			EXTENDED TO MAY 15, 2023		
	Ω	00	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
Form 990			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (ex	xcept private foundation	s) 2021
			Do not enter social security numbers on this form as it may	be made public.	Open to Public
Depa Inter	nal Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the lates		Inspection
<u>A I</u>	For th	e 2021 calend	ar year, or tax year beginning $JUL \ 1$, $\ 2021$ and ending	<u>JUN 30, 2022</u>	
B	Check if applicab	le: C Name o	forganization	D Employer identific	ation number
	Addre	THE	GLASS-GLEN BURNIE MUSEUM, INC.		
	Name		usiness as THE MUSEUM OF THE SHENANDOAH VAI	L 54-185797	/3
	Initial		and street (or P.O. box if mail is not delivered to street address) Room/suit		
	Final return	901	AMHERST STREET	540-662-1	473
	termir ated	0-	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	12,161,844.
	Amen return	Ided TAT T NC	HESTER, VA 22601	H(a) Is this a group ret	turn
	Applic tion	F Name a	nd address of principal officer: DANA HAND EVANS	for subordinates?	Yes X No
	pendi	^{ng} 901 A	MHERST ST, WINCHESTER, VA 22601	H(b) Are all subordinates inc	luded? Yes No
1	Tax-ex	empt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or 52	If "No," attach a I	ist. See instructions
			THEMSV.ORG	H(c) Group exemption	
			X Corporation	ar of formation: 1997 M	State of legal domicile: VA
Pa	art I	Summary			
Ø	1		be the organization's mission or most significant activities: DEDICATED		
Ŭ		ENRICHI	NG THE CULTURAL LIFE AND HERITAGE OF TH	IE SHENANDOAH	VALLEY.
Governance	2	Check this bo	x 🕨 🛄 if the organization discontinued its operations or disposed of mo	1 1	
Š	3		ting members of the governing body (Part VI, line 1a)		24
	1 -		lependent voting members of the governing body (Part VI, line 1b)		24
Activities &			of individuals employed in calendar year 2021 (Part V, line 2a)		63
iviti			of volunteers (estimate if necessary)		89
Act			d business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		0.
				Prior Year 7,776,100.	<u>Current Year</u> 5,300,647.
ne	8		and grants (Part VIII, line 1h)	403,046.	457,792.
Revenue	9	•	ce revenue (Part VIII, line 2g)	800,385.	311,726.
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d) e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	70,764.	1,008,144.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,050,295.	7,078,309.
			nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
			to or for members (Part IX, column (A), line 4)	0.	0.
	45		r compensation, employee benefits (Part IX, column (A), lines 5-10)	2,467,631.	2,744,241.
Expenses	16a		undraising fees (Part IX, column (A), line 11e)	0.	0.
per	b		ing expenses (Part IX, column (D), line 25) 502,991.		
ы	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	3,671,019.	3,867,581.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,138,650.	6,611,822.
	19	Revenue less	expenses. Subtract line 18 from line 12	2,911,645.	466,487.
or	2			Beginning of Current Year	End of Year
Net Assets or	20	Total assets (F		41,775,603.	37,985,540.
AS	21		(Part X, line 26)	2,459,505.	419,162.
INet	22		fund balances. Subtract line 21 from line 20	39,316,098.	37,566,378.
Pa	art II	•			
Und	er pena	alties of perjury,	I declare that I have examined this return, including accompanying schedules and state	ments, and to the best of my	knowledge and belief, it is
true	, corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which prepar	er has any knowledge.	

Sign Here	Signature of officer DANA HAND EVANS, CEO AND DIRECTOR	Date
	Type or print name and title	
	Print/Type preparer's name Preparer's signature	Date Check PTIN
Paid	CHRIS FRYE, CPA CHRIS FRYE, CPA	02/16/23 ^{If} self-employed P01068721
Preparer	Firm's name VOUNT, HYDE & BARBOUR, P.C.	Firm's EIN ▶ 54-1149263
Use Only	Firm's address P.O. BOX 2560	
	WINCHESTER, VA 22604-1760	Phone no. $540 - 662 - 3417$
May the II	RS discuss this return with the preparer shown above? See instructions	X Yes No
		E 990 (0004)

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

orm	990 (2021) THE GLASS-GLEN BURNIE MUSEUM, INC. 54-1857973 Page
Par	rt III Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: 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?
	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?
	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 \$ 2,391,517. including grants of \$) (Revenue \$ 113,909.
Ĩ	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 2022, THE MSV OFFERED 369 EDUCATIONAL AND COMMUNITY PROGRAMS THAT
	SERVED 20,023 PEOPLE OF ALL AGES.
	THE MSV OFFERED 336 YOUTH, FAMILY, AND ADULT EDUCATIONAL PROGRAMS
	ATTENDED BY 8,407 PEOPLE. FOR YOUTH, NEW AND EXPANDED PROGRAMS INCLUDED
4b	(Code:) (Expenses \$2, 287, 873. including grants of \$) (Revenue \$)
	OUR COLLECTION
	THE MUSEUM OF THE SHENANDOAH VALLEY CARES FOR A PERMANENT COLLECTION
	CONTAINING MORE THAN 23,000 OBJECTS, INCLUDING THE FINE AND DECORATIVE
	ART COLLECTED BY MSV BENEFACTOR JULIAN WOOD GLASS JR., THE MINIATURE
	HOUSES AND ROOMS ASSEMBLED IN THE VALLEY BY GLASS'S PARTNER R. LEE
	TAYLOR, AND A COLLECTION OF OBJECTS AND ARTIFACTS THAT TELL THE STORY
	OF THE SHENANDOAH VALLEY.
	LOCATED ON A 214-ACRE LANDSCAPE THAT IS THE LARGEST GREEN SPACE AND
	ONLY WORKING FARM IN THE CITY OF WINCHESTER, THE MSV IS A REGIONAL
	CULTURAL CENTER THAT INCLUDES GALLERIES, THE GLEN BURNIE HOUSE, SEVEN
	ACRES OF FORMAL GARDENS, AND THE TRAILS AT THE MSVA 90-ACRE ART PARK ON
4c	
	OUR EXHIBITIONS
	THE MSV CONTAINS FOUR GALLERY SPACES HOUSED ON THE SECOND LEVEL OF THE
	MAIN MUSEUM BUILDING. IN THE SHENANDOAH VALLEY GALLERY, OBJECTS,
	MULTI-MEDIA PRESENTATIONS, AND EXHIBITS EXPLORE THE SWEEP OF VALLEY
	HISTORY, AND TWO ADDITIONAL ROOMS DISPLAY CHANGING EXHIBITIONS
	HIGHLIGHTING THE VALLEY'S DECORATIVE ARTS AND WORKS BY CONTEMPORARY
	VALLEY ARTISTS. THE FOUNDERS GALLERY PRESENTS ROTATING EXHIBITIONS
	FEATURING OBJECTS FROM THE COLLECTION OF EUROPEAN AND AMERICAN FINE AND
	DECORATIVE ARTS ASSEMBLED BY MSV BENEFACTOR JULIAN WOOD GLASS JR. THE
	R. LEE TAYLOR MINIATURES GALLERY IS HOME TO A FASCINATING COLLECTION OF
	FURNISHED HOUSES AND ROOMS ASSEMBLED BY R. LEE TAYLOR, GLASS'S PARTNER
	AND THE MUSEUM'S LATE CURATOR OF GARDENS. THE MINIATURES GALLERY ALSO
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 5, 390, 373.
	Form 990 (202
32003	SEE SCHEDULE O FOR CONTINUATION(S)
	3
02	2021.05080 THE GLASS-GLEN BURNIE MUS 1317

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 Form 990 (2021)
 THE GLASS-GLEN BURNIE MUSEUM, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			77
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		x	
~	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	x	
44	or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10	~	
11				
~	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
5	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			L
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	900	X (2021)
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 Form 990 (2021)
 THE GLASS-GLEN BURNIE MUSEUM, INC.
 54-1857973
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Continued)
 Continued
 Contin
 C

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
_	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
-	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			
		05h		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			_ <u></u>
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	X	L
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
.	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
05 -	Part V, line 1	34	X	x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		^
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330		<u> </u>
50		36		x
37	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_ <u></u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 31			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	
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021)		GLASS-GLEN			
Stateme	ents Regard	ing Other IRS Fili	ngs and Ta	ax Complian	ce (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return <u>2a</u> 63		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
~	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e - <i>file</i> . See instructions.	•		v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
ba	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
3	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
4	Note: See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
5	organization is licensed to issue qualified health plans			
~	Enter the amount of reserves on hand			
		14a		X
		14a 14b		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>			
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		x
	excess parachute payment(s) during the year?	15		
-	If "Yes," see the instructions and file Form 4720, Schedule N.	40		v
5	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
_				
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			I
,	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

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Form 990 (2021)

Part V

Form	990	(2021)
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THE GLASS-GLEN BURNIE MUSEUM, INC.

X

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	
Section A. Governing Body and Management	
	Yes

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	24	Ŀ		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	24	Ŀ		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form S	990 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	opoint o	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			
а	The governing body?			<u>8a</u>	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
0	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			
					Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		<u> </u>
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•		104		
			a filia a tha fauna 0	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y belor	e ming the form?	<u>11a</u>	Λ	
				10-	х	
-	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a 12b	X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "			120	- 23	
U				12c	х	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?			13	X	<u> </u>
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ar oy int				
а	The organization's CEO, Executive Director, or top management official			15a	х	
	Other officers or key employees of the organization			15b	Х	
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a			
	taxable entity during the year?			16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-			
	exempt status with respect to such arrangements?			16b		
Sec	tion 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

7

statements available to the	nublic during the tax year
	public during the tax year.

20	20 State the name, address, and telephone number of the person who possesses the org	anization's books and records 🕨	
	DIRECTOR OF FINANCE - 540-662-1473		
	901 AMHERST STREET, WINCHESTER, VA 22601		

2021.05080 THE GLASS-GLEN BURNIE MUS 13178001

Form 990 (2021)

Form 990 (2021		GLASS-GLEN				54-1857973	Page 7
Part VII Co	ompensation of Off	icers, Directors,	Trustees,	Key Employ	ees, Highe	est Compensated	
Em	nployees, and Inde	pendent Contra	ctors				
Che	eck if Schedule O contai	ns a response or note	to any line in	this Part VII			
Section A. Of	fficers, Directors, Trust	ees, Key Employees	, and Highest	Compensated	Employees		
1a Complete th	nis table for all persons r	equired to be listed. F	Report comper	sation for the c	alendar year	ending with or within the organization's	tax year.
 List all of 	the organization's curre	ent officers, directors,	trustees (whe	ther individuals	or organizatio	ons), regardless of amount of compensation	ation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an	aau	recio	r/trus	lee)	from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	rustee	l trus		ee	npen		1099-NEC)	1099-NEC)	and related
	below	dual t	nstitutional trustee	_	mploy	st col	L.	1000 1120/		organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			
(1) DANA HAND EVANS	40.00									
CEO AND DIRECTOR				х				162,481.	Ο.	32,943.
(2) SHERRY HUDSON	40.00									
SENIOR DIRECTOR, INSTITUTIONAL ADVAN						X		101,103.	Ο.	18,248.
(3) LAURA WILEY	40.00									
DIRECTOR OF COMMUNITY ENGAGEMENT						Х		104,433.	0.	11,488.
(4) ALLAN G. PATERSON JR.	1.00									
FOUNDATION CO-OPERATING TRUSTEE	20.00	Х						0.	109,200.	0.
(5) JAMES T. HOLLAND	1.00									
FOUNDATION CO-OPERATING TRUSTEE	20.00	Х						0.	109,200.	0.
(6) TAMARA B. COOPER	40.00									
DIRECTOR OF FINANCE				Х				85,352.	0.	16,529.
(7) DAVID H.O. ROTH	1.00									
FOUNDATION TRUSTEE	15.00	Х						0.	67,200.	0.
(8) JOHN B. ADAMS, JR.	1.00									
FOUNDATION TRUSTEE	10.00	Х						0.	67,200.	0.
(9) TODD BROCKWELL	1.00									
FOUNDATION TRUSTEE	10.00	Х						0.	67,200.	0.
(10) GERALD F. SMITH, JR.	1.00									
FOUNDATION TRUSTEE	10.00	Х						0.	67,200.	0.
(11) JEFF W. COKER, PH.D.	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(12) THE HONORABLE RONALD L. NAPIER	1.00									
DIRECTOR		Х						0.	0.	0.
(13) MARY FETTER	1.00									
DIRECTOR		Х						0.	0.	0.
(14) RUPERT W. WERNER	1.00									
2ND VICE PRESIDENT		Х		Х				0.	0.	0.
(15) WILBORN M. ROBERSON	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(16) ILONA BENHAM	1.00									-
DIRECTOR		х						0.	0.	0.
(17) GINA S. BYRD	1.00								-	_
DIRECTOR		Х						0.	0.	0.
132007 12-00-21										Form 990 (2021)

132007 12-09-21

Form 990 (2021)

12400216 781823 13178000.0

2021.05080 THE GLASS-GLEN BURNIE MUS 13178001

Form 990 (2021) THE GLASS	S-GLEN E	BUR	<u>NI</u>	E	MU	ISE	U№	1, INC.	54-18	<u>579</u>	973	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emj	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(0				(D)	(E)			(F)
Name and title	Name and title Average			Pos	ition			Reportable	Reportable		Estimated	
	hours per			not check more than one unless person is both an				compensation	compensation			
	week		cer and					from	from related	.		ther
	(list any	tor						the	organizations	,		ensation
	hours for	direc				p		organization	(W-2/1099-MIS			m the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		orgai	nization
	organizations	trust	lal tru		yee	om pe		1099-NEC)			and	related
	below	Individual trustee or director	In stitutional trustee	er	mpla	est ci loyee	ıer				organ	izations
	line)	Indiv	Insti	Officer	Key (Highest compensated employee	Former					
(18) JAMES ANGELO	1.00											
DIRECTOR		Х						0.		0.		0.
(19) CAROLYN FAROUKI	1.00											
DIRECTOR		х						0.		0.		0.
(20) CANDACE DAVENPORT	1.00											
SECRETARY		х		Х				0.		0.		0.
(21) JENNIFER B. BAKER	1.00	- 11	$\left \right $							<u>•</u> +		
DIRECTOR	1.00	x						0.		0.		٥
	1 0 0	^	$\left \right $					0.		<u> </u>		0.
(22) TAMARA BJELLAND	1.00											•
DIRECTOR		Х						0.		0.		0.
(23) W. MICHAEL PERRY	1.00											
DIRECTOR		Х						0.		0.		0.
(24) GRADY W. PHILIPS, III	1.00											
TREASURER		Х		Х				0.		0.		0.
(25) RIEMAN ROYSTON	1.00											
DIRECTOR		x						0.		0.		0.
(26) SUSAN BROOKS	1.00											
DIRECTOR		x						0.		0. 0.		
dh. Cubbabal								453,369.	487,20		79	,208.
							0.	0.				
c Total from continuation sheets to Part VII, Section A					453,369.	487,20	-	70	,208.			
d Total (add lines 1b and 1c)						·····					19	,200.
2 Total number of individuals (including but n	ot limited to th	iose	listed	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			n
compensation from the organization												3
										Г		res No
3 Did the organization list any former officer,	director, trust	ee, k	key ei	mpl	oye	e, or	hig	hest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for s	uch individual										3	<u> </u>
4 For any individual listed on line 1a, is the su	m of reportabl	le co	mpe	nsa	tion	and	oth	ner compensation from t	ne organization			
and related organizations greater than \$150),000? If "Yes,	" со	mple	ete S	Sche	edule	Jt	for such individual		L	4	X
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." com	plete Schedul	e J fo	or su	ch r	oers	on .		-			5	X
Section B. Independent Contractors	,											
1 Complete this table for your five highest co	mpensated inc	lepe	nden	nt co	ontra	actor	s th	nat received more than \$	100.000 of comp	ensati	on fron	 ו
the organization. Report compensation for	-											-
(A)	ine calendar y		, num	<u>g</u>				(B)			(C)	
رح) Name and business	address							Description of s	ervices	C	ompens	
SECURITAS, 14200 PARK MEA		បក	qr	רד			_					
s-350, CHANTILLY, VA 2015		vц	0.					SECURITY SER			163	,901.
· · · · ·		ਸਾ	NOT				_	SECONITI SER	VICED		105	, 901.
VINCHESTER PRINTERS, 212 INDEPENDENCE						1 1 1	242					
							111	<u>,343.</u>				
BOX STUDIOS LLC												
3453 STATE HIGHWAY 14N, C	ERILLOS	1	NM	8	70	10		EXHIBIT ON LO	DAN		107	<u>,648.</u>
2 Total number of independent contractors (in	-	ot lin	nited	to	-		ted	above) who received mo	ore than			
\$100,000 of compensation from the organized	zation 🕨				3)						

	SEE	PART	VII,	SECTION	Α	CONTINUATION	SHEETS
2008	12-09-21						

1320

Form 990 THE GLASS									54-185	7973
Part VII Section A. Officers, Directors, Tru		nplo	yee			lighe	est (, , ,	
(A) Name and title	(B) Average hours	(C) Position (check all that apply)					ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Offlicer	Key employee	Highest com pensated em ployee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) SHANNON GEMMA DIRECTOR	1.00	х						0.	0.	0.
(28) KATHARINE HARVARD DIRECTOR	1.00	x						0.	0.	0.
Total to Part VII, Section A, line 1c				<u></u>			<u></u>			

132201 04-01-21

Ра	rt VII								
		Check if Schedule O c	contains	a response	or note to any line	<u>e in this Part VIII</u> (A)	(B)	(C)	D
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
									Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a				212 049				
Gra	b				212,049.	·			
An ,	С	0			2 546 057				
ilar İlar	d	5			3,546,957.				
Sins,	e	Government grants (contri			517,711.				
er (f	All other contributions, gifts,			1 000 000				
jā t		similar amounts not included			1,023,930. 493,029.				
ont	g	Noncash contributions included in			,	E 200 647			
0	h	Total. Add lines 1a-1f				5,300,647.			
	_	ADVIGITONO			Business Code	155 000	155 000		
ice	2 a				713990 453220	155,880.	155,880.		140 027
er v	b	GIFT SHOP SALES PUBLIC EVENTS			713990	148,837.	61 740		148,837.
le S Ve D	с	EDUCATIONAL PROGRAMS			713990	61,749.	61,749.		
Jraı Re∕	d		5		110000	52,160.	52,160.		39,166.
Program Service Revenue	e					39,166.			39,100.
ш	•	All other program service				457,792.			
	g					457,792.			
	3	Investment income (includ	0	,	,	88,018.			88,018.
	4	other similar amounts)				00,010.			
	4 5	Income from investment o		• •	· · · ·				
	5	Royalties		(i) Real	(ii) Personal				
	6 0	Grass repts	6a	87,741.	(ii) i croonar				
		Gross rents Less: rental expenses	6b	0,,111,					
	b		60 60	87,741.					
	c d		· · · ·	•,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		87,741.			87,741.
		Gross amount from sales of) Securities	(ii) Other	• • • • • • • • • • • • • • • • • • • •			
	<i>i</i> a	assets other than inventory		5,307,243,					
	h	Less: cost or other basis		,,					
Ð	, D	and sales expenses	7 b 4	1,973,697.	109,838.				
Revenue	~	Gain or (loss)	7c	333,546,					
Sev.		Net gain or (loss)	· · · ·			223,708.			223,708.
۲		Gross income from fundraisin							
Ğ	04	including \$	ing overites	of					
U		contributions reported on	line 1c)						
		Part IV, line 18							
	b	Less: direct expenses							
	c								
	9 a	Gross income from gamin							
		Part IV, line 19							
	b								
	с								
	10 a	Gross sales of inventory, I	ess retu	irns					
		and allowances			a				
	b	Less: cost of goods sold			b				
	с	Net income or (loss) from	sales of	inventory .	🕨				
					Business Code				
sno	11 a	EMPLOYEE RETENTION O	CREDIT		900999	897,250.			897,250.
ane	b	MISCELLANEOUS INCOM	Ξ		713990	23,153.			23,153.
iell: eve	с								
Miscellaneous Revenue	d	All other revenue							
2	е	Total. Add lines 11a-11d				920,403.			
	12	Total revenue. See instruction	ons		▶	7,078,309.	269,789.	0.	1507873.
13200	9 12-09	-21							Form 990 (2021)

THE GLASS-GLEN BURNIE MUSEUM, INC.

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Form 990 (2021)

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Page **9**

54-1857973

THE GLASS-GLEN BURNIE MUSEUM, Part IX Statement of Functional Expenses

INC.

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
2000	Check if Schedule O contains a response				X
	not include amounts reported on lines 6b, 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,	205 641	105 004		40 262
	trustees, and key employees	305,641.	185,224.	72,054.	48,363.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1,999,653.	1,692,051.	188,541.	119,061.
7	Other salaries and wages	т, 250, 600.	,UJL.	100,341.	119,001.
8	Pension plan accruals and contributions (include	92,068.	73,212.	10,667.	Q 1 Q 0
•	section 401(k) and 403(b) employer contributions)	173,475.	147,322.	18,522.	<u>8,189.</u> 7,631.
9 10	Other employee benefits	173,404.	135,370.	26,238.	11,796.
10 11	Payroll taxes Fees for services (nonemployees):	1/5,101.	155,570.	20,250.	11,750.
ii a	-				
a b	Management Legal	4,498.	3,787.	439.	272.
	Accounting	26,215.	577077	26,215.	
	Lobbying				
e					
f	Investment management fees	68,524.		68,524.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch 0.)	121,717.	92,149.	9,859.	19,709.
12	Advertising and promotion	163,797.	161,882.	1,915.	
13	Office expenses	32,606.	20,297.	10,437.	1,872.
14	Information technology				
15	Royalties				
16	Occupancy	213,422.	200,718.	8,608.	4,096.
17	Travel	6,409.	871.	2,506.	3,032.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6 605			
20		6,625.		6,625.	
21	Payments to affiliates	1 715 067	1,412,872.	170,355.	131,840.
22	Depreciation, depletion, and amortization	<u>1,715,067.</u> 111,858.	85,071.	18,598.	8,189.
23 24	Insurance Other expenses. Itemize expenses not covered	111,000.	05,071.	10,390.	0,109.
24	above. (List miscellaneous expenses not covered line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	GROUNDS MAINTENANCE	232,681.	227,255.	3,256.	2,170.
b	SECURITY	173,478.	164,826.	5,191.	3,461.
c	COLLECTION, CARE, CONSE	169,218.	167,337.	1,881.	0.
d	BUILDING MAINTENANCE	140,222.	133,962.	3,756.	2,504.
	All other expenses SEE SCH O	681,244.	486,167.	64,271.	130,806.
25	Total functional expenses. Add lines 1 through 24e	6,611,822.	5,390,373.	718,458.	502,991.
26	Joint costs. Complete this line only if the organization	-	-	-	-
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					- 000 /

132010 12-09-21

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Form 990 (2021)

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33

Total liabilities and net assets/fund balances

41,775,603.

33

6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 7 41,932. 10,469. 8 Inventories for sale or use 8 164,556. 315,256. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 42,971,693. basis. Complete Part VI of Schedule D _____ 10a 15,117,002. 28,640,264. 27,854,691. b Less: accumulated depreciation 10b 10c 12,076,780. 8,789,441. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 115,519. 92,417. 15 15 Other assets. See Part IV, line 11 41,775,603. 37,985,540. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 700,792. 317,840. Accounts payable and accrued expenses 17 17 18 18 Grants payable 36,365. 76,416. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 7,970. 14,806. Secured mortgages and notes payable to unrelated third parties 23 23 517,711. 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 1,189,831. 16,936. 25 of Schedule D 2,459,505. 419,162. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here \blacktriangleright \overline{X} and complete lines 27, 28, 32, and 33. 26,853,230. 28,528,427. Net assets without donor restrictions 27 27 Net assets with donor restrictions 12,462,868. 9,037,951. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 39,316,098. 37,566,378. 32 Total net assets or fund balances 32

THE GLASS-GLEN BURNIE MUSEUM, INC.

1

2

3

4

5

(A) Beginning of year

575,642.

155,575.

5,335.

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(B) End of year

0.

0.

37,985,540.

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583.

922,683.

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1

2

3

4

5

Assets

Liabilities

Net Assets or Fund Balances

Part X | Balance Sheet

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net Loans and other receivables from any current or former officer, director,

controlled entity or family member of any of these persons

trustee, key employee, creator or founder, substantial contributor, or 35%

	1990 (2021) THE GLASS-GLEN BURNIE MUSEUM, INC.	54-1	<u>.857973</u>	Pa	_{.ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,07		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,61		
3	Revenue less expenses. Subtract line 2 from line 1	3		56,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	39,31			
5	Net unrealized gains (losses) on investments	5	-2,21	.6,2	07.
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	37,56	56,3	78.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u></u>	X
			_	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				~~~	(0001)

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the	organization
-------------	--------------

Nam	e of t	the organization							identification number
				BURNIE MUSE		1C.			4-1857973
Pa	tI	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The o	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	l in <b>sectio</b>	n <b>170(b)</b> (1	l)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	า 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in so	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
	Χ	An organization that norma						ne general r	oublic described in
-		section 170(b)(1)(A)(vi). (C						5	
8		A community trust describe		(1)(A)(vi), (Complete Par	t II )				
9		An agricultural research org				ed in conii	inction with a	land-grant	college
•		or university or a non-land-g	-			-		-	-
		university:	grant conege of agric			name, eny	, and state of	the conege	
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supr	ort from o	ontribution	ns membersh	in fees and	d aross receipts from
10		activities related to its exem							
		income and unrelated busir							
		See section 509(a)(2). (Cor				500 2040		Janization a	
11		An organization organized a	• •	volv to tost for public co	foty Soo	coction 5(	O(a)(4)		
12	-	An organization organized a	-	•	•			rny out the	nurneses of one or
12		more publicly supported or	-	-	-			•	
			-						
		lines 12a through 12d that	• •					-	aivina
а		<b>Type I.</b> A supporting orga		-	• • • •	-			
		the supported organization			majority c	of the aired	tors or truste	es of the su	ipporting
	_	organization. You must o	-					- (-)	•
b		<b>Type II.</b> A supporting org	-				-		-
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	ortea
	_	organization(s). You mus							
с		J Type III functionally inte						ly integrate	a with,
	its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.								
d									
	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.								
е		Check this box if the orga					Туре I, Туре	II, Type III	
_		functionally integrated, or		hally integrated supportion	ng organiz	ation.			
f		er the number of supported c	•						
g		vide the following information i) Name of supported	i about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonetany	(vi) Amount of other
	(	organization		(described on lines 1-10	in your governi	ng document?	support (see ir	,	support (see instructions)
		organization		above (see instructions))	Yes	No			
Tota									1

	A (Form 990) 2021
Part II	Support Sche

THE GLASS-GLEN BURNIE MUSEUM, INC.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7050526.	5089015.	4962186.	7776100.	5300647.	30178474.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	7050526.	5089015.	4962186.	7776100.	5300647.	30178474.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						20063057.
	Public support. Subtract line 5 from line 4.						10115417.
Sec	ction B. Total Support					·	<del></del>
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	7050526.	5089015.	4962186.	7776100.	5300647.	30178474.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	405,423.	361,459.	299,829.	208,844.	175,759.	1451314.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	1 - 110	1.1. 6.1.0		10 600		0.000
	assets (Explain in Part VI.)	17,410.	14,649.	2,383.	12,629.		967,474.
11	Total support. Add lines 7 through 10						32597262.
12	Gross receipts from related activities,	•	,			· · · · ·	,842,092.
13	First 5 years. If the Form 990 is for th	0	rst, second, third, f	ourth, or fifth tax y	vear as a section 5	01(c)(3)	. —
800	organization, check this box and stor					<u></u>	
	ction C. Computation of Publi						31.03 %
	Public support percentage for 2021 (I		•	())		14	
	Public support percentage from 2020 33 1/3% support test - 2021. If the o					15	
108	stop here. The organization qualifies						
h	<b>33 1/3% support test - 2020.</b> If the c		-		line 15 is 33 1/3%		
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test				13 16a or 16b a		
110	and if the organization meets the fact						
	meets the facts-and-circumstances te			-		vinow the organiz	
h	10% -facts-and-circumstances test	-					
	more, and if the organization meets the	•					
	organization meets the facts-and-circu						
18	Private foundation. If the organization		•				s
	···· ··· ···· ··· ··· ··· ··· ··· ···		,	, , <u></u> , , <b>-</b> , <b>-</b> , <b>-</b> ,	,		(Form 990) 2021

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chedule A (Form 990) 2021
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# THE GLASS-GLEN BURNIE MUSEUM, INC. Schedule A (Form 990) 2021 The GLASS GLASS GLASS Control of the section 509(a)(2) 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	Γ	1	1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•			•		·
0.0	check this box and stop here	- Cummout Dou			·····		
	ction C. Computation of Public						
	Public support percentage for 2021 (					15	%
	Public support percentage from 2020 ction D. Computation of Invest					16	%
	Investment income percentage for 20			ne 13. column (f))		17	%
18	Investment income percentage from					18	<u>%</u>
	33 1/3% support tests - 2021. If the					·	
	more than 33 1/3%, check this box a						
b	<b>33 1/3% support tests - 2020.</b> If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
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			17				

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

1

2

3a

3b

Yes No

# 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

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

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3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2021

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#### 54-1857973 Page 5 THE GLASS-GLEN BURNIE MUSEUM, INC. Schedule A (Form 990) 2021 Part IV Supporting Organizations (continued Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Part VI</u> 11c Section B. Type I Supporting Organizations

			Yes	No
1	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? If "No," describe in <b>Part VI</b> 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
_	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No

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

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

# Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. Complete line 3 below.

c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction
----------------------------------------------------------------------------------------------------------------------------------

19

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on 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? 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.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

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

Yes No 2a 2b 3a 3b

Schedule A (Form 990) 2021

...

. . .

No

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_	dule A (Form 990) 2021 THE GLASS-GLEN BURNIE			54-1857973 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualify			<i>in</i> Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting o	rganization (see

Schedule A (Form 990) 2021

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instructions).

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Schedule A (Form 990) 2021

Section D - Distributions

Schedule A (Form 990) 2021

1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2					
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.			6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
•	(provide details in <b>Part VI</b> ). See instructions.	le organization le responente		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021		(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

THE GLASS-GLEN BURNIE MUSEUM, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

54-1857973 Page 7

**Current Year** 

Schedule A (Form 990) 2021 THE GLASS-GLEN BURNIE MUSEUM, INC. 54-1857973 Page 8
Part VISupplemental 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 2021 IS 31.03%, 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.

132028 01-04-22

# **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.



Department of the Treasury

Interna		for instructions and ti	te latest information.	Inspection
Nam	ne of the organization THE GLASS-GLEN BURNI	F MIIGFIIM T	NC	Employer identification number 54-1857973
Pa	art I Organizations Maintaining Donor Advised I			
I u	organization answered "Yes" on Form 990, Part IV, line 6			
		(a) Donor advised	l funds	<b>b)</b> Funds and other accounts
1	Total number at end of year	(4) 2 0 1 0 1 4 4 1 0 0 0		
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4				
5	Did the organization inform all donors and donor advisors in wri		d in donor advised fund	ts
-	are the organization's property, subject to the organization's exc	-		
6	Did the organization inform all grantees, donors, and donor advi			
	for charitable purposes and not for the benefit of the donor or d			
	impermissible private benefit?		• •	
Pa	art II Conservation Easements. Complete if the organ			
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreation		Preservation of a histo	prically important land area
	Protection of natural habitat		Preservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribu	tion in the form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	a Total number of conservation easements			2a
b	<b>o</b> ,			2b
С				2c
d				
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	sed, extinguished, or te	rminated by the organi	zation during the tax
	year ▶			
4	Number of states where property subject to conservation easen			
5	Does the organization have a written policy regarding the period			
6	violations, and enforcement of the conservation easements it ho		d opforoing conconvotio	
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	nuling of violations, and	a emorcing conservatio	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handlin	a of violations, and enf	orcina conservation ear	sements during the year
'	Amount of expenses incurred in monitoring, inspecting, manuality \$	g of violations, and entry	ording conservation ea	sements during the year
8	Does each conservation easement reported on line 2(d) above s	satisfy the requirements	of section 170(h)(4)(B)	(i)
•	and sociation $170(h)(4)(P)(ii)$ ?	2		
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnote			
	organization's accounting for conservation easements.	C C		
Pa	art III Organizations Maintaining Collections of A	rt, Historical Trea	sures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 8.		
1a	a If the organization elected, as permitted under FASB ASC 958,	not to report in its reve	nue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its financia	al statements that desc	ribes 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 ex	khibition, 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 treasu			provide
	the following amounts required to be reported under FASB ASC	958 relating to these i	tems:	
а	Revenue included on Form 990, Part VIII, line 1			▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

12400216 781823 13178000.0

b Assets included in Form 990, Part X

36

\$

Schedule D (Form 990) 2021

		SS-GLEN BUF					<u>857973</u>		age <b>2</b>	
Pa	rt III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Oth	er Simil	ar Asse	ts _{(contin}	ued)		
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	e significan	t use of its	6			
	collection items (check all that apply):									
а	X Public exhibition	d	Loan or exc	hange program						
b	Scholarly research	е	Other							
с										
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									
	to be sold to raise funds rather than to be ma			•		Г	Yes	X	No	
Pa	rt IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Par					,	,			
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	s or other assets n	ot included					
14	on Form 990, Part X?						Yes	X	No	
h	If "Yes," explain the arrangement in Part XIII a					L				
			owing table.				Amount			
~	Beginning balance				10					
	Additions during the year									
	Additions during the year									
f	Distributions during the year				16					
20	Ending balance Did the organization include an amount on Fo				·····		Yes		No	
	If "Yes," explain the arrangement in Part XIII.				• • • • •	∟				
Pa										
		(a) Current year	(b) Prior year	(c) Two years back		e years bac	k (e) Four	vears	hack	
4.	Designing of year belongs	12,030,554.	9,954,615.	9,839,703		203,969	` <i>`</i>	746,:		
18	Beginning of year balance	14,090.	2,353.	5,005,700		203,505	• ••,	/ 10 ,	240.	
D	Contributions	-1,862,945.	2,524,440.	633,123		49,506		234,	171	
	Net investment earnings, gains, and losses	-1,002,945.	2,524,440.	055,125		49,500	•	254,	4/1.	
d	• • • • • • • • • • • • • • • • • • • •									
е	Other expenditures for facilities	1 420 404	450 054	F10 011	1	410 000			740	
_	and programs	1,438,484.	450,854.	518,211	· · ·	,413,772	•	776,	/48.	
f	Administrative expenses	0 540 015	10 000 554	0.054.615		000 000	11	0.0.2	0.00	
g	End of year balance	8,743,215.	12,030,554.		9	,839,703	• • • • •	203,	969.	
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)	) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment $\blacktriangleright \frac{77.2700}{22.7200}$	%								
С	Term endowment ► 22.7300	-								
	The percentages on lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	d administered for	the organ	ization	г			
	by:							Yes	No	
	(i) Unrelated organizations								<u>X</u>	
	(ii) Related organizations						. <b>3a(ii)</b>		X	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?				3b			
4	Describe in Part XIII the intended uses of the		wment funds.							
Pa	rt VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line 10.					
	Description of property	(a) Cost or of	ther (b) Cost	or other (c	Accumula	ated	(d) Book	value	е	
		basis (investm	nent) basis	(other)	depreciatio	n				
1a	Land									
	Buildings				,324,	318.	10,990	, 29	91.	
	Leasehold improvements		21,52	7,923. 5	,581,	578.	15,946	5,34	45.	
	Equipment		54	7,252.	262,	993.	284	, 25	59.	
е	Other			1,409.	947,			,79		
	I. Add lines 1a through 1e. (Column (d) must ea						27,854	-		
		<u>, , , , , , , , , , , , , , , , , , , </u>					le D (Form			

Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
iotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Part IX Other Assets. Complete if the organization answered "Yes" ( (a)	on Form 990, Part IV, line Description	e 11d. See Form 990, Part X, line 15.	<b>(b)</b> Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Part X       Other Liabilities.         Complete if the organization answered "Yes"			
(a) Decemination of lightlift.	on ronn 330, Fait IV, IIIE	, 110 01 111. 000 FUILT 990, Fait A, 1119 20	. (b) Book value
(1) Federal income taxes (2) CHECKS WRITTEN IN EXCESS (	OF CASH		
(3) BALANCE			16,936
(4)			
(5)			
(6)			
(7)			
(7)			
(9)			
Fotal. (Column (b) must equal Form 990. Part X. col. (B) line	25)	<b>&gt;</b>	16,936

THE GLASS-GLEN BURNIE MUSEUM, INC.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ....

Schedule D (Form 990) 2021

54-1857973 Page 3

132053 10-28-21

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 THE GLASS-GLEN BURNIE MUSEUM	1, 1	INC.	54-	1857973 _{Page} 4
Par	t XI Reconciliation of Revenue per Audited Financial Statement	s Wi	th Revenue per Re		
	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	4,793,578.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-2,216,207.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-2,216,207.
3	Subtract line 2e from line 1			3	7,009,785.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	68,524.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	68,524.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			5	7,078,309.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemen	ts W	ith Expenses per H	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	6,543,298.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1		
а	Donated services and use of facilities	2a		-	
b	Prior year adjustments	2b		-	
С	Other losses	2c		-	
d	Other (Describe in Part XIII.)	2d			•
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	6,543,298.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		<b>60 50</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	68,524.	-	
b	Other (Describe in Part XIII.)	4b			<u> </u>
С	Add lines 4a and 4b			4c	68,524.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,611,822.
Pa	rt 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.
132054 10-28-21 Schedule D (Form 990) 2021 39

#### 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.

40

Schedule D (Form 990) 2021

132055 10-28-21

SC	HEDULE J	Compensation Information	I	OMB No. 1	545-004	17
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	_	20	71	
-	-	Compensated Employees		20		l
Deres		<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> </ul>		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organizatio	n	Employer	identificatio	on nui	nber
		THE GLASS-GLEN BURNIE MUSEUM, INC.	54-1	185797	3	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	charter travel X Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnifie	cation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b	X	
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	X	
3	-	ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
	·	compensation consultant				
	Form 990 of c	ther organizations X Approval by the board or compensation of	ommittee			
4	During the year di	A only nervous listed on Form 000. Port VII. Section A line 1s, with respect to the filing				
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
~	organization or a re			4a		x
a b						X
						X
C		hes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	In res to any or in					
	Only section 501/	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n			
-	contingent on the					
а	-			5a		X
		ation?				X
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	n			
	contingent on the r					
а	-	~ 		6a		X
		ation?				X
		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	i			
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
	initial contract exce	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, c	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	1 53.4958-6(c)?	<u></u>	9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	n <b>990</b> )	2021

132111 11-02-21

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

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

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

		(B) Breakdown of W	-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DANA HAND EVANS	(i)	162,481.	0.	0.	9,306.	23,637.	195,424.	0.
CEO AND DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(i) (ii)							

#### Part III Supplemental Information

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

Schedule J (Form 990) 2021

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

nenaction

1

Department of the Treas	Irv
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 for instructions and the latest information.

# Name of the organization

# THE GLASS

	Пореоноп
Employer	identification number
5	4-1857973

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ΖU Ľ

	-GLEN	BURNIE	MUSEUM,	INC.	
--	-------	--------	---------	------	--

Pa	rt I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of deter	•	_
		applicable		Form 990, Part VIII, line 1g	noncash contributio	n amounts	5
1	Art - Works of art	Х	93	0.			
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	Х	4	113,072.	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 ( <b>PROPERTY AND</b> )	X	7	379,957.	NET BOOK VALU	JE OF	AS
26	Other ( )						
27	Other ( )						
28	Other  ( )						
29	Number of Forms 8283 received by the organiz	-					
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29			
~~	<b>5</b> · · · · · · · · · · · · · · · · · · ·					Yes	No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date		,	•		0-	х
	exempt purposes for the entire holding period?					0a	<u> </u>
	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance p	oliov that re	ouiros the review (	of any ponstandard contribut	ions?	31 X	
31 220						31 X	
JZd	Does the organization hire or use third parties of contributions?		-			2a X	
b					<mark> </mark> 3	20 23	
33	If the organization didn't report an amount in co	olumn (c) for	r a type of proporty	(for which column (a) is choo	ked		
00	describe in Part II.			To which could a is chec			

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**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.

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SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

THE GLASS-GLEN BURNIE MUSEUM,

INC.



Employer identification number 54-1857973

FORM 990, ITEM C, DOING BUSINESS AS:

THE MUSEUM OF THE SHENANDOAH VALLEY

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

PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: FORM 990, JUNIOR NATURALISTS CAMPS AND A JURIED TEEN ART SHOW. FOR ADULTS 106 MSV PROGRAMS SERVED 1,441 PEOPLE. MANY PROGRAMS INCORPORATED THE TRAILS THE MSV AND INCLUDED JR. TRAILBLAZERS, FULL MOON NIGHT HIKES, YOGA TRAILS, AND VARIOUS GUIDED TRAIL WALKS. CONTINUING ADULT ON THEPROGRAMS 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 4,200 STUDENTS OF ALL AGES.

Schedule O (Form 990) 2021 Name of the organization THE GLASS-GLEN BURNIE MUSEUM, INC.	Page 2 Employer identification number 54-1857973
	•
THE MSV PROVIDED RENT-FREE USE OF CAMPUS PROPERTY TO A LOC	
PRESERVATION GROUP AND A REGIONAL ARTS COUNCIL. THANKS TO	
UNDERWRITING, 16,220 PEOPLE - EXCLUSIVE OF MSV MEMBERS - F	ECEIVED FREE
GENERAL ADMISSION TO THE MSV GALLERIES AND GARDENS.	
THE MUSEUM SERVES VALLEY ARTISTS THROUGH A CONSIGNMENT PRO	OGRAM IN ITS
MUSEUM STORE AND OFFERS SPECIALTY ITEMS AND BOOKS COMPLEME	ENTING MSV
EXHIBITIONS, AND EDUCATIONAL PROGRAMS.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMEN	ITS:
THE MSV LANDSCAPE.	
THE GLEN BURNIE HOUSE, THE OLDEST PORTIONS OF WHICH DATE T	CO 1794, IS
SURROUNDED BY SEVEN ACRES OF FORMAL GARDENS WHICH WERE INS	STALLED IN THE
LATTER HALF OF THE TWENTIETH CENTURY BY MSV BENEFACTOR JUL	JIAN WOOD
GLASS JR. AND HIS PARTNER R. LEE TAYLOR. THE MUSEUM SITS C	ON LAND
ORIGINALLY CLAIMED BY GLASS'S ANCESTOR AND WINCHESTER FOUN	IDER 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 F	ETREAT. THE
HOME WAS FURNISHED WITH OBJECTS PASSED THROUGH FAMILY GENE	ERATIONS ALONG
WITH EIGHTEENTH- AND NINETEENTH-CENTURY FURNITURE AND FINE	E ARTS
ACQUIRED BY JULIAN WOOD GLASS JR. THE MSV IS SUPPORTED BY	THE
GLASS-GLEN BURNIE FOUNDATION AND MANAGES THE PROPERTY IN A	ACCORDANCE
WITH A WRITTEN COOPERATIVE AGREEMENT WITH THE FOUNDATION.	

UPON MR. GLASS'S D	DEATH AND AS A	CONDITION OF HIS	WILL, THE HOUSE	AND
132212 11-11-21			Scheo	dule O (Form 990) 2021
		47		
12400216 781823 13178	000.0	2021.05080 THE	GLASS-GLEN BURN	IE MUS 13178001

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization THE GLASS-GLEN BURNIE MUSEUM, INC.	Employer identification number $54 - 1857973$
GARDENS WERE OPENED TO THE PUBLIC ON A SEASONAL BASIS IN 1	997. IN 2005,
THE MUSEUM OF THE SHENANDOAH VALLEY (MSV), A 50,000-SQUARE	-FOOT
GALLERIES BUILDING, WAS ADDED AS AN ANCHOR TO THE SITE TO	FULFILL
GLASS'S VISION OF SHARING HIS SIGNIFICANT COLLECTION WITH	THE PUBLIC
AND TO EXPAND UPON THAT VISION TO INCLUDE A SPACE WHERE TH	E ART,
HISTORY, AND CULTURE OF THE VALLEY COULD BE INTERPRETED.	
FOLLOWING A TWO-YEAR RENOVATION PROJECT, THE GLEN BURNIE H	OUSE REOPENED
IN FY 2014 AS A VERSATILE SPACE FOR EDUCATIONAL AND CULTUR	AL
PROGRAMMING FEATURING NEW DISPLAYS AND INTERPRETATION. THE	GLEN BURNIE
HOUSE AND ADJACENT GARDENS ARE AMONG THE MSV'S MOST IMPORT	ANT
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 OFFER	S MORE THAN 3

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

LANDSCAPE FEATURES SUCH AS A STANDING STONE CIRCLE AND FLOATING

WETLANDS BOARDWALK AND OUTDOOR ART INSTALLATIONS.

IN ACCORDANCE WITH THE MSV COLLECTIONS MANAGEMENT POLICY AND SINCE OPENING IN 2005, THE MUSEUM ACTIVELY COLLECTS ITEMS OF SIGNIFICANCE TO THE SHENANDOAH VALLEY. THE MSV FUNDS ACQUISITION AND CONSERVATION EFFORTS WITH ITS COLLECTIONS AND EXHIBITIONS ENDOWMENT AND A RECENTLY FORMED GAUNT COLLECTORS SOCIETY. THE MSV BUILDING INCLUDES A COLLECTIONS STORAGE SPACE FOR ITEMS NOT ON DISPLAY.

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Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page <b>2</b>	
Name of the organization THE GLASS-GLEN BURNIE MUSEUM, INC.	Employer identification number 54-1857973	
IN ADDITION TO THE MSV CAMPUS, THE MSV MANAGES THE ANCESTR	AL HOME OF	
THE GLASS FAMILY, KNOWN AS THE ROSE HILL FARM. THE SITE IN	CLUDES A	
VERNACULAR FEDERAL-STYLE HOUSE AND IS NOTABLE FOR BEING TH	E LOCATION OF	
THE CIVIL WAR'S FIRST BATTLE OF KERNSTOWN. A RENOVATION PR	OJECT 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 HIL	L PARK IS	
CO-MANAGED BY LEASE TO FREDERICK COUNTY.		

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: PRESENTS SHADOWBOXES CREATED BY VALLEY MINIATURES ARTIST WILLIAM P. MASSEY (ACTIVE 1930S TO 1940S).

THE CHANGING EXHIBITIONS GALLERY, FOUNDERS GALLERY, AND SHENANDOAH VALLEY GALLERY DISPLAY CONTINUALLY CHANGING EXHIBITIONS THROUGHOUT THE YEAR. IN ADDITION, AN EXHIBITION IS PRESENTED ANNUALLY IN THE DRAWING ROOM OF THE MSV GLEN BURNIE HOUSE. THE MSV ORGANIZES CHANGING EXHIBITIONS AND BRINGS TRAVELING EXHIBITIONS TO THE REGION WITH THE GOAL OF SERVING DIVERSE AUDIENCES.

	IN FY 2022, THE MSV PRESENTED 9 SEPARATE EXHIBITIONS: NORMAN ROCKWELL'S
	AMERICA (FEBRUARY 20 - AUGUST 8, 2021); ROCK, PAPER, SCISSORS: WORKS BY
	NEW IMAGE ARTISTS (NOVEMBER 21, 2020 - DECEMBER 6, 2021); NATIONAL
	GEOGRAPHIC PHOTO ARK (SEPTEMBER 25, 2021 - FEBRUARY 13, 2022); AND
	132212 11-11-21 Schedule O (Form 990) 2021
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Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization THE GLASS-GLEN BURNIE MUSEUM, INC.	Employer identification number 54-1857973
DANNY LYON: MEMORIES OF THE SOUTHERN CIVIL RIGHTS MOVEMENT	(APRIL 1 -
JULY 31, 2022). TWO OUTDOOR EXHIBITIONS WERE PRESENTED IN	THE GARDENS:
THE INVITATIONAL OUTDOOR SCULPTURE SHOW (MAY 1 - OCTOBER 3	1, 2021) AND
ORIGAMI IN THE GARDEN (MAY 28 - NOVEMBER 13, 2022).	
ALONG WITH THESE MAJOR ROTATING EXHIBITIONS, THE MSV CONTI	NUED THE
DISPLAY OF ITS COLLECTION OF TWENTIETH AND TWENTY-FIRST CE	NTURY ART IN
THE VITAL FORCE EXHIBITION (CLOSED SEPTEMBER 12, 2022) AND	THE DISPLAY
OF SHENANDOAH VALLEY DECORATIVE ARTS IN THE COLLECT, PRESE	RVE ,
INTERPRET EXHIBITION. ON JANUARY 15, 2022, THE MSV ALSO OP	ENED THE
EXHIBITION CONTRIBUTIONS: AFRICAN AMERICANS IN THE SHENAND	OAH VALLEY,
DRAWN FROM ITS COLLECTION. NEAR THE END OF THE FISCAL YEAR	, ON JUNE 25,
2022, THE MSV OPENED THE DIGITAL EXHIBITION WILD, WONDERFU	L, AND BRAVE:
FIGHTING THE PANDEMIC IN THE EASTERN PANHANDLE. IN ADDITIO	N, THE WORK
OF NUMEROUS CONTEMPORARY VALLEY ARTISTS WAS DISPLAYED THRO	UGH FOUR ART
IN THE HALLS INSTALLATIONS IN FY 2022, 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 BU	RNIE HOUSE
DRAWING ROOM FROM APRIL 1 THROUGH MAY 16, 2022; THIS WAS F	OLLOWED BY AN
INDOOR DISPLAY RELATED TO ORIGAMI IN THE GARDEN.	

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

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AREAS WITH WHICH THERE IS A CONFLICT.

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Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization THE GLASS-GLEN BURNIE MUSEUM, INC.	Employer identification number 54-1857973
FORM 990, PART VI, SECTION B, LINE 15:	
THE EXECUTIVE COMMITTEE EVALUATED THE CEO AND DIRECTOR IN	2021 AND REVIEWED
SALARY COMP BOOKS AND MADE A DETERMINATION BASED UPON PERF	ORMANCE AND
INDUSTRY COMPARABLES.	

THE CEO AND DIRECTOR EVALUATES KEY EMPLOYEES ANNUALLY AND REVIEWS SALARY COMP BOOKS TO MAKE A DETERMINATION BASED UPON PERFORMANCE AND POSITION COMPARABLES.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

WILL BE MADE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

EVENTS AND PUBLIC PROGRAMMING:

PROGRAM SERVICE EXPENSES	54,490.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	53,259.
TOTAL EXPENSES	107,749.

MUSEUM STORE EXPENSES:	
PROGRAM SERVICE EXPENSES	105,917.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	105,917.

COMMUNICATIONS:

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Schedule O (Form 990) 2021 Name of the organization THE GLASS-GLEN BURN	IE MUSEUM, INC.	Page Employer identification numbe 54-1857973
PROGRAM SERVICE EXPENSES		81,922.
MANAGEMENT AND GENERAL EXPENSES		7,512.
FUNDRAISING EXPENSES		14,428.
TOTAL EXPENSES		103,862.
ACQUISITION EXPENSE:		
PROGRAM SERVICE EXPENSES		83,681.
MANAGEMENT AND GENERAL EXPENSES		0.
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES		83,681.
PRINTING:		
PROGRAM SERVICE EXPENSES		58,802.
MANAGEMENT AND GENERAL EXPENSES		2,339.
FUNDRAISING EXPENSES		18,760.
TOTAL EXPENSES		79,901.
PROFESSIONAL DEVELOPMENT:		
PROGRAM SERVICE EXPENSES		31,981.
MANAGEMENT AND GENERAL EXPENSES		6,154.
FUNDRAISING EXPENSES		5,182.
TOTAL EXPENSES		43,317.
OTHER EXPENSES:		
PROGRAM SERVICE EXPENSES		15,048.
MANAGEMENT AND GENERAL EXPENSES		9,839.
FUNDRAISING EXPENSES		11,773.
TOTAL EXPENSES		36 , 660 . Schedule O (Form 990) 202
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Schedule O (Form 990) 2021 Name of the organization	Page Employer identification number
THE GLASS-GLEN BURNIE MUSEUM, INC.	54-1857973
GIFTS AND CONTRIBUTIONS:	
PROGRAM SERVICE EXPENSES	270.
MANAGEMENT AND GENERAL EXPENSES	28,149.
FUNDRAISING EXPENSES	4,567.
TOTAL EXPENSES	32,986.
CONCEPTUAL LAND USE:	
PROGRAM SERVICE EXPENSES	21,504.
MANAGEMENT AND GENERAL EXPENSES	2,863.
FUNDRAISING EXPENSES	1,777.
TOTAL EXPENSES	26,144.
MEALS:	
PROGRAM SERVICE EXPENSES	1,191.
MANAGEMENT AND GENERAL EXPENSES	6,071.
FUNDRAISING EXPENSES	17,900.
TOTAL EXPENSES	25,162.
EDUCATIONAL PROGRAMS:	
PROGRAM SERVICE EXPENSES	14,886.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	14,886.
OTHER MAINTENANCE:	
PROGRAM SERVICE EXPENSES	10,641.
MANAGEMENT AND GENERAL EXPENSES	561 • Schedule O (Form 990) 20

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Schedule O (Form 990) 2021 Name of the organization THE GLASS-GLEN BURNIE MUSEUM, INC.	Employer identification number 54-1857973
FUNDRAISING EXPENSES	313.
TOTAL EXPENSES	11,515.
BRIDAL ROOM SUPPLIES:	
PROGRAM SERVICE EXPENSES	3,892.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	302.
TOTAL EXPENSES	4,194.
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	1,441.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	1,743.
TOTAL EXPENSES	3,184.
LODGING:	
PROGRAM SERVICE EXPENSES	357.
MANAGEMENT AND GENERAL EXPENSES	382.
FUNDRAISING EXPENSES	716.
TOTAL EXPENSES	1,455.
RESEARCH & REFERENCE BOOKS:	
PROGRAM SERVICE EXPENSES	144.
MANAGEMENT AND GENERAL EXPENSES	401.
FUNDRAISING EXPENSES	86.
TOTAL EXPENSES	631.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 681,244.

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THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

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

REPORTABLE COMPENSATION FROM RELATED ORGANIZATIONS: THE PAYMENTS

LISTED IN COLUMN E, REPORTABLE COMPENSATION FROM RELATED ORGANIZATIONS,

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

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

RELATED ORGANIZATION ON SCHEDULE R.

SCHEDULE O - ADDITIONAL INFORMATION

IN-KIND RENTAL OF THE HEXAGON HOUSE: THE MUSEUM (PROPERTY MANAGER) ENTERED INTO A SUBLEASE AGREEMENT WITH THE NON-PROFIT ORGANIZATIONS PRESERVATION OF HISTORIC WINCHESTER (LESSEE) AND THE SHENANDOAH ARTS COUNCIL (LESSEE) FOR THE RENTAL OF THE RESIDENCE KNOWN AS THE HEXAGON HOUSE. THE HEXAGON HOUSE IS OWNED BY THE GLASS-GLEN BURNIE FOUNDATION. THE MUSEUM HAS VALUED THE IN-KIND RENTAL OF THE HOUSE FOR FY 2022, 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 (9,821 SERVED); YEAR-ROUND FREE GALLERY

ADMISSION TO AGES 12 AND UNDER (2,889 SERVED); AND IN THE MUSEUM FOR 132212 11-11-21 Schedule O (Form 990) 2021 55

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Schedule O (Form 990) 2021 Name of the organization	Page 2 Employer identification number
THE GLASS-GLEN BURNIE MUSEUM, INC.	54-1857973
ALL FREE-ADMISSION PROGRAM (82 SERVED). BETWEEN MEMORIAL D	AY AND LABOR
DAY, THE MSV PARTICIPATES IN THE BLUE STAR MUSEUMS PROGRAM	PROVIDING
FREE ADMISSION TO ACTIVE MILITARY PERSONNEL AND THEIR FAMIL	LIES (685).
IN ADDITION, THE MSV PROVIDES FREE ADMISSION TO ITS LANDSC	APES VIA ROSE
HILL PARK AND THE TRAILS AT THE MSV. DURING FY 2022, 101,3	63 PEOPLE
ENJOYED THE MSV'S FREE-ADMISSION PARKS AND WALKING TRAILS	(ROSE HILL
PARK AND THE TRAILS AT THE MSV). THE MSV ENDED FY 2022 WITH	H VISITATION
OF 163,010 AND 3,407 MEMBERSHIP HOUSEHOLDS.	
SCHEDULE O - ADDITIONAL INFORMATION	
DONOR PRIVACY POLICY:	
THE MUSEUM OF THE SHENANDOAH VALLEY (MSV) IS COMMITTED TO	RESPECTING
THE PRIVACY OF DONORS. THE TYPES OF DONOR INFORMATION THAT	IT COLLECTS
AND MAINTAINS ARE AS FOLLOWS: CONTACT INFORMATION TO INCLU	DE NAME,
ADDRESS, TELEPHONE NUMBER AND EMAIL ADDRESS; GIVING INFORM	ATION
INCLUDING INFORMATION ON EVENTS ATTENDED, PUBLICATIONS REC	EIVED 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 A	ND TO UPDATE
THEM ON THE ORGANIZATION'S PLANS AND ACTIVITIES. THIS INFO	RMATION IS
SHARED WITH STAFF, BOARD MEMBERS, VOLUNTEERS, AND CONSULTA	NTS 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	Y UNLESS
PERMISSION HAS BEEN GRANTED. IF YOU HAVE COMMENTS OR QUEST	IONS ABOUT
THE MSV'S DONOR PRIVACY POLICY, PLEASE EMAIL SHERRY C. HUD:	SON, SENIOR
DIRECTOR, INSTITUTIONAL ADVANCEMENT AT SHUDSON@THEMSV.ORG	OR CALL AT
540-662-1473, EXT. 211.	

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SCHEDULE R

# **Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

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Open to Public Inspection

Employer identification number

54-1857973

Department of the Treasury Internal Revenue Service

THE GLASS-GLEN BURNIE MUSEUM, INC.

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

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

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

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2021

# Schedule R (Form 990) 2021 THE GLASS-GLEN BURNIE MUSEUM, INC.

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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)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate ations?	Code V-UBI amount in box 20 of Schedule	Gene mana part	ral or aging ner?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
	-											
	-											
	-											
	1											
	{											
	4											

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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	(i) ction b)(13) rolled tity?													
		country)						Yes	No													
									<u> </u>													
	-		-	-	1	-	-		-	-	-	-	1	-								
									<u> </u>													

# Schedule R (Form 990) 2021 THE GLASS-GLEN BURNIE MUSEUM, INC.

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
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	1a		
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)		X	
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)	1h		
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)			+
k Lease of facilities, equipment, or other assets from related organization(s)	<u>1k</u>		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)	<b>1</b> m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<u>1n</u>		
Sharing of paid employees with related organization(s)			+
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			+
Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)			

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) THE GLASS-GLEN BURNIE FOUNDATION	С	3,546,957.	CASH AND NET BOOK VALUE OF ASSETS
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			

# Schedule R (Form 990) 2021 THE GLASS-GLEN BURNIE MUSEUM, INC.

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.? Yes No	<b>(g)</b> Share of end-of-year assets	(h) Disproj tiona allocatio <b>Yes</b> I	oor- te ns? of S No (F	(i) ode V-UBI unt in box 20 Schedule K-1 orm 1065)	(j) General o managing partner? Yes NO	<b>(k)</b> Percentage ownership

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Part VII	Supplemental Inform	mation						

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

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132165 11-17-21