** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

and ending JUN 30,

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

Α	For the	\approx 2022 calendar year, or tax year beginning $$ JUL 1 , $$ 2022 $$ and ending	JUN 30, 2023	
В	Check if applicable	C Name of organization	D Employer identifi	cation number
	Addres	INDEPENDENCE SEAPORT MUSEUM		
	Name change	Doing business as	23-15849	
	Initial return Final return/	Number and street (or P.0. box if mail is not delivered to street address) 211 S COLUMBUS BLVD	uite E Telephone numbe 215 – 413 –	
	termin ated Amend	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	6,848,302.
F	Ameno return		H(a) Is this a group re	
L	Applic tion pendir		for subordinates	
_		SAME AS C ABOVE	H(b) Are all subordinates in	
			 1	list. See instructions
	Websit	· - -	H(c) Group exemption	
	art I	- - - - - - - - - -	rear of formation: 1900 N	M State of legal domicile; PA
P		Summary	ע דער זיייר אייי	'C DIVED OF
Activities & Governance		Briefly describe the organization's mission or most significant activities: ${ t DISCOVER}$ HISTORY AND WORLD OF CONNECTIONS.	. PHIDADEDPHIA	S KIVEK OF
ž	2	Check this box if the organization discontinued its operations or disposed of r	nore than 25% of its net as	
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)	3	16
জ		Number of independent voting members of the governing body (Part VI, line 1b)	4	16
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	90
ξ	6	Total number of volunteers (estimate if necessary)	6	65
Ç		Total unrelated business revenue from Part VIII, column (C), line 12		1,034.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		34.
			Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)	1,280,481.	873,479.
Revenue		Program service revenue (Part VIII, line 2g)	604,532.	615,606.
ě		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	847,365.	808,892.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	350,825.	752,820.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,083,203.	3,050,797.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	42,602.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,605,082.	2,786,385.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25) 406,139.	0.440.440	0.045.405
ш	1/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,112,149.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,759,833.	5,133,522.
	19	Revenue less expenses. Subtract line 18 from line 12	-1,676,630.	
Net Assets or Find Balances			Beginning of Current Year	End of Year
SSE	20	Total assets (Part X, line 16)	22,539,825.	21,290,179.
et A	21	Total liabilities (Part X, line 26)	976,297.	910,691.
	22	Net assets or fund balances. Subtract line 21 from line 20	21,563,528.	20,379,488.
	art II	Signature Block		
		lties of perjury, I declare that I have examined this return, including accompanying schedules and stat, and complete. Declaration of preparer (other than officer) is based on all information of which prep		y knowledge and beller, it is
uue	, correc	i, and complete. Declaration of preparer (other than officer) is based on an information of which preparer	las any knowledge.	
Sign Here		Signature of officer	I Date	
		KEN WOOD, TREASURER		
не	re	Type or print name and title		
_		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai	d	ADAM WATSON ADAM WATSON	03/19/24 of self-employ	
	parer	Firm's name BBD, LLP	Firm's EIN 2	3-2896692
	Only	Firm's address 1835 MARKET STREET, SUITE 300	I IIIII S LIN Z	
-	,	PHILADELPHIA, PA 19103	Phone no 21	5-567-7770
Ma	v the I	RS discuss this return with the preparer shown above? See instructions	[1 HOHE HO. 21	X Yes No
ivia	, and 11	To allocate this retain with the proparer shown above: Occ instructions		140_

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO DISCOVER PHILADELPHIA'S RIVER OF HISTORY AND WORLD OF CONNECTIONS.
	SERVING A WIDE AND DIVERSE AUDIENCE AND HOLDING ITS COLLECTIONS IN
	TRUST FOR THE COMMUNITY, THE MUSEUM TELLS THE STORIES OF THE PEOPLE,
	HISTORICAL EVENTS AND ENVIRONMENTAL CHANGES (CONTINUED ON SCHEDULE O)
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ? Yes X No
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 4,036,824 • including grants of \$) (Revenue \$ 615,606 •)
	THE INDEPENDENCE SEAPORT MUSEUM HOSTED A WIDE RANGE OF PROGRAMS,
	EVENTS, AND ACTIVITIES. STAFF UNDERTOOK THE FIRST OF NUMEROUS CHANGES
	TO UPGRADE EXISTING EXHIBITIONS AND PROGRAMS INCLUDING THE NEW SHIP
	MODEL GALLERY, INTEGRATION OF ITS HISTORIC BOAT COLLECTION INTO ITS
	EXISTING EXHIBITIONS, AND ENVIRONMENTAL UPGRADES TO THE FACILITIES. THE
	MUSEUM CONTINUES TO OFFER ITS AWARD WINNING INSTALLATION "RIVER ALIVE"
	AS WELL AS THE EXTREMELY POPULAR EXHIBITION 'TIDES OF FREEDOM." THE
	FORMER FOCUSES UPON THE DELAWARE RIVER AND ITS ENVIRONMENT WHILE THE
	LATTER CLOSELY EXAMINES THE ROLE OF AFRICAN-AMERICANS ALONG THE RIVER.
	IN ADDITION, THE MUSEUM OPERATES THE CRUISER OLYMPIA AND SUBMARINE
	BECUNA FOR THE PUBLIC. FINALLY, THE MUSEUM PROVIDES EXTENSIVE ON THE
	WATER EDUCATIONAL PROGRAMMING THROUGHOUT THE YEAR.
4b	(Code:) (Expenses \$
75	(Code:) (Expenses #
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$
	Other many many and for (December on Cabadula O.)
4d	
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses 4,036,824.
	Form 990 (2022)

INDEPENDENCE SEAPORT MUSEUM

Form 990 (2022) INDEPENDENCE SEAPORT MUSEUM Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			.
_	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		Х	
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4	Λ	
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	3		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	Х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	21	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	112		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			3,7
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-	Х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	Λ	Х
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b		140		
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		х
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>			
		23	х	
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
Z-Tu	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			_V
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
20	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		
28	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			,,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	Х	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	<u> </u>	Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
-	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
	E		Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 40			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
c	(gambling) winnings to prize winners?	1c	Х	
	13	1 10		

2022) INDEPENDENCE SEAPORT MUSEUM Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	90								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Х						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b	X						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority of	· ·								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X					
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (Fl	-	5a		Х					
5a	, , , , , , , , , , , , , , , , , , , ,									
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		Х					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization				v					
	any contributions that were not tax deductible as charitable contributions?		6a		X					
р	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		CI.							
-	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).	nd to the payor?	7a		Х					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provide If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a 7b		21					
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		7.0							
С	to file Form 8282?		7c		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		70							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		Х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7 f		X					
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as		7g	N/						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a F		7h	N/						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	N/A	8							
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	N/A	9b							
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders N/A 11a									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	N/A	40							
а	Is the organization licensed to issue qualified health plans in more than one state?	N/.A	13a							
b	Note: See the instructions for additional information the organization must report on Schedule O.									
Ь	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									
_	Enter the amount of reserves on hand 13c									
с 14а			14a		Х					
	16 N/4 N 1		14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?		15		х					
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		Х					
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	N/A	17							
	If "Yes," complete Form 6069.									

232005 12-13-22

Form **990** (2022)

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

1a Enter the number of voting members of the governing body at the end of the tax year			X
If there are material differences in voting rights among members of the governing body, or if the governing body or glegated troat authority to an executive committee or similar committee, replan on Schedule 0. b Enter the number of voting members included on line 1st, above, who are independent 0. 16 Did not officer, director, trustee, or key employee see a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management demonary or other person? 2 Did the organization delegate control over management duttes customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 7 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the poverning body? 5 A rea my governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 5 B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 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 If Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10 Did the organization have local chapters, branches, or affiliates? 10 Did the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with th			
If there are material differences in voting rights among members of the governing body, or if the governing body or glegated troat authority to an executive committee or similar committee, replan on Schedule 0. b Enter the number of voting members included on line 1st, above, who are independent 0. 16 Did not officer, director, trustee, or key employee see a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management demonary or other person? 2 Did the organization delegate control over management duttes customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 7 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the poverning body? 5 A rea my governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 5 B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 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 If Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10 Did the organization have local chapters, branches, or affiliates? 10 Did the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with th	Y	es	No
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19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and fin			
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Statements available to the public during the tax year.			
20 State the name, address, and telephone number of the person who possesses the organization's books and records			
JAEWOOK SHIM - 215-413-8655			
211 S COLUMBUS BLVD, PHILADELPHIA, PA 19106			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	l		(0)		ilout	(D)	(E)	(F)	
Name and title	Average hours per	(do	Position (do not check more than one box, unless person is both an				one	Reportable compensation	Reportable compensation	Estimated amount of	
	week	officer and a director/trustee)		from	from related	other					
	(list any	rector						the ·	organizations	compensation	
	hours for related	e or di	stee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization	
	organizations	truste	al trus		yee	omper		1099-NEC)	1000 1120)	and related	
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer			organizations	
(1) PETER SEIBERT	line) 40.00	Ĕ	ŝi.	JO.	Ke	三声	요				
CEO & PRESIDENT	5.00			x				179,901.	0.	11,058.	
(2) MICHAEL FLYNN	40.00							. ,		<u>, </u>	
EXECUTIVE VP AND COO				х				122,553.	0.	10,563.	
(3) PETER ERNST	0.50										
CHAIR		Х						0.	0.	0.	
(4) COURTNEY DISSTON	0.50										
VICE-CHAIR		Х						0.	0.	0.	
(5) THOMAS G. ASHTON	0.50										
VICE-CHAIR		Х						0.	0.	0.	
(6) JAMES T. GILES	0.50	l									
SECRETARY		Х						0.	0.	0.	
(7) KENNETH WOOD	0.50	ļ								•	
TREASURER	0 50	Х						0.	0.	0.	
(8) JOE BENTON	0.50	,,						0	0	0	
DIRECTOR	0 50	Х						0.	0.	0.	
(9) JOHN C. DEVEREUX	0.50	X						0.	0.	0	
DIRECTOR (10) PERCENT GERROUS MEET	0.50	Δ.						0.	0.	0.	
(10) DEBORAH GIBBONS-NEFF DIRECTOR	0.50	X						0.	0.	0.	
(11) BRETT E. J. GORMAN	0.50	^						0.	· ·	<u> </u>	
DIRECTOR	0.30	x						0.	0.	0.	
(12) SCOTT G. HUSTON	0.50									-	
DIRECTOR		Х						0.	0.	0.	
(13) ERIK C. KLEIN	0.50										
DIRECTOR		Х						0.	0.	0.	
(14) JOSEPH B. LOCKLEY	0.50										
DIRECTOR		Х						0.	0.	0.	
(15) WILLIAM F. MOEN, JR.	0.50										
DIRECTOR		Х						0.	0.	0.	
(16) TIM MCGRATH	0.50										
DIRECTOR		Х						0.	0.	0.	
(17) JOANNE PHILLIPS	0.50							_		_	
DIRECTOR		Х						0.	0.	0.	

232007 12-13-22

Form **990** (2022)

Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A)	(B)			(C Pos	C)			(D)	(E)		(F)	
Name and title	Average hours per		not c	heck	more	than		Reportable Reportable compensation compens		_	Estima amour	
	week					is bot or/trus		from	compensation from related		othe	
	(list any	director						the	organizations		ompen	
	hours for related	5	99			sated		organization	(W-2/1099-MIS		from t	
	organizations	rustee	ıl trust		ee Ge	mpen		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		organiza and rela	
	below	Individual trustee	Institutional trustee	- -	Key employee	Highest compensated employee	JE .	10001120)			rganiza	
	line)	Indiv	Instit	Officer	Key e	High empl	Former					
(18) JOHN P. VENTURA	0.50	۱.,										^
DIRECTOR		Х						0.		0.		0.
		1										
										_		
		1										
		1										
										_		
		1										
		4										
		1										
1b Subtotal		1		<u> </u>	l	1	<u> </u>	302,454.		0.	21,	621.
c Total from continuation sheets to Part								0.		0.		0.
d Total (add lines 1b and 1c)								302,454.		0.	21,	621.
2 Total number of individuals (including but	not limited to th	nose	liste	ed a	bove	e) wł	no re	eceived more than \$100	,000 of reportabl	е		_
compensation from the organization											Yes	No
3 Did the organization list any former office	r diractor truct	00 1	·0\/ ·	amn	lovo		r hia	shoet componented omr	alovoo on		168	NO
line 1a? If "Yes," complete Schedule J for										3		х
4 For any individual listed on line 1a, is the		le co	omp	ensa	atior	n and	d oth	her compensation from	the organization			
and related organizations greater than \$1										4	. X	
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	from	any	/ unr	elat	ed organization or indiv	idual for services			
rendered to the organization? If "Yes," con	mplete Schedul	e J f	or s	uch	pers	son .				5		X
Section B. Independent Contractors									4.00.000 f			
 Complete this table for your five highest of the organization. Report compensation for 										pensatio	n from	
(A)	i iile caleriual y	cai	oi iul	ng v	VILII	OI W	14111	(B)	ycar.		(C)	
Name and busines	s address							Description of s	services	Com	pensat	ion
FOX ROTHSCHILD LLP, 2000				EE.	Γ,		\dashv		İ			
20TH FLOOR, PHILADELPHIA	A, PA 19:	10:	3				þ	LEGAL FEES		2	73,	129.

Name and business address

FOX ROTHSCHILD LLP, 2000 MARKET STREET,
20TH FLOOR, PHILADELPHIA, PA 19103

BN PAINTING & FLOORING, 1713 S. BROAD
STREET, UNIT #54492, PHILADELPHIA, PA
MARCUM LLP, 1601 MARKET STREET, 4TH FLOOR,
PHILADELPHIA, PA 19103

C)
Compensation

LEGAL FEES

273,129.

ACCOUNTING

125,772.

ACCOUNTING FEES

110,189.

Form **990** (2022)

\$100,000 of compensation from the organization

Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	${\sf ne}$ in this Part VIII \dots			
		·	·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b	34,812.				
اغ. اغ.		Fundraising events 1c	, -				
ifts ar A		Related organizations 1d					
ا≝'ق		Government grants (contributions) 1e					
Sir		All other contributions, gifts, grants, and					
her ju	'		838,667.				
등			100,000.				
in Si	9		100,000.	873,479.			
9	r	Total. Add lines 1a-1f	Dusiness Code	0/3,4/9.			
	_	MIGRIM ADMIGGIONG	Business Code	202 002	202 002		
Program Service Revenue	2 a	DOLLEGIOD IND DOGUG	713990 713990	382,903.	382,903.		
	t			158,919.	158,919.		
m S	C	EDUCATIONAL PROGRAMS	713990	73,784.	73,784.		
gra Re	C						
Š	6	' 					
_	f	All other program service revenue		645 606			
\rightarrow		Total. Add lines 2a-2f		615,606.			
	3	Investment income (including dividends, intere	•	540 400			
		other similar amounts)		648,109.			648,109.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
		Gross rents 6a 690,702.					
	k	Less: rental expenses 6b 0.					
	C	` '					
		Net rental income or (loss)		690,702.			690,702.
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 3,906,224.					
	k	Less: cost or other basis					
nu		and sales expenses					
) e	C	Gain or (loss) 7c 160,783.					
Other Revenue		Net gain or (loss)		160,783.			160,783.
the	8 8	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a	18,918.				
	k	Less: direct expenses 8b	4,244.				
		Net income or (loss) from fundraising events		14,674.			14,674.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
	k	Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances10a	48,854.				
	k	Less: cost of goods sold10b	47,820.				
	C	Net income or (loss) from sales of inventory		1,034.		1,034.	
န္			Business Code				
ne or	11 a	OTHER REVENUE	900099	46,410.			46,410.
lan	k	S					
Miscellaneous Revenue	C						
Ĭ Ĭ		All other revenue					
		Total. Add lines 11a-11d		46,410.			
	12	Total revenue. See instructions		3,050,797.	615,606.	1,034.	1560678.

232009 12-13-22

Form **990** (2022)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

0000	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon				
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	356,631.	252,333.	59,980.	44,318
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	1,955,020.	1,383,270.	328,804.	242,946
8	Pension plan accruals and contributions (include	E0 004	5 0 466	44 66-	0 011
	section 401(k) and 403(b) employer contributions)	70,901.	50,166.	11,925.	8,810 24,783
9	Other employee benefits	199,434.	141,110.	33,541.	
10	Payroll taxes	204,399.	144,622.	34,377.	25,400
11	Fees for services (nonemployees):				
а	Management	0.44 205	015 045	01 505	0 110
b	•	241,385.	217,247.	21,725.	2,413
С	<u> </u>				
d	, , , , , , , , , , , , , , , , , , , ,				
е	,	0.4.405		0.4.405	
f	Investment management fees	94,425.		94,425.	
g	, -	000 441	000 540	12 410	0 401
	column (A), amount, list line 11g expenses on Sch 0.)	238,441.	222,540.	13,410.	2,491 24,896
12	Advertising and promotion	144,087.	109,031.	10,160.	24,896
13	Office expenses				
14	Information technology				
15	Royalties	404 240	442 040	41 200	
16	Occupancy	484,249.	443,040.	41,209.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,581.		11,581.	
20	Interest	11,301.		11,301.	
21	Payments to affiliates	549,088.	543,602.	5,486.	
22	Depreciation, depletion, and amortization	210,348.	197,824.	10,366.	2,158
23	Other expanses, Itamize expanses not severed	410,340.	131,044.	10,300.	4,130
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	460	404 = 51	40.0-0	25.22
а		162,525.	121,531.	13,070.	27,924
b	PROGRAM SUPPLIES AND MA	144,638.	144,638.		
С	EXHIBIT MAINTENANCE	51,160.	51,160.		
d	EQUIPMENT LEASE	15,210.	14,710.	500.	
	All other expenses	E 122 E00	4 036 034	600 550	106 120
25	Total functional expenses. Add lines 1 through 24e	5,133,522.	4,036,824.	690,559.	406,139
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)				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2022

Form **990** (2022)

Form 990 (2022) Part X Balance Sheet

Part X	•	Balance Sneet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
1		Cash - non-interest-bearing			24,436.	1	120,624
2		Savings and temporary cash investments			5,121.	2	78,225
3	3	Pledges and grants receivable, net			143,869.	3	117,556
4		Accounts receivable, net	58,614.	4	32,395		
5		Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
6	;	Loans and other receivables from other disqualif	ied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described	d in sec	ction 4958(c)(3)(B)		6	
န္ 7	•	Notes and loans receivable, net				7	
Assets 8 8 9 8 9	3	Inventories for sale or use			44,765.	8	54,094
[▼] 9)	Prepaid expenses and deferred charges			52,738.	9	46,182
10)a	Land, buildings, and equipment: cost or other		0.5 100 010			
		basis. Complete Part VI of Schedule D	10a	26,120,842.	2 222 242		0 740 455
		Less: accumulated depreciation		22,410,387.	3,922,942.	10c	3,710,455
11		Investments - publicly traded securities			18,168,987.	11	16,997,743
12		Investments - other securities. See Part IV, line 1			12		
13		Investments - program-related. See Part IV, line 1		13			
14		Intangible assets	110 252	14	122 005		
15		Other assets. See Part IV, line 11			118,353.	15	132,905
16		Total assets. Add lines 1 through 15 (must equa			22,539,825. 331,854.	16	21,290,179
17		Accounts payable and accrued expenses			331,034.	17	427,210
18		Grants payable	156,726.	18	132,682		
19		Deferred revenue			130,720.	19	132,002
20		Tax-exempt bond liabilities		(0		20	
21		Escrow or custodial account liability. Complete F		·····		21	
Liabilities 8		Loans and other payables to any current or form					
≣		trustee, key employee, creator or founder, subst				22	
멸 23		controlled entity or family member of any of thes Secured mortgages and notes payable to unrela			372,422.	23	350,799
24		Unsecured notes and loans payable to unrelated			3,2,122	24	3307133
25		Other liabilities (including federal income tax, pay				27	
25	•	parties, and other liabilities not included on lines					
		of Schedule D	17 2-7,	. Complete Fart X	115,295.	25	0
26	;	Total liabilities. Add lines 17 through 25			976,297.	26	910,691
		Organizations that follow FASB ASC 958, che			·		
Net Assets or Fund Balances		and complete lines 27, 28, 32, and 33.					
<u>E</u> 27	•	Net assets without donor restrictions			21,476,708.	27	20,271,973
28	3	Net assets with donor restrictions			86,820.	28	107,515
		Organizations that do not follow FASB ASC 99	58, che	eck here			
בַ		and complete lines 29 through 33.					
၀ 29)	Capital stock or trust principal, or current funds				29	
30)	Paid-in or capital surplus, or land, building, or eq	uipme	nt fund		30	
31		Retained earnings, endowment, accumulated in	come,	or other funds		31	
32		Total net assets or fund balances			21,563,528.	32	20,379,488
33	3	Total liabilities and net assets/fund balances			22,539,825.	33	21,290,179

orm	1 990 (2022) INDEPENDENCE SEAPORT MUSEUM	23-1	584971	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,05		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,13		
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,08		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21,56	3,5	28.
5	Net unrealized gains (losses) on investments	5	87	9,8	82.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1	8,8	03.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	20,37	9,4	88.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

INDEPENDENCE SEAPORT MUSEUM

Employer identification number 23-1584971

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

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	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)						
6	Public support. Subtract line 5 from line 4.						_
-	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	(-,,	(-)	(-,	(-,	(-,	(-)
	Gross income from interest,						_
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	nns)			12	
	First 5 years. If the Form 990 is for th	•	,			<u> </u>	
	organization, check this box and stor	•		•		. , . ,	
Sec	tion C. Computation of Publ						
14	Public support percentage for 2022 (I	line 6, column (f), d	ivided by line 11,	column (f))		14	%
	Public support percentage from 2021					15	%
	33 1/3% support test - 2022. If the o					nore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances tes	-			-		
-	more, and if the organization meets the	-					:
	organization meets the facts-and-circle						
18	Private foundation. If the organization						
			,	, , ,,	,		(Form 000) 2022

232022 12-09-22

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

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

0.	qualify under the tests listed b	elow, please comp	note i ait ii.j							
	ction A. Public Support	,					Г			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not	010107	000 404	1205125	4000404	000 400	6205464			
	include any "unusual grants.")	2121270.	807,124.	1305107.	1280481.	873,479.	6387461.			
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		527,093.	235,503.	604,532.	615,606.	1982734.			
3	Gross receipts from activities that		-	-	-					
	are not an unrelated trade or bus-									
	iness under section 513									
4	Tax revenues levied for the organ-									
	ization's benefit and either paid to or expended on its behalf									
5	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
6	Total. Add lines 1 through 5	2121270.	1334217.	1540610.	1885013.	1489085.	8370195.			
7a	Amounts included on lines 1, 2, and									
	3 received from disqualified persons		161,263.	142,119.	99,530.	50,600.	453,512.			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the									
	amount on line 13 for the year		1.61 0.60	140 110	00 500	F0 600	0.			
	Add lines 7a and 7b		161,263.	142,119.	99,530.	50,600.				
8	Public support. (Subtract line 7c from line 6.)						7916683.			
Section B. Total Support										
		- I								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
Cale 9	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2018 2121270.	(b) 2019 1334217.	(c) 2020 1540610.	(d) 2021 1885013.	(e) 2022 1489085.	(f) Total 8370195.			
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(a) 2018 2121270. 876,300.	(b) 2019 1334217. 718,304.		1885013.	(e) 2022 1489085. 1338811.	(f) Total 8370195. 4820955.			
Cale 9 10a	Amounts from line 6	2121270. 876,300.	1334217.	1540610.	1885013.	1489085.	4820955.			
Cale 9 10a	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	2121270.	1334217.	1540610.	1885013.	1489085.	8370195.			
Cale 9 10a	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	2121270. 876,300.	718,304.	722,413.	1885013.	1489085.	4820955.			
Cale 9 10a b	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain	876,300. 876,300.	718,304.	722,413. 722,413.	1885013. 1165127. 1165127.	1489085. 1338811.	4820955. 4820955.			
Cale 9 10a b	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2121270. 876,300. 876,300.	718,304. 718,304. 3,390. 7,351.	722,413. 722,413. 3,541. 67,659.	1165127. 1165127. 1,229. 33,418.	1489085. 1338811. 1,034. 65,328.	8370195. 4820955. 4820955. 8,774. 173,756.			
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	2121270. 876,300. 876,300. -420. 2997150.	718,304. 718,304. 3,390. 7,351. 2063262.	722,413. 722,413. 3,541. 67,659. 2334223.	1165127. 1165127. 1,229. 33,418. 3084787.	1489085. 1338811. 1,034. 65,328. 2894258.	4820955. 4820955. 4820955. 8,774. 173,756. 13373680.			
Cale 9 10a b	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the	2121270. 876,300. 876,300. -420. 2997150.	718,304. 718,304. 3,390. 7,351. 2063262.	722,413. 722,413. 3,541. 67,659. 2334223.	1165127. 1165127. 1,229. 33,418. 3084787.	1489085. 1338811. 1,034. 65,328. 2894258.	4820955. 4820955. 4820955. 8,774. 173,756. 13373680.			
Cale 9 10a b 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here	2121270. 876,300. 876,300. -420. 2997150. te organization's fire	718,304. 718,304. 718,304. 3,390. 7,351. 2063262. st, second, third,	722,413. 722,413. 3,541. 67,659. 2334223.	1165127. 1165127. 1,229. 33,418. 3084787.	1489085. 1338811. 1,034. 65,328. 2894258.	4820955. 4820955. 4820955. 8,774. 173,756. 13373680.			
11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here	2121270. 876,300. 876,300. -420. 2997150. ne organization's finition of the companization of the companizatio	718,304. 718,304. 718,304. 3,390. 7,351. 2063262. est, second, third,	722,413. 722,413. 722,413. 3,541. 67,659. 2334223. fourth, or fifth tax	1165127. 1165127. 1,229. 33,418. 3084787. year as a section 5	1489085. 1338811. 1,034. 65,328. 2894258. 601(c)(3) organizat	8370195. 4820955. 8,774. 173,756. 13373680. ion,			
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11 12 13 14 Sec 17	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Etion C. Computation of Publ Public support percentage for 2021 (Public support percentage from 2021) Etion D. Computation of Investinest income percentage for 2021 (Investment income percentage for 2021)	2121270. 876,300. 876,300. -420. 2997150. te organization's firmula (f), do schedule A, Part streent Income (22) (line 10c, column (22))	718,304. 718,304. 718,304. 3,390. 7,351. 2063262. rst, second, third, rcentage livided by line 13, or lill, line 15 e Percentage on (f), divided by line	722,413. 722,413. 722,413. 3,541. 67,659. 2334223. fourth, or fifth tax column (f))	1165127. 1165127. 1,229. 33,418. 3084787. year as a section 5	1489085. 1338811. 1,034. 65,328. 2894258. io1(c)(3) organizat	8370195. 4820955. 8,774. 173,756. 13373680. ion, 59.20 % 69.54 % 36.05 %			
11 12 13 14 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Etion C. Computation of Publ Public support percentage for 2021 (Public support percentage from 2021 Investment income Investment In	2721270. 876,300. 876,300. -420. 2997150. The organization's firm the second of t	718,304. 718,304. 718,304. 3,390. 7,351. 2063262. rst, second, third, rcentage ivided by line 13, or e Percentage on (f), divided by line 17	722,413. 722,413. 722,413. 3,541. 67,659. 2334223. fourth, or fifth tax	1165127. 1165127. 1,229. 33,418. 3084787. year as a section 5	1489085. 1338811. 1,034. 65,328. 2894258. io1(c)(3) organizat	8370195. 4820955. 8,774. 173,756. 13373680. ion, 59.20 % 69.54 % 36.05 % 27.12 %			
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Cale 9 10 a b 11 12 13 14 Sec 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Publ Public support percentage from 2021 ction D. Computation of Investment income percentage from 2013 1/3% support tests - 2022. If the	876,300. 876,300. 876,300. -420. 2997150. The organization's file in the second of the second o	718,304. 718,304. 718,304. 718,304. 3,390. 7,351. 2063262. est, second, third, rcentage ivided by line 13, or e Percentage Ill, line 15 e Percentage In (f), divided by line Part III, line 17 ot check the box or organization qualifor theck a box on	722,413. 722,413. 722,413. 722,413. 67,659. 2334223. fourth, or fifth tax column (f)) ne 13, column (f)) on line 14, and line lies as a publicly s line 14 or line 19a	1165127. 1165127. 1,229. 33,418. 3084787. year as a section 5 upported organiza a, and line 16 is mo	1489085. 1338811. 1,034. 1,034. 65,328. 2894258. 301(c)(3) organizat 15 16 17 18 3 1/3%, and line 1 tion re than 33 1/3%,	8370195. 4820955. 4820955. 8,774. 173,756. 13373680. ion, 59.20 % 69.54 % 36.05 % 27.12 % I7 is not			

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

,		Yes	No
	1		
	_		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	40		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		
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Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ly member of a person described on line 11a above?	11b		
		s controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sect		B. Type I Supporting Organizations			
				Yes	No
1	Did the	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more s	supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	_	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		e organization operate for the benefit of any supported organization other than the supported	-		
		zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	•	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
		C. Type II Supporting Organizations			
		71 11 0 0		Yes	No
1	Were a	a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
		D. All Type III Supporting Organizations			
		J1 11 0 0		Yes	No
1	Did the	e organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
		zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
		zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	-	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
	_	ison of the relationship described on line 2, above, did the organization's supported organizations have a			
		cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		rted organizations played in this regard.	3		
		Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea (see instructions) .			
· a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
c		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns)	
2		ies Test. Answer lines 2a and 2b below.	01.401.0	Yes	No
		bstantially all of the organization's activities during the tax year directly further the exempt purposes of			110
		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		ne organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's position that its supported organization(s) would have organization's involvement.	2b		
		t of Supported Organizations. Answer lines 3a and 3b below.			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
h		e organization evergise 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.

Sche	dule A (Form 990) 2022 INDEPENDENCE SEAPORT M	USEUM		23-1584971 Page 6
Pai		ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on I	Nov. 20, 1970 (explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		

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

Schedule A (Form 990) 2022

5

6

4 Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

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

emergency temporary reduction (see instructions).

_3	Excess distributions carryover, if any, to 2022		
а	From 2017		
b	From 2018		
С	From 2019		
d	From 2020		
е	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D,		
	line 7: \$		
а	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if		
	any. Subtract lines 3g and 4a from line 2. For result greater		
	than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h		
	and 4b from line 1. For result greater than zero, explain in		
	Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j		
	and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
<u>e</u>	Excess from 2022		
		So	hedule A (Form 990) 2022

		line 1 Secti	; Parl on D,	t IV, Secti	on D, line	es 2	2 and 3; F	Part IV,∜	Section E, lir	nes 1c, 2a, 2	b, 3a, ar	nd 3b; Part V	r, line 1; Part V, Section B, line 1e; Part V, or any additional information.	
SCHE	DUI	Œ.	Α,	PART	III	,	LINE	12,	EXPLA	NATION	FOR	OTHER	INCOME:	
OTHE	R]	INC	OME	3										
2019	Αl	10U	NT:	: \$	7,3	51	•							
2020	Αl	10U	NT:	: \$	67,6	65	9.							
2021	Αl	10U	NT:	: \$	33,4	41	8.							
2022	Αl	10U	NT:	: \$	46,4	41	0.							
GROSS	S]	NC	OME	E FROI	M FUI	ND:	RAIS	ING	EVENTS					
2022	Αl	10U	NT:	: \$	18,9	91	8.							

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Name of the organization

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

INDEPENDENCE SEAPORT MUSEUM

Employer identification number 23-1584971

Organization type (check one):							
Filers of	:	Section:					
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$						
answer "	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify prequirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2022)

Name of organization Employer identification number

INDEPENDENCE SEAPORT MUSEUM

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$100,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>100,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	- Humo, dudi coo, and En T	\$ 80,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZIP + 4	\$ 55,275.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

Name of organization

Employer identification number

INDEPENDENCE SEAPORT MUSEUM

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 35,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

INDEPENDENCE SEAPORT MUSEUM

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	233 SHARES OF DEERE & CO. (DE)		12/20/22
		\$\$	12/20/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
223453 11-15		\$	Schedule B (Form 990) (2022)

Name of organization Employer identification number

INDEPENDENCE SEAPORT MUSEUM

Part III	Exclusively religious, charitable, etc., contribution	ons to organizations desc	ribed in section 50	01(c)(7), (8), or (10) that total more than \$1,000 for the year					
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, cl	through (e) and the followir haritable, etc., contributions of \$	ng line entry. For or : 1.000 or less for th	ganizations e year. (Enter this info. once.) \$					
	Use duplicate copies of Part III if additional s	space is needed.	.,,	, , , , , , , , , , , , , , , , , , ,					
(a) No. from Part I	(b) Purpose of gift	(c) Use of (gift	(d) Description of how gift is held					
Faiti				_					
-		(e) Transf	fer of gift						
	Tunnafaura la manna addresa au	- J 7ID . 4	D						
f	Transferee's name, address, ar	10 ZIP + 4	ne	elationship of transferor to transferee					
				_					
(a) No. from									
Part I	(b) Purpose of gift	(c) Use of (gift	(d) Description of how gift is held					
		-							
		-							
	(e) Transfer of gift								
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee						
Ī				Stationomp of Europe of to Europe of					
(a) No. from	(I) Down a set with	(-)	:0	(a) December of house if it is held					
Part I	(b) Purpose of gift	(c) Use of (γιπ	(d) Description of how gift is held					
	(e) Transfer of gift								
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of (gift	(d) Description of how gift is held					
1 41111									
Ī		(e) Transt	er of gift						
	Transfersele name address a	ad 7 ID + 4	D.	Nationahin of transferor to transferor					
-	Transferee's name, address, ar	IU LIF T T	Ke	elationship of transferor to transferee					

SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

		01(c)(4), (5), or (6) organizat	tions: Complete Part III.					
Nan	ne of orga				Er		dentification	
_			DENCE SEAPORT MU				3-15849	971
Pa	art I-A	Complete if the org	janization is exempt und	ler section 501(c)	or is a section 527	7 organ	ization.	
2	Political	campaign activity expendit	ation's direct and indirect politic ures gn activities					
Pa	art I-B	Complete if the org	janization is exempt und	ler section 501(c)(3).			
			incurred by the organization und	. , , ,	·	\$		
2	Enter the	amount of any excise tax	incurred by organization manag	ers under section 4955		\$		
3	If the org	ganization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?			Yes	□ No
4a	Was a co	orrection made?				[Yes	☐ No
b	If "Yes,"	describe in Part IV.						
			janization is exempt und	* * * *		. , , ,		
1	Enter the	e amount directly expended	d by the filing organization for se	ction 527 exempt funct	ion activities	\$		
2		0 0	ization's funds contributed to ot	•				
						\$		
3			. Add lines 1 and 2. Enter here a					
4			1120-POL for this year?				Yes	└── No
5	made pa	lyments. For each organiza	nployer identification number (El tion listed, enter the amount pai omptly and directly delivered to additional space is needed, prov	d from the filing organiz a separate political orga	ation's funds. Also ente anization, such as a sep	er the amo	ount of polit	cal
	political				1	<u> </u>		
		(a) Name	(b) Address	(c) EIN	(d) Amount paid fror filing organization's funds. If none, enter	cont -0 pr	Amount of ributions recomptly and livered to a colitical organd If none, ent	ceived and directly separate nization.

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

Pá	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).								
	Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).								
<u>B</u>	Limi	ts on Lobbyi	ng Expe	nd "limited control" pro nditures unts paid or incurred.		(a) Filing organization's totals	(b) Affiliated group totals		
1	a Total lobbying expenditures to infl b Total lobbying expenditures to infl c Total lobbying expenditures (add l d Other exempt purpose expenditur								
	e Total exempt purpose expenditure								
	f Lobbying nontaxable amount. Ent								
	If the amount on line 1e, column (a)	or (b) is:	The lob	bying nontaxable am	ount is:				
	Not over \$500,000		20% of	the amount on line 1e.					
	Over \$500,000 but not over \$1,00	0,000	\$100,00	00 plus 15% of the exc	ess over \$500,000.				
	Over \$1,000,000 but not over \$1,5			00 plus 10% of the exc					
	Over \$1,500,000 but not over \$17	,000,000		00 plus 5% of the exce	ss over \$1,500,000.				
	Over \$17,000,000		\$1,000,	000.					
	g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0- i Subtract line 1f from line 1c. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all See the separate instructions for lines 2a through 2f.)						Yes No		
		Lobbyi	ng Expei	nditures During 4-Yea	ar Averaging Period				
	Calendar year (or fiscal year beginning in)	(a) 20 ⁻	19	(b) 2020	(c) 2021	(d) 2022	(e) Total		
	a Lobbying nontaxable amount								
	b Lobbying ceiling amount (150% of line 2a, column(e))								
	Total lobbying expenditures								
	d Grassroots nontaxable amount								
	e Grassroots ceiling amount								
	(150% of line 2d, column (e))								
	f Grassroots lobbying expenditures								

Schedule C (Form 990) 2022

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

of the lobbying activity. Yes No Amount 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: A Volunteers? A V B Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? X V B Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? X V C Media advertisements? A V C Media advertisements? A V C Media advertisements? B Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Y X V C V C V V V V V V V V V V V V V V V	For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	1 (:	a)	(i	o)
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? x S 54,455. h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? x S 10 ther activities? y Total. Add lines 1c through 1i bit "Yes," enter the amount of any tax incurred under section 4912 ct if "Yes," enter the amount of any tax incurred by organization managers under section 4912 ct if "Yes," enter the amount of any tax incurred by organization managers under section 4912 diff the filing organization incurred a section 4912 tax, did it life Form #220 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization make only in-house lobbying and political campaign activity expenditures from the prior year? 1 Dues, assessments and similar amounts from members 1 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 2 Complete if the organization agree to carry over lobbying and political expenditures (do not include amounts of political expenses for which the section 623(e)(1)(A) not			<u> </u>	ĺ		
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? x 1			res	NO	AIIIC	
or referendum, through the use of: a Volunteers? b Paids taff or management (include compensation in expenses reported on lines 1c through 1i)? X c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? X f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? X 54,455. Raillies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? X 1 Other activities? 1 Total. Add lines 1c through 11 2 54,455. 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 3 If 'Yes,' enter the amount of any tax incurred under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes," 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures expenditures were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures (do not include amounts of political expenditure sent year 2 Did the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures (do not include amounts of political expenditure expenditures next year? 5 Total 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? 5 Taxable amount of lobbying and political expenditures. Se	1					
a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? X b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? X c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? B Direct contact with legislators, their staffs, government officials, or a legislative body? B Direct contact with legislators, their staffs, government officials, or a legislative body? B Direct contact with legislators, seminars, conventions, speeches, lectures, or any similar means? B X S 3 C X C 1 Other activities? J Total. Add lines 1c through 11 C 1 Cause the organization to be not described in section 501(c)(3)? B 1 * Yes, 'in enter the amount of any tax incurred under section 4912 C If "Yes,'' enter the amount of any tax incurred under section 4912 C If "Yes,'' enter the amount of any tax incurred by organization managers under section 4912 C If "Yes,'' enter the amount of any tax incurred by organization managers under section 4912 C If "Yes,'' enter the amount of any tax incurred by organization managers under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Part III-A] Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year 2 Did Complete if the organization in sexempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6), and if either (a) BOTH Part II						
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? X 54,455. h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? X 10 ther activities? J Total. Add lines 1 c through 1i J Total. Add lines	_			v		
c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? k Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? k X c Other activities? j Total. Add lines 1c through 1i 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 and the filing organization incurred a section 4912 and If the Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization in the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total c Total c Urrent year b Carryover from last year c Total c Total c Urrent year c Total c Urrent	a	Volunteers?				
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	instru	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

INDEPENDENCE SEAPORT MUSEUM

Employer identification number 23-1584971

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.					
		(a) Donor advised	d funds	(b) Funds and other accounts			
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets he	eld in donor advised fur	nds			
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No			
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that gra	ant funds can be used	only			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for ar	ny other purpose confe	rring			
_	impermissible private benefit?						
Par		•	s" on Form 990, Part IV	, line 7.			
1	Purpose(s) of conservation easements held by the organizat		1				
	Preservation of land for public use (for example, recrea	ation or education)	1	orically important land area			
	Protection of natural habitat		Preservation of a cert	ified historic structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contrib	ution in the form of a co				
	day of the tax year.			Held at the End of the Tax Year			
	Total number of conservation easements			2a			
b				2b			
С.	Number of conservation easements on a certified historic str			2c			
d	Number of conservation easements included in (c) acquired	· · · · · · · · · · · · · · · · · · ·					
_	historic structure listed in the National Register			2d			
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or i	terminated by the organ	nization during the tax			
4	Number of states where property subject to concentration of	acoment is leasted					
4 5	Number of states where property subject to conservation ea Does the organization have a written policy regarding the pe		tion, handling of				
3	violations, and enforcement of the conservation easements			Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,		nd enforcing conservati				
•	ctan and volunteen neare develor to mornioring, inspecting,	, manaling of violations, a	ra omoromy concervati	on casements daming the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and en	forcing conservation ea	asements during the year			
		,	J	G ,			
8	Does each conservation easement reported on line 2(d) abor	ve satisfy the requiremen	ts of section 170(h)(4)(E	3)(i)			
	and section 170(h)(4)(B)(ii)?			Yes No			
9	In Part XIII, describe how the organization reports conservat						
	balance sheet, and include, if applicable, the text of the foot	note to the organization's	financial statements th	nat describes the			
	organization's accounting for conservation easements.						
Par	t III Organizations Maintaining Collections o	•	easures, or Other	Similar Assets.			
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	•					
	of art, historical treasures, or other similar assets held for pu	·		ince of public			
	service, provide in Part XIII the text of the footnote to its fina						
b	If the organization elected, as permitted under FASB ASC 95						
	art, historical treasures, or other similar assets held for public	c exhibition, education, or	r research in furtherand	e of public service,			
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1						
	(ii) Assets included in Form 990, Part X			· · · · · · · · · · · · · · · · · · ·			
2	If the organization received or held works of art, historical tre		·	provide			
	the following amounts required to be reported under FASB A			•			
a	Revenue included on Form 990, Part VIII, line 1						
	Assets included in Form 990, Part X						
∟НА	For Paperwork Reduction Act Notice, see the Instruction	15 IUI FUIM 99U.		Schedule D (Form 990) 2022			

ı		,				
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a Land						
b Buildings		17,267,980.	16,071,671.	1,196,309.		
c Leasehold improvements						
d Equipment		1,176,896.	1,015,789.	161,107.		
e Other		7,675,966.	5,322,927.	2,353,039. 3,710,455.		
Total. Add lines 1a through 1e, (Column (d) must equal Form 990, Part X, column (B), line 10c.)						

Schedule D (Form 990) 2022

Part VII	Investments - Other Securities.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-ye	ear market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-ye	ear market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		•	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
			(b) Book value
(a) Describelles of Balatta			· -
(a) Description of Bability			. ,
. (a) Description of liability			
(a) Description of liability (1) Federal income taxes			
(a) Description of liability (1) Federal income taxes (2)			
. (a) Description of liability (1) Federal income taxes (2) (3)			
. (a) Description of liability (1) Federal income taxes (2) (3) (4)			
. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			
(a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			
(a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			
(a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	25.)		

232053 09-01-22

Schedule D (Form 990) 2022 INDEPENDENCE SE	APORT MUSEUM			23-	1584971 _{Page}
Part XI Reconciliation of Revenue per Audited F		ts Wi	th Revenue per R	eturr	1.
Complete if the organization answered "Yes" on Form 1 Total revenue, gains, and other support per audited financial				1	3,859,302
75 7				-	3,033,302
2 Amounts included on line 1 but not on Form 990, Part VIII, lin		2a	879,882.		
a Net unrealized gains (losses) on investments		2b	075,002.		
b Donated services and use of facilities		20 2c			
c Recoveries of prior year grants		2d	-75,621.		
d Other (Describe in Part XIII.)				20	804,261
e Add lines 2a through 2d 3 Subtract line 2e from line 1				2e 3	3,055,041
3 Subtract line 2e from line 14 Amounts included on Form 990, Part VIII, line 12, but not on				3	3,033,041
		ا مه			
a Investment expenses not included on Form 990, Part VIII, lin	İ	4a	-4,244.		
b Other (Describe in Part XIII.)	•	1.0	·	4-	-4,244
c Add lines 4a and 4b				4c	3,050,797
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990) Part XII Reconciliation of Expenses per Audited				_	
Complete if the organization answered "Yes" on Form		IIIS VV	itii Experises per	netu	111.
Total expenses and losses per audited financial statements				1	5,045,738
2 Amounts included on line 1 but not on Form 990, Part IX, line				-	· · · · · · · · · · · · · · · · · · ·
a Donated services and use of facilities	ı	2a			
b Prior year adjustments		2b			
c Other losses		2c			
d Other (Describe in Part XIII.)		2d	6,641.		
e Add lines 2a through 2d	_		· · · · · · · · · · · · · · · · · · ·	2e	6,641
3 Subtract line 2e from line 1				3	5,039,097
4 Amounts included on Form 990, Part IX, line 25, but not on li					
a Investment expenses not included on Form 990, Part VIII, lin		4a	94,425.		
b Other (Describe in Part XIII.)	ľ	4b	5 - 7	•	
		1.0		4c	94,425
 c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 9 				5	5,133,522
Part XIII Supplemental Information.	00, 1 art 1, mrc 10.)				0,100,011
Provide the descriptions required for Part II, lines 3, 5, and 9; Part lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this p				4; Part	X, line 2; Part XI,
PART III, LINE 1A:					
THE MUSEUM'S COLLECTIONS CONSIST	OF HISTORICA	L AR	TIFACTS, AN	TIQ	UES, AND
OTHER IRREPLACEABLE ITEMS THAT AR	E MAINTAINED	FOR	PUBLIC EXH	IBI'	rion,
EDUCATION, AND RESEARCH IN FURTHE	RANCE OF PUB	LIC	SERVICE RAT	HER	THAN FOR
FINANCIAL GAIN. COLLECTIONS ARE T	HE MOST VALU	ABLE	ASSETS OF	THE	MUSEUM AND
ARE PROTECTED, KEPT UNENCUMBERED,	CARED FOR A	ND F	RESERVED. T	HE	
COLLECTIONS, WHICH WERE ACQUIRED	PRIMARILY TH	OUGH	DONATION,	ARE	NOT
RECOGNIZED OR CAPITALIZED AS ASSE	TS IN THE ST.	ATEM	ENT OF FINA	NCI	AL
POSTTION.					

PART V, LINE 4:

THE GENERAL FUND HAS BEEN ESTABLISHED BY THE MUSEUM FOR THE INCOME TO

Schedule D (Form 990) 2022 INDEPENDENCE SEAPORT MUSEUM	23-1584971 Page 5
Part XIII Supplemental Information (continued)	
SUPPORT AND PROMOTE THE GROWTH, PROGRESS AND GENERAL WELFARE	OF THE
MUSEUM. THE BOATSHOP FUND HAS BEEN ESTABLISHED BY THE MUSEUM	I FOR THE
INCOME TO SUPPORT THE BOAT WORKSHOP.	
PART X, LINE 2:	
GAAP PRESCRIBES A MINIMUM RECOGNITION THRESHOLD THAT A TAX E	POSITION IS
REQUIRED TO MEET IN ORDER TO BE RECOGNIZED IN THE FINANCIAL	STATEMENTS.
THE MUSEUM BELIEVES THAT IT HAD NO UNCERTAIN TAX POSITIONS A	AS DEFINED IN
THE STANDARD.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
	04 425
INVESTMENT MANAGEMENT FEES	-94,425.
CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE POLICY	18,803.
FLAGSHIP OLYMPIA FOUNDATION REVENUE	1.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-75,621.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES	-4,244.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FLAGSHIP OLYMPIA FOUNDATION EXPENSES	2,397.
SPECIAL EVENT EXPENSES	4,244.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	6,641.

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number Name of the organization INDEPENDENCE SEAPORT MUSEUM 23-1584971 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations ☐ Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

232081 10-27-22

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Schedule G (Form 990) 2022

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

		of fundraising event contributions and gr				ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					NONE	(add col. (a) through
			MARITIME DAY			col. (c))
Φ			(event type)	(event type)	(total number)	55i. (5)/
Revenue						
3ev	1	Gross receipts	18,918.			18,918.
_						
	2	Less: Contributions				
			10 010			10.010
	3	Gross income (line 1 minus line 2)	18,918.			18,918.
	١.					
	4	Cash prizes				
	_ ا	Name and a single				
S	5	Noncash prizes				
nse		Pont/facility costs				
xpe	۱°	Rent/facility costs				
Direct Expenses	,	Food and beverages	3,600.			3,600.
ji	′	1 000 and beverages	3,000			3,000.
	8	Entertainment				
	9	Other direct expenses	644.			644.
	10	Direct expense summary. Add lines 4 through				4,244.
	11	Net income summary. Subtract line 10 from I				14,674.
Pa	irt l	Gaming. Complete if the organization				
		\$15,000 on Form 990-EZ, line 6a.				
Ф			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Birigo	bingo/progressive bingo	(o) other garming	col. (a) through col. (c))
3ev						
_	1	Gross revenue				
es	2	Cash prizes				
ens						
Direct Expenses	3	Noncash prizes				
ģ	١,	Double of the contract				
Ë	4	Rent/facility costs				
	_	Other direct expenses				
	۲	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No 70	No No	
		Volunteer label				
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
		. ,	()			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
						_
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:			
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	If "	No," explain:				
		ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No
b	If "	Yes," explain:				

232082 10-27-22 Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022 INDEPENDENCE SEAPORT MUSEUM 23-1	.5849	71 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	es No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Y	es 🔲 No
13	Indicate the percentage of gaming activity conducted in:		
á	The organization's facility	13a	%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Y	es No
k	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
(: If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Gaming manager compensation \$		
	Description of services provided		
	· · · · · · · · · · · · · · · · · · ·		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
á	Is the organization required under state law to make charitable distributions from the gaming proceeds to		□
	retain the state gaming license?	L Ye	es L No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Pa	organization's own exempt activities during the tax year \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III. line	s 0 0h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	11 111, 11110	.5 5, 55, 105,
	100, 100, 10, and 110, an approach. The provide any additional information.		

Schedule G (Form 990)

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

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

INDEPENDENCE SEAPORT MUSEUM

Employer identification number 23-1584971

Schedule J (Form 990) 2022

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

232111 10-18-22

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

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

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

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

	(B) Breakdown of V	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PETER SEIBERT (i)	179,901.	0.	0.	6,895.	4,163.	190,959.	0.
CEO & PRESIDENT (ii)		0.	0.	0.	0.	0.	0.
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii							
(i)							
(ii)							
(i)							
(ii,							
(i) 							
(i)							
(i) 							
(ii)						1	
(i)							
(ii)							
(i)							
(ii)							

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Open to Public Inspection

Employer identification number

Schedule M (Form 990) 2022

	INDEPENDENCE	SEAPO	ORT MUSEUM			23	-T29	849	7.1	
Pai	t I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	no	Method on			_	5
1	Art - Works of art			_						
2	Art - Historical treasures	X	20	0.	SEE	PART	II 1	FOR	D:	ETA
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded	X	1	100,000.	FMV					
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential				-					
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other ()									
26	Other ()									
27	Other ()									
28	Other ()									
29	Number of Forms 8283 received by the organization		-						•	
	for which the organization completed Form 82	83, Part V, D	Donee Acknowledg	gement 29				-1-	0	
200	During the year did the organization receive by	v contributio	on any proporty ro	ported in Dort L lines 1 throu	ah 20 +	hat it		Y	'es	No
Sua	During the year, did the organization receive by					iiai ii				
	must hold for at least 3 years from the date of						20	0a		Х
L	exempt purposes for the entire holding period'	·						ua		-25
	If "Yes," describe the arrangement in Part II.	action that "	oquires the review	of any popetandard contrib	ıtiono?				x	
31	Does the organization have a gift acceptance						-3	81	<u> </u>	
32a	·		•	• • •				20		Х
L	contributions?						3	2a		-22
	If "Yes," describe in Part II.	aluma (a) f-	ur a tuna of avar and	y for which column (a) is she	oleo d					
33	If the organization didn't report an amount in c	oiuiiii (C) 10	ı a type σι propeπ	y for writeri column (a) is che	eckea,					

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	is report	emental I ing in Part I for any add	, column	(b), the r	number c	ne inform of contrib	ation re utions,	quired by the numbe	Part I, lir er of item	nes 30b, 3 ns received	2b, and 3 d, or a co	33, and wh mbination	nether the of both. A	organization Also complete
SCHEDUI	LE M	LINE	33:											
HISTOR:	ICAL	TREAS	JRES	ACQU	IRED	EITH	IER '	THROU	GH PU	JRCHAS	SE OR	DONA	TION	ARE
NOT CA	PITAI	LIZED.	THI	E COS	T OF	COLI	LECT	ION I	TEMS	PURCI	HASED	ISR	EPORT	ED AS
A DECRI	EASE	IN NE	r ass	SETS	AND :	PROCE	EEDS	FROM	THE	SALE	OF C	OLLEC	TION	ITEMS
IS REPO	ORTEI	AS A	N INC	CREAS	E IN	NET	ASS	ETS.						
232142 09-09-2	2											s	chedule N	M (Form 990) 202

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

INDEPENDENCE SEAPORT MUSEUM

Employer identification number 23-1584971

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATIONS MISSION: THE DELAWARE RIVER AND ITS TRIBUTARIES. IT LOOKS TO A BROAD REGIONAL DEFINITION OF THE RIVER TO INCLUDE BOTH PHILADELPHIA AND CAMDEN AS WELL AS PORTIONS OF THE SOUTHERN COAST OF NEW JERSEY AND THE SCHUYLKILL THE MUSEUM IS THE LEADING EDUCATIONAL ORGANIZATION IN RIVER DRAINAGE. THE REGION DEDICATED TO THE HISTORY AND CULTURE OF THE DELAWARE RIVER ITS ESTUARIES. WE FOCUS UPON BUILDING K-16 EDUCATIONAL PROGRAMS THAT ENGAE STUDENTS IN THE RICH HISTORY OF THIS REGION AS IT RELATES TO THE WATERWAYS IN ADDTION TO PROVIDING STEM AND ENVIRONMENTAL EDUCATIONAL OPPORTUNITIES. OUR EDUCATIONAL MISSION IS TO BUILD AN UNDERSTANDING OF THE HISTORICAL, CULTURAL, AND ENVIRONMENTAL IMPORTANCE OF THE DELAWARE THE MUSEUM RETAINS A NATIONALLY RECOGNIZED COLLECTION RIVER WATERSHED. OF ARTIFACTS AND DOCUMENTS CHRONICLING THE HISTORY OF THE COMMUNITIES ALONG THE DELAWARE RIVER. OF PARTICULAR NOTE ARE THE HOLDINGS RELATED THE SHIPBUILDING IN PHILADELPHIA. CHESTER, CAMDEN AND GLOUCESTER AS WELL AS PERSONAL PAPERS OF SUCH NOTED FIGURES AS COMMODORE BARRY, FATHER OF THE UNITED STATES NAVY. IN ADDITION, THE MUSEUM ALSO EXHIBITS THE HISTORIC CRUISER OLYMPIA, ADMIRAL DEWEY'S FLAGSHIP AT THE BATTLE OF MANILA BAY AND THE LAST REMAINING 19TH CENTURY IRONCLAD AFLOAT IN THE AND THE WORLD WAR II SUBMARINE BECUNA. THESE COLLECTIONS ARE WORLD, USED FOR BOTH RESEARCH AND AS PART OF EXHIBITIONS THAT SHOWCASE THE PEOPLE, HISTORY AND ENVIRONMENT OF THE REGION.

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

THE ORGANIZATION DISTRIBUTES A DRAFT COPY OF FORM 990 TO THE AUDIT AND LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

232211 10-28-22

Schedule O (Form 990) 2022 Page **2**

Name of the organization

INDEPENDENCE SEAPORT MUSEUM

Employer identification number 23-1584971

FINANCE COMMITTEES OF THE BOARD OF PORT WARDENS. THE COMMITTEES REVIEW THE DRAFT AND THEN FORMALLY RECOMMEND APPROVAL TO THE FULL BOARD OF PORT WARDENS. EACH MEMBER OF THE BOARD OF PORT WARDENS IS THEN SENT A COPY OF THE 990 ALONG WITH THE RECOMMENDATION OF THE AUDIT AND FINANCE COMMITTEES.

THE BOARD THEN APPROVES FILING OF THE 990 IN A RECORDED MOTION.

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

ALL BOARD MEMBERS OF THE ORGANIZATION ARE REQUIRED TO SIGN A CONFLICT OF

INTEREST STATEMENT DISCLOSING ANY POTENTIAL CONFLICTS ANNUALLY. ANY

CONFLICTS WOULD BE BROUGHT TO THE ATTENTION OF THE BOARD OF PORT WARDENS

AND A DECISION MADE AS TO WHETHER THE CONFLICT INTERFERES WITH HIS/HER

DUTIES. IF ALLOWED TO REMAIN THEY WOULD BE INELIGIBLE TO BE INVOLVED IN THE

DECISION MAKING OR VOTING PROCESS THAT INVOLVES THE CONFLICT. DURING 2022,

ALL MEMBERS OF THE BOARD OF PORT WARDENS COMPLETED THE REQUIRED CONFLICT OF

INTEREST STATEMENT IN A TIMELY BASIS.

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

THE BOARD OF PORT WARDENS ESTABLISHED COMPENSATION LEVELS FOR THE PRESIDENT AND CEO ALONG WITH THE SENIOR MANAGEMENT TEAM THROUGH THE ANNUAL BUDGET PROCESS. THE ORGANIZATION USED COMPARATIVE DATE FROM OUTSIDE SOURCES TO COMPARE THEIR SALARIES TO INDUSTRY RANGES. IN JANUARY 2021, THE BOARD OF PORT WARDENS COMPLETED A REVIEW OF COMPENSATION LEVELS AS PART OF THE RETENTION OF A NEW PRESIDENT AND CEO.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE GENERAL PUBLIC ON ITS WEBSITE AND UPON REQUEST.

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization INDEPENDENCE SEAPORT MUSEUM	Employer identification number 23-1584971
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE POLICY	18,803.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAD NOT CHANGED ITS OVERSIGHT INVOLVING	ITS
INDEPENDENT AUDITOR. THE ORGANIZATION IMPLEMENTED A NEW S	SELECTION
PROCESS AND CHANGED ITS INDEPENDENT AUDITOR DURING THE TA	AX YEAR.

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service Go to www.irs.g

2022 Open to Public Inspection

OMB No. 1545-0047

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

Name of the organization INDEPENDENCE	SEAPORT MUSEUM				E	mployer identifi 23-15849	cation no 971	umber
Part I Identification of Disregarded Entities. Comple	ete if the organization answered "	Yes" on Form 990, Part IV, line 3	3.		·			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-yea		ets Direct controll entity		9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organizat	ion answered "Yes" on Form 990	0, Part IV, line 34,	because it had one	e or mo	re related tax-exe	empt	
(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) ect controlling entity	conti ent	g) 512(b)(13) rolled ity?
FLAGSHIP OLYMPIA FOUNDATION - 81-2506869 211 S COLUMBUS BLVD PHILADELPHIA, PA 19106	MUSEUM	PENNSYLVANIA	501(C)(3)	LINE 7	N/A		Yes	No X
			501(5)(5)		11,11			

Page 2

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

<u> </u>	·		1	1		1						
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j		(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gene	al or P	Percentage ownership
of related organization		(state or foreign	entity	related, unrelated, lexcluded from tax under	income	end-of-year assets	alloca	itions?	amount in box	partr	ner?	ownership
		country)		sections 512-514)		833013	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes	No	
										\vdash	+	
	1											
	1											
										\vdash	+	
	-											
										Ш		
	1											
	1											
										_		

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	i) tion
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	(state or foreign entity (C		Share of total income	Share of end-of-year assets	Percentage ownership	CITA	
		country)		,				Yes	No
	1								
	1								
	1								
	1								
	1								
	1	10							

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Page 3

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization 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		X				
	Gift, grant, or capital contribution to related organization(s)				1b		X				
С	Gift, grant, or capital contribution from related organization(s)				1c		Х				
d	Loans or loan guarantees to or for related organization(s)				1d		X				
е	Loans or loan guarantees by related organization(s)				1e		X				
f	Dividends from related organization(s)				1f		Х				
g	Sale of assets to related organization(s)				1g		Х				
h	Purchase of assets from related organization(s)				1h		Х				
i	Exchange of assets with related organization(s)				1i		X				
j Lease of facilities, equipment, or other assets to related organization(s)											
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х				
1	Performance of services or membership or fundraising solicitations for related organizar	tion(s)			11	Х					
	Performance of services or membership or fundraising solicitations by related organizat				1m		Х				
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s				1n	Х					
	Sharing of paid employees with related organization(s)				10	Х					
р	Reimbursement paid to related organization(s) for expenses				1p		X				
	Reimbursement paid by related organization(s) for expenses				1q	Х					
r	Other transfer of cash or property to related organization(s)				1r		X				
	Other transfer of cash or property from related organization(s)				1s	Х					
2	If the answer to any of the above is "Yes," see the instructions for information on who r	must complete t	his line, including covered	relationships and transaction thresholds.							
	(a)	(b)	(c)	(d)							
		Transaction	Amount involved	Method of determining amount inv	olved						
		type (a-s)									
1)											
2)											
3)											
4)											
5)											
6)		4.0									
3216	63 09-14-22	49		Schedule I	R (Fori	m 990	2022				

Page 4

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)	(b)	(c)	(d)	(e)	(f)	(g)	(1	ո)	(i)	(j	(k)	<u></u>
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	(e) Are all partners se 501(c)(3) orgs.?	Share of	Share of		opor-	Code V-UBI	Gener	al or Percer	, ntage
of entity	Timaly donviey	(state or foreign	(related, unrelated,	501(c)(3)	total	end-of-year	tion	nate	amount in box 20	mana	owner	rship
or crising		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes No	income	assets	alloca Yes	110115?		Yes	917	, cp
		,,	000000000000000000000000000000000000000	Yes No)		Yes	NO	(1 01111 1000)	Yes	<u> </u>	
				-			-			\vdash		
				\vdash								

** PUBLIC DISCLOSURE COPY **

For	_™ 990-T	E	Exempt Organization Business Income Tax Retu	rn	OMB No. 1545-0047
			(and proxy tax under section 6033(e))	,,,	2022
		For ca	lendar year 2022 or other tax year beginning $\overline{ exttt{JUL}}$ $\overline{ exttt{1,}}$ $\overline{ exttt{2022}}$, and ending $\overline{ exttt{JUN}}$ $\overline{ exttt{30,}}$ $\overline{ exttt{20}}$	<u>J⊿3</u> .	ZUZZ
Dep Inter	artment of the Treasury nal Revenue Service		Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)	,	Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	D Empl	loyer identification number
B	Exempt under section	Print	INDEPENDENCE SEAPORT MUSEUM	2	3-1584971
Σ	501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions.	EGrou (see	p exemption number instructions)
L	408(e) 220(e)	Турс	211 S COLUMBUS BLVD		
Ļ	408A		City or town, state or province, country, and ZIP or foreign postal code	<u> </u>	
	529(a) 529A		PHILADELPHIA, PA 19106	ᆜ ┡ └	☐ Check box if
_			ok value of all assets at end of year		an amended return.
	Check organization		X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university
<u>H</u>	Check if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 2439		
<u>! </u>			ration filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>	
<u>J</u>			ed Schedules A (Form 990-T)		Yes X No
K	•		e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		」Yes □X□No
_	The books are in car		d identifying number of the parent corporation. JAEWOOK SHIM Telephone number	215-	413-8655
			d Business Taxable Income		413 0033
1			ss taxable income computed from all unrelated trades or businesses (see	\neg	T
'				1	1,034.
2					2,0010
3	Add lines 1 and 2				1,034.
4			(see instructions for limitation rules)		0.
5			taxable income before net operating losses. Subtract line 4 from line 3		1,034.
6			ing loss. See instructions		
7		•	ss taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 from	m line s	5	. 7	1,034.
8	Specific deduction	n (gene	rally \$1,000, but see instructions for exceptions)		1,000.
9			duction. See instructions		
10	Total deductions				1,000.
11	Unrelated busine	ss tax	able income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
_	enter zero			11	34.
P	art II Tax Com				
1			s corporations. Multiply Part I, line 11 by 21% (0.21)	1	7.
2		_	rates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041)		
3	Proxy tax. See ins			3	
4			nstructions	_	<u> </u>
5	Alternative minimu		\\		<u> </u>
6			cility income. See instructions	6	7
7	Intal Add lines 3	through	h 6 to line 1 or 2 whichever applies	1 7	1 / •

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2022)

Part	III .	Tax and Payments								
1a	Foreig	gn tax credit (corporations attach Form 1118; trusts attach Form	1116)	1a						
b	-	credits (see instructions)				7				
С										
d		t for prior year minimum tax (attach Form 8801 or 8827)		7						
e		credits. Add lines 1a through 1d	1e							
2		act line 1e from Part II, line 7	2			7.				
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866									
	0 11 101	Other (attach statement)				3				
4	Total	tax. Add lines 2 and 3 (see instructions).								
•		on 1294. Enter tax amount here	•	•	i dilaci	4			7.	
5		nt net 965 tax liability paid from Form 965-A, Part II, column (k)							0.	
6a		ents: A 2021 overpayment credited to 2022		1 1					<u> </u>	
	b 2022 estimated tax payments. Check if section 643(g) election applies 6b									
C	T									
d		gn organizations: Tax paid or withheld at source (see instructions)				\dashv				
		up withholding (see instructions)				\dashv				
e f		t for small employer health insurance premiums (attach Form 894				-				
		credits, adjustments, and payments: Form 2439		61		-				
g		Form 4136 Other		– al 6g						
7		payments. Add lines 6a through 6g				7				
8		ated tax penalty (see instructions). Check if Form 2220 is attache				8				
9		lue. If line 7 is smaller than the total of lines 4, 5, and 8, enter amo							7.	
10		payment. If line 7 is larger than the total of lines 4, 5, and 8, enter							<u> </u>	
11		the amount of line 10 you want: Credited to 2023 estimated tax		paid	Refunded					
		Statements Regarding Certain Activities and Other		ition (see instr						
1		y time during the 2022 calendar year, did the organization have a						Yes	No	
•		a financial account (bank, securities, or other) in a foreign country		-		-	İ	100		
		EN Form 114, Report of Foreign Bank and Financial Accounts. If "		-	•					
	here	art of the first of the origin barneau and the mandary to occur.	100, 011101 11	io mamo or ano	ioroigir oodirii)		ľ		Х	
2		g the tax year, did the organization receive a distribution from, or	was it the gra	entor of or trans	sferor to a					
_		n trust?	_						Х	
	If "Ye	s," see instructions for other forms the organization may have to	file.							
3		the amount of tax-exempt interest received or accrued during the			\$					
4		available pre-2018 NOL carryovers here \$		include any po		arrvove				
		n on Schedule A (Form 990-T). Don't reduce the NOL carryover sh		, .		•				
5		2017 NOL carryovers. Enter the Business Activity Code and availa								
		mounts shown below by any NOL claimed on any Schedule A, Pa	•	•						
		Business Activity Code	,		ost-2017 NOL		/er			
		,		\$						
				\$						
6a	Did th	ne organization change its method of accounting? (see instruction	ıs)						Х	
b		s "Yes," has the organization described the change on Form 990,		-PF, or Form 11	28? If "No,"					
		in in Part V								
Part	V :	Supplemental Information								
Provide	the e	xplanation required by Part IV, line 6b. Also, provide any other add	ditional inforn	nation. See inst	ructions.					
۵.	Uı	nder penalties of perjury, I declare that I have examined this return, including accompany prrect, and complete. Declaration of preparer (other than taxpayer) is based on all information.	ying schedules ar	nd statements, and t	o the best of my kn ledge.	owledge a	ınd belief, it is	true,		
Sign				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	May the IR	RS discuss this	return v	with	
Here			TREASU	JRER	t	he prepare	er shown belov	w (see	_	
	S	ignature of officer Date	Title		i	nstruction	ıs)? XYe	s	No	
		Print/Type preparer's name Preparer's signature		Date	Check	if PTI	N			
Paid					self- employed					
Prepa	rer	ADAM WATSON ADAM WATSON	[0	3/19/24			01367			
Use C		Firm's name BBD, LLP			Firm's EIN	2	3-289	669	2	
	,	1835 MARKET STREET, SU	ITE 300)		04-				
		Firm's address PHILADELPHIA, PA 19103			Phone no.	<u> 215-</u>	567-7			
223711 0	1-16-23						Form 99	90-T ((2022)	

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury

Go to www.irs.gov/Form990T for instructions and the latest information.

Interna	Revenue Service Do not enter SSN numbers on this form as it i	may be	made public if your organiz	ation is a 501(c)(3)	<i>j-</i>	501(c)(3) Organizations Only		
A N	Name of the organization INDEPENDENCE SEAPORT MUSEUM B Employer identifica 23-158497							
<u>с</u> ц	Inrelated business activity code (see instructions) 90009	: 1	L of 1					
	MIGHIN GEODE	1						
	escribe the unrelated trade or business MUSEUM STORE	i T	1		$\overline{}$			
Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	;	(C) Net		
1 a	Gross receipts or sales 48,854.							
b	Less returns and allowances c Balance	1c	48,854.		\perp			
2	Cost of goods sold (Part III, line 8)	2	47,820.			1 024		
3	Gross profit. Subtract line 2 from line 1c	3	1,034.			1,034.		
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form							
	1120)). See instructions	4a						
	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b						
_	Capital loss deduction for trusts	4c						
5	Income (loss) from a partnership or an S corporation (attach	_						
	statement)	5						
6	Rent income (Part IV)	6			\rightarrow			
7	Unrelated debt-financed income (Part V)	7			\rightarrow			
8	Interest, annuities, royalties, and rents from a controlled							
_	organization (Part VI)	8			\rightarrow			
9	Investment income of section 501(c)(7), (9), or (17)							
	organizations (Part VII)	9			\rightarrow			
10	Exploited exempt activity income (Part VIII)	10			\rightarrow			
11	Advertising income (Part IX)	11						
12	Other income (see instructions; attach statement)	12	1 024			1 02/		
13	3 Total. Combine lines 3 through 12 13 1,034. 1,034.							
Par	t II Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in			uctions. Dedu	ctions	s must be		
1	Compensation of officers, directors, and trustees (Part X)				1			
2	Salaries and wages				2			
3	Repairs and maintenance				3			
4	Bad debts				4			
5	Interest (attach statement). See instructions				5			
6	Taxes and licenses				6			
7	Depreciation (attach Form 4562). See instructions							
8	Less depreciation claimed in Part III and elsewhere on return		8a		8b			
9	Depletion				9			
10	Contributions to deferred compensation plans				10			
11	Employee benefit programs		11					
12	Excess exempt expenses (Part VIII)		12					
13	Excess readership costs (Part IX)		13					
14	Other deductions (attach statement)		14	^				
15	Total deductions. Add lines 1 through 14				15	0.		
16	Unrelated business income before net operating loss deduction. S					1 024		
	column (C)				16	1,034.		
17	Deduction for net operating loss. See instructions			ī	17	1,034.		
18	Unrelated business taxable income. Subtract line 17 from line 16 For Paperwork Reduction Act Notice, see instructions.	o			18	e A (Form 990-T) 2022		
ı ITA	TOTE ADEL WOLK INCLUDITACT NOTICE. SEE INSULUCIONS.			50	cuulf	こんにいけい シンリーロ としこと		

223741 01-16-23

Part	III Cost of Goods Sold Enter meti	nod of inventory valuation	n N/A		rage Z
1	Inventory at beginning of year			1	0.
2	Purchases				0.
3	Cost of labor				0.
4	Additional section 263A costs (attach statement)			4	0.
5	Other costs (attach statement)		STATEME	NT 1 5	47,820.
6	Total. Add lines 1 through 5			6	47,820.
7	Inventory at end of year				0.
8	Cost of goods sold. Subtract line 7 from line 6. Enter			•	47,820.
9 Dort	Do the rules of section 263A (with respect to property				Yes X No
Part 1	IV Rent Income (From Real Property and Description of property (property street address, city, street address).				_
'	A	state, ZIP Code). Grieck	ii a dual-use. See iiistii	uctions.	
	В				
	c \square				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
_	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
	Add lines 2a and 2b, coldinins A through b		L		
3	Total rents received or accrued. Add line 2c columns A	A through D. Enter here a	and on Part I. line 6. co	olumn (A)	0.
	Deductions directly connected with the income		, ,	()	
4	in lines 2(a) and 2(b) (attach statement)				
					•
5	Total deductions. Add line 4 columns A through D. Er		ne 6, column (B)		0.
Part	,	· · · · · · · · · · · · · · · · · · ·	hankif a dwalwa Can	in aturations	
1	Description of debt-financed property (street address,	city, state, ZIP code). C	neck ii a dual-use. See	instructions.	
	В				
	c \square				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
4	columns A through D) Amount of average acquisition debt on or allocable				
7	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
-	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	9	% %
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)	. Enter here and on Part	I, line 7, column (A)		0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thr	ough D. Enter here and	on Part I, line 7, colum	n (B)	0.
11	Total dividends-received deductions included in line	Ιυ			U •

Part	VI Interest, Annu	uities, R	oyalties, and R	ents fro	m Contro	lled O	rganizatio	ns (see	e instruct	ions)	<u> </u>	
						E	xempt Contro	lled Org	anization	ıs		
	1. Name of controlled		2. Employer	3. Net unrelated 4. Total		al of specified 5. Part of colu				Deductions directly		
organization		identification	income (loss)		payments made		that is included in the					
			number	(see instructions)					controlling organiza- tion's gross income		income in column 5	
(1)												
(2)												
(3)												
(4)												
					Controlled Or	-	1		_			
7	. Taxable Income		Net unrelated		Total of specified		10. Part of column 9 that is included in the				eductions directly	
			ncome (loss) e instructions)	pa	yments mad	е	controlling	organiza	ation's		onnected with me in column 10	
<u></u>		(30)					gross	income)	11100	THE III COIGITII TO	
(1)												
(2) (3)												
(3) (4)												
(+)				l			Add colum	ns 5 an	d 10.	Add columns 6 and 11.		
							Enter here	and on Part I, Enter he			here and on Part I,	
							line 8, c	olumn (A)	lin	e 8, column (B)	
Totals									0.		0.	
Part	VII Investment	Income	of a Section 50)1(c)(7),	(9), or (17)	Orga	nization (s	ee instru	uctions)			
	1. Desc	cription of	income		2. Amou		3. Deduction		4. Set-		5. Total deductions	
					incom	ne	directly conn (attach state	ected (ment)	attach st	atement)	and set-asides (add cols 3 and 4)	
							(ditaon state)	110111,				
(1)												
(2)												
(3) (4)											+	
(4)					Add amou	ınts in					Add amounts in	
					column 2.						column 5. Enter	
					here and or line 9, colu						here and on Part I, line 9, column (B)	
Totals						0.					0.	
Part	VIII Exploited E	xempt A	Activity Income	, Other	Than Adv	ertisin	ng Income	see inst	ructions)			
1	Description of exploite			-								
2	Gross unrelated busin	ess incom	ne from trade or busi	iness. Ente	er here and c	n Part I,	, line 10, colun	nn (A)		2		
3	Expenses directly con	nected wi	th production of unr	elated bus	siness incom	e. Enter	here and on F	Part I,				
	line 10, column (B)							_				
4												
	lines 5 through 7											
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expen-									_		
	4. Enter here and on P	art II, line	12							7		

Schedule A (Form 990-T) 2022

Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reporti	ing two or r	nore periodicals on a	a consolidated bas	is.	
	A					
	В					
	c 🗆					
	D					
Enter a	amounts for each periodical listed above in the	correspon	idina column			
			Α	В	С	D
2	Gross advertising income	-				
_	Add columns A through D. Enter here and or		11 column (Δ)			0.
а	The solution of this agriculture and or	irr care i, iirre	v v			
3	Direct advertising costs by periodical	Γ		1		
а	Add columns A through D. Enter here and or		11 column (R)	1		0.
а	Add coldining A through b. Enter here and or	iri arti, iiric	: 11, Column (b)			
4	Advertising gain (loss). Subtract line 3 from li	ino [1		
7	2. For any column in line 4 showing a gain,	ii ie				
	complete lines 5 through 8. For any column i	in				
	line 4 showing a loss or zero, do not complet					
-	lines 5 through 7, and enter zero on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than	l				
	line 5, subtract line 6 from line 5. If line 5 is le					
•	than line 6, enter zero					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain					
	line 4, enter the lesser of line 4 or line 7	_		<u> </u>		
а	Add line 8, columns A through D. Enter the g	greater of th	ie line 8a, columns t	otal or zero here ar	nd on	0
David	Part II, line 13	·····				0.
Part	X Compensation of Officers, Di	rectors,	and Trustees (see instructions)	1 1	
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
<u>(1)</u>					%	
(2)					%	
(3)					%	
(4)					%	
						•
	Enter here and on Part II, line 1					0.
Part	XI Supplemental Information (se	ee instructi	ons)			

FORM 990-T (A)	COST OF GOODS SOLD - OTHER COSTS	STATEMENT 1
DESCRIPTION		AMOUNT
COST OF SALES		47,820.
TOTAL TO FORM 990-T,	SCHEDULE A, LINE 5	47,820.