

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE GLASS-GLEN BURNIE MUSEUM, INC.</b> Doing business as <b>THE MUSEUM OF THE SHENANDOAH VAL</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>901 AMHERST STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>WINCHESTER, VA 22601</b> <b>F</b> Name and address of principal officer: <b>DANA HAND EVANS</b> <b>901 AMHERST ST, WINCHESTER, VA 22601</b>	<b>D</b> Employer identification number <b>** - ***7973</b>  <b>E</b> Telephone number <b>540-662-1473</b>  <b>G</b> Gross receipts \$ <b>10,863,187.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.THEMSV.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1997</b> <b>M</b> State of legal domicile: <b>VA</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>DEDICATED TO PRESERVING AND ENRICHING THE CULTURAL LIFE AND HERITAGE OF THE SHENANDOAH VALLEY.</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>24</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>24</b>
<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>72</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>64</b>
<b>7 a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>4,962,186.</b>	<b>7,776,100.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>250,158.</b>	<b>403,046.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,018,474.</b>	<b>800,385.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>80,637.</b>	<b>70,764.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>6,311,455.</b>	<b>9,050,295.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>2,557,962.</b>	<b>2,467,631.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>383,684.</b>	<b>0.</b>	<b>0.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>3,206,873.</b>	<b>3,671,019.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>5,764,835.</b>	<b>6,138,650.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>546,620.</b>	<b>2,911,645.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>38,534,347.</b>	<b>41,775,603.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>3,924,905.</b>	<b>2,459,505.</b>
		<b>34,609,442.</b>	<b>39,316,098.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>DANA HAND EVANS, CEO AND DIRECTOR</b> Type or print name and title	Date _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CHRIS FRYE, CPA</b>	Preparer's signature <b>CHRIS FRYE, CPA</b>	Date <b>03/04/22</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01068721</b>
	Firm's name ▶ <b>YOUNT, HYDE &amp; BARBOUR, P.C.</b>	Firm's EIN ▶ <b>** - ***9263</b>			
	Firm's address ▶ <b>P.O. BOX 2560 WINCHESTER, VA 22604-1760</b>	Phone no. <b>540-662-3417</b>			

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE 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? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 2,032,742. including grants of \$ ) (Revenue \$ 60,781. ) 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.

IN FY 2021, THE MSV OFFERED 273 EDUCATIONAL AND COMMUNITY PROGRAMS THAT SERVED 14,477 PEOPLE OF ALL AGES.

THE MSV OFFERED 244 YOUTH, FAMILY, AND ADULT EDUCATIONAL PROGRAMS ATTENDED BY 5,130 PEOPLE. FOR YOUTH, NEW PROGRAMS INCLUDED A JUNIOR

4b (Code: ) (Expenses \$ 1,988,339. 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

4c (Code: ) (Expenses \$ 1,028,488. including grants of \$ ) (Revenue \$ 179,114. ) 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

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

4e Total program service expenses 5,049,569.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (24); 1b Enter the number of voting members included on line 1a, above, who are independent (24); 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? (X); 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? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
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) available for public inspection. Indicate how you made these available. Check all that apply. [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 financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DANA HAND EVANS CEO AND DIRECTOR	40.00			X			146,143.	0.	38,576.	
(2) LAURA WILEY DIRECTOR OF COMMUNITY ENGAGEMENT	40.00				X		103,592.	0.	5,677.	
(3) ALLAN G. PATERSON JR. FOUNDATION CO-OPERATING TRUSTEE	1.00 20.00	X					0.	109,200.	0.	
(4) JAMES T. HOLLAND FOUNDATION CO-OPERATING TRUSTEE	1.00 20.00	X					0.	109,200.	0.	
(5) TAMARA B. COOPER DIRECTOR OF FINANCE	40.00			X			84,927.	0.	19,847.	
(6) DAVID H.O. ROTH FOUNDATION TRUSTEE	1.00 15.00	X					0.	67,200.	0.	
(7) JOHN B. ADAMS, JR. FOUNDATION TRUSTEE	1.00 10.00	X					0.	67,200.	0.	
(8) TODD BROCKWELL FOUNDATION TRUSTEE	1.00 10.00	X					0.	67,200.	0.	
(9) GERALD F. SMITH, JR. FOUNDATION TRUSTEE	1.00 10.00	X					0.	36,185.	0.	
(10) JEFF W. COKER, PH.D. VICE PRESIDENT	1.00	X		X			0.	0.	0.	
(11) THE HONORABLE RONALD L. NAPIER DIRECTOR	1.00	X					0.	0.	0.	
(12) JOHN B. WILLEY, M.D. DIRECTOR	1.00	X					0.	0.	0.	
(13) TERESE MERRILL SECRETARY	1.00	X		X			0.	0.	0.	
(14) MARY FETTER DIRECTOR	1.00	X					0.	0.	0.	
(15) RUPERT W. WERNER 2ND VICE PRESIDENT	1.00	X		X			0.	0.	0.	
(16) WILBORN M. ROBERSON PRESIDENT	1.00	X		X			0.	0.	0.	
(17) KAY S. WHITWORTH DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ILONA BENHAM DIRECTOR	1.00	X						0.	0.	0.
(19) GINA S. BYRD DIRECTOR	1.00	X						0.	0.	0.
(20) JAMES ANGELO DIRECTOR	1.00	X						0.	0.	0.
(21) CAROLYN FAROUKI DIRECTOR	1.00	X						0.	0.	0.
(22) CANDACE DAVENPORT DIRECTOR	1.00	X						0.	0.	0.
(23) JENNIFER B. BAKER DIRECTOR	1.00	X						0.	0.	0.
(24) TAMARA BJELLAND DIRECTOR	1.00	X						0.	0.	0.
(25) W. MICHAEL PERRY DIRECTOR	1.00	X						0.	0.	0.
(26) GRADY W. PHILIPS, III TREASURER	1.00	X		X				0.	0.	0.
<b>1b Subtotal</b>								334,662.	456,185.	64,100.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								334,662.	456,185.	64,100.

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

	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		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	X	
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		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
FLOTATION SYSTEMS 2700 AL-69, CULLMAN, AL 35057	CONSTRUCTION	369,021.
BLAUCH BROTHERS 166 GARBER LANE, WINCHESTER, VA 22602	MECHANICAL CONTRACTING	317,788.
SECURITAS, 14200 PARK MEADOW DRIVE STE S-350, CHANTILLY, VA 20151	SECURITY SERVICES	146,347.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**

SEE PART VII, SECTION A CONTINUATION SHEETS





**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	193,465.				
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>	4,613,947.				
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,968,688.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 1,504,192.				
	<b>h Total.</b> Add lines 1a-1f			7,776,100.			
Program Service Revenue	<b>2 a</b> ADMISSIONS	Business Code	713990	179,114.	179,114.		
	<b>b</b> GIFT SHOP SALES		453220	130,416.		130,416.	
	<b>c</b> EDUCATIONAL PROGRAMS		713990	40,976.	40,976.		
	<b>d</b> PLANT SALES		110000	32,735.		32,735.	
	<b>e</b> PUBLIC EVENTS		713990	19,805.	19,805.		
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			403,046.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			150,709.		150,709.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	58,135.			
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>		0.			
	<b>c</b> Rental income or (loss)	<b>6c</b>		58,135.			
	<b>d</b> Net rental income or (loss)			58,135.		58,135.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	2,462,568.			
			(ii) Other				
<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		1,812,892.				
<b>c</b> Gain or (loss)	<b>7c</b>		649,676.				
<b>d</b> Net gain or (loss)			649,676.		649,676.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> MISCELLANEOUS INCOME	Business Code	713990	12,629.		12,629.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			12,629.			
<b>12 Total revenue.</b> See instructions			9,050,295.	239,895.	0.	1,034,300.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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 .....	228,191.	141,171.	52,048.	34,972.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	1,829,699.	1,552,317.	169,452.	107,930.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	89,935.	74,780.	8,652.	6,503.
9 Other employee benefits .....	175,919.	156,490.	11,912.	7,517.
10 Payroll taxes .....	143,887.	122,806.	10,973.	10,108.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	2,342.	1,909.	261.	172.
c Accounting .....	26,600.		26,600.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	69,340.		69,340.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	99,565.	77,113.	7,041.	15,411.
12 Advertising and promotion .....	175,371.	174,731.	564.	76.
13 Office expenses .....	34,540.	21,840.	11,245.	1,455.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	194,414.	185,061.	5,640.	3,713.
17 Travel .....	2,867.	245.	1,307.	1,315.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....				
20 Interest .....	53,062.		53,062.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	1,578,291.	1,313,112.	165,404.	99,775.
23 Insurance .....	127,072.	99,179.	18,934.	8,959.
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 O.)				
a <b>COLLECTION, CARE, CONSERVATION</b> .....	341,464.	341,464.		
b <b>GROUNDS MAINTENANCE</b> .....	226,202.	215,974.	6,137.	4,091.
c <b>SECURITY</b> .....	158,774.	150,854.	4,752.	3,168.
d <b>COMMUNICATIONS</b> .....	107,908.	83,588.	9,538.	14,782.
e All other expenses .....	473,207.	336,935.	72,535.	63,737.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	6,138,650.	5,049,569.	705,397.	383,684.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	588,823.	<b>1</b>	575,642.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	246,392.	<b>3</b>	155,575.
	<b>4</b> Accounts receivable, net .....	4,792.	<b>4</b>	5,335.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	36,996.	<b>8</b>	41,932.
	<b>9</b> Prepaid expenses and deferred charges .....	304,854.	<b>9</b>	164,556.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 41,488,895.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 12,848,631.	27,195,541.	<b>10c</b> 28,640,264.
	<b>11</b> Investments - publicly traded securities .....	10,007,160.	<b>11</b>	12,076,780.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	149,789.	<b>15</b>	115,519.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	38,534,347.	<b>16</b>	41,775,603.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	635,750.	<b>17</b>	700,792.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	1,319,578.	<b>19</b>	36,365.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	21,635.	<b>23</b>	14,806.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	541,400.	<b>24</b>	517,711.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	1,406,542.	<b>25</b>	1,189,831.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,924,905.	<b>26</b>	2,459,505.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	24,242,334.	<b>27</b>	26,853,230.
	<b>28</b> Net assets with donor restrictions .....	10,367,108.	<b>28</b>	12,462,868.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	34,609,442.	<b>32</b>	39,316,098.
	<b>33</b> Total liabilities and net assets/fund balances .....	38,534,347.	<b>33</b>	41,775,603.

**Part 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	9,050,295.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,138,650.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,911,645.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	34,609,442.
5	Net unrealized gains (losses) on investments	5	1,795,011.
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	39,316,098.

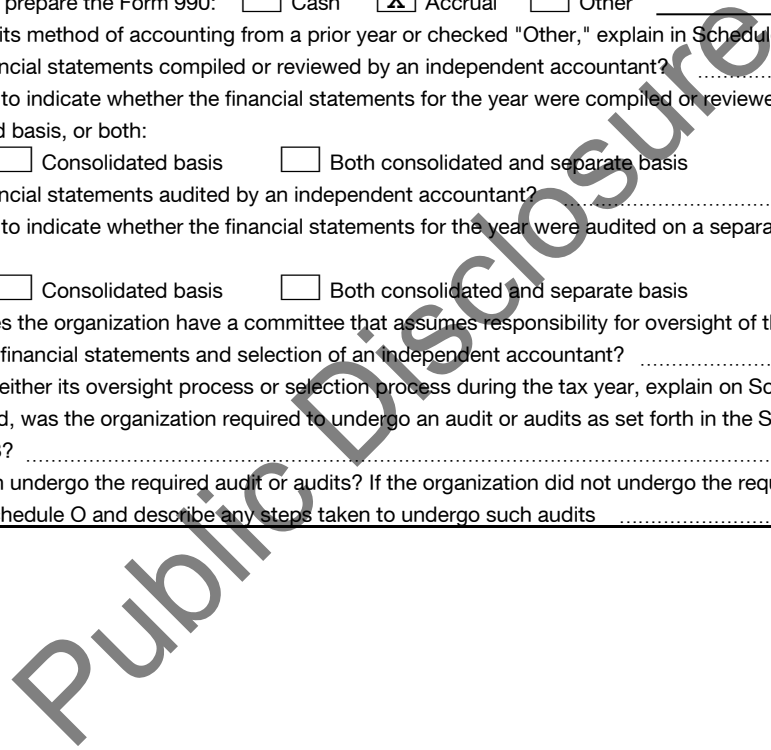
**Part XII Financial Statements and Reporting**

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

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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2020)



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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization: **THE GLASS-GLEN BURNIE MUSEUM, INC.** Employer identification number: **\*\*-\*\*\*7973**

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4630173.	7050526.	5089015.	4962186.	7776100.	29508000.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	4630173.	7050526.	5089015.	4962186.	7776100.	29508000.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						20348272.
<b>6 Public support.</b> Subtract line 5 from line 4.						9159728.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	4630173.	7050526.	5089015.	4962186.	7776100.	29508000.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	419,311.	405,423.	361,459.	299,829.	208,844.	1694866.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	11,507.	17,410.	14,649.	2,383.	12,629.	58,578.
<b>11 Total support.</b> Add lines 7 through 10						31261444.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,726,317.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	29.30 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	25.19 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on 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**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

Section 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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide 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 organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

**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 2020 IS 29.30%, 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.

Public Disclosure

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

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization **THE GLASS-GLEN BURNIE MUSEUM, INC.** Employer identification number **\*\* - \*\*\* 7973**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	Yes	No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	Yes	No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,954,615.	9,839,703.	11,203,969.	11,746,246.	10,406,910.
b Contributions	2,353.				
c Net investment earnings, gains, and losses	2,524,440.	633,123.	49,506.	234,471.	2,127,348.
d Grants or scholarships					
e Other expenditures for facilities and programs	450,854.	518,211.	1,413,772.	776,748.	788,012.
f Administrative expenses					
g End of year balance	12,030,554.	9,954,615.	9,839,703.	11,203,969.	11,746,246.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  56.0400 %
  - c Term endowment  43.9600 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b                       | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		19,478,652.	7,899,469.	11,579,183.
c Leasehold improvements		19,897,707.	3,734,287.	16,163,420.
d Equipment		455,458.	226,701.	228,757.
e Other		1,657,078.	988,174.	668,904.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				28,640,264.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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, line 15.

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECURITY DEPOSIT	2,561.
(3) LINE OF CREDIT	1,187,270.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,189,831.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

1	Total revenue, gains, and other support per audited financial statements		1	10,775,966.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,795,011.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	1,795,011.	
3	Subtract line 2e from line 1	3	8,980,955.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	69,340.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	69,340.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,050,295.	

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

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

1	Total expenses and losses per audited financial statements		1	6,069,310.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	6,069,310.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	69,340.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	69,340.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,138,650.	

**Part XIII Supplemental Information.**

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

**PART III, LINE 1A:**

THE 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.

**Part XIII** Supplemental Information (continued)

## 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 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 J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**THE GLASS-GLEN BURNIE MUSEUM, INC.**

Employer identification number  
**\*\*-\*\*\*7973**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)          |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2020

**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) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DANA HAND EVANS CEO AND DIRECTOR	(i)	146,143.	0.	0.	8,485.	30,091.	184,719.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Public Disclosure

**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.

Public Disclosure

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **THE GLASS-GLEN BURNIE MUSEUM, INC.** Employer identification number **\*\*-\*\*\*7973**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	24	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	X	2	6,805.	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 ( IN-KIND CONST )	X	1	1,497,387.	FAIR VALUE OF GOODS
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

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

SCHEDULE M, PART I, COLUMN (B):

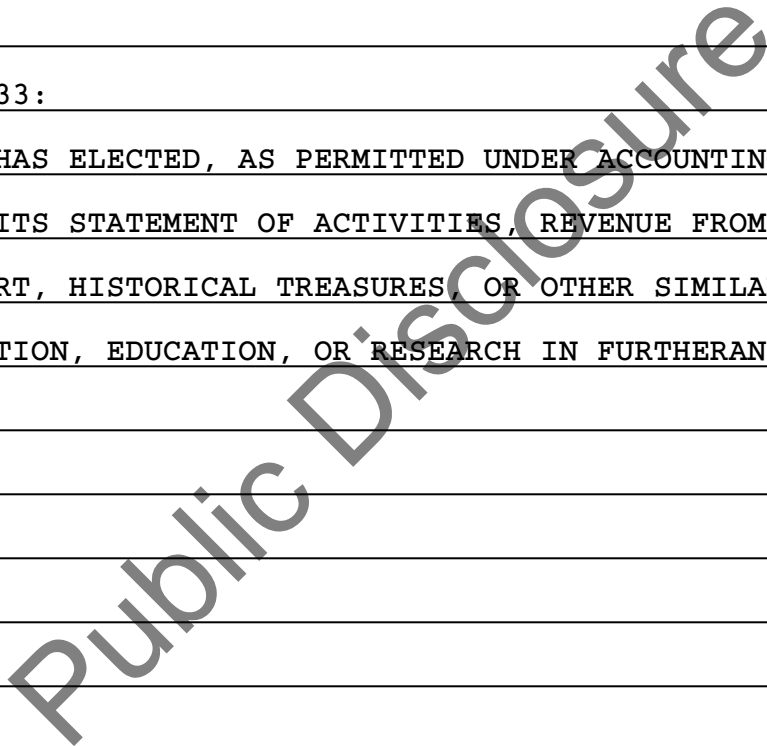
THE COLLECTIONS ARE VALUED AT ZERO BECAUSE THE MUSEUM HAS ELECTED TO NOT CAPITALIZE ITS COLLECTIONS.

SCHEDULE M, LINE 32B:

STOCK DONATIONS ARE SENT DIRECTLY TO INVESTMENT ADVISORS. INVESTMENT ADVISORS PROCESS THE SALE AT THE DIRECTION OF THE DIRECTOR OF FINANCE.

SCHEDULE M, LINE 33:

THE ORGANIZATION HAS ELECTED, AS PERMITTED UNDER ACCOUNTING STANDARDS, NOT TO REPORT IN ITS STATEMENT OF ACTIVITIES, REVENUE FROM THE CONTRIBUTION OF ART, HISTORICAL TREASURES, OR OTHER SIMILAR ASSETS HELD FOR PUBLIC EXHIBITION, EDUCATION, OR RESEARCH IN FURTHERANCE OF PUBLIC SERVICE.



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

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 990-EZ.

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

THE GLASS-GLEN BURNIE MUSEUM, INC.

Employer identification number

\*\* - \*\*\*7973

FORM 990, PART I, DOING BUSINESS AS:

THE MUSEUM OF THE SHENANDOAH VALLEY

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

EXTENSIVE SCHEDULE OF EDUCATIONAL AND COMMUNITY PROGRAMMING, OPERATING  
A 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 AND  
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  
IN THE PRESENT, AND, IN NOVEMBER OF 2020, EXPANDED BY OPENING THE  
TRAILS AT THE MSV, A FREE-ADMISSION ART PARK WITH A SYSTEM OF HIKING  
AND WALKING TRAILS WITH OUTDOOR ART DISPLAYS CONNECTING THE MSV CAMPUS  
TO THE COMMUNITY.

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

NATURALISTS CAMP AND A JURIED TEEN ART SHOW. FOR ADULTS, 109 MSV  
PROGRAMS SERVED 1,665 PEOPLE. NEW PROGRAMS INCORPORATED THE TRAILS AT  
THE MSV AND INCLUDED JR. TRAILBLAZERS, FULL MOON NIGHT HIKES, 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 2,438  
STUDENTS OF ALL AGES.



Name of the organization THE GLASS-GLEN BURNIE MUSEUM, INC.	Employer identification number **-***7973
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DUE TO COVID RESTRICTIONS ON GATHERINGS, THE MSV DID NOT OFFER LARGE-SCALE COMMUNITY PROGRAMS IN FY 2021 UNTIL RESUMING ITS OUTDOOR GARDENS AT NIGHT CONCERT SERIES IN JUNE OF 2021. IN ADDITION, ATTENDANCE AT YOUTH AND ADULT PROGRAMS WAS LIMITED TO ALLOW FOR PHYSICAL DISTANCING AND A ROBUST VIRTUAL PROGRAMMING SCHEDULE WAS IMPLEMENTED.

THE MSV PROVIDED RENT-FREE USE OF CAMPUS PROPERTY TO A LOCAL PRESERVATION GROUP AND A REGIONAL ARTS COUNCIL. THANKS TO CORPORATE UNDERWRITING, 12,800 PEOPLE EXCLUSIVE OF MUSEUM MEMBERS RECEIVED FREE GENERAL ADMISSION TO THE MSV GALLERIES AND GARDENS.

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:

ACRES OF FORMAL GARDENS, AND THE TRAILS AT THE MSV, A 90-ACRE ART PARK 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

Name of the organization THE GLASS-GLEN BURNIE MUSEUM, INC.	Employer identification number **-***7973
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HOME WAS FURNISHED WITH OBJECTS PASSED THROUGH FAMILY GENERATIONS ALONG WITH EIGHTEENTH- AND NINETEENTH-CENTURY FURNITURE AND FINE ARTS ACQUIRED BY JULIAN WOOD JR. THE MSV IS SUPPORTED BY THE GLASS-GLEN BURNIE FOUNDATION AND MANAGES THE PROPERTY IN ACCORDANCE WITH A WRITTEN COOPERATIVE AGREEMENT WITH THE FOUNDATION.

UPON MR. GLASS'S DEATH AND AS A CONDITION OF HIS WILL, THE HOUSE AND GARDENS WERE OPENED TO THE PUBLIC ON A SEASONAL BASIS IN 1997. IN 2005, THE MUSEUM OF THE SHENANDOAH VALLEY (MSV), A 50,000 SQUARE FOOT MUSEUM BUILDING, WAS ADDED AS AN ANCHOR TO THE SITE TO FULFILL GLASS'S VISION OF SHARING HIS SIGNIFICANT COLLECTION WITH THE PUBLIC AND TO EXPAND UPON THAT VISION TO INCLUDE A SPACE WHERE THE ART, HISTORY, AND CULTURE OF THE VALLEY COULD BE INTERPRETED.

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

Name of the organization

THE GLASS-GLEN BURNIE MUSEUM, INC.

Employer identification number

\*\*-\*\*\*7973

IN ACCORDANCE WITH THE MSV COLLECTIONS MANAGEMENT POLICY AND SINCE OPENING IN 2005, THE MUSEUM'S COLLECTIONS COMMITTEE, UPON ADVICE OF THE MSV'S STAFF, ACTIVELY COLLECTS ITEMS OF SIGNIFICANCE TO THE SHENANDOAH VALLEY. THE MSV FUNDS ACQUISITION AND CONSERVATION EFFORTS WITH ITS COLLECTIONS AND EXHIBITIONS ENDOWMENT AND A NEWLY FORMED GAUNT COLLECTORS SOCIETY. 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:  
AND THE MUSEUM'S LATE CURATOR OF GARDENS. THE MINIATURES GALLERY ALSO PRESENTS SHADOWBOXES CREATED BY VALLEY MINIATURES ARTIST WILLIAM P. MASSEY (ACTIVE 1930S TO 1940S).

THE CHANGING EXHIBITIONS GALLERY, FOUNDERS GALLERY, AND SHENANDOAH VALLEY GALLERY DISPLAY CONTINUALLY CHANGING EXHIBITIONS THROUGHOUT THE

Name of the organization THE GLASS-GLEN BURNIE MUSEUM, INC.	Employer identification number **-***7973
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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 2021, THE MSV PRESENTED 8 SEPARATE EXHIBITIONS. THE MSV PRESENTED THE FOLLOWING EXHIBITIONS IN THE GALLERIES DURING FY 2021: THINGS COME APART (NOVEMBER 8, 2019 - JULY 12, 2020); THE BODICE PROJECT (JULY 11 - NOVEMBER 1, 2020); AN ADVENTURE IN THE ARTS: SELECTIONS FROM THE GUILD HALL MUSEUM, EAST HAMPTON, NY (AUGUST 29, 2020 - JANUARY 3, 2021); ROCK, PAPER, SCISSORS (NOVEMBER 21, 2020 - DECEMBER 6, 2021); AND NORMAN ROCKWELL'S AMERICA (FEBRUARY 20 - AUGUST 8, 2021). THREE OUTDOOR EXHIBITIONS WERE PRESENTED IN THE GARDENS: DAVID ROGERS' BIG BUGS (JUNE 23 - NOVEMBER 15, 2020) AND GIVE ME SHELTER: SCENIC VIEWS OF THE APPALACHIAN TRAIL BY SARAH JONES DECKER (JULY 2 - DECEMBER 31, 2020) AND THE MSV INVITATIONAL OUTDOOR SCULPTURE SHOW (MAY 1 - OCTOBER 31, 2021).

ALONG WITH THESE MAJOR ROTATING EXHIBITIONS, THE MSV CONTINUED THE DISPLAY OF ITS COLLECTION OF TWENTIETH AND TWENTY-FIRST CENTURY ART IN THE VITAL FORCE EXHIBITION AND THE DISPLAY OF SHENANDOAH VALLEY DECORATIVE ARTS IN THE COLLECT, PRESERVE, INTERPRET EXHIBITION. THE WORK OF NUMEROUS CONTEMPORARY VALLEY ARTISTS WAS DISPLAYED THROUGH FOUR ART IN THE HALLS INSTALLATIONS IN FY 2021, AND SELECTIONS FROM THE JULIAN WOOD GLASS JR. COLLECTION - FEATURING 12 PAINTINGS COLLECTED BY MSV BENEFACTOR JULIAN WOOD GLASS JR. - WAS ON VIEW IN THE GLEN BURNIE HOUSE DRAWING ROOM FROM APRIL 1 THROUGH DECEMBER 31, 2021.

Name of the organization THE GLASS-GLEN BURNIE MUSEUM, INC.	Employer identification number **-***7973
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FORM 990, PART VI, SECTION B, LINE 11B:

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

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 2020 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 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,

Name of the organization THE GLASS-GLEN BURNIE MUSEUM, INC.	Employer identification number **-***7973
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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 2021, AT \$24,561. 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.

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 (5,667 SERVED); AND YEAR-ROUND FREE ADMISSION TO AGES 12 AND UNDER (2,857 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 (1,242 SERVED). IN ADDITION, THE MSV PROVIDES FREE ADMISSION TO ITS LANDSCAPES VIA ROSE HILL PARK AND THE TRAILS AT THE MSV. DURING FY 2021, 49,448 PEOPLE ENJOYED THE MSV'S FREE-ADMISSION PARKS AND WALKING TRAILS. THE MSV ENDED FY 2021 WITH VISITATION OF 101,110 AND 3,208 MEMBERS.

Name of the organization <b>THE GLASS-GLEN BURNIE MUSEUM, INC.</b>	Employer identification number <b>** - ***7973</b>
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CONSTRUCTION ON THE TRAILS AT THE MSV CONTINUED IN FY 2021 AND THE FREE-ADMISSION PARK OPENED TO THE PUBLIC ON NOVEMBER 25, 2020. THIS 90-ACRE ART PARK ON THE MSV CAMPUS INCLUDES OUTDOOR ART INSTALLATIONS AND THREE MILES OF TRAILS FOR WALKING, RUNNING, AND BICYCLING.

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 PERMISSION HAS BEEN GRANTED. IF YOU HAVE COMMENTS OR QUESTIONS ABOUT THE MSV'S DONOR PRIVACY POLICY, PLEASE EMAIL SHERRY C. HUDSON, SENIOR DIRECTOR, INSTITUTIONAL ADVANCEMENT AT SHUDSON@THEMSV.ORG OR CALL AT 540-662-1473, EXT. 211.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization **THE GLASS-GLEN BURNIE MUSEUM, INC.** Employer identification number **\*\*-\*\*\*7973**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE GLASS-GLEN BURNIE FOUNDATION - 73-1267576, P.O. BOX 587, NOWATA, OK 74048	RESTORATION AND MAINTENANCE OF HISTORIC PROPERTIES IN WINCHESTER,	OKLAHOMA	501(C)(3)	509(A)(3) TYPE III	NONE		X



**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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- 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) .....
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- 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) .....

	Yes	No
<b>1a</b>		X
<b>1b</b>		X
<b>1c</b>	X	
<b>1d</b>		X
<b>1e</b>		X
<b>1f</b>		X
<b>1g</b>		X
<b>1h</b>		X
<b>1i</b>		X
<b>1j</b>		X
<b>1k</b>		X
<b>1l</b>		X
<b>1m</b>		X
<b>1n</b>		X
<b>1o</b>		X
<b>1p</b>		X
<b>1q</b>		X
<b>1r</b>		X
<b>1s</b>		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE GLASS-GLEN BURNIE FOUNDATION	C	4,613,947.	CASH
(2)			
(3)			
(4)			
(5)			
(6)			



**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

**NAME OF RELATED ORGANIZATION:**

THE GLASS-GLEN BURNIE FOUNDATION

**PRIMARY ACTIVITY:** RESTORATION AND MAINTENANCE OF HISTORIC PROPERTIES IN  
WINCHESTER, VA

Public Disclosure

2020 DEPRECIATION AND AMORTIZATION REPORT

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990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	PROGRAM SERVICES														
1				.000		HY16								1,313,112.	1,313,112.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						0.				0.	0.		1,313,112.	1,313,112.
	MANAGEMENT AND GENERAL														
2				.000		HY16								165,404.	165,404.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL						0.				0.	0.		165,404.	165,404.
	FUNDRAISING														
3				.000		HY16								99,775.	99,775.
	* 990 PAGE 10 TOTAL FUNDRAISING						0.				0.	0.		99,775.	99,775.
	* GRAND TOTAL 990 PAGE 10 DEPR						0.				0.	0.		1,578,291.	1,578,291.

Public Disclosure

# CARRYOVER DATA TO 2021

Name THE GLASS-GLEN BURNIE MUSEUM, INC.	Employer Identification Number **-***7973
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Based on the information provided with this return, the following are possible carryover amounts to next year.

FEDERAL PRE-2018 NET OPERATING LOSS	539,238.
FEDERAL AMT NET OPERATING LOSS	539,238.

Public Disclosure

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**THE GLASS-GLEN BURNIE MUSEUM, INC.**

**FORM 990 PAGE 10**

**\*\* - \*\*\*7973**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,590,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,578,291.

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

**Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property	/	27.5 yrs.	MM	S/L	
		/	27.5 yrs.	MM	S/L	
i	Nonresidential real property	/	39 yrs.	MM	S/L	
		/		MM	S/L	

**Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year	/	30 yrs.	MM	S/L	
d	40-year	/	40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	1,578,291.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main rows (30-36) and 12 columns for vehicle usage details (a-f, Yes/No).

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table for Section C with 5 rows (37-41) and 2 columns (Yes/No).

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table for Section C with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2020 tax year: Table with 6 columns.

43 Amortization of costs that began before your 2020 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44