	Tax-exempt bond liabilities			20		
رم 21	Escrow or custodial account liability Complete F	Part IV of Schedule D			21	
21 22 22	Loans and other payables to current and former key employees, highest compensated employee		ees,			

**	investments—other securities. See Faithy, line 11		12	
13	Investments—program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11	195,482	15	173,913
16	Total assets.Add lines 1 through 15 (must equal line 34)	35,558,691	16	38,353,198
17	Accounts payable and accrued expenses	907,245	17	709,791
18	Grants payable		18	
19	Deferred revenue	52,654	19	1,313,704
	The second hand labeled		20	

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201,500

1.161.399

19.465.211

8,192,536

6,739,545

34,397,292

35,558,691

28,467

1.902.561

3.954.523

24.061.828

3,597,302

6,739,545

34,398,675

38,353,198

Form **990** (2018)

3a

3b

No

Form 990 (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 54-1857973

Name: THE GLASS-GLEN BURNIE MUSEUM INC.

Form 990 (2018)

ITEMS AND BOOKS COMPLEMENTING MSV EXHIBITIONS, AND EDUCATIONAL PROGRAMS

Form 990, Part III, Line 4a: EDUCATIONAL. COMMUNITY AND PUBLIC PROGRAMS THE MSV UTILIZES ITS ENTIRE CAMPUS FOR EDUCATIONAL AND PUBLIC PROGRAMMING INCLUDING GARDEN SPACES, GALLERIES, CLASSROOMS, AND A MAKERSPACE STUDIO ROSE HILL PARK ALSO PROVIDES SPACE FOR EDUCATIONAL AND PUBLIC PROGRAMS IN FY2019, THE MSV OFFERED 368 EDUCATIONAL AND COMMUNITY PROGRAMS THAT SERVED 24,506 PEOPLE OF ALL AGES THE MSV OFFERED 171 YOUTH, FAMILY, AND ADULT EDUCATIONAL PROGRAMS ATTENDED BY 6.612 PEOPLE FOR YOUTH, NEW PROGRAMS INCLUDED A MONTHLY TEEN ART CLUB, A YOUTH WORKSHOP ON ARCHITECTURE ORGANIZED IN CONJUNCTION WITH NATURE CONNECTS ART WITH LEGO BRICKS, AND CONTINUING PROGRAMS INCLUDED HOMESCHOOL ART STUDIO, SUMMER ART STUDIO, TINY TALES STORY TIME IN THE GLEN BURNIE HOUSE, GARDEN/GALLERY EXPLORERS, AND CAMP MSV, A SIX-WEEK SUMMER COLLABORATION WITH THE KIDS CLUB OF THE NORTHERN SHENANDOAH VALLEY WHICH SERVED 92 YOUTH FOR ADULTS, 82 MSV PROGRAMS SERVED 1,828 PEOPLE NEW PROGRAMS INCLUDED A NATIVE AMERICAN FOOD DEMONSTRATION ORGANIZED IN CONJUNCTION WITH HEAR MY VOICE NATIVE AMERICAN ART OF THE PAST AND PRESENT. A BIRD WATCHING WALK & TALK, A SILK PAINTING WORKSHOP ORGANIZED IN CONJUNCTION WITH MAXFIELD PARRISH PAINTINGS AND PRINTS, A PANEL DISCUSSION ABOUT IMMIGRATION ORGANIZED IN CONJUNCTION WITH OUR STRENGTH IS OUR PEOPLE THE HUMANIST PHOTOGRAPHS OF LEWIS HINE. AND A MONTHLY EMBROIDERY PROGRAM CONTINUING ADULT PROGRAMS INCLUDED GALLERY TALKS, POTTERY WORKSHOPS IN THE MAKERSPACE STUDIO, GUIDED GARDEN TALKS, POTTERY WORKSHOPS, CURATOR-LED TALKS, AND A VARIETY OF HANDS-ON WORKSHOPS MSV SCHOOL PROGRAMMING ENGAGED 6,072 STUDENTS OF ALL AGES THE MSV OFFERED 38 COMMUNITY PROGRAMS SERVING 10,910 PEOPLE EVENTS INCLUDED FOUR SUMMER GARDENS AT NIGHT CONCERTS WITH 4,270 IN ATTENDANCE AND FOUR ADMISSION-FREE EVENTS FOR FAMILIES ATTRACTED 2.221 PEOPLE IN ADDITION TO OFFERING A HOLIDAY CONCERT SERIES. THE MSV PARTNERED WITH SHENANDOAH UNIVERSITY FOR VARIOUS CONCERTS FEATURING ITS CONSERVATORY FACULTY AND STUDENTS IN ADDITION, THE MSV PRESENTED A MONTHLY FILM SERIES FROM OCTOBER TO APRIL WITH A LOCAL THEATER GROUP AND PARTNERED WITH A LOCAL ORCHID SOCIETY TO HOST A FREE ORCHID SHOW AND SALE IN FY2019, THE MSV PROVIDED RENT-FREE USE OF CAMPUS PROPERTY TO A LOCAL PRESERVATION GROUP AND A REGIONAL ARTS COUNCIL AND PROVIDED REDUCED OR RENT-FREE USE OF MSV SPACE TO 45 COMMUNITY NON-PROFIT ORGANIZATIONS THANKS TO CORPORATE UNDERWRITING, 12.370 PEOPLE EXCLUSIVE OF MUSEUM MEMBERS RECEIVED FREE GENERAL ADMISSION TO THE MSV. THE MUSEUM SERVES VALLEY ARTISTS THROUGH A CONSIGNMENT PROGRAM IN ITS MUSEUM STORE AND OFFERS SPECIALTY

Form 990, Part III, Line 4b:

CO-MANAGED BY LEASE TO EREDERICK COUNTY

AND DECORATIVE ART COLLECTED BY MSV BENEFACTOR JULIAN WOOD GLASS JR., THE MINIATURE HOUSES AND ROOMS ASSEMBLED IN THE VALLEY BY GLASS'S PARTNER R LEE TAYLOR, AND A COLLECTION OF OBJECTS AND ARTIFACTS THAT TELL THE STORY OF SHENANDOAH VALLEY LOCATED ON 214-ACRE LANDSCAPE THAT IS THE LARGEST GREEN SPACE AND ONLY WORKING FARM IN THE CITY OF WINCHESTER, THE MSV IS A REGIONAL CULTURAL CENTER THAT INCLUDES GALLERIES, THE

OUR COLLECTION THE MUSEUM OF THE SHENANDOAH VALLEY CARES FOR A PERMANENT COLLECTION CONTAINING MORE THAN 14,000 OBJECTS, INCLUDING THE FINE

GLEN BURNIE HOUSE, AND SEVEN ACRES OF FORMAL GARDENS THE GLEN BURNIE HOUSE, THE OLDEST PORTIONS OF WHICH DATE TO 1794, IS SURROUNDED BY SEVEN ACRES OF FORMAL GARDENS WHICH WERE INSTALLED IN THE LATTER HALF OF THE TWENTIETH CENTURY BY MSV BENEFACTOR JULIAN WOOD GLASS JR. AND HIS PARTNER RILEE TAYLOR. THE MUSEUM SITS ON LAND ORIGINALLY CLAIMED BY GLASS'S ANCESTOR AND WINCHESTER FOUNDER JAMES WOOD IN 1735. THE PROPERTY WAS PASSED THROUGH GENERATIONS OF WOOD AND GLASS FAMILIES UNTIL BEING ACQUIRED IN 1952 BY JULIAN WOOD GLASS JR FOLLOWING THE DEATH OF HIS FATHER BEGINNING IN THE 1950S, THE PROPERTY WAS EXTENSIVELY RENOVATED AND TRANSFORMED INTO A COUNTRY RETREAT THE HOME WAS FURNISHED WITH

OBJECTS PASSED THROUGH FAMILY GENERATIONS ALONG WITH EIGHTEENTH- AND NINETEENTH-CENTURY FURNITURE AND FINE ARTS ACQUIRED BY JULIAN WOOD JR THE MSV IS SUPPORTED BY THE GLASS-GLEN BURNIE FOUNDATION AND MANAGES THE PROPERTY IN ACCORDANCE WITH A WRITTEN COOPERATIVE AGREEMENT WITH THE FOUNDATION UPON MR GLASS'S DEATH AND AS A CONDITION OF HIS WILL, THE HOUSE AND GARDENS WERE OPENED TO THE PUBLIC ON A SEASONAL BASIS IN 1997 IN 2005, THE MUSEUM OF THE SHENANDOAH VALLEY (MSV), A 50,000 SQUARE FOOT MUSEUM BUILDING, WAS ADDED AS AN ANCHOR TO THE SITE TO FULFILL GLASS'S VISION OF SHARING HIS SIGNIFICANT COLLECTION WITH THE PUBLIC AND TO EXPAND UPON THAT VISION TO INCLUDE A SPACE WHERE THE ART, HISTORY,

AND CULTURE OF THE VALLEY COULD BE INTERPRETED FOLLOWING A TWO-YEAR RENOVATION PROJECT. THE GLEN BURNIE HOUSE REOPENED IN FY14 AS A VERSATILE SPACE FOR EDUCATIONAL AND CULTURAL PROGRAMMING FEATURING NEW DISPLAYS AND INTERPRETATION. THE GLEN BURNIE HOUSE AND ADJACENT GARDENS ARE AMONG THE MSV'S MOST IMPORTANT COLLECTION ASSETS IN 2014, THE MSV UNVEILED A LARGER LAND USE PLAN, THE MASTER PLAN, WHICH OUTLINED THE FUTURE DEVELOPMENT OF THE MSV LANDSCAPE IN ACCORDANCE WITH THE MSV COLLECTIONS MANAGEMENT POLICY AND SINCE OPENING IN 2005, THE MUSEUM'S

COLLECTIONS COMMITTEE, UPON ADVICE OF THE MSV'S STAFF, ACTIVELY COLLECTS ITEMS OF SIGNIFICANCE TO THE SHENANDOAH VALLEY THE MSV FUNDS ACQUISITION AND CONSERVATION EFFORTS WITH ITS COLLECTIONS AND EXHIBITIONS ENDOWMENT AND A NEWLY FORMED GAUNT COLLECTORS SOCIETY IN FY2019 THE MSV ACQUIRED 51 ITEMS BY GIFT AND 24 ITEMS BY PURCHASE SOME CONSERVATION EFFORTS IN FY2019 INCLUDED AN ONGOING PROJECT TO SCAN AND HOUSE THE ARCHIVAL COLLECTION, TREATMENT OF TWO GARDEN SCULPTURES, AND TREATMENT OF TWO ITEMS OF HISTORIC VALLEY FURNITURE (A TALL CASE CLOCK AND A

SIDEBOARD) THE MSV BUILDING INCLUDES A COLLECTIONS STORAGE SPACE FOR ITEMS NOT ON DISPLAY IN ADDITION TO THE MSV CAMPUS, THE MSV MANAGES THE ANCESTRAL HOME OF THE GLASS FAMILY, KNOWN AS THE ROSE HILL FARM. THE SITE INCLUDES A VERNACULAR FEDERAL-STYLE HOUSE AND IS NOTABLE FOR BEING

COUNTY PARKS AND RECREATION DEPARTMENT. THE HISTORIC PORTIONS OF THE ROSE HILL LANDSCAPE ADJACENT TO THE HOUSE, WERE OPEN TO THE PUBLIC AS A

THE LOCATION OF THE CIVIL WAR'S FIRST BATTLE OF KERNSTOWN A RENOVATION PROJECT TO STABILIZE AND PRESERVE THE HOME WAS COMPLETED IN FY2015 AND

COMMUNITY PARK FEATURING A 1 3 MILE WALKING TRAIL WITH INTERPRETIVE SIGNAGE, A PARKING LOT, RESTROOMS, AND OPEN PLAY FIELDS. THE ROSE HILL PARK IS

THE HOUSE IS RENTED TO THE MSV EXECUTIVE DIRECTOR WHO OVERSEES ITS MAINTENANCE AND CARE IN FY2017, THANKS TO A PARTNERSHIP WITH THE FREDERICK

Form 990, Part III, Line 4c:

CONTEMPORARY VALLEY ARTISTS THROUGH 4 DISPLAYS IN THE MSV ART IN THE HALLS PROGRAM

EXHIBITIONS HIGHLIGHTING THE VALLEY'S DECORATIVE ARTS AND WORKS BY CONTEMPORARY VALLEY ARTISTS. THE FOUNDERS GALLERY PRESENTS ROTATING EXHIBITIONS, MANY FEATURING OBJECTS FROM THE COLLECTION OF EUROPEAN AND AMERICAN FINE AND DECORATIVE ARTS ASSEMBLED BY MSV BENEFACTOR JULIAN WOOD GLASS JR. THE R. LEE TAYLOR MINIATURES GALLERY IS HOME TO A FASCINATING COLLECTION OF FURNISHED HOUSES AND ROOMS ASSEMBLED BY R. LEE TAYLOR, GLASS'S PARTNER AND THE MUSEUM'S LATE CURATOR OF GARDENS. THE MINIATURES GALLERY ALSO PRESENTS SHADOWBOXES CREATED BY VALLEY

MINIATURES ARTIST WILLIAM P MASSEY (ACTIVE 1930S TO 1940S) THE CHANGING EXHIBITIONS GALLERY, FOUNDERS GALLERY, AND SHENANDOAH VALLEY GALLERY

OUR EXHIBITIONS THE MSV CONTAINS FOUR GALLERY SPACES HOUSED ON THE SECOND LEVEL OF THE MAIN MUSEUM BUILDING. IN THE SHENANDOAH VALLEY GALLERY, OBJECTS, MULTI-MEDIA PRESENTATIONS, AND EXHIBITS EXPLORE THE SWEEP OF VALLEY HISTORY, AND TWO ADDITIONAL ROOMS DISPLAY CHANGING

DISPLAY CONTINUALLY CHANGING EXHIBITIONS THROUGHOUT THE YEAR IN ADDITION, AN EXHIBITION IS PRESENTED ANNUALLY IN THE DRAWING ROOM OF THE MSV GLEN BURNIE HOUSE. THE MSV ORGANIZES CHANGING EXHIBITIONS AND BRINGS TRAVELING EXHIBITIONS TO THE REGION WITH THE GOAL OF SERVING DIVERSE. AUDIENCES IN FY2019, THE MSV PRESENTED 12 SEPARATE EXHIBITIONS THE MSV PRESENTED THE FOLLOWING EXHIBITIONS IN THE GALLERIES DURING FY2019 THIS MUST BE THE PLACE THE ART OF LANDSCAPE (NOVEMBER 2016-SEPTEMBER 10, 2018), HEAR MY VOICE NATIVE AMERICAN ART OF THE PAST AND PRESENT (FEBRUARY 17-JULY 22, 2018), NATURE CONNECTS ART WITH LEGO BRICKS (MAY 4-SEPTEMBER 3, 2018), TERRY WARD'S INFINITE MASH-UP (JULY 21, 2018-JUNE 16, 2019),

MAXFIELD PARRISH PAINTINGS AND PRINTS (SEPTEMBER 1, 2018-JANUARY 6, 2019), ALBRECHT DURER AND MASTER PRINTS (NOVEMBER 1, 2018-FEBRUARY 17, 2019). OUR STRENGTH IS OUR PEOPLE THE HUMANIST PHOTOGRAPHS OF LEWIS HINE (FEBRUARY 8-MAY 5, 2019), VITAL FORCE (FEBRUARY 8, 2019-MAY 10, 2020), STEINLEN CATS (MAY 2-SEPTEMBER 1, 2019), AND TIFFANY GLASS PAINTING WITH COLOR AND LIGHT (JUNE 1-SEPTEMBER 1, 2019) THE EXHIBITIONS SMALL WONDERS PHOTOGRAPHS BY JACKIE BAILEY LABOVITZ (APRIL 1-DECEMBER 31, 2018) AND MICHAEL T DAVIS MODERN REALIST PAINTINGS (APRIL 1-DECEMBER 31, 2019) WERE PRESENTED IN GLEN BURNIE HOUSE THE EXHIBITION COLLECT, PRESERVE, INTERPRET HIGHLIGHTING THE BEST OF THE MSV'S SHENANDOAH VALLEY COLLECTION

CONTINUED ITS DISPLAY IN THE SHENANDOAH VALLEY GALLERY ALONG WITH THESE MAJOR EXHIBITIONS. THE MSV PRESENTED THE WORK OF NUMEROUS

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
ALLAN G PATERSON JR FOUNDATION TRUSTEE	1 00 12 00	×						0	78,000	0
CAROLYN FAROUKI DIRECTOR	1 00	х						0	0	0
DAVID HO ROTH FOUNDATION TRUSTEE	1 00	х						0	48,000	0
DIANNE H WAKE VICE PRESIDENT	1 00	х		x				0	0	0

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FOUNDATION TRUSTEE
DIANNE H WAKE
VICE PRESIDENT
THE HONORABLE RONALD L NAPIER
DIRECTOR

......

JAMES T HOLLAND

JOHN B ADAMS JR

JOHN B WILLEY MD

NICOLE H PERRY

DIRECTOR

SECRETARY

FOUNDATION TRUSTEE

FOUNDATION TRUSTEE

PETER G BULLOUGH MD

FOUNDATION TRUSTEE

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) from the any hours organization organizations

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	,				,		′	(11)	(14) 2 (4 000		
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	ee voldme Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
RUPERT W WERNER 2ND VICE PRESIDENT	1 00	×		×				0	0	0	
WILBORN M ROBERSON TREASURER	1 00	х		х				0	0	0	
TODD BROCKWELL FOUNDATION TRUSTEE	1 00	×						0	48,000	0	
W BLAKELY CURTIS PRESIDENT	1 00	X		×				0	0	0	
KAY S WHITWORTH DIRECTOR	1 00	x						0	0	0	
ILONA BENHAM	1 00	l						0	0	0	

1 00

1 00

1 00

1 00

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PRESIDENT
KAY S WHITWORTH
DIRECTOR
ILONA BENHAM

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

GINA S BYRD

DANA S WESTRING

CEEANN DAVIS MD

CHRISTOPHER R VERSEN

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation sation

and Independent Contractors

DANA HAND EVANS

CEO AND DIRECTOR

TAMARA B COOPER

LAURA WILEY

DIRECTOR OF FINANCE

......

DIRECTOR OF COMMUNITY ENGAGEMENT

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	week (list any hours					office ustee		from the organization	from related organizations	compensation from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations	
MATTHEW M VOLLMERS	1 00										
DIRECTOR	••••••	×						0	0	0	
JENNIFER B BAKER	1 00							_	_		
DIRECTOR	••••••	×						0	0	0	
TAMARA BJELLAND	1 00										
DIRECTOR	••••••	×						0	0	0	
JEFF W COKER PHD	1 00							_	_	_	
DIRECTOR	••••••	×						0	0	0	
GRADY W PHILIPS III	1 00										
		X	l	I	l	l	1	0	0	0	

156,693

77,570

108,964

Х

27,311

7,847

3,595

JEFF W COKER PHD	1 00	l .			0	
DIRECTOR		^			0	
GRADY W PHILIPS III	1 00	l ,			0	
DIRECTOR		_ ^			0	
DANA HAND EVANS	40 00					

40 00

40 00

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SCHEDUI Form 990 oi 90EZ)			Public (ete if the o	a section	2018					
epartment of the ternal Revenue S	arvice .		► Go to	www.irs.gov/Forms		Open to Public Inspection				
ame of the o HE GLASS-GLEN	BURNIE MUS	n EUM INC						Employer identification number		
Part I R	eason for	Public Ch	arity Stat	us (All organization	s must comple	ete this part.) S	54-1857973 See instructions.			
				e it is (For lines 1 thro						
L	church, conv	ention of chi	irches, or as	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).			
P	school descr	ıbed ın secti	on 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))				
A I	nospital or a	cooperative	hospital ser	vice organization desci	ribed in section	170(b)(1)(A)(iii).			
	medical rese me, city, an		ation operat	ed in conjunction with	a hospital descr	ibed in section :	170(b)(1)(A)(iii). E	inter the hospital's		
	-	n operated fo . (Complete		t of a college or univer	rsity owned or o	perated by a gov	ernmental unit descr	bed in section 170		
-			•	governmental unit de	scribed in secti e	on 170(b)(1)(A	ı)(v).			
		n that norma b)(1)(A)(vi		a substantial part of it Part II)	s support from a	ı governmental u	nıt or from the gener	al public described i		
- A	community 1	rust describe	d ın sectio ı	170(b)(1)(A)(vi)	(Complete Part I	I)				
				escribed in 170(b)(1) ee instructions Enter				lege or university or		
fro inv	m activities estment ind	related to its come and uni	exempt fur elated busir	(1) more than 331/3% actions—subject to certiess taxable income (learning)	tain exceptions,	and (2) no more	than 331/3% of its s	upport from gross		
	•			d exclusively to test fo	r public safety	See section 509	(a)(4).			
mo	re publicly	supported or	janizations (d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(a			
Ty	pe I. A sup ganization(s	porting orgar	ızatıon oper o regularly a	ated, supervised, or co	ontrolled by its s	upported organiz	zation(s), typically by			
ma	nagement (ing organiz	ervised or controlled in ation vested in the sand C.						
	•		_	supporting organizations) You must com	•	· ·	, -	ated with, its		
☐ Ty	pe III non	-functionall tegrated The	/ integrate organizatio	d. A supporting organi n generally must satis rt IV, Sections A and	zation operated fy a distribution	in connection wirequirement and	th its supported orga			
	•		•	ved a written determir	•		pe I, Type II, Type II	I functionally		
	-	Type III non- supported or		integrated supporting	organization	,	_			
				ipported organization(1			1		
	(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 (se instructions)		
			Yes No							
tal										
	k Dodustio	n Act Notice	coo the T	l nstructions for	<u> </u>	5F •	Schedule A (Form 9	100 or 000-E7\ 201		

business is regularly carried on Other income Do not include gain

or loss from the sale of capital

Gross receipts from related activities, etc. (see instructions)

Section C. Computation of Public Support Percentage

Public support percentage for 2017 Schedule A, Part II, line 14

Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))

box and stop here. The organization qualifies as a publicly supported organization

and stop here. The organization qualifies as a publicly supported organization

assets (Explain in Part VI) Total support. Add lines 7 through

organization

instructions

supported organization

10

11

Page 2

	Section A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	4,307,587	4,435,090	4,630,173	7,050,526	5,089,015	25,512,391
2	_ , , , , , , ,						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	4,307,587	4,435,090	4,630,173	7,050,526	5,089,015	25,512,391
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on						18,966,762

III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	the organization without charge						
4	Total. Add lines 1 through 3	4,307,587	4,435,090	4,630,173	7,050,526	5,089,015	25,512,391
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						18,966,762
6	Public support. Subtract line 5 from line 4						6,545,629
	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e)2018	(f)Total

5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						18,966,762
6	Public support. Subtract line 5 from line 4						6,545,629
9,	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b) 2015	(c) 2016	(d) 2017	(e)2018	(f)Total
7	Amounts from line 4	4,307,587	4,435,090	4,630,173	7,050,526	5,089,015	25,512,391
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	540,625	436,462	419,311	405,423	361,459	2,163,280
9	Net income from unrelated business activities, whether or not the						

13,967

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,

16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

17a 10%-facts-and-circumstances test-2018. 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

h 10%-facts-and-circumstances test—2017. 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 gualifies as a publicly

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

33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

11,507

17,410

14,649

Schedule A (Form 990 or 990-EZ) 2018

12

14

62,054

27,737,725

1,687,510

23 600 %

21 950 %

▶ ☑

4,521

Р	art IIII Support Schedule for	Organization	s Described in	Section 509(a	a)(2)		
	(Complete only if you c	hecked the box	on line 10 of Pa	art I or if the or	ganization failed		er Part II. If
	the organization fails to	qualify under	the tests listed b	pelow, please co	omplete Part II.))	
Se	ection A. Public Support		T	Г			1
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
-	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
•	the organization without charge						
6 72	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and						
/ a	3 received from disqualified persons						
Ь	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ection B. Total Support						
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
0	(or fiscal year beginning in) ► Amounts from line 6			. ,			
L0a	Gross income from interest,						
LUa	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
Ь	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	ı ı's fırst, second. th	urd, fourth, or fift	h tax vear as a se	ction 501(c)(3) o	rganization.
	check this box and stop here	.	,	,,,	,		▶ □
Se	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2018 (lin	15					
16	Public support percentage from 2017 S	16					
Se	ection D. Computation of Investi	ment Income	Percentage				
17	Investment income percentage for 201			lıne 13, column (f))	17	
18	Investment income percentage from 2	017 Schedule A,	Part III, line 17			18	
	331/3% support tests—2018. If the		•	on line 14, and lir	ne 15 is more than		e 17 ıs not
	more than 33 1/3%, check this box and						▶□
	33 1/3% support tests—2017. If the						
J	not more than 33 1/3%, check this box	-			*		▶ □
20	Private foundation. If the organization	-	-				▶□

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

Page 4

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

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)

answer line 10b below

the organization had excess business holdings)

Schedule A (Form 990 or 990-EZ) 2018

Section A. All Supporting Organizations Yes

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,		
	describe the designation If historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509		

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2) 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

2 За Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below

4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document)

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (1) its supported organizations. (11) individuals that are part of the charitable class benefited by one or more of its

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI. 9b

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Pa	rt IV Supporting Organizations (continued)			
	cupper unity or gamma units (community)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			<u> </u>
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the		\vdash	
u	governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ection B. Type I Supporting Organizations	110		
	ection b. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or			
	trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year		\sqcup	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization			
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)			
_	,, , , , , , , , , , , , , , , , , , , ,			<u> </u>
	ection D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	j		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	The organization satisfied the Activities Test Complete line 2 below	-		
	b			
	c	ınstru	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.		\vdash	
	 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	26		

m -	
/I) See	
ıgh E	
(B) Current Year	
(optional)	

(B) Current Year

(optional)

Current Year

Schedule A (Form 990 or 990-F7) 2018

Page 6

	Check here if the organization satisfied the Integral Part Test as a qualifying trust on instructions. All other Type III non-functionally integrated supporting organizations in		
~		(A) Prior Year	

	instructions. All other Type III non-functionally integrated supporting organiza	tions i	must complete Sections A	through E
	Section A - Adjusted Net Income	(A) Prior Year	(B) C (o	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		

4 5

Add lines 1 through 3

Depreciation and depletion 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) Other expenses (see instructions)

1

5

7

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

Section B - Minimum Asset Amount

Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)

a Average monthly value of securities **b** Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c)

e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 Acquisition indebtedness applicable to non-exempt use assets Subtract line 2 from line 1d

Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)

5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 035 6

7 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount

8

Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1

2

4

Enter greater of line 2 or line 3

5 Income tax imposed in prior year

temporary reduction (see instructions)

instructions)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

5

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

2 3 4

6

7

8

1

1a

1b

1c 1d

2

3

4

5

6

7

8

1

6

(A) Prior Year

b Applied to 2018 distributable amount

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions

7 Excess distributions carryover to 2019. Add lines 31 and 4c 8 Breakdown of line 7

a Excess from 2014. **b** Excess from 2015. c Excess from 2016.

Schedule A (Form 990 or 990-EZ) (2018)

d Excess from 2017. e Excess from 2018.

Additional Data

instructions)

BROAD COMMON INTERESTS OR PURPOSES

Software ID:

Software Version: EIN: 54-1857973

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

Name: THE GLASS-GLEN BURNIE MUSEUM INC.

Page 8

Schedule A (Form 990 or 990-EZ) 2018 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,

THE ORGANIZATION'S PUBLIC SUPPORT PERCENTAGE AS CALCULATED PER SCHEDULE A FOR 2018 IS 23 60%. WHICH MEETS THE 10% SUPPORT TEST. THE ORGANIZATION PROVIDES FACILITIES OR SERVICES DIRECTLY FOR THE BENEFIT OF THE GENERAL PUBLIC ON A CONTINUOUS BASIS. THE ORGANIZATION MAINTAINS A DEFINITIVE PROGRAM FOR ACCOMPLISHING ITS CHARITABLE

Facts And Circumstances Test

SUBSTANTIAL NUMBER OF PERSONS IN THE COMMUNITY AREA. THE ORGANIZATION MAKES MEMBERSHIP AVAILABLE TO A BROAD CROSS SECTION OF THE INTERESTED PUBLIC. THE ACTIVITIES OF THE ORGANIZATION ARE LIKELY TO APPEAL TO PERSONS WITH

WORK IN THE COMMUNITY. THE ORGANIZATION SOLICITS DUES-PAYING MEMBERS IN A WAY DESIGNED TO ENROLL A

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.

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

OMB No 1545-0047

DLN: 93493319074919

Open to Public

Intern	al Revenue Service	► Go to <u>www.irs.g</u>	<u>/ov/Form990</u> for the	latest information		Inspection
	me of the organ				Employer identi	fication number
ľHE	GLASS-GLEN BÜRN	ILE MUSEUM INC			54-1857973	
Pa	rt I Organi	zations Maintaining Donor Advi	sed Funds or Othe	r Similar Funds	or Accounts.	
	Comple	te if the organization answered "Ye				
			(a) Donor ad	vised funds	(b)Funds an	d other accounts
1	Total number at	•				
2		of contributions to (during year)				
3		of grants from (during year)				
4	Aggregate value	,				
5		ation inform all donors and donor adviso property, subject to the organization's ex		ssets held in donor a	dvised funds are the	☐ Yes ☐ No
6	Did the organization charitable purpo private benefit?	ation inform all grantees, donors, and do oses and not for the benefit of the donor	onor advisors in writing or donor advisor, or fo	that grant funds car or any other purpose	n be used only for conferring impermise	sible
Pa	rt III Conser	vation Easements. Complete if the	ne organization ansv	vered "Yes" on For	m 990, Part IV, lin	
1		onservation easements held by the orga	-			
	☐ Preservation	on of land for public use (e g , recreation	n or education)	Preservation of a	n historically importa	nt land area
	☐ Protection	of natural habitat		Preservation of a	certified historic stru	cture
	☐ Preservation	on of open space				
2		2a through 2d if the organization held a	gualified concervation	contribution in the fo	orm of a conservation	•
2	•	e last day of the tax year	qualified conservation	contribution in the it		e End of the Year
а	Total number of	conservation easements			2a	
b	Total acreage re	stricted by conservation easements			2b	
С	Number of conse	ervation easements on a certified histori	c structure included in	(a)	2c	
d		ervation easements included in (c) acqu in the National Register	ired after 7/25/06, and	not on a historic	2d	
3	Number of cons tax year ▶	ervation easements modified, transferre	ed, released, extinguish	ed, or terminated by	the organization dur	ring the
4	Number of state	es where property subject to conservation	on easement is located	>		
5		ization have a written policy regarding that of the conservation easements it holds		inspection, handling	· ·	Yes □ No
6	Staff and volunt	teer hours devoted to monitoring, inspec	cting, handling of violat	ions, and enforcing o		
7	· ———	enses incurred in monitoring, inspecting,	handling of violations,	and enforcing conse	rvation easements di	uring the year
	▶ \$					
8	Does each constant and section 170	ervation easement reported on line 2(d) i(h)(4)(B)(ii)?	above satisfy the requ	irements of section :		Yes 🗌 No
9	balance sheet, a	scribe how the organization reports cons and include, if applicable, the text of the	footnote to the organi	its revenue and expe zation's financial stat	ense statement, and tements that describe	es
Par		n's accounting for conservation easement zations Maintaining Collections		Freasures or OH	her Similar Asset	
	Comple	te if the organization answered "Ye	es" on Form 990, Par	t IV, line 8.		
1a	art, historical tr	ion elected, as permitted under SFAS 11 easures, or other similar assets held for XIII, the text of the footnote to its finar	public exhibition, educ	ation, or research in		
b	historical treasu	ion elected, as permitted under SFAS 11 ires, or other similar assets held for pub nts relating to these items				
((i) Revenue includ	ded on Form 990, Part VIII, line 1			▶ \$	
(i	ii)Assets included	in Form 990, Part X			· <u></u>	
, '	-	non received or held works of art, histori	cal treasures or other	similar assets for fin	·	

Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Par	t III	Organizations Ma	aintaining Col	lections of A	rt, Histor	ical T	reas	ures, or	Other	Similar As	sets (cont	inued)	
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)												
а	✓	Public exhibition			d		Loar	or excha	inge prog	rams			
b		Scholarly research			е		Othe	er					
С	\checkmark	Preservation for future	e generations										
4	Provide Part	de a description of the	organızatıon's coll	ections and ex	plain how th	ey furt	her th	e organız	atıon's ex	empt purpos	se in		
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												
Pai	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		e organization an agent ded on Form 990, Part I		an or other inte	ermediary fo	r contri	bution	ns or othe	r assets i	not	☐ Yes	☑ N	0
b	If "Y∈	es," explain the arrange	ement in Part XIII	and complete	the following	g table		Γ		Aı	nount		_
С		nning balance		'	•	•		Ī	1c				_
d	_	ions during the year						Ī	1d				_
е		butions during the year	r					Ī	1e				_
f		ng balance						İ	1f				_
2a		he organization include	an amount on Fo	rm 990, Part X	, line 21, for	escrov	v or cı	ustodial a	ccount lia	ıbılıty?	☐ Yes	□ N	0
b	If "Ye	es," explain the arrange	ment in Part XIII	Check here if	the explana	tion has	s beer	provided	in Part)	(III			
Pa	rt V	Endowment Fund	ds. Complete if	the organizat	tion answe	red "Y	es" o	n Form 9	990, Par	t IV, line 1	0.		
				(a)Current ye	ear (b)	Prior yea	ır	(c)Two ye	ears back	(d)Three yea	rs back (e)	Four yea	rs back
1a	Beginn	ing of year balance .		11,203	3,969	11,74	6,246	1	0,406,910	12,9	920,571	12,	991,472
b	Contrib	outions											
С	Net inv	estment earnings, gair	ns, and losses	49	9,506	23	4,471		2,127,348	-1,7	795,853		328,750
d	Grants	or scholarships	•										_
е		expenditures for facilitie ograms	es	1,413	3,772	77	5,748		788,012	7	717,808		399,651
f	Admını	strative expenses .											
g	End of	year balance		9,839	9,703	11,20	3,969	1	1,746,246	10,4	106,910	12,	920,571
2	Provid	de the estimated percei	ntage of the curre	nt year end ba	lance (line 1	Lg, colu	mn (a	i)) held as	s				
а	Board	d designated or quasi-e	ndowment 🟲										
b	Perm	anent endowment 🟲	68 490 %										
С	Temp	orarily restricted endov	wment ► 31 5	10 %									
	The p	percentages on lines 2a	, 2b, and 2c shoul	ld equal 100%									
3а		here endowment funds	not in the posses	sion of the orga	anızatıon tha	at are h	eld ar	nd admini	stered fo	r the		Yes	No
	_	nrelated organizations									3a(i)		No
	(ii) r	elated organizations .									3a(ii)		No
b		es" on 3a(II), are the rel		s listed as requ	ured on Sch	edule R	. 7				3b		
4	Descr	ribe in Part XIII the inte	ended uses of the	organızatıon's	endowment	funds							
Pai	rt VI	Land, Buildings,											
		Complete of the or											
	Descri	ption of property	(a) Cost or oth (investme) Cost or othe	r Dasis (otner)	(c) Acci	umulated d	epreciation	(a) E	Book valu	e
1a	Land												
b	Buildin	gs				19,4	78,652			6,925,536		12	2,553,116
c	Leaseh	old improvements				16,2	01,347			1,892,774		14	1,308,573
_	Eaunn					1	89 602			307 110			182 492

1,493,038

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

601,631

27,645,812

891,407

See Form 990, Part X, line 12.	1 1	ed "Yes" on Form 990,	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method Cost or end-of-y	of valuation ear market value
) Financial derivatives	· ·		
) Closely-held equity interests	· ·		
al. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
rt VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form			
(a) Description of investment	(b) Book value	(c) Method Cost or end-of-y	of valuation ear market value
)			
tal. (Column (b) must equal Form 990, Part X, col (B) line 13)	s' on Form 000, Bart I	W line 11d Con Form 00	0. Dort V. line 15
Other Assets. Complete if the organization answered 'Ye (a) Description	s on Form 990, Part I	v, line 11d See Form 99	(b) Book value
,			
tal. (Column (b) must equal Form 990, Part X, col (B) line 15)	vered 'Yes' on Form		or 11f.
tal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.	vered 'Yes' on Form	990, Part IV, line 11e	
tal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability		990, Part IV, line 11e	
tal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability Federal income taxes	vered 'Yes' on Form	990, Part IV, line 11e	
tal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability Federal income taxes CURITY DEPOSIT IE OF CREDIT	vered 'Yes' on Form	990, Part IV, line 11e	
tal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability Federal income taxes CURITY DEPOSIT IE OF CREDIT	vered 'Yes' on Form	990, Part IV, line 11e	
tal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability Federal income taxes CURITY DEPOSIT NE OF CREDIT	vered 'Yes' on Form	990, Part IV, line 11e	
tal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability Federal income taxes CURITY DEPOSIT NE OF CREDIT	vered 'Yes' on Form	990, Part IV, line 11e	
tal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability Federal income taxes CURITY DEPOSIT NE OF CREDIT	vered 'Yes' on Form	990, Part IV, line 11e	
ptal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability) Federal income taxes CCURITY DEPOSIT NE OF CREDIT)))	vered 'Yes' on Form	990, Part IV, line 11e	
otal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25. (a) Description of liability Federal income taxes CURITY DEPOSIT NE OF CREDIT (a) Description of liability (b) Description of liability (c) Federal income taxes CURITY DEPOSIT (d) Description of liability (e) Description of liability	vered 'Yes' on Form	990, Part IV, line 11e	
See Form 990, Part X, line 25.	vered 'Yes' on Form	990, Part IV, line 11e	

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Net unrealized gains (losses) on investments 2b b 2c

2a

d 2d 2e e

3 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b . 4a 19,732 4b

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

Add lines **4a** and **4b**

4c 5

b c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

c Other (Describe in Part XIII) d Add lines 2a through 2d

Amounts included on line 1 but not on Form 990, Part IX, line 25

Donated services and use of facilities . . .

3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

Schedule D (Form 990) 2018

Part XI

1

2

5

Investment expenses not included on Form 990, Part VIII, line 7b . .

b

Return Reference

See Additional Data Table

Add lines **4a** and **4b**

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

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

Explanation

2a 2b

2c

2d

4a

4b

19,732

156.948

5

Schedule D (Form 990) 2018

2e

3

4c

Page 4

5,666,355

156,948

19,732

5,529,139

5,664,972

5,664,972

19,732

5.684.704

5,509,407

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	nation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 54-1857973

Name: THE GLASS-GLEN BURNIE MUSEUM INC

Supplemental Information

Return Reference

Explanation

PART III, LINE 1A

THE COLLECTIONS, WHICH WERE ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE THE MUSEUM'

S INCEPTION, ARE NOT RECOGNIZED AS ASSETS ON THE STATEMENT OF FINANCIAL POSITION PURCHASE S OF COLLECTION ITEMS ARE RECORDED AS EXPENSES IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED ON THE FINANCIAL STATEMENTS FORTY PERCEN T OF THE PROCEEDS FROM ANY DEACCESSIONS OR INSURANCE RECOVERIES IS DESIGNATED BY THE BOARD OF DIRECTORS FOR FUTURE PURCHASES OF COLLECTION ITEMS SIXTY PERCENT OF PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES WOULD BE REFLECTED AS INCREASES IN THE GENERAL OPERATING FUND DESIGNATED FOR CONSERVATION OF COLLECTION ITEMS

Supplemental Information	
Return Reference	Explanation
PART III, LINE 4	THE MUSEUM OF THE SHENANDOAH VALLEY COMPLEX CONTAINS FIVE DISTINGUISHED COLLECTIONS DISPLA YED IN THREE LOCATIONS ON VIEW IN THE HISTORIC HOUSE IS THE GLEN BURNIE HOUSE COLLECTION, WHICH INCLUDES PAINTINGS, FINE FURNITURE, AND DECORATIVE OBJECTS ACQUIRED BY JULIAN WOOD GLASS JR FOR HIS ANCESTRAL HOME THE MUSEUM'S LIVING COLLECTION IS COMPOSED OF SEVEN ACRE S OF SPECTACULAR GARDENS SURROUNDING THE GLEN BURNIE HOUSE FINALLY, THE MUSEUM OF THE SHE NANDOAH VALLEY COLLECTION, THE JULIAN WOOD GLASS JR COLLECTION, AND THE R LEE TAYLOR MIN IATURES COLLECTION ARE EACH ON PERMANENT DISPLAY IN GALLERIES THE SECOND LEVEL OF THE MSV PRESENTS FOUR MAIN GALLERIES COMPRISED OF ELEVEN GALLERY ROOMS IN THE SHENANDOAH VALLEY GALLERY, THREE GALLERY ROOMS EXPLORE THE SWEEP OF VALLEY HISTORY, AND ONE ADDITIONAL ROOM DISPLAYS DECORATIVE ARTS, PAINTINGS, FURNITURE, AND OBJECTS OF MATERIAL CULTURE MADE IN THE VALLEY FROM THE MID-1700S TO THE PRESENT THE ADJACENT GALLERY ROOM PRESENTS EXHIBITIONS OF WORKS BY CONTEMPORARY VALLEY ARTISTS OR VALLEY THEMES THE FOUNDERS GALLERY PRESENTS WORKS FROM THE MSV JULIAN WOOD GLASS JR COLLECTION AND TRAVELING EXHIBITIONS THE R LEE TAYLOR MINIATURES GALLERY IS HOME TO A FASCINATING COLLECTION OF FURNISHED MINIATURE HOUSES AND ROOMS, ALSO ASSEMBLED IN THE SHENANDOAH VALLEY, WHILE THE CHANGING EXHIBITIONS GALLERY DISPLAYS CONTINUALLY CHANGING EXHIBITIONS THROUGHOUT THE YEAR

Supplemental Information	
Return Reference	Explanation
PART V, LINE 4	THE MUSEUM'S ENDOWMENT CONSISTS OF TWO ENDOWMENT FUNDS ESTABLISHED MAINLY TO PROVIDE FOR THE COLLECTIONS ENDOWMENT AND VARIOUS PROGRAM-RELATED EXPENDITURES

efil	e GRAPHIC pr	int - DO NOT PROCESS As Fi	led Dat	a -	DLN: 934	9331	9074	919	
Schedule J		Comp	ensat	ion Information	OM	IB No	1545-0	0047	
(For	n 990)	For certain Officers, Dir	ectors, 1	rustees, Key Employees, and Hig	hest				
		Complete if the organizat	ompensa ion answ	ated Employees vered "Yes" on Form 990, Part IV,	line 23.	2018			
_			▶ Attach	to Form 990.			to Pul		
•	tment of the Treasury al Revenue Service	Go to <u>www.irs.gov/Fort</u>	101 101	instructions and the latest inforn	nation.		ectio		
	ne of the organiza GLASS-GLEN BURN				Employer identificat	ion nu	ımber		
INC	GLASS-GLEN BURN	LE MUSEUM INC			54-1857973				
Pa	rt I Questi	ons Regarding Compensation							
							Yes	No	
1a		piate box(es) if the organization providection A, line 1a Complete Part III to p							
		or charter travel	$\overline{\mathbf{Z}}$	Housing allowance or residence for j					
	_	companions	님	Payments for business use of person					
		nification and gross-up payments	H	Health or social club dues or initiation					
	LI Discretion	ary spending account		Personal services (e g , maid, chauf	reur, cner)				
b		kes in line 1a are checked, did the orga Il of the expenses described above? If			ent or reimbursement	1b	Yes		
2		ition require substantiation prior to rein es, officers, including the CEO/Executiv			1-2	2	Yes		
	directors, truste	es, officers, including the CEO/Executiv	e Directo	r, regarding the items checked in line	lar				
3		If any, of the following the filing organi: EO/Executive Director Check all that a			ie				
	_	d organization to establish compensation		•	n Part III				
	✓ Compensa	ation committee	✓	Written employment contract					
	_ '	ent compensation consultant		Compensation survey or study					
		of other organizations	▽	Approval by the board or compensa	tion committee				
4	During the year related organiza	. did any person listed on Form 990, Pa	rt VII, Se	ection A, line 1a, with respect to the fi	ling organization or a				
	_								
a b		ance payment or change-of-control pay r receive payment from, a supplementa		lifted retirement plan?		4a 4b		No_ No	
C	•	receive payment from, a supplementa receive payment from, an equity-base		· ·		4c		No	
·	•	of lines 4a-c, list the persons and provide	•	_	III				
_), 501(c)(4), and 501(c)(29) organ							
5		ed on Form 990, Part VII, Section A, lin ontingent on the revenues of	e la, did	the organization pay or accrue any					
а	The organization	1?				5a		No	
b	Any related orga	anization? 5a or 5b, describe in Part III				5b		No	
_	-	·		L					
6		ed on Form 990, Part VII, Section A, lin ontingent on the net earnings of	e Ia, did	the organization pay or accrue any					
a	The organization					6a		No	
b	Any related orga	anization? 6a or 6b, describe in Part III				6b		No	
7	•	ed on Form 990, Part VII, Section A, lin	ماء ماما	the organization provide any perfect	4				
′		ed on Form 990, Part VII, Section A, iin escribed in lines 5 and 6? If "Yes," desc				7		No	
8		nts reported on Form 990, Part VII, pai litial contract exception described in Re			escribe	8		No	
9	If "Yes" on line 5 53 4958-6(c)?	3, did the organization also follow the r	ebuttable	presumption procedure described in	Regulations section	9			
Earl	Danaswork Body	ction Act Notice, see the Instruction	ne for E	orm 000 Cat No 5	0053T Schedule 1	/Eorn	, 000)	2018	

Schedule J (Form 990) 2018 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II 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 (D) Nontaxable (C) Retirement and (E) Total of columns (F) Compensation in column (B) reported other deferred benefits (B)(i)-(D)(i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 DANA HAND EVANS 156,693 (i) Ω 8.762 18.549 184,004 CEO AND DIRECTOR 0 (ii)

Schedule J (Form 990) 2018 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

Schedule J (Form 990) 2018

ا حادداه مماددا	- p DO 111	OT PROCES	5 A	s Filed Data					DL	.N: 93	4933	190	/491
orm 990 or 990)-EZ) ► Comple	te if the org	anizatio	on answered " r 28c, or Form	Interester (es" on Form 9 990-EZ, Part V	90, Part IV, li , line 38a or 4	nes 2	5a, 2	!5b, 26	5, —	MB No		
		⊳ Go t			990 or Form 99 990 for the late		n				20		ð
epartment of the Treaternal Revenue Serv	I	7000	o <u> </u>		ior the late	sc illiorillatio)pen Insi	to Pu Jecti	
Name of the org	anization BURNIE MUSEUM INC						Er	nploy	er ide	ntifica	tion r	umb	er
THE GLASS-GLEN E	BURNIE MUSEUM INC						54	-185	7973				
	ss Benefit Tra	•					-			401			
	lete if the organization) Name of disqual				irt IV, iine 25a oi between disqua				escript		(d) Cor	ected?
1 ("	, manne or aloquar	med person	ľ	(b) relationsing	organization	inica person ai			ansacti			es	No
							-				-		
			+				+				+		
Cor rep (a) Name of	ans to and/or nplete if the organ orted an amount of (b) Relationship with organization	ization answern Form 990, (c) Purpose	ered "Yes Part X, I (d) Lo	s" on Form 990- ine 5, 6, or 22	<u> </u>		(g) In default? Approve board commiti			h) ved by rd or	ed by agreement?		
			То	From			Yes	No	Yes				
								110	163	No	Yes		No
			ı						163	No	Yes		No
									les	No	Yes		No
									les	No	Yes		No
									les	No	Yes		No
 >tal					> \$				les	No	Yes		No
art III Gra Con	ints or Assista	anızatıon an	swered	"Yes" on Forr	sons. n 990, Part IV,	1							
Part III Gra Con	nplete of the organization rested person (b		swered between on and the	"Yes" on Forr	sons.	line 27. (d) Type of	of assi			(e) Pu			
P <mark>art III Gra</mark> Con	nplete of the organization rested person (b	anızatıon an ı) Relatıonshıp erested perso	swered between on and the	"Yes" on Forr	sons. n 990, Part IV,	1	of assi						
	nplete of the organization rested person (b	anızatıon an ı) Relatıonshıp erested perso	swered between on and the	"Yes" on Forr	sons. n 990, Part IV,	1	of assi						

Complete if the organization a	answered "Yes" on Forr	n 990, Part IV, line 28	a, 28b, or 28c.			
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
(1) WILBORN ROBERSON	MEMBER OF BOARD OF DIRECTORS		EMPLOYED AT A BANK THE MUSEUM UTILIZES FOR INVESTMENT AND DEPOSIT ACCOUNTS		No	
(2) W BLAKELY CURTIS	MEMBER OF BOARD OF DIRECTORS		EMPLOYED AT A BANK IN WHICH THE MUSEUM HAS A REVOLVING LINE OF CREDIT		No	
			LINE OF CREDIT		ļ	

Explanation

Schedule L (Form 990 or 990-EZ) 2018

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference

Supplemental Information

Part V

efil	e GRAPHIC pi	int - DO NOT PR	ROCESS	As Filed Data -		DLN: 93	349331	9074	919
	EDULE M			Noncash Contri	ihutions	0	MB No 1	.545-0	047
(For	m 990)		1	20	10)			
		▶Complete if the	organizati	ons answered "Yes" on F	orm 990, Part IV, lines 2	9 or 30.	20	19	
		► Attach to Form							
•	tment of the Treasury al Revenue Service	▶Go to <u>www.irs.g</u>	ov/Form9	190 for the latest informa	tion.		Open to Inspe		
	e of the organizat					Employer identific	ation n	umbei	r
IIIL C	ILASS-GLEN BORNIE	MOSEOM INC				54-1857973			
Pa	rt I Types	of Property							
			(a) Check ıf applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	Method of noncash contr			:S
1	Art—Works of ar	t	X	,	-	0			
	Art—Historical tr								
3	Art—Fractional in	nterests							
4	Books and public	ations							
5	Clothing and hou								
6	goods Cars and other v	 ehicles							
	Boats and planes								
	Intellectual prope								
	Securities—Publi	•	X	4	32,06	6 STOCK QUOTE			
10	Securities—Close	ely held stock .			·				
11	Securities—Partr or trust interest								
12	Securities—Misce	ellaneous							
13	Qualified conserve contribution—H structures	istoric							
14	Qualified conserve contribution—O	vation							
15	Real estate—Res	idential .							
16	Real estate—Cor	nmercial							
17	Real estate—Oth								
18	Collectibles .								
19	Food inventory								
20	Drugs and medic Taxidermy .								
21 22	Historical artifact								
	Scientific specim								
	Archeological art								
	Other ► (
	Other ▶ (
27	Other ▶ ()							
28	Other ▶ ()							
29				ation during the tax year for 3, Part IV, Donee Acknowled		29			
	D	J. J. Li						Yes	No
30a	must hold for at	least three years fr	om the date	e of the initial contribution,	reported in Part I, lines 1 th and which is not required to	be used for exempt	30a		No
b	If "Yes," describ	e the arrangement i	ın Part II				304		140
31	Does the organi	zation have a gift ac	ceptance p	olicy that requires the revie	w of any nonstandard contr	ibutions?	31	Yes	
32a		zation hire or use th			solicit, process, or sell nonca	ash · · · ·	32a	Yes	<u> </u>
b	If "Yes," describ	e in Part II							
33	If the organizati		amount in	column (c) for a type of pro	operty for which column (a)	ıs checked,			
For D		on Act Notice, see the	Instruction	as for Form 990	Cat No. 512271	Schedule	M (Form	000)	(2018)

Schedule M (Form 990) (2018)	Page 2					
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 COLLECTIONS ARE VALUED AT ZERO BECAUSE THE MUSEUM HAS ELECTED TO NOT CAPITALIZE ITS COLLECTIONS					
PART I, LINE 32B	STOCK DONATIONS ARE SENT DIRECTLY TO INVESTMENT ADVISORS INVESTMENT ADVISORS PROCESS THE SALE AT THE DIRECTION OF THE DIRECTOR OF FINANCE					
PART I, LINE 33	THE ORGANIZATION HAS ELECTED, AS PERMITTED UNDER ACCOUNTING STANDARDS, NOT TO REPORT IN ITS STATEMENT OF ACTIVITIES, REVENUE FROM THE CONTRIBUTION OF ART, HISTORICAL TREASURES, OR OTHER SIMILAR ASSETS HELD FOR PUBLIC EXHIBITION, EDUCATION, OR RESEARCH IN FURTHERANCE OF PUBLIC SERVICE					
	Schedule M (Form 990) (2018)					

efile GRAPH	IC print - DO	NOT PROCESS	As Filed Data -		DLN:	93493319074919	
EZ) Form 990 o			al Information vide information fo r 990-EZ or to prov Attach to Form vww.irs.gov/Form9	tions on on.	2018 Open to Public Inspection		
	BURNIE MUSEUM IN	ental Information	n		Employer ident 54-1857973	ification number	
Return Reference				Explanation			
FORM 990, PART VI, SECTION B, LINE 11B	THE BOARD C	F DIRECTORS REV	IEWED THE 990 PRI	OR TO FILING WITH THE IRS			

Return Explanation
Reference

FORM 990, PART VI, NFLICTS BOARD MEMBERS ARE NOT ALLOWED A VOTE REGARDING AREAS WITH WHICH THERE IS A CONFLICT SECTION B, LINE 12C

Return Explanation
Reference

FORM 990, PART VI, OKS AND MADE A DETERMINATION BASED UPON PERFORMANCE AND INDUSTRY COMPARABLES THE CEO AND SECTION B, DIRECTOR EVALUATES KEY EMPLOYEES ANNUALLY AND REVIEWS SALARY COMP BOOKS TO MAKE A DETERMIN LINE 15 ATION BASED UPON PERFORMANCE AND POSITION COMPARABLES

Return Explanation

Ittererence	
FORM 990,	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS WILL BE MADE AVAILABLE
PART VI,	UPON REQUEST
SECTION C,	ļ ,
LINE 19	ļ ,

Return Explanation
Reference

FORM 990, PART XII, LINE 2C

Return Explanation
Reference

FORM 990,	REPORTABLE COMPENSATION FROM RELATED ORGANIZATIONS THE PAYMENTS LISTED IN COLUMN E, REPOR
PART VII,	TABLE COMPENSATION FROM RELATED ORGANIZATIONS, INCLUDES PAYMENTS TO INDIVIDUALS THAT WERE
SECTION A,	PAID BY THE GLASS-GLEN BURNIE FOUNDATION THE GLASS-GLEN BURNIE FOUNDATION IS LISTED AS A
LINE 1(A)	RELATED ORGANIZATION ON SCHEDULE R

Return

Reference	
SCHEDULE O	IN-KIND RENTAL OF THE HEXAGON HOUSE THE MUSEUM (PROPERTY MANAGER) ENTERED INTO A SUBLEASE
- ADDITIONAL	AGREEMENT WITH THE NON-PROFIT ORGANIZATIONS PRESERVATION OF HISTORIC WINCHESTER (LESSEE)
INFORMATION	AND THE SHENANDOAH ARTS COUNCIL (LESSEE) FOR THE RENTAL OF THE RESIDENCE KNOWN AS THE HEXA
	GON HOUSE THE HEXAGON HOUSE IS OWNED BY THE GLASS-GLEN BURNIE FOUNDATION THE MUSEUM HAS
	VALUED THE IN-KIND RENTAL OF THE HOUSE FOR FY19, AT \$24,561 THIS VALUE INCLUDES CONSIDERA

E. INSURANCE, TAXES AND STRUCTURAL MAINTENANCE

TION OF THE SQUARE-FOOT RENTAL VALUE AND THE MUSEUM'S OBLIGATION UNDER THE LEASE TO PROVID E YEAR-ROUND GROUNDS MAINTENANCE INCLUDING MOWING AND SNOW REMOVAL, WATER AND SEWER SERVIC

Explanation

Return Explanation
Reference

SCHEDULE O
- ADDITIONAL
INFORMATION
INFORM

Return Explanation

SCHEDULE O	FREE GENERAL ADMISSIONS AS PART OF THE MSV'S ONGOING COMMITMENT TO SERVE THE COMMUNITY IN
- ADDITIONAL	WHICH IT OPERATES, THE MUSEUM OFFERS FREE ADMISSION ON WEDNESDAYS (5,265 SERVED), AND YEA
INFORMATION	R-ROUND FREE ADMISSION TO AGES 12 AND UNDER (1,965 SERVED) BETWEEN MEMORIAL DAY AND LABOR
	DAY, THE MSV PARTICIPATES IN THE BLUE STAR MUSEUMS PROGRAM PROVIDING FREE ADMISSION TO AC
	TIVE MILITARY PERSONNEL AND THEIR FAMILIES (581 SERVED)

Return Explanation
Reference

SCHEDULE O
- ADDITIONAL
INFORMATION
- ADDITIONAL
- ADDITIONAL
INFORMATION
- ADDITIONAL
- A

Return

Reference	
SCHEDULE O	DONOR PRIVACY POLICY ANY INFORMATION SUPPLIED TO THE MUSEUM OF THE SHENANDOAH VALLEY BY D
- ADDITIONAL	ONORS WILL BE USED SOLELY TO FULFILL THEIR DONATION AND SHALL NOT BE SHARED FOR ANY REASON
INFORMATION	UNLESS PERMISSION IS GIVEN BY THE DONOR TO SHARE SUCH INFORMATION ALL REQUESTS TO REMAIN
	ANONYMOUS SHALL BE HONORED THE MSV DOES NOT SELL OR SHARE DONOR LISTS DONORS WHO SUPPLY
	THE MSV WITH THEIR POSTAL ADDRESS OR EMAIL ADDRESS MAY BE CONTACTED PERIODICALLY FOR SOLI
	CITATION PURPOSES AND/OR WITH INFORMATION REGARDING UPCOMING EVENTS DONORS MAY REQUEST TO

ALL REQUESTS TO BE REMOVED FROM MSV'S MAILING LIST SHALL BE HONORED

BE PERMANENTLY REMOVED FROM MSV'S MAILING LIST BY CONTACTING THE MSV BY EMAIL, PHONE OR M

Explanation

Return Explanation

Reference	
SCHEDULE O	IN FY2019, MSV ATTENDANCE AND MEMBERSHIP REACHED RECORD LEVELS WITH VISITATION OF 92,200 AND 2,553
- ADDITIONAL	MEMBERS

INFORMATION |

990 Schedule O, Supplemental Information

Deference

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

THE GLASS-GLEN BURNIE MUSEUM INC

Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 2018

DLN: 93493319074919

Open to Public Inspection

Employer identification number

							54-1	857973				
Part I Identification of Disregarded Entities Complete	f the organ	ızatıon answer	ed "Yes	" on Form 9	90, Part	IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) (Primary activity Legal dom or foreign		(c) Legal domic or foreign c) (d) cile (state country)		ome	(e) End-of-year as	ssets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.		te if the organ	ization	l answered "	Yes" on F	orm 990,	Part I	/, line 34 be	cause	it had one or i	more	
(a) Name, address, and EIN of related organization	(b) Primary activity		(c) Legal domicile (state or foreign country)		(d) Exempt Code section		(e) Public charity status (if section 501(c)(3))		(f) Direct controlling entity		(13) contro entity?	
(1)THE GLASS-GLEN BURNIE FOUNDATION PO BOX 587 NOWATA, OK 74048 73-1267576	RESTORATION AND MAINTENANCE OF HISTORIC PROPERTIES IN WINCHESTER, VA			OK 501(C)(3)			509(A)(3) TYPE III		NONE		Yes	No No
For Paperwork Reduction Act Notice, see the Instructions for Form	990.		Ca	t No 50135	\				Sche	edule R (Form	990) 20	018

		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	income(relat unrelated excluded fro tax under sections 51 514)	m		(h) Disproprtionate allocations?		amount in box 20 of Schedule K-1 (Form 1065)	mana partr	ner?	Percent owners		
							Yes	No		Yes	No			
										\square	\blacksquare			
										H				
										H				
ations Taxable as a C rganizations treated as	 Corporation a corporation	or Trus	t Complete st during th	 If the orga ne tax year	l Inization ans	 	on Fo	 orm 9!	90, Part IV,	line	34			
(b) Primary activity	(c) Legal domicile (state or foreign country)		Legal domicile (state or foreign				(e) Type of entity C corp, S corp, or trust)	(f) Share of total income		year	of- Percei	ntage	(13	(ı) ction 5 3) con entit 'es
												\Box		
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											+			
	rganizations treated as	(b) Primary activity L do (state	(b) (c) Primary activity Legal domicile (state or foreign	(b) Primary activity (c) Legal domicile (state or foreign	(b) Primary activity (c) Legal domicile (state or foreign (d) Direct controlling entity	(b) Primary activity (c) Legal domicile (state or foreign (d) Direct controlling entity (C corp, S corp, or trust)	(b) (c) (d) (e) (f) Share of total domicile (state or foreign	rganizations treated as a corporation or trust during the tax year. (b) Primary activity Legal domicile (state or foreign (d) Direct controlling entity (C corp, S corp, or trust) (C corp, S corp, or trust)	(b) Primary activity (c) Legal domicile (state or foreign (d) Direct controlling entity (C corp, S corp, or trust) (e) Type of entity (C corp, S corp, or trust) (g) Share of total income year assets	(b) (c) (d) Type of entity Coperation or trust during the tax year. (b) (c) Legal Direct controlling Type of entity Corp., Scorp., or trust) Corp., Scorp., or	(b) (c) (d) (d) (e) (f) (g) (h) Primary activity (state or foreign (state or foreign)) (c) (d) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(b) (c) (d) (e) (f) (g) (h) Primary activity Legal domicile entity (C corp, S corp, or trust) (C corp, S corp, or trust) (13		

Sche	lule R (Form 990) 2018		Pa	ge 3				
Pa	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.							
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No				
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No				
b	Gift, grant, or capital contribution to related organization(s)	1b		No				
С	Gift, grant, or capital contribution from related organization(s)	1c	Yes					
d	Loans or loan guarantees to or for related organization(s)	1d		No				
е	Loans or loan guarantees by related organization(s)	1e		No				
f	Dividends from related organization(s)	1f		No				
g	Sale of assets to related organization(s)	1g		No				
h	Purchase of assets from related organization(s)	1h		No				
i	Exchange of assets with related organization(s)	1i		No				
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No				
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		No				
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No				
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No				
0	Sharing of paid employees with related organization(s)	10		No				
р	Reimbursement paid to related organization(s) for expenses	1 p		No				
q	Reimbursement paid by related organization(s) for expenses	1 q		No				
r	Other transfer of cash or property to related organization(s)	1r		No				
s	Other transfer of cash or property from related organization(s)	1s		No				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds							
	(a) (b) (c) (d) Name of related organization Transaction type (a-s) (b) (c) (d) Amount involved Method of determining an							

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

																				
(a) Name, address, and EIN of entity	(b) Primary activity		(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership							
İ			514)	Yes	No	ļ ,		Yes	No		Yes	No								
									Schedule R (Form 990) 2018											

