# 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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

<u>A I</u>	For the	e 2022 calendar year, or tax year beginning $$ JUL $1$ , $$ $2022$ $$ and e	nding J	<u>UN 30, 2023</u>					
	Check if applicable	C Name of organization		D Employer identifie	cation number				
	Addre	THE GLASS-GLEN BURNIE MUSEUM, INC.							
	Name chang	THE MICEIM OF THE CHENANDON	H VAL	54-18579	73				
	Initial return Final return	0.01 хмигрет стргет	,						
	termin ated			540-662-	10,590,585.				
	Ameno	, , , , , , , , , , , , , , , , , , , ,		H(a) Is this a group re					
	Applic			for subordinates					
	pendir	901 AMHERST ST, WINCHESTER, VA 22601		H(b) Are all subordinates in	ricluded? Yes No				
1	Гах-ех	empt status: $X$ 501(c)(3) $D$ 501(c) ( ) (insert no.) $D$ 4947(a)(1) or	527	1	list. See instructions				
J	Websit	te: WWW.THEMSV.ORG		H(c) Group exemptio	n number				
		organization: X Corporation Trust Association Other	L Year	of formation: 1997 N	N State of legal domicile: VA				
Pa	art I	Summary	y mr.D	mo pprerbyri	IC AND				
e	1	Briefly describe the organization's mission or most significant activities: <u>DEDIC</u> . ENRICHING THE CULTURAL LIFE AND HERITAGE C							
Governance	_	Check this box if the organization discontinued its operations or dispose							
/err	3			_	25				
é	4	Number of independent voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)			25				
∞ ≪	1	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			75				
Activities &		Total number of volunteers (estimate if necessary)			60				
ξį		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.				
				Prior Year	Current Year				
•	8	Contributions and grants (Part VIII, line 1h)		5,300,647.	8,312,043.				
n E	9	Program service revenue (Part VIII, line 2g)		457,792.	627,959.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		311,726.	-75,924.				
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,008,144.	134,257.				
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,078,309.	8,998,335.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
Ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,744,241.	2,796,581.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
e x be	. b	Total fundraising expenses (Part IX, column (D), line 25) 492, 22	5.						
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,867,581.	4,590,541.				
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,611,822.	7,387,122.				
	19	Revenue less expenses. Subtract line 18 from line 12		466,487.	1,611,213.				
Net Assets or				ginning of Current Year	End of Year				
Sset	20	Total assets (Part X, line 16)		37,985,540.	42,226,624.				
et A	21	Total liabilities (Part X, line 26)		419,162.	1,145,884. 41,080,740.				
	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		37,566,378.	41,000,740.				
		Ilties of perjury, I declare that I have examined this return, including accompanying schedules a	and etatama	inter and to the heet of my	knowledge and helief it is				
		thes of perjury, i declare that i have examined this return, including accompanying schedules a stream of whic			kilowieuge allu bellei, it is				
truc	, 001100		στι ρι σραισι	ilas arīy kilowicuge.					
Sig	n	Signature of officer		Date					
Her		DANA HAND EVANS, CEO AND DIRECTOR							
	•	Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Paid	i	CHRIS FRYE, CPA CHRIS FRYE, CPA	0	4/04/24 if self-employ	P01068721				
Pre	parer	Firm's name YOUNT, HYDE & BARBOUR, P.C.			4-1149263				
Use	Only	Firm's address P.O. BOX 2560							
		WINCHESTER, VA 22604-1760		Phone no. 54	0-662-3417				
May	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No				

	Check if Schedule O contains a response or note to any line in this Part III	7
1	Briefly describe the organization's mission:	_
	THE MISSION OF THE MUSEUM OF THE SHENANDOAH VALLEY (MSV) IS TO	
	PRESERVE AND ENRICH THE CULTURAL LIFE AND HERITAGE OF THE VALLEY. A	
	CULTURAL SITE THAT SERVES THE ENTIRE REGION, THE MSV FULFILLS ITS	_
	MISSION BY PRESENTING A WIDE VARIETY OF EXHIBITIONS, OFFERING AN	_
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	0
2	If "Yes," describe these new services on Schedule O.	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	ט
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 \$2,431,731. including grants of \$) (Revenue \$)	
	EDUCATIONAL, COMMUNITY AND PUBLIC PROGRAMS	_
		_
	THE MSV UTILIZES ITS ENTIRE CAMPUS FOR EDUCATIONAL AND PUBLIC	_
	PROGRAMMING INCLUDING GARDEN SPACES, GALLERIES, CLASSROOMS, A	_
	MAKERSPACE STUDIO, AND THE TRAILS AT THE MSV. ROSE HILL PARK ALSO PROVIDES SPACE FOR EDUCATIONAL AND PUBLIC PROGRAMS.	_
	PROVIDES SPACE FOR EDUCATIONAL AND PUBLIC PROGRAMS.	_
	IN FY 2023, THE MSV OFFERED 364 EDUCATIONAL AND COMMUNITY PROGRAMS THAT	_
	SERVED 29,615 PEOPLE OF ALL AGES.	_
	•	_
	THE MSV OFFERED 325 YOUTH, FAMILY, AND ADULT EDUCATIONAL PROGRAMS	
	ATTENDED BY 10,252 PEOPLE. FOR YOUTH, NEW PROGRAMS INCLUDED SUMMER	
4b	(Code:) (Expenses \$1,851,480 . including grants of \$) (Revenue \$)	_ )
	OUR COLLECTION	_
	THE MUSEUM OF THE SHENANDOAH VALLEY CARES FOR A PERMANENT COLLECTION CONTAINING MORE THAN 23,000 OBJECTS, INCLUDING THE FINE AND DECORATIVE	_
	ART COLLECTED BY MSV BENEFACTOR JULIAN WOOD GLASS JR., THE MINIATURE	_
	HOUSES AND ROOMS ASSEMBLED IN THE VALLEY BY GLASS'S PARTNER R. LEE	_
	TAYLOR, AND A COLLECTION OF OBJECTS AND ARTIFACTS THAT TELL THE STORY	_
	OF THE SHENANDOAH VALLEY.	
	LOCATED ON A 214-ACRE LANDSCAPE THAT IS THE LARGEST GREEN SPACE AND	_
	ONLY WORKING FARM IN THE CITY OF WINCHESTER, THE MSV IS A REGIONAL	_
	CULTURAL CENTER THAT INCLUDES GALLERIES, THE GLEN BURNIE HOUSE, SEVEN	_
	ACRES OF FORMAL GARDENS, AND THE TRAILS AT THE MSV - A 90-ACRE ART PARK (Code: ) (Expenses \$ 1,828,962. including grants of \$ ) (Revenue \$ 241,426.	_
40	OUR EXHIBITIONS	- )
	THE MSV CONTAINS FOUR GALLERY SPACES HOUSED ON THE SECOND LEVEL OF THE	_
	MAIN MUSEUM BUILDING. IN THE SHENANDOAH VALLEY GALLERY, OBJECTS,	_
	MULTI-MEDIA PRESENTATIONS, AND EXHIBITS EXPLORE THE SWEEP OF VALLEY	
	HISTORY, AND TWO ADDITIONAL ROOMS DISPLAY CHANGING EXHIBITIONS	
	HIGHLIGHTING THE VALLEY'S DECORATIVE ARTS AND WORKS BY CONTEMPORARY	_
	VALLEY ARTISTS. THE FOUNDERS GALLERY PRESENTS ROTATING EXHIBITIONS	_
	FEATURING OBJECTS FROM THE COLLECTION OF EUROPEAN AND AMERICAN FINE AND	_
	DECORATIVE ARTS ASSEMBLED BY MSV BENEFACTOR JULIAN WOOD GLASS JR. THE	_
	R. LEE TAYLOR MINIATURES GALLERY IS HOME TO A FASCINATING COLLECTION OF FURNISHED HOUSES AND ROOMS ASSEMBLED BY R. LEE TAYLOR, GLASS'S PARTNER	_
	AND THE MUSEUM'S LATE CURATOR OF GARDENS. THE MINIATURES GALLERY ALSO	_
4d	Other program services (Describe on Schedule O.)	_
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses 6,112,173.	_
	Form <b>990</b> (202	

14200404 781823 13178000.0

## 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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
·	similar amounts as defined in 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	<u> </u>		<del></del>
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,	-		
′		7		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>-</b>		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		v	
_	Schedule D, Part III	8_	X	_
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?			٦,
	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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<b></b> -		
124	•	12a	Х	
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
b	•	12b		\ x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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			<b>.</b>
	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			\ <b>.</b> ,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

		2022)		GLASS-		
Par	t IV	Checklist	of Require	d Schedu	les <sub>(con:</sub>	tinued
22	Did t	he organizatio	n report more	than \$5,000	of grants	or oth
	D	137 1 783				

	(SOMETHORS)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
214	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
h	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			
Ū	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
ŭ	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
·	"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			
00	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? <i>If "Yes," complete</i>	<u> </u>		
02	•	32		х
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	"		
٠.	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
22200	1 10 13 20	Eorm	990	(2022)

Form 990 (2022) THE GLASS-GLEN BURNIE MUSEUM, INC.

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

				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	2a 75						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	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					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?							
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 Advanced in the Financi	counts (FBAR).						
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit						
	any contributions that were not tax deductible as charitable contributions?		6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts						
	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X			
b			7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	is required						
	to file Form 8282?	1 1	7с		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			37			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X			
9	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h					
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained	•	_					
•			8					
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?		9a					
a b			9b					
10	Section 501(c)(7) organizations. Enter:		30					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:	100						
а	Gross income from members or shareholders	11a						
	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	13b						
	Enter the amount of reserves on hand	13c						
			14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner							
	excess parachute payment(s) during the year?		15		X			
	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		X			
	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 ac							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		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.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 25									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?									
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6	Did the organization have members or stockholders?	6		Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		x						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
-	persons other than the governing body?	7b		x						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
	(This Section & requests information about policies not required by the internal nevenue code.)		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100								
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	125								
·	on Schedule O how this was done	12c	Х							
13		13	X							
14	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent	14	21							
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
_	The organization's CEO, Executive Director, or top management official	150	Х							
	Other officers or key employees of the organization	15a 15b	X							
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130	-2							
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
IUa		16a		х						
h	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	10a								
b										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16h								
Sec	tion C. Disclosure	16b		<u> </u>						
	List the states with which a copy of this Form 990 is required to be filed NONE									
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only	availal	hla						
10		Of fly)	avallal	DIE						
	for public inspection. Indicate how you made these available. Check all that apply.    X   Ours we best a   X   Apother's we best a   X   Upon request     Other ( - / - / - / - / - / - / - / - / - / -									
40	X Own website X Another's website X Upon request Other (explain on Schedule O)	£	.:							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	iinand	ial							
00	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									
	DIRECTOR OF FINANCE - 540-662-1473									
	901 AMHERST STREET, WINCHESTER, VA 22601									

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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) Name and title	(B) Average hours per week	box	not c	ss per	ition more son is	than o	n an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) DANA HAND EVANS CEO AND DIRECTOR	40.00			Х				100 900	0.	21 661
(2) NANCY HUTH	40.00			^				190,890.	0.	34,664.
DIRECTOR OF ARTS AND EDUCATION	40.00	1				x		100,351.	0.	21,263.
(3) JULIE ARMEL	40.00					^		100,331.	0.	21,203.
PUBLIC RELATIONS/MARKETING COORDINAT	40.00					x		106,178.	0.	14,858.
(4) CHARLES MATHEWES	40.00									-
DIRECTOR OF GARDENS						Х		112,893.	0.	8,046.
(5) SHERRY HUDSON	40.00									
SENIOR DIRECTOR, INSTITUTIONAL ADVAN						Х		106,476.	0.	13,480.
(6) LAURA WILEY	40.00									_
DIRECTOR OF COMMUNITY ENGAGEMENT						Х		108,212.	0.	5,411.
(7) ALLAN G. PATERSON JR.	1.00									
FOUNDATION CO-OPERATING TR	20.00	Х						0.	109,200.	0.
(8) TAMARA B. COOPER	40.00									
DIRECTOR OF FINANCE				Х				98,408.	0.	10,770.
(9) DAVID H.O. ROTH	1.00	1								
FOUNDATION CO-OPERATING TRUSTEE	20.00	Х						0.	70,966.	0.
(10) JOHN B. ADAMS, JR.	1.00	l							4- 444	
FOUNDATION TRUSTEE	10.00	Х						0.	67,200.	0.
(11) TODD BROCKWELL	1.00	ļ							4- 444	
FOUNDATION TRUSTEE	10.00	Х						0.	67,200.	0.
(12) GERALD F. SMITH, JR.	1.00								68 000	•
FOUNDATION TRUSTEE	10.00	Х						0.	67,200.	0.
(13) JEFF W. COKER, PH.D.	1.00	.,		,,					0	0
VICE PRESIDENT	1 00	Х		Х				0.	0.	0.
(14) THE HONORABLE RONALD L. NAPIER DIRECTOR	1.00	Х						0.	0.	0.
(15) MARY FETTER	1.00	Λ						0.	0.	<u> </u>
DIRECTOR	1.00	Х						0.	0.	0.
(16) RUPERT W. WERNER	1.00							0.	0.	<u></u>
DIRECTOR	1.00	х						0.	0.	0.
(17) WILBORN M. ROBERSON	1.00								•	•
PRESIDENT		х		х				0.	0.	0.
			_						<b>J J</b>	Form 990 (2022)

232007 12-13-22

Form 990 (2022)

766.

.766.

381

0.

0.

823,408.

108,492.

THE GLASS-GLEN BURNIE MUSEUM, INC. 54-1857973 Page 8 Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (D) (E) (F) Position Average Name and title Reportable Reportable **Estimated** (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC/ from the lighest compensated related nstitutional truste (W-2/1099-MISC/ 1099-NEC) organization organizations 1099-NEC) and related below organizations line) (18) ILONA BENHAM 1.00 DIRECTOR Х 0. 0. 0. (19) GINA S. BYRD 1.00 X 0. 0 . 0. DIRECTOR (20) JAMES ANGELO 1.00 DIRECTOR Х 0 0. 0. (21) CANDACE DAVENPORT 1.00 SECRETARY Х 0. 0. 1.00 (22) JENNIFER B. BAKER DIRECTOR Х 0. 0. 0. (23) TAMARA BJELLAND 1.00 DIRECTOR Х 0. 0. 0. (24) W. MICHAEL PERRY 1.00 0 0. 0. SECOND VICE PRESIDENT Х Х (25) GRADY W. PHILIPS, III 1.00 0. TREASURER X 0. 0. (26) RIEMAN ROYSTON 1.00 DIRECTOR 0 0 0. 408.

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

1b Subtotal

Total from continuation sheets to Part VII, Section A

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

#### **Section B. Independent Contractors**

Total (add lines 1b and 1c)

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

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
HOWARD SHOCKEY AND SONS, INC. 1057 MARTINSBURG PIKE, WINCHESTER, VA 22603	CONSTRUCTION WORK	1,281,045.
<u> </u>	SECURITY SERVICES	174,848.
WINCHESTER PRINTERS, 212 INDEPENDENCE DRIVE, WINCHESTER, VA 22602	PRINT WORK	105,537.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2022)

Form 990 THE GLASS	S-GLEN E	UR	NI	E	MU	SE	UM	, INC.	54-185	7973
Part VII   Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd H	lighe	est (	Compensated Employ	ees (continued)	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	Position					Reportable	Reportable	Estimated	
	hours	(check all that apply				арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	irecto				empl		organization	(W-2/1099-MISC)	from the
	hours for related	ord	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	rustee	l trus		99/	n pen				organizations
	below	dualt	utiona	_	old m	stco	-			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) SUSAN BROOKS	1.00									_
DIRECTOR		Х						0.	0.	0.
(28) SHANNON GEMMA	1.00									
DIRECTOR		Х						0.	0.	0.
(29) KATHARINE HARVARD	1.00									
DIRECTOR		Х						0.	0.	0.
(30) CHRIS MITCHELL	1.00									
DIRECTOR	1 1 1 1	Х						0.	0.	0.
(31) KIMBERLY BURKE	1.00									•
DIRECTOR CUPTER	1 00	Х						0.	0.	0.
(32) W. BLAKELY CURTIS IMMEDIATE PAST PRESIDENT	1.00	х		х				0.	0.	0.
IMMEDIATE PAST PRESIDENT		Λ		Δ				0.	0.	0.
-										
-										
		<u> </u>	L			I	l			
Total to Part VII, Section A, line 1c										
Total to Falt VII, Section A, IIIle 10								l	L	

Form 990 (2022) THE GLA
Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							lunction revenue	business revenue	sections 512 - 514
s s	1	a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	1b	242,766.				
Ω. G			Fundraising events	1c					
iffts ar A			Related organizations	1d	7,411,243.				
s, Bilk			Government grants (contributions)	1e					
Š			All other contributions, gifts, grants, and						
buti			similar amounts not included above	1f	658,034.				
Öğ		g	Noncash contributions included in lines 1a-1f	1g \$	51,581.				
Sol			Total. Add lines 1a-1f			8,312,043.			
					Business Code				
ø.	2	а	ADMISSIONS		713990	241,426.	241,426.		
Š		b	GIFT SHOP SALES		900099	188,131.			188,131.
Program Service Revenue		С	PUBLIC EVENTS	713990	100,045.	100,045.			
am		d	EDUCATIONAL PROGRAMS		713990	51,984.	51,984.		
ogr		е	PLANT SALES		110000	46,373.			46,373.
Pr		f	All other program service revenue						
		g	Total. Add lines 2a-2f			627,959.			
	3		Investment income (including divide	ends, intere	st, and				
						163,265.			163,265.
	4		Income from investment of tax-exen						
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a	88,229.					
		b	Less: rental expenses 6b	0.					
		С	Rental income or (loss) 6c	88,229.					
		d	Net rental income or (loss)			88,229.			88,229.
	7	а	Gross amount from sales of (i) S	Securities	(ii) Other				
			assets other than inventory $7a$ $1$ ,	353,061.					
		b	Less: cost or other basis						
ıne				590,245.	2,005.				
her Revenue			· /	237,184.	-2,005.				
Be		d	Net gain or (loss)			-239,189.			-239,189.
her	8	а	Gross income from fundraising events (	not					
ᅙ			including \$	- 1					
			contributions reported on line 1c). S	I					
			Part IV, line 18						
			Less: direct expenses						
			Net income or (loss) from fundraisin	-					
	9	а	Gross income from gaming activitie						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming ac						
	10	а	Gross sales of inventory, less return	I .					
		_	and allowances						
			Less: cost of goods sold						
$\overline{}$		С	Net income or (loss) from sales of in	iventory	Business Onda				
က္ခ		_	MISCELLANEOUS INCOME		Business Code 713990	16 029			46 020
ne en	11				113330	46,028.			46,028.
Miscellaneous Revenue		b							
Sce		۲ C	All other revenue						
Ξ			All other revenue			46,028.			
		e	Total Add lines 11a-11d			8,998,335.	393,455.	0.	292,837.
	12		<b>Total revenue.</b> See instructions			0,990,335.	393,433.	١.	494,037.

	Check if Schedule O contains a respons	e or note to any line in t			X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	323,638.	111,712.	167,241.	44,685.
6	Compensation not included above to disqualified	323,030.	111,712.	107,241.	44,005
Ü	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,057,697.	1,844,362.	98,058.	115,277.
8	Pension plan accruals and contributions (include	, ,	, : = = , • • = •	,	, <b>_</b> ,-
-	section 401(k) and 403(b) employer contributions)	90,238.	71,651.	11,062.	7,525.
9	Other employee benefits	149,992.	130,620.	14,852.	7,525. 4,520. 11,336.
10	Payroll taxes	175,016.	145,941.	17,739.	11,336.
11	Fees for services (nonemployees):	•	,		•
а	Management				
	Legal	3,118.		3,118.	
	Accounting	27,940.		27,940.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	57,742.		57,742.	
g					
	column (A), amount, list line 11g expenses on Sch O.)	161,081.	104,770.	40,129.	16,182.
12	Advertising and promotion	152,897.	145,926.	6,971.	
13	Office expenses	51,984.	31,008.	15,787.	5,189.
14	Information technology				
15	Royalties				
16	Occupancy	220,474.	209,854.	6,378.	4,242. 3,730.
17	Travel	15,901.	8,745.	3,426.	3,730.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	0.700		0.500	
20	Interest	2,720.		2,720.	
21	Payments to affiliates	1 565 415	1 462 020	101 01 7	100 050
22	Depreciation, depletion, and amortization	1,767,415.	1,463,239.	181,217.	122,959.
23	Insurance	119,061.	91,551.	19,374.	8,136.
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.)  ACQUISITION EXPENSE	518,000.	518,000.		
a b	COLLECTION, CARE, CONSE	282,135.	282,135.		
C	SECURITY	190,896.	181,384.	5,708.	3,804.
d	GROUNDS MAINTENANCE	178,788.	171,693.	4,257.	2,838.
	All other expenses SEE SCH O	840,389.	599,582.	99,005.	141,802.
25	Total functional expenses. Add lines 1 through 24e	7,387,122.	6,112,173.	782,724.	492,225.
<u>25                                    </u>	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)				

Form **990** (2022)

Form 990 (2022)
Part X | Balance Sheet

Par	Part X   Balance Sheet						
	Check if Schedule O contains a response or note to any line in this Part X						
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			0.	1	1,190,435.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			922,683.	3	2,812,700. 128.
	4	Accounts receivable, net			583.	4	128.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disqualif	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
<u>s</u>	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		10,469.	8	8,705. 347,147.	
Ä	9	Description of the second state of the second			315,256.	9	347,147.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	44,579,607.			
	b	Less: accumulated depreciation	10b	16,801,924.	27,854,691.	10c	27,777,683.
	11	Investments - publicly traded securities			8,789,441.	11	10,020,513.
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line 1	l <b>1</b>			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	92,417.	15	69,313.		
	16	Total assets. Add lines 1 through 15 (must equa			37,985,540.	16	42,226,624.
	17	Accounts payable and accrued expenses	317,840.	17	997,470.		
	18				E.C. 41.C	18	1.45 0.45
	19	Deferred revenue			76,416.	19	147,845.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
iak		controlled entity or family member of any of thes			7 070	22	E C O
_	23	Secured mortgages and notes payable to unrela			7,970.	23	569.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines			16,936.	) AE	0.
	26	of Schedule D		·····	419,162.	25 26	1,145,884.
	26	Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, chee	ok bor	e X	417,102.	20	1,143,004.
S		and complete lines 27, 28, 32, and 33.	ck ner				
nce	27	• • • •			28,528,427.	27	27,071,451.
ala	28				9,037,951.		14,009,289.
g B	20	Organizations that do not follow FASB ASC 95		ock here	3,037,331.	20	11,000,200.
Fun		and complete lines 29 through 33.	o, che	ck liefe			
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or eq				30	
\ss(	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32				37,566,378.	32	41,080,740.
Ž	33				37,985,540.	33	42,226,624.
	_ 00	Total nabilities and het assets/fully balafices			3,,303,340	J	Form <b>990</b> (2022)

Form 990 (2022)

Pa	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>35.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				22.
3	Revenue less expenses. Subtract line 2 from line 1	3				13.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	37,	<u> 566</u>	5,3	78.
5	Net unrealized gains (losses) on investments	5	1,	903	3,1	49.
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				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	41,	080	7,7	<u>40.</u>
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u> .			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	Ο.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	3а		X
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			3b		ı
			F	orm	990 (	(2022)

232012 12-13-22

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

Open to Public Inspection

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

Employer identification number

OMB No. 1545-0047

		THE	GLASS-GLEN	BURNIE MUSEU	JM, IN	IC.		5	4-1857973	
Pa	ırt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	3.		
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck 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).								
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
		city, and state:								
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	'0(b)(1)(A)	(v).			
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	rnmental	unit or from th	e general <sub>l</sub>	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8	$\sqsubseteq$	A community trust describe	ed in <b>section 170(b)(</b>	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	ınction with a	land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or	
		university:								
10		An organization that norma								
		activities related to its exem		•	` '				· ·	
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.	
	$\Box$	See section 509(a)(2). (Cor	•							
11	H	An organization organized a	· ·	•	•					
12	ш	An organization organized a	· ·	•	•			•	• •	
		more publicly supported org	•						Sneck the box on	
_		lines 12a through 12d that	* *					-	air in a	
а	·	Type I. A supporting orga the supported organization	· · · · · · · · · · · · · · · · · · ·		•	_				
		organization. <b>You must o</b>			majority o	i tile dilec	iors or trustee	S OF LITE SC	аррогинд	
b		Type II. A supporting org	-		ion with it	ssunnorte	ed organization	n(s) by hav	vina.	
	, <u> </u>	control or management o	•				-		-	
		organization(s). You mus			arric perso	15 11141 00	THO OF Manag	ic the supp	Sortou	
c	. [	☐ Type III functionally inte			in connect	ion with. a	and functionall	v integrate	ed with.	
		its supported organization	-					,g. a	,	
c	ı 🗆	Type III non-functionally		•	•	-	•	ted organiz	zation(s)	
		that is not functionally int						-		
		requirement (see instructi	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	v.			
e		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type I	I, Type III		
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.				
f	Ente	er the number of supported o	organizations							
		vide the following information			. /:\  - th					
	(	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of	•	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see in	Structions)	support (see instructions)	
Tota	al									

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>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5089015.	4962186.	7776100.	5300647.	8312043.	31439991.
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	5089015.	4962186.	7776100.	5300647.	8312043.	31439991.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						22361698.
6	Public support. Subtract line 5 from line 4.						9078293.
	etion B. Total Support						70.0200
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	5089015.	4962186.	7776100.	5300647.	8312043	31439991.
	Gross income from interest,	30030131	13021001	7770100	3300017	03120131	511333311
o	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	361 459	299,829.	208 844	175 759	251 494	1297385.
0	Net income from unrelated business	301,433.	233,023.	200,011.	173,733.	231,434.	1237303.
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	14,649.	2,383.	12 620	920,403.	16 028	996,092.
	assets (Explain in Part VI.)	14,049.	2,303.	12,029.	920,403.		33733468.
	<b>Total support.</b> Add lines 7 through 10						,160,022.
	Gross receipts from related activities,	•	,				,100,022.
13	First 5 years. If the Form 990 is for the	-		•			
800	organization, check this box and storetion C. Computation of Publi						
	•			- l (f\)			26.91 %
	Public support percentage for 2022 (li					14	24 22
	Public support percentage from 2021					15	
16a	33 1/3% support test - 2022. If the c						
	stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
b							
	and stop here. The organization qualifies as a publicly supported organization						
17a	10% -facts-and-circumstances test	_					
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances te	-	•	*	-		
b	10% -facts-and-circumstances test	_					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		(Form 990) 2022

### 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.)

Sed	ction A. Public Support	siow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	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						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	( ) ( )	· —
	check this box and stop here						
	ction C. Computation of Publi					<del> </del>	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>top here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

## 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")? |f "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?
- 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).
- 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
4		
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		
ule A (Forn	n 990)	2022

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	-	elow, the governing body of a supported organization?	11a		
b		illy member of a person described on line 11a above?	11b		
		6 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		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	140
•		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)			
		ively 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	1		
0		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	•		
2		ne organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	•		
Sec	supen tion (	vised, or controlled the supporting organization.  C. Type II Supporting Organizations	2		
000	LIOIT	5. Type it Supporting Organizations		1	·
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
800	the su	upported organization(s).  D. All Type III Supporting Organizations	1		
Sec	LIOIT L	5. All Type III Supporting Organizations			l
	D: III			Yes	No
1		ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	-	ization'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	_		
•	-	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how	2		
2	•	ganization maintained a close and continuous working relationship with the supported organization(s).  ason of the relationship described on line 2, above, did the organization's supported organizations have a			
3	•	icant voice in the organization's investment policies and in directing the use of the organization's			
	•	·			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	2		
Sec	<i>suppo</i> tion E	orted organizations played in this regard.  E. Type III Functionally Integrated Supporting Organizations	3		
1 a		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization satisfied the Additional Test. Complete line 2 perow.  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 ins	truction	ام	
2		ties Test. Answer lines 2a and 2b below.	uction	Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of		100	140
u		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organization(s) to which the organization was responsive: If Tes, trief if the triadentity esupported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined			
		nee activities constituted substantially all of its activities.	2a		
h		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,	u		
		r 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			
			2b		
3		activities but for the organization's involvement.  It of Supported Organizations. Answer lines 3a and 3b below.	د.		
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u		es of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	За		
	-, 4010	1 163 OF THE SUPPORTED OF GAME AND THE TES OF THE PROVIDE CECANIS IT! AND THE	<del>-u</del>	-	

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Pa	t V   Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
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					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	nization (see			
	instructions).	. •		•			

Schedule A (Form 990) 2022

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Secti	ction D - Distributions Current Year								
1	Amounts paid to supported organizations to accomplish exer		1						
2	Amounts paid to perform activity that directly furthers exemp								
	organizations, in excess of income from activity			2					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3					
_4_	Amounts paid to acquire exempt-use assets			4					
_5_	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5					
6	Other distributions (describe in Part VI). See instructions.			6					
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which the	ne organization is responsive							
	(provide details in Part VI). See instructions.			8					
_9_	Distributable amount for 2022 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount	Т	1	10					
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022		(iii) Distributable Amount for 2022				
_1_	Distributable amount for 2022 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2022 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2022								
<u>a</u>	From 2017								
b	From 2018								
c	From 2019								
d	From 2020								
<u>e</u>	From 2021								
f_	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
<u>h</u>	Applied to 2022 distributable amount								
<u>_i</u>	Carryover from 2017 not applied (see instructions)			_					
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2022 from Section D,								
	line 7: \$			_					
<u>a</u>	Applied to underdistributions of prior years			_					
<u>b</u>	Applied to 2022 distributable amount								
	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:								
	Excess from 2018								
	Excess from 2019								
	Excess from 2020			$\dashv$					
d	Excess from 2021								

Schedule A (Form 990) 2022

e Excess from 2022

Golden of the state of the stat
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:
THE ORGANIZATION'S PUBLIC SUPPORT PERCENTAGE AS CALCULATED PER SCHEDULE A
FOR 2022 IS 26.91%, WHICH MEETS THE 10% SUPPORT TEST. THE ORGANIZATION
PROVIDES FACILITIES OR SERVICES DIRECTLY FOR THE BENEFIT OF THE GENERAL
PUBLIC ON A CONTINUOUS BASIS. THE ORGANIZATION MAINTAINS A DEFINITIVE
PROGRAM FOR ACCOMPLISHING ITS CHARITABLE WORK IN THE COMMUNITY. THE
ORGANIZATION SOLICITS DUES-PAYING MEMBERS IN A WAY DESIGNED TO ENROLL A
SUBSTANTIAL NUMBER OF PERSONS IN THE COMMUNITY AREA. THE ORGANIZATION
MAKES MEMBERSHIP AVAILABLE TO A BROAD CROSS SECTION OF THE INTERESTED
PUBLIC. THE ACTIVITIES OF THE ORGANIZATION ARE LIKELY TO APPEAL TO
PERSONS WITH BROAD COMMON INTERESTS OR PURPOSES.

#### **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

THE GLASS-GLEN BURNIE MUSEUM, INC.

**Employer identification number** 54-1857973

Par			or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lin	e 6.  (a) Donor advised funds	(b) Funds and other accounts				
	Takel assessed as and of season	(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2 3	Aggregate value of contributions to (during year)  Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	eed funds				
J	are the organization's property, subject to the organization's	_					
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor o						
Par							
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).					
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area				
	Protection of natural habitat	Preservation o	f a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form					
	day of the tax year.		Held at the End of the Tax Year				
	Total number of conservation easements		l l				
			I I				
	Number of conservation easements on a certified historic stru		2c				
d	Number of conservation easements included in (c) acquired a	•					
•	historic structure listed in the National Register						
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax				
4	year Number of states where property subject to conservation eas	sement is located					
5	Does the organization have a written policy regarding the per						
Ŭ	violations, and enforcement of the conservation easements it		Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,						
			,				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year				
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	(h)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and				
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	ents that describes the				
Dos	organization's accounting for conservation easements.	i Aut Historiaal Trassures or Of	thay Cimilay Assats				
Par	t III Organizations Maintaining Collections of		ther Similar Assets.				
	Complete if the organization answered "Yes" on Form		and below as also also solve				
па	If the organization elected, as permitted under FASB ASC 95	•					
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public						
h	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of						
D	art, historical treasures, or other similar assets held for public						
	provide the following amounts relating to these items:	exhibition, education, or research in full	lerance of public service,				
	(i) Revenue included on Form 990, Part VIII, line 1		\$				
2	If the organization received or held works of art, historical trea						
_	the following amounts required to be reported under FASB A		J , F				
а	Revenue included on Form 990, Part VIII, line 1	·	\$				
	Assets included in Form 990, Part X						
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022				

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Sche	dule D (Form 990) 2022 THE GLA	SS-GLEN BUF	RNIE MUSEU	JM, INC.	,	54	1-18	57973	Page <b>2</b>		
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tı	easures, o	r Other	Similar A	sset	(continu	ued)		
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that	t make sigi	nificant use	of its	•	,		
	collection items (check all that apply):										
а	X Public exhibition	d	Loan or ex	change progra	am						
b	Scholarly research  e Other										
С	X Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	how they further	the organization	on's exemp	ot purpose	in Part	XIII.			
5	During the year, did the organization solicit or	·	•	•	•						
	to be sold to raise funds rather than to be ma		*	•				Yes	X No		
Par	t IV Escrow and Custodial Arrang										
	reported an amount on Form 990, Par		3			,	,	,			
1a	Is the organization an agent, trustee, custodia		arv for contribution	ns or other as	sets not in	cluded					
	on Form 990, Part X?							Yes	X No		
b	If "Yes," explain the arrangement in Part XIII										
-			og 10.0.0.					Amount			
c	Beginning balance					1c					
	Additions during the year					1d					
	Distributions during the year					1e					
	Ending balance					1f					
	Did the organization include an amount on Fo							Yes	No		
	If "Yes," explain the arrangement in Part XIII.				•	,	🗀	_ 103			
Par						<u></u> )					
	- Complete	(a) Current year	(b) Prior year	(c) Two year		d) Three year	rs back	(e) Four	years back		
1a	Beginning of year balance	8,743,215.	12,030,554		4,615.	9,839			203,969.		
b	Contributions	0.	14,090	_	2,353.	,	, -	,			
	Net investment earnings, gains, and losses	1,730,469.	-1,862,945	_	4,440.	633	,123.		49,506.		
d	Grants or scholarships	= 7 7 =					,		7		
	Other expenditures for facilities										
C		499,397.	1,438,484	45	0,854.	518	,211.	1 1	413,772.		
	Administrative expenses		_,,	1	,		,				
g		9,974,287.	8,743,215	. 12,03	0 554	9,954	615	9	839,703.		
2	End of year balance [Provide the estimated percentage of the curr		· · ·		, •	-,	,		,		
	Board designated or quasi-endowment	ent year end balance	%	a)) Held as.							
a h	Permanent endowment 67.7300	%									
0	20 000										
C	The percentages on lines 2a, 2b, and 2c should be considered to the constant of the constant o										
32	Are there endowment funds not in the posses	=	tion that are held	and administer	red for the						
Sa	organization by:	ssion of the organiza	tion that are neid	and administer	ed for the			Г	Yes No		
	-							3a(i)	X		
	(i) Unrelated organizations								X		
h	(ii) Related organizations							3a(ii) 3b	- 21		
4				·				30			
Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		viilent lunus.								
. u.	Complete if the organization answered		, Part IV, line 11a.	See Form 990	, Part X, Iir	ne 10.					
	Description of property	(a) Cost or of		st or other		cumulated		(d) Book	value		
	1 17	basis (investm	, ,	s (other)		eciation		. , ====			
1a	Land										
	Buildings		19.3	15,109.	8.8	07,696	5. 1	0,507	,413.		
	L l l- l'			35 /116		3/ 301		1 901			

Schedule D (Form 990) 2022

14,901,025.

2,136,197.

27,777,683.

233,048.

e Other

21,635,416.

3,111,983.

517,099.

c Leasehold improvements

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

d Equipment

6,734,391.

284,051.

975,786.

Schedule D (Form 990) 2022 THE GLASS-G	LEN BURNIE MU	SEUM, INC.	54-1857973 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, lir	ne 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	5 000 D 1 N / I'	44 0 5 000 5 4 7 15	40
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. lir	ne 15.
	Description		(b) Book value
(1)	·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Pa	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(0)			I

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... Schedule D (Form 990) 2022

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

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

David VI	D : !!:	ation of David		F:: - I O	4-4	CLL F
Schedule D (	(Form 990) 20	22 THE	GLASS-GLEN	BORNIE	MOSEUM,	TIMC

Pai	T XI Reconciliation of Revenue per Audited Financial Stateme	nts wit	n Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	10,843,742.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	1,903,149.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	1,903,149.
3	Subtract line 2e from line 1			3	8,940,593.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	57,742.	_	
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b	4c	57,742.		
5		5	8,998,335.		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		th Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	7,329,380.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	. 2d			_
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	7,329,380.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	57,742.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	57,742.
_					
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	7,387,122.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART III, LINE 1A:

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

Schedule D (Form 990) 2022

#### PART III, LINE 4:

THE MUSEUM OF THE SHENANDOAH VALLEY COMPLEX CONTAINS FIVE DISTINGUISHED COLLECTIONS DISPLAYED IN THREE LOCATIONS. ON VIEW IN THE HISTORIC HOUSE IS THE GLEN BURNIE HOUSE COLLECTION, WHICH INCLUDES PAINTINGS, FINE FURNITURE, AND DECORATIVE OBJECTS ACQUIRED BY JULIAN WOOD GLASS JR. FOR HIS ANCESTRAL HOME. THE MUSEUM'S LIVING COLLECTION IS COMPOSED OF SEVEN ACRES OF SPECTACULAR GARDENS SURROUNDING THE GLEN BURNIE HOUSE. FINALLY, THE MUSEUM OF THE SHENANDOAH VALLEY COLLECTION, THE JULIAN WOOD GLASS JR. COLLECTION, AND THE R. LEE TAYLOR MINIATURES COLLECTION ARE EACH ON PERMANENT DISPLAY IN GALLERIES. THE SECOND LEVEL OF THE MSV PRESENTS FOUR MAIN GALLERIES COMPRISED OF ELEVEN GALLERY ROOMS. IN THE SHENANDOAH VALLEY GALLERY, THREE GALLERY ROOMS EXPLORE THE SWEEP OF VALLEY HISTORY, AND ONE ADDITIONAL ROOM DISPLAYS DECORATIVE ARTS, PAINTINGS, FURNITURE, AND OBJECTS OF MATERIAL CULTURE MADE IN THE VALLEY FROM THE  ${ t MID-1700S}$  TO THE PRESENT. THE ADJACENT GALLERY ROOM PRESENTS EXHIBITIONS OF WORKS BY CONTEMPORARY VALLEY ARTISTS OR VALLEY THEMES. THE FOUNDERS GALLERY PRESENTS WORKS FROM THE MSV JULIAN WOOD GLASS JR. COLLECTION AND TRAVELING EXHIBITIONS. THE R. LEE TAYLOR MINIATURES GALLERY IS HOME TO A FASCINATING COLLECTION OF FURNISHED MINIATURE HOUSES AND ROOMS, ALSO ASSEMBLED IN THE SHENANDOAH VALLEY, WHILE THE CHANGING EXHIBITIONS GALLERY DISPLAYS CONTINUALLY CHANGING EXHIBITIONS THROUGHOUT THE YEAR.

#### PART V, LINE 4:

THE MUSEUM'S ENDOWMENT CONSISTS OF TWO ENDOWMENT FUNDS ESTABLISHED MAINLY

TO PROVIDE FOR THE COLLECTIONS ENDOWMENT AND VARIOUS PROGRAM-RELATED

EXPENDITURES.

Schedule D (Form 990) 2022

### 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.

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

INC.

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

THE GLASS-GLEN BURNIE MUSEUM

Employer identification number

54-1857973

P	art i   Questions Regarding Compensation				
	·			Yes	No
1a	Check the appropriate box(es) if the organization provided a	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				
	First-class or charter travel	X Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organizat	ion follow a written policy regarding payment or			
	•	l above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimburs				
		regarding the items checked on line 1a?	2	Х	
		,			
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	•			
	establish compensation of the CEO/Executive Director, but	• •			
	X Compensation committee	X Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	X Approval by the board or compensation committee			
	Tom 330 of other organizations	Approval by the board of compensation committee			
4	During the year, did any person listed on Form 990, Part VII,	Section A line 1a with respect to the filing			
7	organization or a related organization:	, dection A, line Ta, with respect to the filling			
_	Receive a severance payment or change-of-control payment		4a		Х
	Participate in or receive payment from a supplemental nong				X
	Participate in or receive payment from an equity-based comparticipate in or receive payment from a supple from an equity-based comparticipate in or receive payment from an equity-based compa				X
C	If "Yes" to any of lines 4a-c, list the persons and provide the		. 40		
	ii Tes to any or lines 4a-c, list the persons and provide the	applicable amounts for each item in Fait iii.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizat	tions must complete lines 5-9			
5	For persons listed on Form 990, Part VII, Section A, line 1a,	-			
J	contingent on the revenues of:	did the organization pay or accrue any compensation			
_	-		5a		Х
					X
b	If "Yes" on line 5a or 5b, describe in Part III.		30		- 23
6	For persons listed on Form 990, Part VII, Section A, line 1a,	did the examination pay or energy any compensation			
6	•	did the organization pay or accrue any compensation			
_	contingent on the net earnings of:		6-		Х
					X
a			6b		Α.
7	If "Yes" on line 6a or 6b, describe in Part III.	did the organization provide any perfixed perments			
7	•		_		Х
•			. 7		<u> </u>
8	Were any amounts reported on Form 990, Part VII, paid or a	· · · · · · · · · · · · · · · · · · ·			v
_		3.4958-4(a)(3)? If "Yes," describe in Part III	. 8		X
9	If "Yes" on line 8, did the organization also follow the rebutta	able presumption procedure described in			

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

Schedule J (Form 990) 2022

Regulations section 53.4958-6(c)?

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.

(A) Name and Title		<b>(B)</b> Breakdown of W	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	incentive reportable				reported as deferred on prior Form 990
(1) DANA HAND EVANS	(i)	190,890.	0.	0.	10,741.	23,923.	225,554.	0.
CEO AND DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

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

## **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

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.

Employer identification number

	THE GLASS-GL	EN BUR	NIE MUSEUN	M, INC.	54-1	<u>.8579</u>	973	
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	(d) Method of de noncash contribu	etermini	_	s
1	Art - Works of art	Х	9	0.				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	3	3,246.	STOCK QUOTE			
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 ( STONE/ GRAVEL )	X	2	32,435.	FMV			
26	Other ( PROPERTY AND EQ )	X	1	15,900.	FMV			
27	Other ()							
28	Other (							
29	Number of Forms 8283 received by the organization	zation during	the tax year for co	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement <b>29</b>				
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used	for			
	exempt purposes for the entire holding period?	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard contribut	tions?	31	X	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a	X	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is ched	cked,			
	describe in Part II.							
		·	–	_		A / C		0000

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

Schedule M (Form 990) 2022

232142 09-09-22 Schedule M (Form 990) 2022

# 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.

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE GLASS-GLEN BURNIE MUSEUM, INC.

Employer identification number 54-1857973

FORM 990, ITEM C, DOING BUSINESS AS:

THE MUSEUM OF THE SHENANDOAH VALLEY

DESCRIPTION OF ORGANIZATION MISSION: FORM 990, PART III, LINE 1, EXTENSIVE SCHEDULE OF EDUCATIONAL AND COMMUNITY PROGRAMMING, OPERATING 90-ACRE ART PARK ON ITS LANDSCAPE, PRESERVING THE LARGEST GREEN SPACE AND ONLY WORKING FARM IN THE CITY OF WINCHESTER, AND ACTIVELY BUILDING AND CARING FOR A COLLECTION OF OBJECTS WHICH TELL THE VALLEY'S STORY INCLUDING THE GLEN BURNIE HOUSE AND SURROUNDING SEVEN-ACRE GARDENS, ROSE HILL FARM PARK, A PUBLIC PARK AND CIVIL WAR BATTLEFIELD SITE. THE MSV CELEBRATES THE VALLEY'S PAST, SERVES AS A VIBRANT CULTURAL CENTER AND UTILIZES ITS ENTIRE CAMPUS FOR EDUCATIONAL AND IN THE PRESENT, PUBLIC PROGRAMMING INCLUDING GARDEN SPACES, GALLERIES, CLASSROOMS, MAKERSPACE STUDIO, AND THE TRAILS AT THE MSV, WHICH CONNECT THE MSV CAMPUS TO THE COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WORKSHOPS AND AN INTERNATIONAL ART PROGRAM IN COLLABORATION WITH

STUDENTS IN CUBA. FOR ADULTS, 104 MSV PROGRAMS SERVED 1,639 PEOPLE. NEW

FAMILY PROGRAMS INCLUDED THE SENSORY-FRIENDLY ACCESS MSV AND MAKERSPACE

DROP-IN WORKSHOPS. MANY PROGRAMS INCORPORATED THE TRAILS AT THE MSV

AND INCLUDED JR. TRAILBLAZERS, YOGA ON THE TRAILS, AND VARIOUS GUIDED

TRAIL WALKS. CONTINUING ADULT PROGRAMS INCLUDED VIRTUAL TALKS, GALLERY

TALKS, POTTERY WORKSHOPS IN THE MAKERSPACE STUDIO, GUIDED GARDEN TALKS,

CURATOR-LED TALKS, AND A VARIETY OF HANDS-ON WORKSHOPS. MSV SCHOOL

PROGRAMMING ENGAGED 6,133 STUDENTS OF ALL AGES.

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

Schedule O (Form 990) 2022

Name of the organization THE GLASS-GLEN BURNIE MUSEUM, INC. Employer identification number 54-1857973

THE MSV PROVIDED RENT-FREE USE OF CAMPUS PROPERTY TO A LOCAL

PRESERVATION GROUP, A REGIONAL ARTS COUNCIL, AND A NONPROFIT ARTS

FOUNDATION. THANKS TO CORPORATE UNDERWRITING, 9,481 PEOPLE - EXCLUSIVE

OF MSV MEMBERS RECEIVED FREE GENERAL ADMISSION TO THE MSV GALLERIES AND

GARDENS, AND 4,035 PEOPLE ENJOYED FREE-ADMISSION COMMUNITY PROGRAMS AT

THE MSV.

THE MUSEUM SERVES VALLEY ARTISTS THROUGH A CONSIGNMENT PROGRAM IN ITS

MUSEUM STORE AND OFFERS SPECIALTY ITEMS AND BOOKS COMPLEMENTING MSV

EXHIBITIONS, AND EDUCATIONAL PROGRAMS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

ON THE MSV LANDSCAPE.

THE GLEN BURNIE HOUSE, THE OLDEST PORTIONS OF WHICH DATE TO 1794, IS

SURROUNDED BY SEVEN ACRES OF FORMAL GARDENS WHICH WERE INSTALLED IN THE

LATTER HALF OF THE TWENTIETH CENTURY BY MSV BENEFACTOR JULIAN WOOD

GLASS JR. AND HIS PARTNER R. LEE TAYLOR. THE MUSEUM SITS ON LAND

ORIGINALLY CLAIMED BY GLASS'S ANCESTOR AND WINCHESTER FOUNDER JAMES

WOOD IN 1735. THE PROPERTY WAS PASSED THROUGH GENERATIONS OF WOOD AND

GLASS FAMILIES UNTIL BEING ACQUIRED IN 1952 BY JULIAN WOOD GLASS JR.

FOLLOWING THE DEATH OF HIS FATHER. BEGINNING IN THE 1950S, THE PROPERTY

WAS EXTENSIVELY RENOVATED AND TRANSFORMED INTO A COUNTRY RETREAT. THE

HOME WAS FURNISHED WITH OBJECTS PASSED THROUGH FAMILY GENERATIONS ALONG

WITH EIGHTEENTH- AND NINETEENTH-CENTURY FURNITURE AND FINE ARTS

ACQUIRED BY JULIAN WOOD GLASS JR. THE MSV IS SUPPORTED BY THE GLASSGLEN

BURNIE FOUNDATION AND MANAGES THE PROPERTY IN ACCORDANCE WITH A WRITTEN

Schedule O (Form 990) 2022

Name of the organization Employer identification number THE GLASS-GLEN BURNIE MUSEUM, INC. 54-1857973

COOPERATIVE AGREEMENT WITH THE FOUNDATION.

UPON MR. GLASS'S DEATH AND AS A CONDITION OF HIS WILL, THE HOUSE AND

GARDENS WERE OPENED TO THE PUBLIC ON A SEASONAL BASIS IN 1997. IN 2005,

THE MUSEUM OF THE SHENANDOAH VALLEY (MSV), A 50,000-SQUARE-FOOT

GALLERIES BUILDING, WAS ADDED AS AN ANCHOR TO THE SITE TO FULFILL

GLASS'S VISION OF SHARING HIS SIGNIFICANT COLLECTION WITH THE PUBLIC

AND TO EXPAND UPON THAT VISION TO INCLUDE A SPACE WHERE THE ART,

HISTORY, AND CULTURE OF THE VALLEY COULD BE INTERPRETED.

FOLLOWING A TWO-YEAR RENOVATION PROJECT, THE GLEN BURNIE HOUSE REOPENED

IN FY 2014 AS A VERSATILE SPACE FOR EDUCATIONAL AND CULTURAL

PROGRAMMING FEATURING NEW DISPLAYS AND INTERPRETATION. THE GLEN BURNIE

HOUSE AND ADJACENT GARDENS ARE AMONG THE MSV'S MOST IMPORTANT

COLLECTION ASSETS. IN 2014, THE MSV UNVEILED A LARGER LAND USE PLAN,

THE MASTER PLAN, WHICH OUTLINED THE FUTURE DEVELOPMENT OF THE MSV

LANDSCAPE.

IN FY 2021, THE TRAILS AT THE MSV OPENED. A FREE-ADMISSION ART PARK ON

90 ACRES OF THE MSV LANDSCAPE, THE TRAILS AT THE MSV OFFERS MORE THAN 3

MILES OF TRAILS FOR WALKING, RUNNING, AND BICYCLING. THE TRAILS INCLUDE

LANDSCAPE FEATURES SUCH AS A STANDING STONE CIRCLE AND FLOATING

WETLANDS BOARDWALK AND OUTDOOR ART INSTALLATIONS.

IN ACCORDANCE WITH THE MSV COLLECTIONS MANAGEMENT POLICY AND SINCE

OPENING IN 2005, THE MUSEUM ACTIVELY COLLECTS ITEMS OF SIGNIFICANCE TO

THE SHENANDOAH VALLEY. THE MSV FUNDS ACQUISITION AND CONSERVATION

EFFORTS WITH ITS COLLECTIONS AND EXHIBITIONS ENDOWMENT AND A RECENTLY

Name of the organization

THE GLASS-GLEN BURNIE MUSEUM, INC.

Employer identification number 54-1857973

FORMED GAUNT COLLECTORS SOCIETY. THE MSV BUILDING INCLUDES A COLLECTIONS STORAGE SPACE FOR ITEMS NOT ON DISPLAY.

IN ADDITION TO THE MSV CAMPUS, THE MSV MANAGES THE ANCESTRAL HOME OF

THE GLASS FAMILY, KNOWN AS THE ROSE HILL FARM. THE SITE INCLUDES A

VERNACULAR FEDERAL-STYLE HOUSE AND IS NOTABLE FOR BEING THE LOCATION OF

THE CIVIL WAR'S FIRST BATTLE OF KERNSTOWN. A RENOVATION PROJECT TO

STABILIZE AND PRESERVE THE HOME WAS COMPLETED IN FY 2015 AND THE HOUSE

IS RENTED TO THE MSV EXECUTIVE DIRECTOR WHO OVERSEES ITS MAINTENANCE

AND CARE. IN FY 2017, THANKS TO A PARTNERSHIP WITH THE FREDERICK COUNTY

PARKS AND RECREATION DEPARTMENT, THE HISTORIC PORTIONS OF THE ROSE HILL

LANDSCAPE ADJACENT TO THE HOUSE OPENED TO THE PUBLIC AS A COMMUNITY

PARK FEATURING A 1.3-MILE WALKING TRAIL WITH INTERPRETIVE SIGNAGE, A

PARKING LOT, RESTROOMS, AND OPEN PLAY FIELDS. THE ROSE HILL PARK IS

CO-MANAGED BY LEASE TO FREDERICK COUNTY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

PRESENTS SHADOWBOXES CREATED BY VALLEY MINIATURES ARTIST WILLIAM P.

MASSEY (ACTIVE 1930S TO 1940S).

THE CHANGING EXHIBITIONS GALLERY, FOUNDERS GALLERY, AND SHENANDOAH

VALLEY GALLERY DISPLAY CONTINUALLY CHANGING EXHIBITIONS THROUGHOUT THE

YEAR. IN ADDITION, AN EXHIBITION IS PRESENTED ANNUALLY IN THE DRAWING

ROOM OF THE MSV GLEN BURNIE HOUSE. THE MSV ORGANIZES CHANGING

EXHIBITIONS AND BRINGS TRAVELING EXHIBITIONS TO THE REGION WITH THE

GOAL OF SERVING DIVERSE AUDIENCES.

IN FY 2023, THE MSV PRESENTED TEN SEPARATE EXHIBITIONS DANNY LYON:

ALONG WITH MAJOR ROTATING EXHIBITIONS, THE MSV CONTINUED THE DISPLAY OF ITS COLLECTION OF TWENTIETH- AND TWENTY-FIRST-CENTURY ART IN THE VITAL FORCE EXHIBITION (CLOSED SEPTEMBER 30, 2022); PRESENTED SHENANDOAH VALLEY DECORATIVE ARTS IN THE COLLECT, PRESERVE, INTERPRET EXHIBITION (ONGOING); AND DETAILED THE INFLUENCE AND ACCOMPLISHMENTS OF AFRICAN AMERICANS IN THE REGION WITH THE EXHIBITION CONTRIBUTIONS: AFRICAN AMERICANS IN THE SHENANDOAH VALLEY (ONGOING). IN THE SHENANDOAH VALLEY GALLERY, THE DIGITAL EXHIBITION WILD, WONDERFUL, AND BRAVE: FIGHTING THE PANDEMIC IN THE EASTERN PANHANDLE (DISPLAYED JUNE 25, 2022 - JUNE 25, 2023) TOLD THE STORY OF MEDICAL COMMUNITY DURING THE COVID-19 PANDEMIC. IN THE GLEN BURNIE HOUSE DRAWING ROOM, EXHIBITIONS PRESENTED INCLUDED AN INDOOR DISPLAY RELATED TO ORIGAMI IN THE GARDEN (MAY 28 -NOVEMBER 13, 2022) AND TINY RIDGE: MINIATURE PHOTOGRAPHY BY SARAH JONES DECKER (APRIL 1 - DECEMBER 31, 2023). ADDITIONALLY, THE WORK OF NUMEROUS SHENANDOAH VALLEY ARTISTS WAS DISPLAYED THROUGH FOUR ART IN THE HALLS INSTALLATIONS IN FY 2023.

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

THE BOARD OF DIRECTORS REVIEWED THE 990 PRIOR TO FILING WITH THE IRS.

Name of the organization **Employer identification number** 54-1857973 THE GLASS-GLEN BURNIE MUSEUM, INC. FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS UPDATED ANNUALLY WITH BOARD MEMBERS REQUIRED TO LIST CONFLICTS. BOARD MEMBERS ARE NOT ALLOWED A VOTE REGARDING AREAS WITH WHICH THERE IS A CONFLICT. FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE EVALUATED THE CEO AND DIRECTOR IN 2021 AND REVIEWED SALARY COMP BOOKS AND MADE A DETERMINATION BASED UPON PERFORMANCE AND INDUSTRY COMPARABLES. THE CEO AND DIRECTOR EVALUATES KEY EMPLOYEES ANNUALLY AND REVIEWS SALARY COMP BOOKS TO MAKE A DETERMINATION BASED UPON PERFORMANCE AND POSITION COMPARABLES. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS WILL BE MADE AVAILABLE UPON REQUEST. FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES: BUILDING MAINTENANCE: PROGRAM SERVICE EXPENSES 148,069. MANAGEMENT AND GENERAL EXPENSES 4,411. FUNDRAISING EXPENSES 2,941. TOTAL EXPENSES 155,421. EVENTS AND PUBLIC PROGRAMMING: PROGRAM SERVICE EXPENSES 80,591.

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization  THE GLASS-GLEN BURNIE MUSEUM, INC.	Employer identification number 54-1857973
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	63,577.
TOTAL EXPENSES	144,168.
MUSEUM STORE EXPENSES:	
PROGRAM SERVICE EXPENSES	109,616.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	109,616.
COMMUNICATIONS:	
PROGRAM SERVICE EXPENSES	82,806.
MANAGEMENT AND GENERAL EXPENSES	8,536.
FUNDRAISING EXPENSES	17,494.
TOTAL EXPENSES	108,836.
PRINTING:	
PROGRAM SERVICE EXPENSES	62,346.
MANAGEMENT AND GENERAL EXPENSES	2,538.
FUNDRAISING EXPENSES	20,384.
TOTAL EXPENSES	85,268.
PROFESSIONAL DEVELOPMENT:	
PROGRAM SERVICE EXPENSES	28,175.
MANAGEMENT AND GENERAL EXPENSES	16,595.
FUNDRAISING EXPENSES	3,898.
TOTAL EXPENSES	48,668.

32212 10-28-22 Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization  THE GLASS-GLEN BURNIE MUSEUM, INC.	Employer identification number 54-1857973
GIFTS AND CONTRIBUTIONS:	
PROGRAM SERVICE EXPENSES	399.
MANAGEMENT AND GENERAL EXPENSES	45,350.
FUNDRAISING EXPENSES	1,259.
TOTAL EXPENSES	47,008.
OTHER EXPENSES:	
PROGRAM SERVICE EXPENSES	26,604.
MANAGEMENT AND GENERAL EXPENSES	8,775.
FUNDRAISING EXPENSES	10,939.
TOTAL EXPENSES	46,318.
MEALS:	
PROGRAM SERVICE EXPENSES	1,917.
MANAGEMENT AND GENERAL EXPENSES	8,290.
FUNDRAISING EXPENSES	17,344.
TOTAL EXPENSES	27,551.
CONCEPTUAL LAND USE:	
PROGRAM SERVICE EXPENSES	23,104.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	23,104.
EDUCATIONAL PROGRAMS:	
PROGRAM SERVICE EXPENSES	20,276.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES 232212 10-28-22	0 <b>.</b> Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization  THE GLASS-GLEN BURNIE MUSEUM, INC.	Employer identification number 54-1857973
TOTAL EXPENSES	20,276.
OTHER MAINTENANCE:	
PROGRAM SERVICE EXPENSES	9,595.
MANAGEMENT AND GENERAL EXPENSES	615.
FUNDRAISING EXPENSES	202.
TOTAL EXPENSES	10,412.
BRIDAL ROOM SUPPLIES:	
PROGRAM SERVICE EXPENSES	3,704.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	756.
TOTAL EXPENSES	4,460.
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	1,225.
MANAGEMENT AND GENERAL EXPENSES	1,600.
FUNDRAISING EXPENSES	1,450.
TOTAL EXPENSES	4,275.
LODGING:	
PROGRAM SERVICE EXPENSES	724.
MANAGEMENT AND GENERAL EXPENSES	1,774.
FUNDRAISING EXPENSES	1,072.
TOTAL EXPENSES	3,570.
RESEARCH & REFERENCE BOOKS:	
PROGRAM SERVICE EXPENSES 232212 10-28-22	431. Schedule O (Form 990) 2022

<u>Schedule O (Form 990) 2022</u> Page **2** 

Name of the organization  THE GLASS-GLEN BURNIE MUSEUM, INC.	Employer identification number 54-1857973
MANAGEMENT AND GENERAL EXPENSES	521.
FUNDRAISING EXPENSES	486.
TOTAL EXPENSES	1,438.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	840,389.
FORM 990, PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	

FORM 990, PART VII, SECTION A, LINE 1(A)

REPORTABLE COMPENSATION FROM RELATED ORGANIZATIONS: THE PAYMENTS

LISTED IN COLUMN E, REPORTABLE COMPENSATION FROM RELATED ORGANIZATIONS,

INCLUDES PAYMENTS TO INDIVIDUALS THAT WERE PAID BY THE GLASS-GLEN

BURNIE FOUNDATION. THE GLASS-GLEN BURNIE FOUNDATION IS LISTED AS A

RELATED ORGANIZATION ON SCHEDULE R.

## SCHEDULE O - ADDITIONAL INFORMATION

IN-KIND RENTAL OF THE HEXAGON HOUSE: THE MUSEUM (PROPERTY MANAGER)

ENTERED INTO A SUBLEASE AGREEMENT WITH THE NON-PROFIT ORGANIZATIONS

PRESERVATION OF HISTORIC WINCHESTER (LESSEE) AND THE SHENANDOAH ARTS

COUNCIL (LESSEE) FOR THE RENTAL OF THE RESIDENCE KNOWN AS THE HEXAGON

HOUSE. THE HEXAGON HOUSE IS OWNED BY THE GLASS-GLEN BURNIE FOUNDATION.

THE MUSEUM HAS VALUED THE IN-KIND RENTAL OF THE HOUSE FOR FY 2023, AT

\$30,000. THIS VALUE INCLUDES CONSIDERATION OF THE SQUARE-FOOT RENTAL

VALUE AND THE MUSEUM'S OBLIGATION UNDER THE LEASE TO PROVIDE YEAR-ROUND

GROUNDS MAINTENANCE INCLUDING MOWING AND SNOW REMOVAL, WATER AND SEWER

SERVICE, INSURANCE, TAXES AND STRUCTURAL MAINTENANCE.

Name of the organization

THE GLASS-GLEN BURNIE MUSEUM, INC.

Employer identification number
54-1857973

SCHEDULE O - ADDITIONAL INFORMATION

FREE GENERAL ADMISSIONS: AS PART OF THE MSV'S ONGOING COMMITMENT TO

SERVE THE COMMUNITY IN WHICH IT OPERATES, THE MUSEUM OFFERS FREE

ADMISSION ON WEDNESDAYS (4,272 SERVED); YEAR-ROUND FREE GALLERY

ADMISSION TO AGES 12 AND UNDER (1,239 SERVED); AND IN THE MUSEUM FOR

ALL FREE-ADMISSION PROGRAM (408 SERVED). BETWEEN MEMORIAL DAY AND LABOR

DAY, THE MSV PARTICIPATES IN THE BLUE STAR MUSEUMS PROGRAM PROVIDING

FREE ADMISSION TO ACTIVE MILITARY PERSONNEL AND THEIR FAMILIES (613

SERVED). IN ADDITION, THE MSV PROVIDES FREE ADMISSION TO ITS

LANDSCAPES VIA ROSE HILL PARK AND THE TRAILS AT THE MSV. DURING FY

2023, 125,506 PEOPLE ENJOYED THE MSV'S FREE-ADMISSION PARKS AND WALKING

TRAILS (ROSE HILL PARK AND THE TRAILS AT THE MSV). THE MSV ENDED FY

2023 WITH VISITATION OF 199,936 AND 3,817 MEMBERSHIP HOUSEHOLDS.

## SCHEDULE O - ADDITIONAL INFORMATION

DONOR PRIVACY POLICY:

THE MUSEUM OF THE SHENANDOAH VALLEY (MSV) IS COMMITTED TO RESPECTING

THE PRIVACY OF DONORS. THE TYPES OF DONOR INFORMATION THAT IT COLLECTS

AND MAINTAINS ARE AS FOLLOWS: CONTACT INFORMATION TO INCLUDE NAME,

ADDRESS, TELEPHONE NUMBER AND EMAIL ADDRESS; GIVING INFORMATION

INCLUDING INFORMATION ON EVENTS ATTENDED, PUBLICATIONS RECEIVED AND

SPECIAL REQUESTS FOR PROGRAM INFORMATION; AND INFORMATION PROVIDED BY

THE DONOR IN THE FORM OF COMMENTS AND SUGGESTIONS. THE MSV USES DONORS'

INFORMATION TO UNDERSTAND THEIR INTERESTS IN ITS MISSION AND TO UPDATE

THEM ON THE ORGANIZATION'S PLANS AND ACTIVITIES. THIS INFORMATION IS

SHARED WITH STAFF, BOARD MEMBERS, VOLUNTEERS AND CONSULTANTS ONLY ON A

"NEED-TO-KNOW" BASIS. THE ORGANIZATION ALSO ASSURES DONORS THAT THEIR

NAMES AND ADDRESSES WILL NOT BE SHARED WITH ANY THIRD PARTY UNLESS

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization THE GLASS-GLEN BURNIE MUSEUM, INC.	Employer identification number 54-1857973
PERMISSION HAS BEEN GRANTED. FOR INFORMATION, PLEASE CONTA	ACT SENIOR
DIRECTOR OF INSTITUTIONAL ADVANCEMENT LAURA WILEY AT LWILE	Y@THEMSV.ORG
OR 540-662-1473, EXT. 217.	
	_

## **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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

54-1857973

Department of the Treasury Internal Revenue Service

Name of the organization

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

Part I Identification of Disregarded Entities. Comple	ete if the organization answered "Yes	on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-yea	I .	<b>(f)</b> Direct controllir entity		)
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	), Part IV, line 34, t	pecause it had one	or more re	lated tax-exer	npt	
(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))		controlling con		g) 512(b)(13 rolled sity?
HE GLASS-GLEN BURNIE FOUNDATION -	RESTORATION AND MAINTENANCE OF HISTORIC			509(A)(3)			100	110
3-1267576, P.O. BOX 587, NOWATA, OK 74048	PROPERTIES IN WINCHESTER,	OKLAHOMA	501(C)(3)	TYPE III	NONE			Х
	_							
For Department Poduction Act Notice, see the Instruction	- for Form 000					Schodulo P	<u> </u>	20) 000

SEE PART VII FOR CONTINUATIONS

THE GLASS-GLEN BURNIE MUSEUM, INC.

Schedule R (Form 990) 2022

Part III 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.

		,	ı	•			_				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(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	1	ortionate	Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
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		l .					l				

Part IV 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) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

Schedule R (Form 990) 2022

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

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	s with one or more re	elated organizations listed i	n Parts II-IV?				
а					1a		Х	
	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s)							
С	Gift, grant, or capital contribution from related organization(s)				1c	Х		
					1d		Х	
					1e		Х	
f	Dividends from related organization(s)				1f		Х	
g	Sale of assets to related organization(s)				1g		X	
h Purchase of assets from related organization(s)								
i	Exchange of assets with related organization(s)				1i		Х	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X	
	Performance of services or membership or fundraising solicitations for related organ				11		X	
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m		Х	
					1n		Х	
					10		Х	
р	Reimbursement paid to related organization(s) for expenses				1p		Х	
m Performance of services or membership or fundraising solicitations by related organization(s)  n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  o Sharing of paid employees with related organization(s)  p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses  r Other transfer of cash or property to related organization(s)  s Other transfer of cash or property from related organization(s)  1 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.							Х	
r	Other transfer of cash or property to related organization(s)				1r		Х	
					1s		Х	
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved			
1) [	THE GLASS-GLEN BURNIE FOUNDATION	С	7,411,243.	CASH AND PLEDGES				
2)								
3)								
4)								
-,								
5)								
-,								
6)								
	3 09-14-22			Schedule	R (For	n 990	2022	

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
								000) 0000