EXTENDED TO MAY 15, 2019

Return of Organization Exempt From Income Tax
Under section 501(o), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Form **990**

oparim	ent of th	e Treasury Service Go to www.irs.gov/Form990 for instructions a	and the lates	t information.	Inspection				
iternal F	eunevoi	Service	nd ending	JUM 30, ZOIG	· · · · · · · · · · · · · · · · · · ·				
		C Name of organization		D Employer identifica	D Employer identification number				
3 Checappl	ik if Icabie;	C Name of organization							
	ddress hange	INDEPENDENCE SEAPORT MUSEUM			- 44=4				
=	nange lame hange	Doing business as			84971				
	rillel	Number and street (or P.O. box if mail is not delivered to street address)	Room/sult	e E Telephone number	40 0000				
	eturn eturn/	211 S COLUMBUS BLVD		· · · · · · · · · · · · · · · · · · ·	13-8655 6,802,713.				
السيار	1991 	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$					
	oturn Arnanda:	d DHTI.ADELDHTA PA 19106		H(a) is this a group ret	um				
H	ppilca-	E Name and address of principal officer: JOHN BRADY	40404	for subordinates?	Yes X No				
i	ending	211 S COLUMBUS BLVD, PHILADEDPHIA, LA	19106	H(b) Are all subordinates inc	ist, (see instructions)				
ı Ta	x-exer	not status: X 501(c)(3) 501(c) () (Insert no.) 4947(a))(1) or 5	H(c) Group exemption					
JW	bsite	WWW.PHILLYSEAPORT.ORG		ar of formation: 1960 M	State of legal domicile: PA				
K Fo	m of c	organization: X Corporation Trust Association Other	IL YE	ar or formation,	Citato di logal doministra				
Par			DEDENDE	NCE SEAPORT M	USEUM				
41	1 E	Summary Briefly describe the organization's mission or most significant activities: INI DEEPENS THE APPRECIATION, UNDERSTANDING	AND E	KPERIENCE OF	THE				
Activities & Governance	Ī	DEEPENS THE APPRECIATION, GNDERGITHED AND Check this box	sposed of mo	re than 25% of its net ass	0101				
<u>E</u>	2 (Check this box I If the organization discontinued its operations of all	opooda er mi	3					
ğ	3 1	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1	(b)	4	23				
8	4	Number of independent voting members of the governing body (calcif) and Front of Independent voting members of the governing body (calcif) and Front of Independent voting members of the governing body (calcif) and Independent voting members of the governing body (calcif) and Independent voting members of the governing body (calcif) and Independent voting members of the governing body (calcif) and Independent voting members of the governing body (calcif) and Independent voting members of the governing body (calcif) and Independent voting members of the governing body (calcif) and Independent voting members of the government of the gove			92				
8	5	Total number of individuals employed in Calendar year 2017 (Calendar year)	***************************************	6	65				
割	6	Total number of volunteers (estimate in 16003347) Fotal unrelated business revenue from Part VIII, column (C), line 12		1α	6,519.				
3	7a	Net unrelated business taxable income from Form 990-T, line 34		7b	-4,160.				
	ы	Aet (IUtelated phalitiess taxable months its transmission		rejui 19ai	Current Year				
- 1		Contributions and grants (Part VIII, line 1h)		311,522.	4,464,583.				
일	8 · 9 ·	Program service revenue (Part VIII, Ilne 2g)		385,803.	969,860.				
Revenue	40	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	,	442,344.	784,844. 423,493.				
8	44	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		111,527.	6,642,780.				
- 1	40	Total revenue : add lines 8 through 11 (must equal Part VIII, column (A), line 1	12)	1,251,196.	306,415.				
\neg	12	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	44	Ronelite paid to or for members (Part IX, column (A), line 4)		1,354,415.	2,890,259.				
,,	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5	-10},	1,354,415.	0.				
Expenses		no to a long 4 mily signing tops (Part IX, column (A), line 119)							
ed.	b	Total fundralsing expenses (Part IX, column (D), line 25)	, 350.	2,117,803.	2,802,689.				
孤	47	Other eynenses (Part IX, column (A), lines 11a-11d, 111-24e)		3,472,218.	5,999,363.				
,	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-2,221,022.	643,417.				
		Revenue less expenses. Subtract line 18 from line 12	**************	Beginning of Current Year	End of Year				
Assets or		and the second s		27,820,443.	30,769,296.				
Sets	20	Total assets (Part X, line 16)		2,212,360.	2,862,111.				
A Par	21	Total liabilities (Part X, line 26)		25,608,083.	27,907,185.				
Set les		Net assets or fund balances, Subtract line 21 from line 20 Signature Block							
	irt II	this return including accompanying sci	hedules and sta	tements, and to the best of m	y knowledge and bellef, it is				
Und	er pen	alties of perjury, I declare that I have examined this fetality molecular to a light complete. Declaration of preparer (other than officer) is based on all information	n of which prep	arer has any knowledge.	······				
true	, corre	William L Lans AA							
61~		Signature of officer		Date 5/1:	5/2019				
\$1g He		WILLIAM LANE, VICE CHAIR & TREASURE	R						
110	•	Type or print name and title		Date Check	CTI PTIN				
		Print/Type preparer's name Preparer's signature		# soji-empi					
Pai	d	THOMAS MCGLONE		Firm's EIN	11-1986323				
Pre	parer	Firm's name MARCUM LLP		1 (1311 o r (1)					
Use	Only	Firm's address 1601 MARKET STREET, 4TH FLOOR		Phone no. ()	215) 297-2100				
		PHILADELPHIA, PA 19103		1 , itelia het C.	X Yes No				
Ma	y the	IRS discuss this return with the preparer shown above? (see instructions)	Averaliana		Form 990 (2017)				

EXTENDED TO MAY 15, 2019

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 Open to Public

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.

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

Inspection

A F	or the	2017 calendar year, or tax year beginning $JUL~1$, 2017 and ending	JUN 30, 2018							
B	Check if applicable	C Name of organization	D Employer identif	ication number						
	Addres	INDEPENDENCE SEAPORT MUSEUM								
	Name change		23-1	1584971						
	Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number									
	□Final □return/	-413-8655								
	termin- ated	6,802,713.								
	Amend return	PHILADELPHIA , PA 19100	H(a) Is this a group	return						
	Application		for subordinate	s? Yes X No						
	pendin	ZII S COLUMBUS BLVD, PHILADELPHIA, PA 1910	H(b) Are all subordinates	included? Yes No						
			527 If "No," attach	a list. (see instructions)						
		e: ► WWW.PHILLYSEAPORT.ORG	H(c) Group exempti							
			/ear of formation: 1960	M State of legal domicile; PA						
Pa		Summary								
Φ		Briefly describe the organization's mission or most significant activities: INDEPEND								
Governance		DEEPENS THE APPRECIATION, UNDERSTANDING AND E								
ž		Check this box 🕨 🔲 if the organization discontinued its operations or disposed of m	1	•						
<u> </u>			<u>3</u>							
		Number of independent voting members of the governing body (Part VI, line 1b)								
es		Total number of individuals employed in calendar year 2017 (Part V, line 2a)								
Activities &		Total number of volunteers (estimate if necessary)								
Act		Fotal unrelated business revenue from Part VIII, column (C), line 12								
_	b	Net unrelated business taxable income from Form 990-T, line 34								
	١.,	Doublibutions and marks (Doub) (III line 41)	Prior Year 311,522.	Current Year 4,464,583.						
ne	1	Contributions and grants (Part VIII, line 1h)	385,803							
Revenue		Program service revenue (Part VIII, line 2g)	442,344.							
æ		nvestment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	111,527							
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,251,196							
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.							
		2 C	0.							
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,354,415.	1						
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.							
Jen Jen		Fotal fundraising expenses (Part IX, column (D), line 25) > 376, 950.	•	 						
ă	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,117,803.	2,802,689.						
	1	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,472,218.							
		Revenue less expenses. Subtract line 18 from line 12	-2,221,022.	643,417.						
or or			Beginning of Current Year	End of Year						
ets	20	Total assets (Part X, line 16)	27,820,443.	-						
ASS	21	Fotal liabilities (Part X, line 26)	2,212,360.							
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20	25,608,083.	27,907,185.						
	art II	Signature Block								
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of m	y knowledge and belief, it is						
true	, correc	, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.							
Sig	n	Signature of officer	Date							
Her	е	WILLIAM LANE, VICE CHAIR & TREASURER Type or print name and title								
			Date Check	PTIN						
n-:-		Print/Type preparer's name Preparer's signature	if	<u> </u>						
Paid	1	THOMAS MCGLONE Simple page A MARCHM LLD	Self-empl	Dyed P00029799 11-1986323						
-	oarer Only	Firm's name MARCUM LLP Firm's address 1601 MARKET STREET, 4TH FLOOR	Firm's EIN ▶	11-1300343						
USB	Jilly	PHILADELPHIA, PA 19103	Phone no. (2	215) 297-2100						
May	/ the IF	S discuss this return with the preparer shown above? (see instructions)	I Holle Ho. (2	X Yes No						
.v.u)		sine retain that the preparer enemit above, good methodioney		100140						

	990 (2017) INDEPENDENCE SEAPORT MUSEUM 23-1584971 Page 2
Dar	III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
	to the description.
1	INDEPENDENCE SEAPORT MUSEUM DEEPENS THE APPRECIATION, UNDERSTANDING
	AND EXPERIENCE OF THE PHILADELPHIA REGION'S WATERWAYS. WE USE
	TWITTENER AND PROGRAMS TO CONNECT OUR COMMUNITY AND VISITORS TO OUR
	RIVERS AND WATERSHEDS THROUGH HISTORY, SCIENCE AND ART. THE MUSEUM IS
	to the second subject program consider during the year which were not listed on the
2	Did the organization undertake any significant program services during the year. Yes X No prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	Did the organization cease conducting, or make significant changes in now it conducts, any program sorvices:
	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. 4.905.839. including grapts of \$ 306,415.) (Revenue \$ 969,860.
4a	
	(Code:) (Expenses 2 / 705 / Finding Similar Code:) (Expenses Were THE MUSEUM'S THREE LARGEST PROGRAM SERVICE AREAS BY EXPENSES WERE THE
	HISTORIC SHIPS, CRUISER OLYMPIA AND SUBMARINE BECUNA; CURATORIAL,
	INCLUDING THE GALLERIES, COLLECTION AND ARCHIVAL MATERIALS; AND
	EDUCATIONAL PROGRAMMING. SIGNIFICANT ACHIEVEMENTS INCLUDED THE
	PRESERVATION OF OVER 41 LINEAR FEET OF THE HULL AT CRITICAL WATERLINE
	AREAS AND CONTINUED RESTORATION OF THE DECKS ON OLYMPIA; ONGOING
	CONSUBLICATION IN OUR CALLERIES OF A FULL-SCALE, WATERLINE MODEL OF THE
	1790C SCHOONER DILIGENCE: SUCCESSFUL OPENINGS OF THE EXHIBITS, MEDIO
	GATLOD, MUE CATLOD TOON IN POP CHITCHER: "PATRIOTS & PIRATES: THE
	FOUNDING STORY OF THE US NAVY: " AND BOATS BUILT AND LAUNCHED BY THE
	COULDENGE IN OUR STEAM EDUCATION PROGRAMS SCIENCE AND ART INNOVATIVE
	LEARNING ON THE RIVER (SAILOR), AND SEAPERCH AND MATE. WELL-ATTENDED
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
40	(Code
	/c\$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	Other program services (Describe in Schedule O.)
40	\ (Poverus \$
	Total various condes expenses 4, 905, 839.
46	Form 990 (20

Eorm (990 (2017) INDEPENDENCE SEAPORT MUSEUM 23-158	4971	P.	age 3
Part				
			Yes	No
1	s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		47	
	f "Vas " complete Schedule A	1_	<u>X</u>	
2	s the organization required to complete Schedule B. Schedule of Contributors?	2	Х	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			٦,
	public office? If "Vas " complete Schedule C. Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effec	:		
	during the tax year? If "Vos " complete Schedule C. Part II	4_	<u> </u>	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		1	
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part	6	Ļ	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	. 7	<u> </u>	X_
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	Ì		
8	Schedule D, Part III	8	X	
•	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	1		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	L.	X
	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			1
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	`	Ī	
11				
	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	Ì	1	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 101 if 1985, complete consecutors,	11a	X	
	Part VI		Ī	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11b		Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	·	T	
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
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	110		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX			
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	·· ···	 	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	111	x	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	··· ···		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12	x	1
	Schedule D, Parts XI and XII	· '2'	+	+
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	121	, x	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		_	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	·· 141	⁺┼┈	1 23
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			х
	or more? If "Voe " complete Schedule F. Parts Land IV	. 141	'	- <u>*</u> *
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 or grants or other assistance to or for any			x
	foreign organization? If "Vas." complete Schedule F. Parts II and IV	15	+-	+≏
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Ves." 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,		.	v
••	column (A) lines 6 and 11e? If "Yes " complete Schedule G. Part I	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 "Ves " 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,"			
.0	complete Schedule G, Part III	<u> 19</u>		X
		r	uu	0 /201

Form 990 (2017) INDEPENDENCE SEAPO
Part IV Checklist of Required Schedules (continued)

20	a. Did the organization energical and the state of the st		Yes	s No
20	a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
21	b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	. 20h		
	- Salar Andrew Hore that φο ₁ 000 of grants of other assistance to any domestic organization or			
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21	X	
	Part IX, column (A), line 22, If "You " complete Separate I. Danta I. Danta I. Danta I.			
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	. 22	<u> </u>	<u> </u>
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J			
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	X	<u> </u>
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K. If "No", go to line 25a			\
1	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a	-	X
•	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defeate.	. 24b	╂	+
	arly tax-exempt bonds?	04-		İ
•	series as as as on political issuel for bolius outstanding at any time during the year?	24c 24d	-	-
25	390 (C)(3), 501(C)(4), and 501(C)(29) organizations. Did the organization engage in an excess benefit		 	╁
	transaction with a disqualified person during the year? If "Yes." complete Schedule I Pert I	25a		х
t	a sile organization aware triat it engaged in an excess penelli transaction with a disqualified person in a prior year, and	- 200	<u> </u>	+
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes " complete	ĺ		
	Schedule L, Part I	25b		x
26	bid the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	1200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
0.7	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
20	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	vas the organization a party to a business transaction with one of the following parties (see Schedule I., Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
·	A transfer of which a current of torrier officer, director, trustee, or key employee for a family member thorough was an efficer			
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
31	contributions? If "Yes," complete Schedule M	30	X	
	If "Yes " complete Schedule M. Part I			
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<u> </u>
	Schedule N. Part II	1 1		
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
	Sections 301.7701-2 and 301.7701-3? If "Yes." complete Schedule P. Port I			3.5
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33	\dashv	<u> </u>
	ran v, ine i		x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled on the	35a	 +	<u> </u>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R. Part V. line 2	35b		
36	coording to Notice of Garlizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
	if "Yes," complete Schedule R, Part V, line 2	36		Х
•	and the organization conduct more than 5% of its activities through an entity that is not a related organization	"	\dashv	
	and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R. Port VI	37		X
-	and the organization complete scriedule of and provide explanations in Schedule O for Part VI. lines 11h and 100		<u> </u>	
	Note. All Form 990 filers are required to complete Schedule O	38	x	
		Form 9	90 (2	017)

rm.	990 (2017) INDEPENDENCE SEAPORT MUSEUM 23-15849	1/1	Pa	age 5
ar	V Statements Regarding Other IRS Filings and Tax Compliance			F1
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
			Yes	No
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
IA L	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	X	
_	5 Lights at ampleyors reported on Form W-3 Transmittal of Wage and Tax Statements,			
2a	filed for the calendar year ending with or within the year covered by this return 2a 92			
_	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to 9 me (**) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
3a	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X	
b	If "Yes," has it filed a Form 990-1 for this year? If "No," to line 5b, provide an explanation in correction. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
4a	At any time during the calendar year, did the organization have an interest in, or a signature of calendar year, did the organization have an interest in, or a signature of calendar year, did the organization have an interest in, or a signature of calendar year, did the organization have an interest in, or a signature of calendar year, did the organization have an interest in, or a signature of calendar year, did the organization have an interest in, or a signature of calendar year, did the organization have an interest in, or a signature of calendar year, did the organization have an interest in, or a signature of calendar year, did the organization have an interest in, or a signature of calendar year, did the organization have an interest in, or a signature of calendar year.	4a		X
	financial account in a foreign country (such as a pank account, securities account, or other interest accounts, or other i			
b	If "Yes," enter the name of the foreign country: See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		1	
	See instructions for filling requirements for FINCEN FORM 114, Report of Polegin Bank and Financial Associated Communication of Polegin Bank and Financia Associated Communication of Polegin Bank and Financia Associated Communicatio	5a		X
5a	m/ac the hydrightidit a tiatty to a didition tax of otto that backet at any	5b		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		1
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		1	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6a		X
	any contributions that were not tax deductible as charitable contributions?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
	were not tax deductible?	- UD	 	╅┈┈
7	Organizations that may receive deductible contributions under section 170(c).	7a		x
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?	7b		+==
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10	T	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70		x
	to file Form 8282?	7c	+	+
d	If "Yes," indicate the number of Forms 8282 filed during the year	┨╻		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		╅
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	T'''	-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1096-07	7h	+	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1		
	sponsoring organization have excess business holdings at any time during the year?	8	-	-
9	Sponsoring organizations maintaining donor advised funds.			
e	Did the sponsoring organization make any taxable distributions under section 4966?	9a	T	-
k	and the second section of the sectio	9b	+-	-
10	Section 501(c)(7) organizations. Enter:			
ŧ	Initiation fees and capital contributions included on Part VIII, line 12	-		
k	to the bounded on Form 000. Part VIII. line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
	a transport or characteristics 11a	4		
ŀ	turn attendant pot pot pot and interest and to other sources against	1		
_	amounts due or received from them.)	4		
12	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fleu of Form 1041?	12	a	
, <u></u>	120 I	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	sthe organization licensed to issue qualified health plans in more than one state?	13	<u>a </u>	
•	Note. See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	4		
	Enter the amount of reserves on hand	-		4-
14	to the tax vear?	14	a	X
, 7	o If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14		0 (201

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 in Schedule O. See instructions.

Sec	ction A. Governing Body and Management	*******	***************************************	********		******	Х
1a	Enter the number of voting members of the governing body at the end of the tax year	1	1	***	,	Yes	N
	If there are material differences in voting rights among members of the governing body, or if the governing	. <u>1a</u>		24			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			i			
b	Enter the number of voting members included in the state of similar committee, explain in Schedule 0.	İ					
2	and the manney of voting members included in line 1a, above, who are independent	1b	<u> </u>	23			
_	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh officer, director, trustee, or key employee?	ip with	any other				l
3	Did the organization delegate central over many				2	1	X
٠	and organization delegate control over management duties customarily performed by or under the	an diran	A			Π	Π
	or orders, directors, or trustees, or key employees to a management company or other percent				3		X
4	The dried of the prior form of the prior form of the prior form	aan wa	s filed?		4		Х
5	as a significant diversion of the organization's as	sets?		ſ	5		X
6	Did the organization have members or stockholders?		***************************************		6		X
7a	and the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or	····· أ			
	more members of the governing body?				7a		х
b	and a server and a decisions of the organization reserved to (or subject to approval by) members	tockho	lders or	·····			
	persons other than the governing body?				7b		X
8	and the organization contemporarieously decument the meetings held or written actions undertaken during the vo	ar hu th	a followings		713		- 43
а	the governing body?	ui by til	ronowing.		0-	┰	
b	Each committee with authority to act on behalf of the governing body?	••••••		···· -	8a_	X	
9	is there any officer, director, trustee, or key employee listed in Part VII. Section A who cannot be real	abad a	+ 44. ~		8b	Х	
	Organization's mailing address? If "Ves " provide the names and addresses in 0.1.1.1.				_		
Sec.	tion B. Policies (This Section B requests information about policies not required by the Internal Re	n/ani ia	Codo I		9		<u> X</u>
				***	T	Yes	No
Ua	Did the organization have local chapters, branches, or affiliates?			Γ	10a	100	X
b	and procedures governing the activities of such of	apters.	affiliates	···· -	104		
	and prancines to ensure their operations are consistent with the organization's exempt purposer?				10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	v before	a filing the form	F			Х
D	Describe it Schedule O the process, it any, used by the organization to review this Form 990	, 201011	A WILLIAM	'' -	11a		Δ
2a	Did the organization have a written conflict of interest policy? If "No " go to line 12					7.7	
D	yyere officers, directors, or trustees, and key employees required to disclose annually interests that could give size	to confl	inta ()	···· -	12a	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y		7	····	12b	<u> </u>	
	in Schedule O how this was done	es, " ae	scribe	-		4,-	
	Old the organization have a well-result at the				2c	X	
4	Did the organization have a written document retarting and the				13	X	
5	Did the process for determining compensation of the following persons include a review and approva			├-	14	Х	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by ind	ependent				
a	DA organization's CEO. Evocutivo Director and an action of the control of the con						
b	Whor officers as to the second				5a	Х	
1	f "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).]_1	5b	Х	
ìa l	Did the organization invest in contribute assets to asset to a second the organization invest in contribute assets to asset to a second the organization invest in contribute assets to asset to be a second to be a sec						
t	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement axable entity during the year?	ent wit	ha				
b i	axable entity during the year?	······		1	6a		X
⊷ i	. 100, and the organization follow a written policy or procedure requiring the organization to evaluate	ite na	ticination	Ì			
- 11	n joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation's	:				
cti	exempt status with respect to such arrangements? On C. Disclosure		****************	1	6b		
	ist the states with which a copy of this Form 990 is required to be filed ▶PA						
, 5	Section 6104 requires an organization to make its Forms 4000 (1000 PA		···	***			
f e	section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(c)(3)s onl	y) availa	elde		
ï	or public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X I Inon request						
D		n Sche	dule O)				
L.	rescribe in Scriedule O whether (and it so, how) the organization made its governing documents, conf	lict of in	nterest policy, a	and fina	ıncial		
	atterner its available to trie public during the tax year.						
∘ S M_	tate the name, address, and telephone number of the person who possesses the organization's book ${ m IANAGEMENT} - 215-413-8655$	s and r	ecords: 🕨				
2	11 C COLUMBIA DI ID C 173 I STEEL CO.	A					
	11 S COLUMBUS BLVD & WALNUT ST., PHILADELPHIA, PA	191	06				
-w 1	II			Fo	rm 9	90 (20	171

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related of							sate	ed any current officer, di	rector, or trustee.		
(A)	(B)	(c)			(C) Position			(D)	(E)	(F)	
Name and Title	Average	Position (do not check more than		i than c	one	Reportable	Reportable	Estimated			
	hours per	box, unless perso officer and a direc		son i	s both	an	compensation	compensation	amount of		
	week		cer an	aaq	IACTO	ii/u us	100)	from	from related	other	
	(list any	<u>ğ</u>						the	organizations (W-2/1099-MISC)	compensation from the	
	hours for	i i	8			ated		organization (W-2/1099-MISC)	(VV-2/1099-WIGO)	organization	
	related	eatsi	trust		92	100 E		(88-27 1099-181130)		and related	
	organizations below	불	ional		iploy	98 tcg				organizations	
	line)	Individual trustee or director	nstitutional trustee	Officer	Көу өтр юуве	Highest compensated employee	Former			3	
(1) DEBORAH GIBBONS-NEFF	0.50	┞ <u></u>	<u> </u>	-	×	Ξ 8	11.			1.00	
DIRECTOR		x				1	Ì	0.	0.	0.	
(2) GORDON L. KEEN, JR.	0.50			\vdash		1		*****			
DIRECTOR		Х	<u> </u>			<u> </u>		0.	0.	0.	
(3) JAMES W. MCLANE	0.50										
DIRECTOR		X	lacksquare	ļ				0.	0.	0.	
(4) JASON INGLE	0.50	ļ							_	^	
DIRECTOR		X	<u> </u>	_	ļ	╄	<u> </u>	0.	0.	0.	
(5) JOHN A. GREGG	0.50	۱.,						0.	0.	0.	
DIRECTOR	 	X	├		-	╀	├	0.	<u> </u>		
(6) RICHARD A, HAYNE	0.50	┨		1				0.	0.	0.	
DIRECTOR	 	X	-	⊢	⊢	╫	⊢	U .	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
(7) STEPHEN J. DRISCOLL	0.50	٠,						0.	0.	0.	
DIRECTOR	0.50	X	-	├-	┢		-	0.	<u> </u>		
(8) WILLIAM L. LANE III	0.50	x		x				0.	0.	٥.	
VICE CHAIR & TREASURER	0.50	┼≏	\vdash	╇	-	+	┢				
(9) JOHN C. DEVEREUX	0.50	$ _{\mathbf{x}}$						0.	0.	0.	
DIRECTOR	0.50	+^	-	┢	+	╁┈	╁				
(10) MAX KAISBRMAN	0.50	x					l	0.	0.	0.	
DIRECTOR (11) TIM MCGRATH	0.50	 ^``	\vdash	╁	╁	T	Н	<u> </u>	****		
DIRECTOR	- 0,00	1x					١	0.	0.	0.	
(12) JAMES T. GILES	0.50	T	Т								
SECRETARY] x		X				0.	0.	0.	
(13) PETER H. HAVENS	0.50		Τ						_	_	
BOARD CHAIRMAN		X	<u>L</u>	上	L		L	0.	0.	0.	
(14) PETER MCCAUSLAND	0.50	_									
DIRECTOR		X	_		<u> </u>	1	┺	0.	0.	0.	
(15) THAYER ADAMS	0.50										
DIRECTOR		X	_	\vdash	\vdash	-	\vdash	0.	0.	0.	
(16) ANTHONY N. BRADY	0.50	┨							0.	0.	
DIRECTOR	<u> </u>	X	+	+	-	+	+	0.	"	1	
(17) PETER ERNST	0.50	٠,		x				0.	0.	0.	
VICE CHAIR		X		14	1_			V •		Form 990 (2017	

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	(B)	1		and (C				(D)	(E)	(F)		
Name and title	Average	Position (do not check more than one						Reportable	(E) Reportable	1		
	hours per	(do	not cl unies	neck m ss pers	nore th son is l	an on both s	e In	compensation	compensation		imated	
	week	offic	cer an	d a dir	ector/	truste	e)	from	from related		ount o	
	(list any	草				T	7	the	organizations	i		
	hours for	i i			,	.		organization	(W-2/1099-MISC)		ensat m the	
	related	0 961	stae		1			(W-2/1099-MISC)	(** = 7,000 M(CO)		nizatio	
	organizations	耳	표		ag la						relate	
	below	ndividual trustee or director	nstitutional trustee	ķ	Key employee	e o o	ē				izatio	
101	line)	ng.	ist	Officer	\$ F	employee	E P					
(18) STEVEN B. UJIFUSA	0.50	1										
PIRECTOR		X						0.	0.			
19) JOHN BRADY	40.00]						****				
PRESIDENT & CEO		Х		X		-		150,000.	0.	20	,10	
20) PAMELA SWITLIK	0.50			\Box							7 0	
IRECTOR		x						0.	0.			
21) COURTNEY DISSTON	0.50		\neg		十	_	十	<u></u>				
IRECTOR		$ \mathbf{x} $		- 1				0.	0.			
22) JOSEPH BENTON	0.50		寸		\dashv	+	+		U •			
IRECTOR	7.33	х						0.	^			
23) WILLIAM L. GAUNT	0.50	 	\dashv	\dashv	+	+	+	<u></u>	0.	****		
IRECTOR		$ \mathbf{x} $						ا ۸	<u> </u>			
24) STAN SWITLIK	0.50	^-	\dashv	+	+		+	0.	0.			
IRECTOR	0.50	x						_	_			
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c Total from continuation sheets to F	Part VII, Section A 🔝		· - •			. 🕨	L	0.	0.			
· · · · · · · · · · · · · · · · · ·												
d Total (add lines 1b and 1c)		<u></u>				<u>. </u>		150,000.	0.	20	, 10	
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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) (C) Unrelated Related or Total revenue exempt function business revenue revenue 1a Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts 54,515, Membership dues 2,175. Fundraising events 10 Related organizations 153,625. Government grants (contributions) f All other contributions, gifts, grants, and 4,254,268. similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 4 464 583. h Total. Add lines 1a-1f Business Code 507,174. 507,174 2 a MUSEUM ADMISSIONS 713990 276,327. 276,327 900099 BOAT WORKSHOP 167,874 900099 167,874 EDUCATION & OTHER 18,485. 18,485 900099 CURATORIAL INCOME f All other program service revenue 969,860. Total. Add lines 2a-2f Investment income (including dividends, interest, and 784,844. 784,844. other similar amounts) Income from investment of tax-exempt bond proceeds (ii) Personal (i) Real 325,155. 6 a Gross rents 26,600. b Less: rental expenses 298,555. c Rental income or (ioss) 298,555. 298,555, d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue 2,175. of including \$ contributions reported on line 1c). See 175,575 Part IV, line 18 Other 57,156. b Less: direct expenses _____b 118,419. 118,419 Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 _____a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 82,696. and allowances 76,177. b Less: cost of goods sold _____ 6,519. 6,519 Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a d All other revenue e Total, Add lines 11a-11d 1,201,818. 6,519. 6,642,780 969,860. Total revenue. See instructions. Form **990** (2017) Part IX | Statement of Functional Expenses

_	tion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon	ise or note to any line i	n this Part IX		
7b,	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	and other deposition to domestic organizations				Охранава
_	and domestic governments. See Part IV, line 21	306,415	306,415.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	****			
3	Grants and other assistance to foreign				***
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	····			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees	149,999.	114,688.	20,446.	14,86
6	Compensation not included above, to disqualified			,	22/00
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,986,059.	1,518,519.	270,715.	196,82
8	Pension plan accruals and contributions (include				200,02
	section 401(k) and 403(b) employer contributions)	<u>117,149.</u>		11,865.	12,76
9	Other employee benefits	467,661.	369,342.	47,364.	50,95
0	Payroll taxes	169,391.	129,515.	23,089.	16,78
1	Fees for services (non-employees):				10,70
a	Management	4,499.	3,767.	640.	9:
b	Legal	24,257.	20,307.	3,452.	498
C	Accounting	54,220.	45,392.	7,716.	1,112
d	Lobbying			7,710.	<u> </u>
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	125,063.		125,063.	***
	Other. (If line 11g amount exceeds 10% of line 25,		***	143,003.	
	column (A) amount, list line 11g expenses on Sch O.)	202,108.	169,199.	28,763.	1 116
2	Advertising and promotion	159,205.	148,700.	2,778.	4,146 7,727
3	Office expenses	225,517.	174,087.	32,862.	18,568
ļ	Information technology			52,002.	10,500
•	Royalties	···			
,	Occupancy	529,838.	473,807.	38,724.	17 202
•	Travel			30,724.	17,307
}	Payments of travel or entertainment expenses	**** ****			···
	for any federal, state, or local public officials				
,	Conferences, conventions, and meetings	****			
	Interest	41,802.	···	41,802.	····
	Payments to affiliates			41,002.	
ļ	Depreciation, depletion, and amortization	746,733.	677,214.	48,738.	20 701
	nsurance	91,994.	85,487.	4,043.	20,781
2	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		03,207	4,045.	2,464
a I	MUSEUM EVENTS	240 727			
	PROGRAM SUPPLIES & MATE	240,737.	232,488.	0.	8,249
, [STAFF DEVELOPMENT	236,326.	234,285.	2,041.	0
	EXHIBIT MAINTENANCE	66,190.	55,907.	6,473.	3,810
	All other expenses	54,200.	54,200.	0.	0
		5 000 363			
	oint costs. Complete this line only if the organization	5,999,363.	4,905,839.	716,574.	376,950
	eported in column (B) joint costs from a combined				
	ducational campaign and fundralsing solicitation.	1			
- 0		1		i	

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (R) (A) Beginning of year End of year 1,271,311. -183,978. 1 Cash - non-interest-bearing 1,176,062. 69,878. 2 Savings and temporary cash investments 2 3 Piedges and grants receivable, net 3 82,707. 1,125,253. 4 Accounts receivable, net _____ Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(o)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net 7 13,287. 55,188. 8 Inventories for sale or use 10,091. 79,363. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a <u>5,434,676.</u> 3,127,258. 10c 17,983,885. b Less: accumulated depreciation 10b 22,696,704. 23,471,731. 11 Investments - publicly traded securities Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 84,458. 75,750. 15 Other assets. See Part IV, line 11 15 30,769,296. 27,820,443. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 1,140,764. 461,028. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 39,375. 52,276. 19 Deferred revenue _____ 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Liabilities Complete Part II of Schedule L 1,278,472. 1,258,556. 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 403,500. 2,862,111. 440,500. Schedule D 2,212,360. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗌 complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🗓 and complete lines 30 through 34. 0. 30 Capital stock or trust principal, or current funds 30 0. 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 27,907,185. 25,608,083. 33 Total net assets or fund balances 33 30,769,296. 27,820,443. 34 Total liabilities and net assets/fund balances Form 990 (2017)

For	m 990 (2017) INDEPENDENCE SEAPORT MUSEUM	23-	1584971	D.	age 12
LP:	art Al Reconciliation of Net Assets		TOOTOIT	P:	age 12
	Check if Schedule O contains a response or note to any line in this Part XI				
					ئــــا
1	Total evenue (must equal Part VIII, column (A), line 12)	1	6,64	2.7	780.
2	rotal expenses (must equal Part ix, column (A), line 25)	2	5,99	9.3	63.
3	The former recent experises. Subtract life 2 from find 1	3			17.
4 5	Hot about of fund balances at beginning of year (must equal Part X, line 33, column (Δ))	4	25,60		
6	Net differents (losses) on investments	5	1,17	6.8	89.
7	Donated services and use of facilities	6		- ,	
8	arvestment expenses	7	***-	***	
9	Thor period adjustments	8	47	8.7	96.
_	Carlor orientges in the assets of fund palances (explain in Schedule O)	9	***		0.
10	Not assets of fulful balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33	""	***		
Pa	rt XII Financial Statements and Reporting	10	27,90	7.1	85.
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			X
1	Accounting method wood to your at 1 - 200 Final			Yes	No
•	Accounting method used to prepare the Form 990: Cash X Accrual Other				
2a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C),	_		
Ła	The second of the second state of the second		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed a separate basis, consolidated basis, or both:	on a			
	Solution Statis, consolidated basis, of Doth:				
h					
~	Were the organization's financial statements audited by an independent accountant?		2b	Х	ľ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	oasis,		***	
C	Separate basis A Consolidated basis Both consolidated and separate basis				
•	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review or compiletion of the figure is labeled.	audit,		ĺ	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
За	a troorganization originated either its oversight process or selection process during the toward and the				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	e Audit		İ	
	And and One Official A-1994		3a		X
	and a second and a required addit of addits? If the organization did not undergo the require	d audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	*******	3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection
Employer identification number

Name of the organization 23-1584971 INDEPENDENCE SEAPORT MUSEUM Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the organization listed in your governing document? (vi) Amount of other (v) Amount of monetary (iii) Type of organization (i) Name of supported support (see instructions) support (see instructions) (described on lines 1-10 organization Yes above (see instructions))

Schedule A (Form 990 or 990-EZ) 2017 INDEPENDENCE SEAPORT MUSEUM 23-1584

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

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

_	ction A. Public Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and					(9) 2011	(i) Total
	membership fees received. (Do not						1
	include any "unusual grants.")	1967601.	7349419.	2883741.	331,522.	1464502	16996866.
2	Tax revenues levied for the organ-				331,322.	4404303.	<u>тоээовоо.</u>
	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						İ
4		1967601.	7349419.	2883741.	331,522.	4464500	
5	The portion of total contributions		7343413.	2003/41.	331,522.	4464583.	16996866.
	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 /6						
6	Public support. Subtract line 5 from line 4.					**************************************	11511295.
Sec	ction B. Total Support						5485571.
	ndar year (or fiscal year beginning in)				····		
	Amounts from line 4	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gross income from interest,	1967601.	7349419.	2883741.	331,522.	4464583.	16996866.
Ü							
	dividends, payments received on						
	securities loans, rents, royalties,	155 555	[
^	and income from similar sources	177,757.	735,900.	741,806.	204,973.	784,844.	2645280.
9	Net income from unrelated business					***	****
	activities, whether or not the			ŀ			
	business is regularly carried on	<u>-33,500.</u>	-18,110.	55,954.	8,540.	6,519.	19,403.
	Other income. Do not include gain					* ****	
	or loss from the sale of capital				-	J	
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						L9661549.
12	Gross receipts from related activities, e	to. (see instruction	ns)		**	10	<u> </u>
13	First five years. If the Form 990 is for t	he organization's	first, second, third.	fourth, or fifth tax	Vear as a section	501(a)(9)	***
sec	tion C. Computation of Public	Support Perc	entage		***************************************	***************************************	
14	Public support percentage for 2017 (line	e 6, column (f) divi	ded by line 11, col	umn (f))		14	27.90 %
	apilo adhhorr hercerirade Hotti 5010 9	cnecule A, Part II,	, line 14		i	46	25 <u>67</u> **
	now anthour rest - 50 IV II BIR OLD	janization did not	Check the box on I	ine 13 and line 14	ic 22 1/20/ or may	en ab 1, 61, 1, 1	
•	stop nere. The organization qualifies as	a publicly suppor	ted organization				
	11		CHUCK A DOX ON NO	3 13 Of The and his	10 15 is 30 17007 -		
ŧ	and stop here. The organization qualified the stop here. The organization qualified the stop is the stop of the st	9s as a publicly su	pported organization	on	10 10 10 00 17070 0	i more, check this	box
7a	10% -facts-and-circumstances test -	2017. If the organ	oization did not che	ock a hov on line 1	2 160 or 16h	d ll d 4 1 . d 00 s	> X
8	and if the organization meets the "facts-	and-circumstance	s" test check this	box and stop box	o, roa, or rop, an	u line 14 is 10% or	more,
f	neets the "facts-and-circumstances" te:	st. The organizatio	n qualifies as a nu	blick supported or	re, explain in Part	vi now the organiz	ation
b f	0% -facts-and-circumstances test -	2016. If the organ	nization did not che	onciy supported or sok a boy on line t	gariization		
r	nore, and if the organization meets the	facts-and-circums	stances" test choo	ok this how and	o, roa, rop, or 1/	a, and line 15 is 10	l% or
c	rganization meets the "facts-and-circun	nstances" test Th	e Organization and	iffice on a number	op nere. Explain ir	n Part VI how the	. —
8 F	rivate foundation. If the organization of	did not check a bo	ox on line 12 18e :	iiioo as a publiciy. 16b. 17a. o.: 17⊾ -	supported organiz	ation	>
		THE SHOOK & DO		iou, i/a, of 1/b, c			>
					Schedu	ile A (Form 990 n	- 000 EZ) 0047

732022 10-06-17

Schedule A (Form 990 or 990-EZ) 2017 INDEPENDENCE SEAPORT MUSEUM

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.)

ec	tion A. Public Support				4 11 0040	(=) 0017	(f) Total
aler	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(1) Otal
	Gifts, grants, contributions, and						
	membership fees received. (Do not		ļ				
	include any "unusual grants.")						
3	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to						
	the organization without charge	<u> </u>					
A	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						Ì
/ -	3 received from disqualified persons						
	from other than disqualified persons that exceed the greater of \$5,000 or 196 of the amount on line 13 for the year						
	Public support. (Subtract fine 7 o from fine 6.)					<u> </u>	
80	ction B. Total Support	, <u> </u>					
_	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201	17 (f) Total
	Amounts from line 6						
	a 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	1					
12	c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for		ole first second th	aird fourth or fifth	tax vear as a section	on 501(c)(3) o	organization,
14	First five years. If the Form 990 is to	or the organization	i a mar, aecond, n	ma, round, or mu			>
S	check this box and stop hereection C. Computation of Pub	ilic Support Pe	ercentage				
1!	5 Public support percentage for 2017	(line 8, column (f)	divided by line 13	, ∞lumn (f))		15	9/
-14	 Public support percentage from 201 	16 Schedule A, Pai	rt III, line 15			16	9/
S	ection D. Computation of Inve	estment Incom	ne Percentage	9		т т	
1	7 Investment income percentage for	2017 (line 10c, col	lumn (f) divided by	line 13, column (f)) <i></i>	17	9/
		- 0046 Cabadula (Δ Pert III line 17			10	9/
46	a an along summer to the 2017 if th	ne organization did	i not check the bo	ox on line 14, and li	ne 15 is more than	33 1/3%, an	d line 17 is not
13	u on 4/00/ abook thin how	and eton here T	'he organization di	ualifies as a pudiici	y supported organi	Zation	
		ho organization dic	I not check a box.	on line 14 or line 1	ya, and line to is ii	HOLA LUMIT OO	1/0/0, and
	" 40 1- materials than 22 1/20% of	hack this box and	stop here. The or	raanization qualitie	s as a publicly supp	porteu organ	112.GEIOFF
^	a mir i sumantiam if the organizat	tion did not check	a box on line 14,	19a, or 19b, check	THIS DOX AFTO SHEET	ISHUUHUHA	
	O Private foundation. If the digardza				Sc	chedule A (F	orm 990 or 990-EZ) 2017

Voc No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 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.)

		_	Y	36	No	<u> </u>
	1	1				_
	2	1		\neg		_
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	3ь					_
	3c					
	4a					
						_
	4b			4		_
	4c					_
-	5a	••••		+		
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U	or 990-	E	:Z)	20	17	

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Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instruction other Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depletion 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (B) Current Year (optional)
Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 Add lines 1 through 3 5 Depreciation and depletion 5 Depreciation 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 Other expenses (see instructions) 7 Other expenses (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional)
Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 Add lines 1 through 3 5 Depreciation and depletion 5 Depreciation 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 Other expenses (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (Optional)
1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depletion 5 Depreciation and depletion 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 Other expenses (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (sprional)
1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depletion 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 Other expenses (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (sprional)
3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (optional)
3 Other gross income (see instructions) 3 Add lines 1 through 3 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (optional)
4 Add lines 1 through 3 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (optional)
5 Depreciation and depletion 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 Other expenses (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (optional)
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) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) Section B - Minimum Asset Amount (A) Prior Year (optional)
collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) Section B - Minimum Asset Amount (A) Prior Year (optional)
maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (optional)
7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (optional)
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (optional)
Section B - Minimum Asset Amount (A) Prior Year (D) Current Year (optional)
(Optiorida)
1 Aggregate fair market value of all non-exempt-use assets (see
instructions for short tax year or assets held for part of year):
a Average monthly value of securities 1a
b Average monthly cash balances 1b
c Fair market value of other non-exempt-use assets
d Total (add lines 1a, 1b, and 1c)
e Discount claimed for blockage or other
factors (explain in detail in Part VI):
2 Acquisition indebtedness applicable to non-exempt-use assets
3 Subtract line 2 from line 1d 3
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,
see instructions)
5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5
6 Multiply line 5 by .035
7 Recoveries of prior-year distributions 7
8 Minimum Asset Amount (add line 7 to line 6)
Section C - Distributable Amount Current Year
1 Adjusted net income for prior year from Carthau A. I. C. C. L.
2 Enter 85% of line 1
3 Minimum asset amount for prior year (free Quit)
4 Enter greater of line 2 or line 3
5 Income tay Imposed in prior year
6 Distributable Amount. Subtract line 5 from line 4, unless subject to
emergency temporary reduction (see instructions)
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see
instructions).

Schedule A (Form 990 or 990-EZ) 2017

		2	3-1584971 Page 7
Schedule A (Form 990 or 990-EZ) 2017 INDEPENDENCE S	SEAPORT MUSEUM		3-13042714 Fage1
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	iizations (continued)	Current Year
Section D - Distributions			Odifold Four
1 Amounts paid to supported organizations to accomplish exer	npt purposes		
2 Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purpose			
4 Amounts paid to acquire exempt-use assets	****		
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions.			
7 Total annual distributions. Add lines 1 through 6.			
Distributions to attentive supported organizations to which the supported organizations to which the supported organizations to which the supported organizations are supported organizations.	ne organization is responsive		
(provide details in Part VI). See instructions.			
9 Distributable amount for 2017 from Section C, line 6			<u> </u>
10 Line 8 amount divided by line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
Underdistributions, if any, for years prior to 2017 (reason-			
able cause required- explain in Part VI). See instructions.			
- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
a b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)		***************************************	
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D,			
line 7: \$			
Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013		<u> </u>	
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			4 (Form 000 or 000 EZ) 2

Part VI	Sunnlemental	2017 INDEPENDENCE	SEAPORT MUSEUM	23-1584971 Page 8
	Part IV, Section A, I line 1; Part IV, Secti Section D, lines 5, 6 (See instructions.)	ines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9 ines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9 ion D, lines 2 and 3; Part IV, Sec 6, and 8; and Part V, Section E, i	planations required by Part II, line 10; I ∂a, 9b, 9c, 11a, 11b, and 11c; Part IV, t tion E, lines 1c, 2a, 2b, 3a, and 3b; Pa ines 2, 5, and 6. Also complete this pa	23-1584971 Page & Part II, line 12; Section B, lines 1 and 2; Part IV, Section C, rt V, line 1; Part V, Section B, line 1e; Part V, rt V, and additional information.
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

INDEPENDENCE SEAPORT MUSEUM

Employer identification number 23-1584971

Par	INDEFENDENCE BERT ON	Funds or Other Similar Funds	or Accounts. Complete if the	
Ган	organization answered "Yes" on Form 990, Part IV, line			
	Organization and to the control of t	(a) Donor advised funds	(b) Funds and other accounts	_
4	Total number at end of year			-
1 2	Aggregate value of contributions to (during year)			_
	Aggregate value of grants from (during year)			_
	Aggregate value at end of year			_
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advi	sed funds	
,	are the organization's property, subject to the organization's	exclusive legal control?		,
6	Did the organization inform all grantees, donors, and donor as	dvisors in writing that grant funds can be	usea only	
Ü	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	Contentity	
	impermissible private henefit?			<u> </u>
Par	t II Conservation Easements. Complete if the org	janization answered "Yes" on Form 990,	, Part IV, line 7.	,,,,,,,
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
•	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a his	storically important land area	
	Protection of natural habitat	Preservation of a ce	ertified historic structure	
	Decembration of open epace			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the forn	of a conservation easement on the last	
	day of the tax year.		Held at the that of the fax 100	4_
a	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
C	Number of conservation easements on a certified historic str	ucture included in (a)		—
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struc	ture	
	listed in the National Register		2d	_
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by tr	19 Organization during the tax	
	year >			
4	Number of states where property subject to conservation ea	sement is located	_	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, nationing o	" Yes N	lo
	violations, and enforcement of the conservation easements i	t holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and emoleting co	ings vanori odosii orizo dala g	
	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conser	vation easements during the year	
7		ulling of violations, and enhoroning contest	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Does each conservation easement reported on line 2(d) abort	vo satisfy the requirements of section 17	'O(h)(4)(B)(i)	
8	and section 170(h)(4)(B)(ii)?	ve datisty the requirements of section	Yes N	lo
	and section 170(n)(4)(B)(II)? In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expen-	se statement, and balance sheet, and	
9	include, if applicable, the text of the footnote to the organization	ation's financial statements that describe	s the organization's accounting for	
De	conservation easements. Int III Organizations Maintaining Collections of	of Art, Historical Treasures, or	Other Similar Assets.	
	Complete if the organization answered "Yes" on Forr	n 990, Part IV, line 8.		
	KALL experimental projected as permitted under SEAS 116 (A	SC 958), not to report in its revenue stat	ement and balance sheet works of art,	
15	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthe	erance of public service, provide, in Part XIII	,
	the test of the feetnets to its financial statements that dasc	ribes these items.		
	Kill a superioration elected, as permitted under SEAS 116 (A	SC 958), to report in its revenue statems	ent and balance sheet works of art, historica	al
•	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of	public service, provide the following amoun	(S
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			—
	(iii) Accordingly According Form 990, Part X			—
2	If the organization received or held works of art, historical tr	easures, or other similar assets for finan	cial gain, provide	
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:		
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
LH	A For Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	Schedule D (Form 990) 2	J 17

Sch I Da	edule D (Form 990) 2017 INDEPEN	NDENCE SEAP	ORT MUSEUM	1	2	3-15849	71	Page 2	
	- Januarions Manitanning (Collections of Ar	t, Historical Tr	easures, or Ot	hor Cimilau	A		-n	
3	Towns and organization's acquisition, access	sion, and other record	is, check any of the	following that are	a significant use	of its collect	inunued	<u>a)</u>	
	(arteen an artat appry).		, ,	· · · · · · · · · · · · · · · · · · ·	a oigisiioara ase	OT ILS CONDCE	ION ILOI.	ms	
ε	- Land ordinolated!		1 Dan or ex	change programs					
Ŀ	Scholarly research	·		change programs					
c	(TT)	•	- E Ouiei						
4	Provide a description of the organization's of	ollections and avalai							
5	Provide a description of the organization's of During the year, did the organization solicit.	or roccius depatien-	Thow they turther t	ne organization's e	xempt purpose	in Part XIII.			
	During the year, did the organization solicit to be sold to raise funds rather than to be m	o receive douglious	of art, historical trea						
Pa	rt IV Escrow and Custodial Arran	amaned as part of t	ne organization's c	ollection?		Yes	s [X No	
<u> </u>	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa	ut Y line 21	ete if the organizati	on answered "Yes"	on Form 990, F	^o art IV, line 9,	or		
		0 C / 1 11 O Z F							
162	Is the organization an agent, trustee, custod	ian or other intermed	iary for contributior	ns or other assets n	ot included				
	on Form 990, Part X? b If "Yes " explain the arrepresent in Part VIII and any later than the arrepresent than the arrepresent than the arrepresent than the arrepresent than the arrepresent than the arrepresent than the arrepresent than the arrepresent than the arrepresent than the arrepresent than the arrepresent than the arrepresent than the arrepresent than the arrepresent than the arrepresent than the arrepresent than the arrepresent that the arrepresent that the arrepresent than the arrepresent than the arrepresent than the arrepresent that the ar								
D	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				·		
						Amo	unt		
C	c Beginning balance								
đ	a Additions during the year								
Ð	Distributions during the year				امها				
f	Littling balance				1				
2a	- 13 and anguinzation molded an amount of the	Unin 990. Part X. line	21 for escrow or or	tetodial against the	Latte o				
<u>b</u>	in 198, explain the arrangement in Part XIII.	Check here if the eve	Manation has been	provided and provided		Yes	<u>_</u>	No	
Pai	rt V Endowment Funds. Complete	f the organization an	swered "Vec" on Fe	provided on Part X	10				
		(a) Current year	(b) Drings						
1a	Beginning of year balance		(b) Prior year	(c) Two years back	1,		our year		
b	Contributions	23,516,495.	22,802,849.	 		,704. 1	0,269	087.	
_	***************************************	784,860.	245,583.			,814.	512	,222.	
	Net investment earnings, gains, and losses	1,051,826.	1,541,317.	2,454,771	632	,378.	533	420.	
	Grants or scholarships		***						
e	Other expenditures for facilities								
_	and programs	1,508,548.	1,073,254.	2,501,339	1,596	819.	1,425	025.	
f	Administrative expenses							/	
g	End of year balance	23,844,633.	23,516,495.	22,802,849	. 22,583,	077	9,889	704	
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g. column (a)	held as:	,,	<u> </u>	7,009	, 104.	
а	Board designated or quasi-endowment		%	, nota ao.					
b	Permanent endowment	%	_,,						
C	Temporarily restricted endowment ▶	<u></u> %							
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%							
3a	Are there endowment funds not in the posses	cion of the organization							
	by:	SIOT OF THE OIGHTIZATI	on that are neld an	d administered for t	the organization	1			
						·	Yes	No	
	***		··-		*******************	3a(i)		X	
b								Х	
, D		ons listed as required	l on Schedule R?			3b			
Parl	December 111 art XIII the litterided uses of the C)/Canization's endow	ment funds.				ئىاب		
rail	=====, = ======, ===============								
	Complete if the organization answered	"Yes" on Form 990, I	Part IV, line 11a. Se	e Form 990, Part X	. line 10.				
	Description of property	(a) Cost or oth			Accumulated	T (4) Day	- la san la s		
		basis (investme	1 100,		epreciation	(d) Boo	ж valu	Θ	
1a	_and					 			
b l	Buildings					 			
c l	_easehold improvements		16 202	161 12	000 100	 			
d f	Equipment		16,282		922,188.		<u>9,97</u>		
e (Other			,576.	30,576.			0.	
Total	Add lines to through to	. —	1 7,105	,824. <u>4</u> ,	031,121.	3,07	4,70	3.	
, oran	Add lines 1a through 1e. <i>(Column (d) must equ</i>	ıal Form 990. Part X.	column (B), line 10d	:.)	<u> </u>	5,43			

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 INDEPENDENCE	E SEAPORT MUS	EUM	23-1584971 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, lir	ne 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1) Financial derivatives		<u> </u>	
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, li	ne 13.
(a) Description of investment	(b) Book value	(c) Method of valuation	: Cost or end-of-year market value
(1)			
(2)			
(3)			<u></u>
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. Complete if the organization answered "Yes"	on Form QQN Part IV Jin	e 11d. See Form 990, Part X. I	ine 15.
Complete it the organization answered 143	Description		(b) Book value

<u>(1)</u>			
<u>(2)</u>			
(3)			
(4)		······································	
(5)			
(6)		****	
(7)			
(8)			
(9)	- 15 \		>
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.		444 0 - 5 000 5	Part V Ilina 95
Complete if the organization answered "Yes	on Form 990, Part IV, lir	19 119 or 111. See Form 990, F	TAIL A, IIII & EJ.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) DEFERRED RENT OBLIGATION		403,500.	
(3)			
		1	

(4)(5) (6) (7) 403,500. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017 INDEPENDENCE SEAPORT MUSEUM 2	3-1584971 Page 5
Part XIII Supplemental Information (continued)	<u> </u>
INCOME FROM FLASGHIP OLYMPIA REPORTED ON SEPARATE 990:	
\$7,414	
EXPENSES PERTAINING TO UNRELATED BUSINESS INCOME:	
\$46,471	
TOTAL TO SCHEDULE D, PART XI, LINE 2D:	\$53,885
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
EXPENSES FROM FLAGSHIP OLYMPIA REPORTED ON SEPARATE 990:	
\$44,927	
EXPENSES PERTAINING TO UNRELATED BUSINESS INCOME:	
\$46,471	
TOTAL SCHEDULE D, PART XII, LINE 2D:	\$91,398
PART III, LINE 1A	
THE MUSEUM'S COLLECTIONS CONSIST OF HISTORICAL ARTIFACTS, ANT	IQUES, AND
OTHER IRREPLACEABLE ITEMS THAT ARE MAINTAINED FOR PUBLIC EXHI	BITION,
EDUCATION, AND RESEARCH IN FURTHERANCE OF PUBLIC SERVICE RATH	ER THAN FOR
FINANCIAL GAIN. COLLECTIONS ARE THE MOST VALUABLE ASSETS OF T	HE MUSEUM AND
ARE PROTECTED, KEPT UNENCUMBERED, CARED FOR AND PRESERVED. TH	E
COLLECTIONS, WHICH WERE ACQUIRED PRIMARILY THROUGH DONATION,	ARE NOT
RECOGNIZED OR CAPITALIZED AS ASSETS ON THE STATEMENT OF FINAN	
POSITION. COLLECTION ITEMS PURCHASED DURING THE YEAR RECORDED	
IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE	
AS DECREASES IN TEMPORARILY OR PERMANENTLY RESTRICTED NET ASS	
ASSETS USED TO PURCHASE THE ITEMS ARE RESTRICTED BY DONORS. C	ONTRIBUTED
COLLECTIONS ARE NOT REFLECTED ON THE FINANCIAL STATEMENTS. TH	
RECORDS PROCEEDS FROM DEACCESSIONS AND INSURANCE RECOVERIES A	
IN THE STATEMENT OF ACTIVITIES. THE MUSEUM'S POLICY REQUIRES	PROCEEDS FROM Schedule D (Form 990) 2017

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Inspection

Name of the organization

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

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

Schedule G (Form 990 or 990-EZ) 2017

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

SAIL PHILLY FANFARE (event type) (covent type) (cotal number) 1 Cross receipts	Sc	hedu art	III Fundraising Events, Complete it	NDENCE SEAPOR	T MUSEUM	23	-1584971 Page 2
Columber Columber	_		of fundraising event contributions and g	me organization answere pross income on Form 990	d "Yes" on Form 990, Par D-EZ. lines 1 and 6b. List a	t IV, line 18, or reported	more than \$15,000
SATE PHILIX FANFARE (acad				(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
Coros receipts Coro				SAIL PHILLY	FANFARE	NONE	(add col. (a) through
2 Loss: Contributions 725 . 1,450 . 3 Circas income (line 1 minus line 2) 121,750 . 53,825 . 4 Cash prizes 5 Noncesh prizes 6 Rent/Iscility costs 7 Food and beverages 23,371 . 7,189 . 8 Entertainment 8,100 . 2,000 . 9 Other direct exponses summary. Add lines 4 through 9 in column (d) 11 Not Income summary. Subtract line 10 from line 3, column (d) 14 Gross revenue . (a) Plinge (b) Pull tabe/instant biago/progressive bingo (c) Other garning (d) Total Column (d) 14 Gross revenue . (b) Pull tabe/instant biago/progressive bingo (c) Other garning (d) Total Column (d) . (e) Column (d) . (e) Column (d) . (f) Colum	9	3			7'	(total number)	col. (c))
3 Cross income (line 1 minus line 2) 121,750 . 53,825 . 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 23,371 . 7,189 . 8 Entertainment 8,100 . 2,000 . 9 Other direct expenses surmany. Add lines 4 through 9 in column (d) 10 Direct expenses surmany. Add lines 4 through 9 in column (d) 11 Net Income surmany. Subtract line 10 from line 3, column (d) 12 Cash prizes 1 Gross revenue 2 Cash prizes 3 Nonceath prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conduct gaming activities: 1 at the organization licensed to conduct gaming activities: 2 In the state(s) in which the organization conduct gaming activities: 3 Net gaming income summary. Subtract line 7 from line 1, column (d) 4 Net prize state(s) in which the organization conduct gaming activities: 4 In the organization licensed to conduct gaming activities: 5 In the organization licensed to conduct gaming activities in each of these states? 9 Enter the state(s) in which the organization conducts gaming activities: 5 In the organization licensed to conduct gaming activities: 6 In the organization licensed to conduct gaming activities in each of these states? 9 If "No," explain:	6	1	Gross receipts	122,475.	55,275.		177,750.
4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 10 Direct expenses summary. Add lines 4 through 9 in column (d) 11 Not income summary. Subtract line 10 from line 3, column (d) 12 Cash prizes 13 A 8 2. 3, 014. 1 Gross revenue 14 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Ront/facility costs 5 Other direct expenses 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1; column (d) 8 Net gaming income summary. Subtract line 7 from line 1; column (d) 9 Enter the state(s) in which the organization conducts garning activities: a is the organization ilcensed to conduct gaming activities in each of those states? 17 Food and beverages 2 Cash prizes 4 Ront/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1; column (d) 9 Enter the state(s) in which the organization conducts garning activities: a is the organization ilcensed to conduct gaming activities in each of those states? 1 Yes,* explain:		2	Less: Contributions	725.	1,450.		2,175.
4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 10 Direct expenses summary. Add lines 4 through 9 in column (d) 11 Not income summary. Subtract line 10 from line 3, column (d) 12 Cash prizes 13 A 8 2. 3, 014. 1 Gross revenue 14 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Ront/facility costs 5 Other direct expenses 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1; column (d) 8 Net gaming income summary. Subtract line 7 from line 1; column (d) 9 Enter the state(s) in which the organization conducts garning activities: a is the organization ilcensed to conduct gaming activities in each of those states? 17 Food and beverages 2 Cash prizes 4 Ront/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1; column (d) 9 Enter the state(s) in which the organization conducts garning activities: a is the organization ilcensed to conduct gaming activities in each of those states? 1 Yes,* explain:		3	Gross income (line 1 minus line 2)	121,750.	53.825.		175 575
8 Entertainment 8,100. 2,000. 9 Other direct expenses summary. Add lines 4 through 9 in column (e) 10 Direct expenses summary. Add lines 2 through 5 in column (d) 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses summary. Add lines 2 through 5 in column (d) 8 Net garning income summary. Subtract ine 10 from line 3, column (g) 1 Gross revenue 1 Gross revenue 2 Cash prizes 3 Noncash prizes 5 Other direct expenses summary. Add lines 2 through 5 in column (d) 8 Net garning income summary. Subtract ine 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts garning activities: a is the organization licensed to conduct garning activities in each of these states? 9 If "No," explain: One Wore any of the organization's garning licenses revoked, suspended, or terminated during the tax year? 1 If year and the conduct of the column (g) year and the conduct of the column (g) year and the conduct of the column (g) year and the conduct of the column (g) year and the conduct of the column (g) year and the conduct of the column (g) year and the conduct of the column (g) year and the conduct of the column (g) year and the conduct of the column (g) year and the conduct of the column (g) year and the conduct of the column (g) year and the conduct of the column (g) year and the conduct of the column (g) year and the		4			33,023.		175,575.
8 Entertainment 8,100. 2,000. 9 Other direct expenses 13,482. 3,014. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) \$11 Net income summary. Subtract line 10 from line 3, column (d) \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Toto. (a) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a is the organization licensed to conduct gaming activities in each of these states? 9 University of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 9 If "Yes," explain:	u	1	Noncash prizes				
8 Entertainment 8,100. 2,000. 9 Other direct expenses 13,482. 3,014. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) \$11 Net income summary. Subtract line 10 from line 3, column (d) \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Toto. (a) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a is the organization licensed to conduct gaming activities in each of these states? 9 University of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 9 If "Yes," explain:	XDense	6	Rent/facility costs				
8 Entertainment 8,100. 2,000. 9 Other direct expenses 13,482. 3,014. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) \$11 Net income summary. Subtract line 10 from line 3, column (d) \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Toto. (a) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a is the organization licensed to conduct gaming activities in each of these states? 9 University of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 9 If "Yes," explain:	Jiract E	7	Food and beverages	23,371.	7,189.		30,560.
9 Other direct expenses aummany. Add lines 4 through 9 in column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Toto (c) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	-	1	Entertainment	8,100.	2.000		10 100
10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 12 Cash prizes 13 Noncash prizes 14 Rent/facility costs 15 Other direct expenses 16 Volunteer labor 17 Direct expense summary. Add lines 2 through 5 in column (d) 18 Net garning income summary. Subtract line 7 from line 1, column (d) 19 Enter the state(s) in which the organization conducts garning activities: 10 a the organization licensed to conduct garning activities: 20 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 11 Net income summary. Add lines 2 through 5 in column (d) the organization's gaming licenses revoked, suspended, or terminated during the tax year? 1		1 -	Other direct expenses	13,482.	3,014.		10,100. 16,496.
Part III Set ricce summary. Subtract line 10 from line 3, column (d) \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Tot col. (a) in the column (d) (e) Other gaming (e) Other gaming (f) Tot col. (a) in the column (d) (e) Other gaming (f) Tot col. (a) in the column (d) (e) Other gaming (f) Tot col. (a) in the column (d) (e) Other gaming (f) Tot column (d) (e) Other gaming (f) Tot column (d) (e) Other gaming (f) Tot column (d) (f) Tot column		10	Direct expense summary. Add lines 4 through	h 9 in column (d)			57,156.
\$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other garning (d) Tot col. (a) to col. (a) t	P	itt I	Net income summary. Subtract line 10 from I	ine 3. column (d)		_	118,419.
Comparison Com				answered "Yes" on Form	990, Part IV, line 19, or re	eported more than	
1 Gross revenue bingo/progressive bingo col. (a) 1 Gross revenue bingo/progressive bingo col. (a) 2 Cash prizes bingo/progressive bingo col. (a) 3 Noncash prizes bingo/progressive bingo col. (a) 4 Rent/facility costs bingo/progressive bingo col. (a) 5 Other direct expenses bingo col. (a) 7 Direct expenses summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1; column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a is the organization licensed to conduct gaming activities in each of these states? b if 'No," explain: Oa Wore any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? y b if 'Yes," explain:	_				(h) Pull take (instant		I
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net garning income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts garning activities: a is the organization licensed to conduct garning activities in each of these states? 9 If "No," explain:	anue			(a) Bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net garning income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts garning activities: a is the organization licensed to conduct garning activities in each of these states? 9 If "No," explain:	Rev						(9)
3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses No No No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:	—	1	Gross revenue				
5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net garning income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts garning activities: a is the organization licensed to conduct garning activities in each of these states? b if "No," explain:		2	Cash prizes			,	
5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net garning income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts garning activities: a is the organization licensed to conduct garning activities in each of these states? b if "No," explain:	Expens	3	Noncash prizes				
6 Volunteer labor No No No No No No No No No No No No No	Direct	4	Rent/facility costs			···	
6 Volunteer labor No No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a is the organization licensed to conduct gaming activities in each of these states? b if "No," explain: Oa Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? y b if "Yes," explain:		5	Other direct expenses				
8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a is the organization licensed to conduct gaming activities in each of these states? b if "No," explain: Oa Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b if "Yes," explain:		6	Volunteer labor				N
9 Enter the state(s) in which the organization conducts gaming activities: a is the organization licensed to conduct gaming activities in each of these states? b if "No," explain: Oa Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b if "Yes," explain:		7	Direct expense summary. Add lines 2 through	5 in column (d)		>	
9 Enter the state(s) in which the organization conducts gaming activities: a is the organization licensed to conduct gaming activities in each of these states? b if "No," explain: Oa Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b if "Yes," explain:		8 (Net gaming income summary. Subtract line 7	from line 1, column (d)			···
a is the organization licensed to conduct gaming activities in each of these states? b if "No," explain: Oa Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b if "Yes," explain:	0						
Oa Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b if "Yes," explain:	y a	ls th	The state(s) in which the organization conduct	cts gaming activities:			
D II * Yes, " explain:	b	if "N	o," explain:	uvities in each of these st	ates?		Yes No
D II * Yes, " explain:							****
2082 09-13-17	0a b	Were			ninated during the tax yea	ar?	Yes No
2082 09-13-17				· · · · · · · · · · · · · · · · · · ·		·····	···
Schedule G (Form 990 or	2082	09-10	3-17			Schedule G (Form	1990 or 990-E71 2017

	dule G (Form 990 or 990-EZ) 2017 INDEPENDENCE SEAPORT MUSEUM 23-1584971 Page 3
Sche	dule G (Form 990 or 990-EZ) 2017 INDEFENDENCE BHAT GRT 11852525 Does the organization conduct gaming activities with nonmembers?
11 40	ls the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity for thed
12	to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
h	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name Address
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$ If "Yes," enter name and address of the third party:
	Name
	Address >
16	Gaming manager information:
	Name
	Gaming manager compensation ▶ \$
	Description of services provided
	Description of services provided by
	Director/officer Employee Independent contractor
	Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$\\$\$
P	organization's own exempt activities during the tax year p quite the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See Instructions.
_	100, 119, 2110 (110) 20 approximate (110)
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Part IV Supplemental Inform	INDEPENDENCE	SEAPORT	MUSEUM		23-1584971	Page 4
	(continued)		**************************************			
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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

▶ Attach to Form 990.

Open to Public 2017 Inspection

OMB No. 1545-0047

% X Employer identification number 23-1584971 Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Go to www.irs.gov/Form990 for the latest information. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. INDEPENDENCE SEAPORT MUSEUM General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization PartII Part i

1 (a) Name and address of organization or government (if applicable)	(b) EIN	(f applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
JOHN JAMES AUDUBON CENTER							PARTICIPATION IN ALLIANCE
1201 PAWLINGS RD	13-1624102		6,480.	•0			PROGRAM
ROLLOBON, FA LORVO							PARTICIPATION IN ALLIANCE
575 SAINT BERNARDINE ST	231966295		10,640.	0			FOR WATERSHED EDUCATION PROGRAM
KEADING, PA 1900)							PARTICIPATION IN ALLIANCE
CAMDEN CITY GARDEN CLUB, INC.							FOR WATERSHED EDUCATION
3 RIVERSIDE DRIVE	22-2870647		6,320.	0.			PROGRAM
טיבטי טיבי, אום שיביים						-111	basentcreamton in Alliance
THE CENTER FOR AQUATIC SCIENCES,							FOR WATERSHED EDUCATION
INC 1 RIVERSIDE DRIVE - CAMDEN,	52-1647018		141,399.	0			PROGRAM
00100 04							PARTICIPATION IN ALLIANCE
COUNTY OF MERCER	w//		- 1814				FOR WATERSHED EDUCATION
640 SOUTH BROAD STREET, 3RD FLOOR	0000		7 500				PROGRAM
TRENTON, NJ 08650	13-0/4228/						
CMT ODITION COLUMN TO AN ACCOUNT.							PARTICIPATION IN ALLIANCE
DER GREENWRI LEIGH INGS. INC.							FOR WATERSHED EDUCATION
ONE PRESERVATION PLACE	4		26 230	0			PROGRAM
PRINCETON, NJ 08540	22-3035836		000,00				15.
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	rganizations listed in th	ne line 1 table				0
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	ne 1 table					Schedule I (Form 990) (2017)

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

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in the United States (Schedule (Form 990), Dart II)	
IDEPENDENCE SEAPORT MUSEUM	
1990) INDEPEND!	
Schedule (Forn	

	200	retuinement and Organ	is and Organizations in the United States	rted States (Sche	(Schedule I (Form 990), Part II.)	:11.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DELAWARE NATURE SOCIETY INC. P.O. BOX 700							PARTICIPATION IN ALLIANCE
HOCKESSIN, DE 19707	51-6018321		6,160.	0			POR WATERSHED EDUCATION PROCESS
FRIENDS OF THE HEINZ WILDLIFE REFUGE AT TINICUM - 8601 LINBERGH BLVD - PHILADELPHIA, PA 19153	23-2889425		6,320.	C			PARTICIPATION IN ALLIANCE FOR WATERSHED EDUCATION
HERITAGE CONSERVACNY 85 OLD DUBLIN PIKE DOYLESTOWN, PA 18901	23-6296515		19 932	c			PARTICIPATION IN ALLIANCE FOR WATERSHED EDUCATION
NATIONAL AUDUBON SOCIETY, INC. 225 VARICK STREET, 7TH FLOOR NEW YORK, NY 10014	13-1624102						PROGRAM PARTICIPATION IN ALLIANCE FOR WATERSHED RDUCATION
NEW JERSEY CONSERVATION FOUNDATION 170 LONGVIEW RD FAR HILLS, NJ 07931	22-6065456		0/4,0	0		<u> </u>	PROGRAM PARTICIPATION IN ALLIANCE FOR WATERSHED EDUCATION
- NEW JES			.0.50	0		<u>e. </u>	PROGRAM
NATURAL LANDS TRUST - 501 E. STATE ST., P.O. BOX 420, MAIL CODE 501-04 - TRENTON, NJ 08625-0420	22-2631409		6,320,	• 0	10.	<u> </u>	PARTICIPATION IN ALLIANCE FOR WATERSHED EDUCATION PROCEDAN
POCONO ENVIRONMENTAL EDUCATION CENTER - 538 EMERY RD - DINGMANS FERRY, PA 18328	23-2424742	N	13 729.	c		A 64	PARTICIPATION IN ALLIANCE FOR WATERSHED EDUCATION
THE SCHUKKILL CENTER FOR ENVIRONMENTAL EDUCATION - 8480 HAGYS MILL RD - PHILADELPHIA, PA 19128	23-1654975		8,795,			E E E E E E E E E E E E E E E E E E E	RECERTANT DESTRUCTION OF STREET OF STREET ST
TOOKANY TACONY-FRANKFORD WATERSHED PARTNERSHIP - 4500 WORTH STREET - PHILADELPHIA PA 19124	, , , , , , , , , , , , , , , , , , ,	110				Z d Z	PROGRAM PARTICIPATION IN ALLIANCE FOR WATERSHED EDUCATION
	1808028-67		6,320.	0-		PR	PROGRAM

Schedule I (Form 990)

Page 2 (f) Description of noncash assistance 23-1584971 (e) Method of valuation Schedule | (Form 990) (2017) INDEPENDENCE SEAPORT MUSEUM

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (b) Number of (c) Amount of (d) Amount of non-

(e) Memod of Valuation (h) Description of the foods, FMV, appraisal, other)			rformation.				The state of the s	Schedule I (Form 990) (2017)
			additional in					
(d) Amount of non- cash assistance			in Part I, line 2; Part III, column (b); and any other additional information.					
(c) Amount of cash grant			2; Part III, column					
(b) Number of recipients			uired in Part I, line					
(a) Type of grant or assistance			Part IV Supplemental Information. Provide the information required					732102 11-01-17

SCHEDULE J (Form 990)

Part I

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

INDEPENDENCE SEAPORT MUSEUM **Questions Regarding Compensation**

Employer identification number 23-1584971

1	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990		Yes	No
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.),		1
	Transit to the studence for personal	USO		
	Table 10 Desired to De	∍nce		
	Distime (I)			
	The state of the section as, maid, chadieur, t	chef)		
ł	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimpursement or provision of all of the expenses described above? If "No." complete Part III to explain	1b		
2	and the digarization require substantiation prior to reimbursing or allowing expenses incurred by all directors	"		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	's		l
	establish compensation of the CEO/Executive Director, but explain in Part III.	٥		
	Componential			I
	The street of the contract			
	Form 000 of all was a second of diagrams.			
	Approval by the board or compensation comm	nittee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	j i		
а	and a service buy more of origing-of-control paying pair			х
b	raticipate in, or receive payment from, a supplemental nonqualified retirement plans			X
C	and space with the receive payment from an equity-based compensation arrangement?	4c	_	X
	If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III.	40		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а				
b	The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III	5a	_	X
	If "Yes" on line 5a or 5b, describe in Part III.	5b		<u>X</u>
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization? Any related organization?			77
b	Any related organization? If "Yes" on line 6a or 6b, describe in Part III	6a		<u>X</u>
	the state of the s	6b	\dashv	X
7	For persons listed on Form 990, Part VII, Section A. line 1s. did the organization provide any portion of part VII.			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		v
	The same arrowing reported our Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		-+	<u>X</u>
	ilitual contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes." describe in Part III	8		Х
9	ir "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		_	<u>~</u>
	Regulations section 53.4958-6(c)?	9		
.HA	FOI EQUALIFICATION ACTIVITIES SOS the Instructions for Farm 200	Schedule J (Form	000) 2	017

732111 10-17-17

Schedule J (Form 990) 2017

23-1584971

INDEPENDENCE SEAPORT MUSEUM

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2017

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (ii) 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.

(F) Compensation in column (B)	reported as deferred on prior Form 990	0	0.																	7,000 0000	Schedule J (Form 990) 2017
(E) Total of columns (B)(0-(D)		170,104.	0.																		Sched
(D) Nontaxable		8,104.	0.																		
(C) Retirement and	compensation	12,000.	0																		
SC compensation	(iii) Other reportable compensation	0																			
(B) Breakdown of W-2 and/or 1099-MISC compensation	(ii) Bonus & incentive compensation	0																			
(B) Breakdown of	(i) Base compensation	150 000	227																		
	(A) Name and Title	Sec. of the sec.		PRESIDENT & CEO	(0)			(I)	U	U											177

SCHEDULE M (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Noncash Contributions

▶ 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 the latest information.

OMB No. 1545-0047

2017

Open To Public Inspection

Employer identification number

23-1584971 INDEPENDENCE SEAPORT MUSEUM Types of Property Part I (d) (a) (b) (c) Noncash contribution Method of determining Number of Check if noncash contribution amounts contributions or amounts reported on applicable items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests Books and publications Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 1,042,425.FAIR MARKET VALUE X Securities - Publicly traded Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other ... 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 Collectibles _____ 18 Food inventory 19 Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts Scientific specimens 23 Archeological artifacts 24 25 Other Other 26 Other 27 Other 28 Number of Forms 8283 received by the organization during the tax year for contributions Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Х 30<u>a</u> exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х 32a contributions? b If 'Yes,' describe in Part II. If the organization didn't report an amount in column (o) for a type of property for which column (a) is checked, 33 describe in Part II.

LHA

Schedule M (Form 990) 2017

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

Part II	Supplemental Information	SEAPORT	MUSEUM	23-1584971	Page
	Supplemental Information. Provide is reporting in Part I, column (b), the number this part for any additional information.	the information r of contributions	required by Part I, lines 30b, 32b, s, the number of items received, or	and 33, and whether the organiza a combination of both. Also comp	tion olete
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Schedule M (Form 990) 2017

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2017
Open to Public Inspection

Name of the organization INDEPENDENCE SEAPORT MUSEUM

Employer identification number 23-1584971

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PHILADELPHIA REGION'S WATERWAYS. WE USE EXHIBITIONS AND PROGRAMS TO CONNECT OUR COMMUNITY AND VISITORS TO OUR RIVERS AND WATERSHEDS THROUGH HISTORY, SCIENCE AND ART. THE MUSEUM IS THE PREMIER, YEAR-ROUND, FAMILY FRIENDLY DESTINATION ON THE PENN'S LANDING WATERFRONT. VISITORS CAN DISCOVER THE HISTORY OF THE US NAVY AS THEY CLIMB ABOARD LIFE-SIZED MODEL SCHOONER DILIGENCE AND NATIONAL HISTORIC LANDMARK SHIPS CRUISER OLYMPIA AND SUBMARINE BECUNA. ENJOY THE DELAWARE RIVER WITH SEASONAL BOAT RENTALS. EXPERIENCE LIVE DEMONSTRATIONS IN THE BOAT BUILDING WORKSHOP AND CITIZEN SCIENCE LAB. EXPLORE ONE OF THE LARGEST MARITIME ART AND ARTIFACT COLLECTIONS IN NORTH AMERICA, DOCUMENTING LOCAL AND REGIONAL HISTORY, INCLUDING THE PORT OF PHILADELPHIA. THE SEAPORT MUSEUM WAS FOUNDED IN 1960 AS THE PHILADELPHIA MARITIME MUSEUM AND HAS BECOME A KEY COMPONENT OF PHILADELPHIA'S WATER FRONT RENAISSANCE. PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FORM 990, YEAR-ROUND, FAMILY FRIENDLY DESTINATION ON THE PENN'S THE PREMIER, LANDING WATERFRONT. VISITORS CAN DISCOVER THE HISTORY OF THE US NAVY AS THEY CLIMB ABOARD LIFE-SIZED MODEL SCHOONER DILIGENCE AND NATIONAL HISTORIC LANDMARK SHIPS CRUISER OLYMPIA AND SUBMARINE BECUNA. ENJOY THE DELAWARE RIVER WITH SEASONAL BOAT RENTALS. EXPERIENCE LIVE DEMONSTRATIONS IN THE BOAT BUILDING WORKSHOP AND CITIZEN SCIENCE LAB. EXPLORE ONE OF THE LARGEST MARITIME ART AND ARTIFACT COLLECTIONS IN NORTH AMERICA, DOCUMENTING LOCAL AND REGIONAL HISTORY, INCLUDING THE PORT OF PHILADELPHIA. THE SEAPORT MUSEUM WAS FOUNDED IN 1960 AS THE PHILADELPHIA MARITIME MUSEUM AND HAS BECOME A KEY COMPONENT OF Schedule O (Form 990 or 990-EZ) (2017) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

732211 09-07-17

INDEPENDENCE SEAPORT MUSEUM

Employer identification number 23-1584971

PHILADELPHIA'S WATER FRONT RENAISSANCE.

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

PUBLIC PROGRAMS INCLUDED LUNAR NEW YEAR AND PARADE OF LIGHTS. THE

MUSEUM IS ACCREDITED BY THE AMERICAN ASSOCIATION OF MUSEUMS. OVER

110,000 PEOPLE VISITED THE MUSEUM IN FY 2018, INCLUDING 11,000 STUDENTS

WHO TOOK PART IN OUR EDUCATIONAL PROGRAMS. THE MUSEUM PROVIDED NEARLY

19,000 PEOPLE WITH SAFE AND FUN ON-WATER EXPERIENCES THROUGH THE PADDLE

PENN'S LANDING BOAT LIVERY, WHICH RAN FROM MEMORIAL DAY THROUGH LABOR

DAY.

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

THE ORGANIZATION DISTRIBUTES AN ELECTRONIC COPY OF A DRAFT OF FORM 990 FOR REVIEW BY ITS AUDIT AND FINANCE COMMITTEE. A MEETING IS THEN HELD, IF NECESSARY, TO DISCUSS ANY ISSUES OR QUESTIONS WITH THE DRAFT RETURN. ONCE ALL ISSUES HAVE BEEN RESOLVED, THE AUDIT AND FINANCE COMMITTEE APPROVES THE FINAL FORM 990 FOR FILING.

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

ALL STAFF AND BOARD MEMBERS OF THE ORGANIZATION ARE REQUIRED TO SIGN A

CONFLICT OF INTEREST STATEMENT DISCLOSING ANY POTENTIAL CONFLICTS ANNUALLY.

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

WARDENS AND A DECISION MADE AS TO WHETHER THE CONFLICT INTERFERES WITH

HIS/HER DUTIES. IF ALLOWED TO REMAIN THEY WOULD BE INELIGIBLE TO BE

INVOLVED IN THE DECISION MAKING OR VOTING PROCESS THAT INVOLVES THE

CONFLICT. DURING 2017, ALL INDIVIDUALS COMPLETED THE REQUIRED FORMS ON A

TIMELY BASIS.

SCHEDULER (Form 990) Name of the organization

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

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

INDEPENDENCE SEAPORT MUSEUM

Open to Public Inspection 2017

OMB No. 1545-0047

Employer identification number

(g) Section 512(b)(13) controlled Š × Direct controlling Yes 23-1584971 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. Direct controlling End-of-year assets N/A 9 status (if section Public charity 501(c)(3)) LINE 7 Total income ਉ Exempt Code section 501(C)(3) Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) Legal domícile (state or foreign country) PENNSYLVANIA Primary activity Primary activity 2 For Paperwork Reduction Act Notice, see the Instructions for Form 990. MUSBUM FLAGSHIP OLYMPIA FOUNDATION - 81-2506869 Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity PHILADELPHIA, PA 19106 211 S COLUMBUS BLVD Part Part

Schedule R (Form 990) 2017

Page 2

INDEPENDENCE SEAPORT MUSEUM Schedule R (Form 990) 2017

Percentage ownership 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. Ξ 氢 General or F managing partner? Yes No 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. 9 Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (0) Disproportionate Yes No allocations? Ē (g) Share of end-of-year assets Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d)
Direct controlling
entity (c)
Legal
domicile
(state or
foreign Primary activity 3 Name, address, and EIN of related organization Œ PartIII Part IV

(g) (h) Section Share of Percentage 572b/13) end-of year ownership controlled entity? assets Yes No			Schedule R (Form 990) 2017
(f) Share of total income			
(e) Type of entity (C corp. S corp, or trust)			
(d) Direct controlling entity			
(c) Legal domicile (state or foreign country)	440		
(b) Primary activity			
(a) Name, address, and EIN of related organization			

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ons with one or more	elated organizations liste	J in Parts II-IV?	Yes	<u>8</u>
	uty			†	×
Gift, grant, or capital contribution from related organization(s)				a	×
				2	×
e Loans or loan guarantees by related organization(s)				p,	×
f Dividends from related organization(s)				0	4
: _				11	×
ation(s)				19	X
				ŧ	×
j Lease of facilities, equipment, or other assets to related organization(s)				;=] :	×
k Lease of facilities, equipment, or other assets from related organization (s)				7	×
I Performance of services or membership or fundraising solicitations for related organization(s)	ed Organization(s)			¥	×
	anization(s)			=	×
	tion(s)			표.	× :
 Sharing of paid employees with related organization(s) 				÷ ,	×
p Reimbursement paid to related organization(s) for expenses				10 V	
Reimbursement paid by related organization(s) for expenses				1p	×
***************************************				19	×
Other transfer of cash or property to related organization(s)				-	Þ
2 If the answer to any of the above is 100 from related organization(s)				<u>+</u> 4	< >
the day of the appears 188, see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete th	is line, including covered	elationships and transaction thresholds.	2	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved	
(1) FLAGSHIP OLYMPIA FOUNDATION	0	O			
(2)					
(3)					
(4)					
(5)					
(9)					
732763 05-11-17			Schedule	Schedule R (Form 990) 2017	2017

Schedule R (Form 990) 2017 INDEPENDENCE SEAPORT MUSEUM

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.

That was not a related organization. See its flocuous regarding excellent operations from	Still de La Calaine de Arrie	(9)	(P)	(e)	E)	(b)	(F)	(1)	0)	8
(a)	(m)			Angall		Share of	Dispropor	Code V-UBI	General o	Percentage
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated,	9 partners sec. 501(c)(3)	Sriare of total	end-of-year	tionate allocations?	amount in box 20 managing ownership	managing partner?	ownership
ol entry		country)	excluded from tax under sections 512-514)	Yes No		assets	Yes No	(Form 1065)	Yes	
							-			
							\downarrow		L	
							-			
		****		•						
	1									
	•						$\frac{1}{1}$			
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		···								
								Schedu	16 R (Fo	Schedule R (Form 990) 2017

Part VII Supplemental Information.	23-1584971 Page 5
Provide additional information for responses to questions on Schedule R. See instructions.	
See instructions.	

·	

732165 09-11-17

Form	990-T	E	xempt Organ	nization Busi			x Return	-	OMB No. 1545-0687
		Farasi	endar year 2017 or other tax year				30. 201	8	2017
		Forcal				s and the latest informati		<u> </u>	2011
Departm Internal	nent of the Treasury Revenue Service		Do not enter SSN number						pen to Public Inspection for 11(c)(3) Organizations Only
A [Check box if address changed		Name of organization (Check box if name ch	anged a	nd see instructions.)		D Employ (Employ instruct	er identification number /ees' trust, see ions.)
B Exe	mpt under section	Print	INDEPENDENCE	SEAPORT MU	JSEU.	M			-1584971
[X]	501(c)(3)	or	Number, street, and room		, see ins	tructions.			ed business activity codes tructions.)
	408(e) 220(e)	Туре	211 S COLUME					4	
	408A530(a) 529(a)		City or town, state or prov	A, PA 1910		postal code		7224	40 531120
O Book	value of all assets id of year 30,769,2		F Group exemption numb		<u> </u>				
						501(c) trust	401(a) trust	Other trust
			ary unrelated business activ	<u> </u>		STATEMENT 1		Yes	X No
			oration a subsidiary in an a		(-subsic	naty controlled group?			22 110
			tifying number of the parent	Corporation.		Telenhor	ne number 🕨 2	15-4	113-8655
Par	t I Unrelate	d Trac	de or Business Inc	ome		(A) Income	(B) Expense		(C) Net
	Gross receipts or sale		29,706.			.,,		- i	——————————————————————————————————————
	Less returns and allo			c Balance	1c	29,706.			
			A, line 7)		2	43,603.			
			rom line 1c		3	-13,897.			-13,897.
			ch Schedule D)		4a				
			Part II, line 17) (attach Form		4b				
			sts		40				
5	Income (loss) from p	artnersh	nips and S corporations (att	ach statement)	5				
8	Rent income (Schedu	ile C)		**********************	6	26,600.	26,6	500.	· · · · · · · · · · · · · · · · · · ·
			me (Schedule E)		7				
8	Interest, annuities, ro	yalties,	and rents from controlled o	rganizations (Sch. F)	8				
			an 501(c)(7), (9), or (17) o						
			ome (Schedule I)		10				
			e J)		11	0 727			9,737.
	•		ns; attach schedule) S7		12 13	9,737.	26,6	500	-4,160.
13 Par	t ii Deductio	ne N	_{igh 12} ot Taken Eisewher	A (See instructions to			20,0	700.1	4,100.
<u> </u>			utions, deductions must				ncome.)		
14			irectors, and trustees (Sche					14	
15	•			•				15	
18								16	
17								17	
18	Interest (attach sch	edule)	***************************************	***************************************				18	
19								19	
20			e instructions for limitation					20	
21	Depreciation (attack	Form 4	562)			21			
22			n Schedule A and elsewher					22b	
23			······································					23	
24			ompensation plans					25	
25			ahadida N					28	
28			chedule I)					27	
27 28			chedule J)hedule)					28	
20			s 14 through 28					29	0.
30			income before net operating					30	-4,160.
31			n (limited to the amount on					31	
32			income before specific dedu					82	-4,160.
33	Specific deduction ((General	ly \$1,000, but see line 33 in	structions for exceptions	i)	***************************************		33	1,000.
34	Unrelated business	taxable	income. Subtract line 33	from line 32. If line 33 is	greater	than line 32, enter the sm	aller of zero or		
			***************************************					34	-4,160.
723701	01-22-18 LHA F	or Pape	rwork Reduction Act Notice	, see instructions.					Form 990-T (2017)

			om MICTIM			23-1584	971	Page 2
orm 990-Y (20	017)	INDEPENDENCE SEAPO	K.T. MOSTOM					
Part III	Tax	Computation	utura for day computation					
35 O	rganizati	ons Taxable as Gorporations. See instr	deligns for tax computation.	netions and:		1		
				that order):				
a E	nter vous	share of the \$50,000, \$25,000, and \$9,5	25,000 taxable income brackets (iii	time of mary.		l.		
					1	ľ		
bE	inter orga	nization's share of: (1) Additional 5% ta	X (not more than \$11,00)			1		
		t and the foot mare than \$100 (101)				▶	36c	0.
0 1	ncome te	ix on the amount on line 34	manufacture language for on H	ha amount an Il	ne 34 from:			
36 T							36	
							37	
37 F						*41144	38	
							39	
							40	<u> </u>
40	Total. Ac	on-Compliant Facility Income. See inst id lines 37, 38 and 39 to line 35c or 36, v	Anichever applies	****************	***************************************			
Part IV	/ Ta	x and Payments		14	1a		1122	
	- 1	Jik /anyonyoilano attach Form 1118	L'ILUSTE SUSCILLOUIL 1 LED.		1b			
				beer and the bear of the contract of the				
					110			
d	Credit fo	business credit. Attach Form 3800 or prior year minimum tax (attach Form 8	8010[8027]			********	418	
ė	Total or	edits. Add lines 41a through 410					42	0.
42	Subtrac	edits. Add lines 4 ta through 4 to tilne 41e from line 40 xes, Check if from: Form 4255	7 5 0011 Form 8697	Form 8866	Oth	e) (attach schedule)	43	
43	Other ta	xes. Check if from: Form 4255	_] FOUR OOT (FOUR OOS) C.				44	0.
44	Total ta	xes, Check if from: rorm 4235 x. Add lines 42 and 43	, a		45a			
45 a	Paymer	nts: A 2016 overpayment credited to 201			45b			
þ	2017 es	stimated tax payments	,442,444,645,1441,444,444,444,444,444,444,444,444,	,	450			
C	Tax dep	nosited with Form 8868			45d			
đ	Foreign	organizations: Tax pald or withheld at so	Mice (see managama) """""""""""""""""""""""""""""""""""	13,341,411,411,411	45e			
6	Backup	withholding (see instructions)	Juma (Attach Form 8041)		45f			
- 1	Credit f	or small employer health insurance pren	1 Earn 0490					
g	Other o	or small employer health insulative particular fredits and payments:] FORM 2439	Total	45g			
	F	orm 4136) Other			***************	46	
46		orm 4 136 eyments. Add lines 45a through 45g ted tax penalty (see instructions). Check	RECAPAL 9990 DE SESTEMBO 😿 📗 🚶				-	
47							48	0.
48	Tax du	e. If line 46 is less than the total of lines ayment. If line 46 is larger than the total	of lines 44 and 47, enter amount ov	rerpaid				<u> </u>
49	Overpa	ayment. If line 46 is larger than the total he amount of line 49 you want: Credited	to 2018 estimated tax			Refunded	- 50	
50		Latarrando Donardina COMS	un activities and viner i	nformation	1 (see in	structions)	gen	l Vice I Ma
Part		الماله حمدينا والمستحد منايا	the areanization have an interest in	or a siumature t	N OHIO GOL	110110		Yes No
61		1 thank accurition or of	hari in a intainti collilli vi il Thoi li	O OF BUILDANDIN	11043 1100-1			
	0V61 S	financial account (bank, securities, or of N Form 114, Report of Foreign Bank and	Financial Accounts, if YES, enter th	e name of the fo	oreign coun	try		X
	hara l	(TOTAL TEST TOPOLE OF THE OWN TO						
=0	Durin.	g the tax year, did the organization receiv	e a distribution from, or was it the (grantor of, or tre	insferor to,	a foreign trust?	, , , , , , , , , , , , , , , , , , , ,	
52	14 1/00	e and instructions for other forms the OF	ganization may have to the.					
53	Enter	the amount of tax-exempt interest receiv	ed or accrued during the tax year	<u>>\$</u>		to the best of my kee	vledce and	ballef, it is true,
, 03	Un	the amount of tax-exempt interest received are penalties of perjury. I declare that I have examined, and complete. Declaration of preparer (other	nined this return, including accompanying er than texpayer) is based on all information	ocuedaje eng sjo	pagany kno	Miedde.		
Sign	. 60	rect, and complete, Declaration of preparet (office	1 EMEIODAD }	ATCR CH	DD DLL	•	May the I	RS discuss this return with rer shown below (see
Here		William L Lune (1(4)	3/13/2010	TREASUR	EK.			ns)? X Yes No
		Signature of officer	Date			Chaol	If P	TIN
····		Print/Type preparer's name	Preparer's signature	Da	97	Check	- 1	111
, ·	J	A Company of the Comp		ĺ		self- employ	ou I	P00029799
Paid		THOMAS MCGLONE				Firmals Frisi		11-1986323
	parer	Firm's name MARCUM LLI)	AAA		Firm's EIN		
USe	Only	1601 MAI	KEE STREET, 4111	RTOOK		Phone no.	(21	5) 297-2100
		Firm's address > PHILADE	LPHIA, PA 19103			1 Hollo Hor		Form 990-T (20
								·

	THE TENTE CEADORY MISEIM		2	3-158	497	1		Page	2
Form 990-T									
Part II	Tax Computation		1100, 100			İ			
35	Organizations Taxable as Corporations. See instructions for tax computation.				1]			
	Controlled group members (sections 1561 and 1583) check here See instructions and:					l			
8	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		l		1				
						1			
b			7		1			_	
	(2) Additional 3% tax (not more than \$100,000)		_		35c			0	<u>.</u>
O	the amount on line 3/		from:						
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on lin			>	36	1			
	Tax rate schedule or Schedule D (Form 1041)				37				
37	Proxy tax. See instructions		***********		38	Ι			
38	Afternative minimum tax				39	\perp			
39	Tax on Non-Compliant Facility Income. See instructions	*****			40	Τ		(<u>).</u>
40	Tax on Non-Compilant Facility literates. Cost institutions Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies								
Part	V Tax and Payments	ia			T				
41 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1118)								
b	Other eredite (egg instructions)	_]				
C	General business credit. Attach Form 3800	1d							
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	·			41	<u>. </u>			
6	Total credits. Add lines 41a through 41d				42				<u>0 .</u>
42	Subtract line 41e from line 40 Other taxes, Check if from: Form 4255 Form 8611 Form 8697 Form 8866	Γ	Other (att	sch schedule)	48	,			
43	Other taxes, Check if from: Form 4255 Form 6611				44				0.
44	Total tax. Add lines 42 and 43	5a	i			-			
45	a Payments: A 2016 overpayment credited to 2017	15b							
	h 2017 estimated tax payments	45c							
	- Tay deposited with Form 8868	45d				1			
	d Foreign organizations; Tax paid or withheld at source (see Instructions)	45e							
	Backup withholding (see instructions) Adding (see instructions) Adding (Adding Earm 8941)	45f			\Box	-			
	f Credit for small employer health insurance premiums (Attach Form 8941)	<u></u>							
	g Other credits and payments: Form 2439 Total ▶	45a							
	Form 4136 Other Total Total Total Payments. Add lines 45a through 45g	_			4	6			
46	Total payments. Add lines 45a through 45g Estimated tax penalty (see instructions). Check if Form 2220 is attached				. 4	7			
47	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed				► <u> </u>	18			<u>0.</u>
48	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid)	≻	19			<u>0.</u>
49	in the third of the date of the third the		I NOLL	1114444	<u> </u>	50			
50	Enter the amount of line 49 you want; credited to 20 to summated tax V Statements Regarding Certain Activities and Other Information	(s	ee instruc	tions)	<u>-</u>				
	the cost and a secondar year did the organization have an interest in or a signature or	r othe	er authority				ļ	Yes	No
51	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization m	iay h	ave to file				-		ı
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the for	reign	country]	-U-
									<u> </u>
-	here During the tax year, did the organization receive a distribution from, or was it the grantor of, or trans	nsfer	or to, a fore	ign trust?					
5:	If YES, see instructions for other forms the organization may have to file.								
E							ind it in true		
5	Senter the amount of tax-exempt interest received or accrued during the tax year Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer to the tax payer) is based on all information of which preparer to the tax payer).	ement has ar	s, and to the l ny knowledge	best of my หก ,	owedge	and Del	iei, it is true	· .	
Sigr	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which is considered to the constant of the	AII	₹ &:		May	the IRS	discuss this	s return Y	vith
Her	e INDADOR	ER							-1 N.
***	Signature of officer Date Title					_	X Y	63	No
	Print/Type preparer's name Preparer's signature Date	θ	1	Check	_) if	PTIN			
	Printity type propared a manual			self- emplo	yed				
Pai	TOTOMAS MOTALICINES 1 STATE TO THE TOTAL T						0029		
	Simila nama - MARCHM LLP			Firm's EIN		<u>11</u>	<u>-198</u>	032	د.
Us	e Only 1601 MARKET STREET, 4TH FLOOR			1	, .			. 01	0.0
	Firm's address PHILADELPHIA, PA 19103			Phone no	. (2	<u>.15)</u>	297	- <u>41</u>	.00
_	1 This of the state of the stat						Form 9	9U-1	(2017)

Schedule A - Cost of Goods	Sold. Enter i	nethod of invento	ry va	luation > N/A						
1 Inventory at beginning of year	1	0.	-	Inventory at end of year			6_			0.
2 Purchases	1 1		7	Cost of goods sold. Sub						
3 Cost of labor	1 - 1			from line 5. Enter here ar	nd in Pa	art I,			2 60	12
a Additional section 263A costs				line 2				4	3,60	
(attach schedule)	48		8	Do the rules of section 2					Yes	No
b Other costs (attach schedule)		43,603.		property produced or acc	quired f	or resale) apply to				7.7
		43,603.		the organization?						X
5 Total, Add lines 1 through 40 Schedule C - Rent Income (F (see instructions)	rom Real F	Property and I	Per:	sonal Property Le	ased	With Real Prop	erty.) 		
. Description of property								w		
(1) THEATER WITHIN MU	SEUM'S	FACILITIE	<u>ss</u>							
(2)										
(3)								<u></u>		
(4)										
<u> </u>	2. Rent receive	ed or accrued				3(a) Deductions direct	ly conne	cted with the	income in	į
(a) From personal property (if the perce	ntage of	(b) From real an	d pers	onal property (if the percentage property exceeds 50% or if	Ð	' columns 2(a)	and 2(b)	(attach sched	ule)	
rent for personal property is more than 50%)	дая	the rent	is bas	sed on profit or income)		SEE STA	TEM		~	~~
(1)				26,60	00.				26,6	<u> </u>
(2)										
(3)										
(4)										
Total	0.	Total		26,60	00.					
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column	(a) and 2(b). Er			26,60	00.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	▶		26,6	00
Schedule E - Unrelated Deb	(A) t-Financed	Income (see i	nstri							
Schedule E - Officiated Deb	t-i munoca	miconic (see)	I		· · · · · ·	3. Deductions directly o	onnecte	d with or alloc	able	
				2. Gross income from		to debt-fine	anced pr	(b) Other	ale du otic	
1. Description of debt-fine	anced property		İ	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(attach	schedule)	155
			╁╾							
<u>(1)</u>			+-		<u>├</u>	······································				
(2)			╁							
(3)		***	╁							
(4)			+-	A 5.1 A 5.11.1		7. Gross income		8. Alloca	ble deduc	tions
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or debt-fin	e adjusted basis allocable to anced property ch schedule)		8. Column 4 divided by column 5		reportable (column 2 x column 6)		(column 6 x		olumns
(1)				%						
(2)				%	<u> </u>					
(3)	****		Γ	%						
(4)				%						
<u> </u>			••			Enter here and on page 1, Part I, line 7, column (A).		Enter here Part I, line		_
				▶	1		0.			0
Totals	امد! ام مادرات	0								0
Total dividends-received deductions in	icianea iu comi	ш о						Fo	rm 990 -	T (20

723731 01-22-18

(3) (4)

0.

0

Totals (carry to Part II, line (5))

0.

Form 990-T (2017)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, till in columns 2 through 7 on a line-by-line basis.) 7. Excess readership costs (column 6 minus column 5, but not more than column 4). 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 6. Readership 5. Circulation 2. Gross 3. Direct costs advertising income income advertising costs 1. Name of periodical (1) (2) (3) (4) 0. 0. ▶ 0. Totals from Part I Enter here and Enter here and on page 1, Part I, line 11, col. (B). Enter here and on page 1, Part I, line 11, col. (A). on page 1, Part II, line 27. 0. 0 Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business 4. Compensation attributable to unrelated business 2. Title 1. Name % (1) % (2) % (3) % (4) 0. Total. Enter here and on page 1, Part II, line 14 Form 990-T (2017)

10,264.

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

THE MUSEUM ENTERED INTO A FIVE YEAR AGREEMENT WITH A THEATER COMPANY FOR USE OF THE THEATER WITHIN THE MUSEUM'S FACILITIES. THE MUSEUM ALSO RUNS A GIFT SHOP.

TO FORM 990-T, PAGE 1

NOL CARRYOVER AVAILABLE THIS YEAR

FORM 990-	Т	OTHER INCOME		STATEMENT 2
DESCRIPTI	ON			AMOUNT
TRANSPORT	ATION/PARKING FRING	GE BENEFITS TO EM	PLOYEES	9,737
TOTAL TO	FORM 990-T, PAGE 1	, LINE 12		9,737.
FORM 990-	r net	OPERATING LOSS I	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/13 12/31/14 12/31/15	23,148. 33,500. 18,110.	23,148. 33,500. 7,846.	0. 0. 10,264.	0. 0. 10,264.

FORM 990-T	COST OF GOODS SOLD - OTHER COSTS	STATEMENT 4
DESCRIPTION		АМОИЙТ
COST OF SALES		43,603.
TOTAL TO FORM 990-T	, SCHEDULE A, LINE 4B	43,603.

10,264.

FORM 990-T	DEDUCTIONS	CONNECTED	WITH REN	TAL	INCOME	STATEMENT 5
DESCRIPTION			ACTIV NUMB		AMOUNT	TOTAL
ALLOCATED SALARY ALLOCATED RENT ALLOCATED UTILITY	IES	- SUBTOTA	L -	1	6,346. 9,717. 10,537.	
TOTAL TO FORM 99	0-т, schedu	LE C, COLU	MN 3			26,600.

Form 99	90-T	E	Exempt Orga	nization Bu	sine	ss Income T	ax Retur	n [OMB No. 1545-0687
		Į	(a	ind proxy tax und	der sed	ction 6033(e))		- 1	00.45
		Forca	lendar year 2017 or other tax ye	ear beginning JUL 1	<u>, 201</u>	17 _, and ending $J ar U$	N 30, 20	<u> 18</u> .	2017
Department Internal Revo	of the Treasury enue Service	<u> </u>	Do not enter SSN number	v.irs.gov/Form990T for i ors on this form as it ma	y be mad	le public if your organiz	ation. ation is a 501(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
	heck box if ddress changed		Name of organization (Check box if name	changed	and see instructions.)		D Empl (Emp	oyer identification number loyees' trust, see
	t under section	Print	INDEPENDENC	E SEAPORT M	USEU	M		!	3-1584971
X 501		Or	Number, street, and roor	n or suite no. If a P.O. bo	ox, see in:	structions.	****	E Unrei	ated business activity codes
408		Туре	211 S COLUM	BUS BLVD				(See i	nstructions.)
408			City or town, state or pro	vince, country, and ZIP e		postal code		1	
529		ļ	PHILADELPHI		06	···		722	440 531120
at end of	e of all assets year IO 769 2	96	F Group exemption num	ber (See instructions.)	<u> </u>		****		
H Describe	s the organization	's orima	G Check organization typ try unrelated business acti				401(a	ı) trust	Other trust
I During t	he tax year, was	the corn	oration a subsidiary in an	offiliated group or a para	DEE.	STATEMENT 1		· · · · · · · · · · · · · · · · · · ·	
If "Yes,"	enter the name a	nd ident	ifying number of the parer	atinated group of a pare	111-800510	nary controlled group?	>	Ye	s X No
J The bool	ks are in care of		IANAGEMENT	****		Telenh	one number 🕨 🕻	215_	/112_06EE
Part I	Unrelated	l Trad	e or Business Inc	ome		(A) Income	(B) Expense		(C) Net
1a Gross	s receipts or sale:	S	29,706.						107.1101
	returns and allow			c Balance	10	29,706.			
2 Cost	of goods sold (So	chedule	A, line 7)		2	43,603.			
	s profit. Subtract				3	-13,897.	7		-13,897.
4 a Capita b Net o	ai gain net incom: ain (loce) (Earm :	e (aπacr	Schedule D)	AMOUNT	48	****			
c Capita	an (1035) (rum. Al loss deduction	for true	urt II, line 17) (attach Form ls	4/9/)	4b		···		
5 Incom	ne (loss) from pa	rtnershi	os and S corporations (atta	ach statement)	4c 5				
	income (Schedule		o orporations (act		6	26,600.	26,6	<u> </u>	
			e (Schedule E)	***************************************	7	20,000.	20,0	00.	
8 Intere	st, annuities, roya	alties, ar	id rents from controlled or	ganizations (Sch. F)	8		· · · · · · · · · · · · · · · · · · ·		
9 Invest	tment income of a	a section	1 501(c)(7), (9), or (17) or	ganization (Schedule G)	9		****		****
10 Exploi	ited exempt activi	ty incon	ne (Schedule I)		10				****
11 Advert	tising income (So	hedule .	J)		11				
12 Other 13 Total	mcome (See inst	ructions	; attach schedule) ST	ATEMENT 2	12	9,737.			9,737.
Part ii	Deduction	s inroug	h 12 Taken Elsewhere	1600 instruction 4	13	22,440.	26,6	00.	-4,160.
	(Except for co	ontribut	ions, deductions must	be directly connected	r minitati With the	ons on deductions.) Lunrelated business i	ncome)		
14 Comp	pensation of offic	ers, dire	ctors, and trustees (Sched	lule K)		an olated basiness	100/110.)	T 4. T	
15 Salar	les and wages			,	*********		***************************************	14	
io itopa	no una mamena							15 16	***
17 Dau u	19119	• • • • • • • • •		*****************************				17	****
10 1111010	ior (arranii oniinii	на)						18	
19 19Y82	s anu ilcenses							19	
AU Ondin	table collination	12 (289.1	nan actions to hillitation L	uies)				20	
22 Less	depreciation clain	ned on S	2) Schedule A and elsewhere	on ratura		21			
23 Deple	tion	1100 011 0	ANTOGOTO W STILL BESONNESS	UII 18(UI)1		[228]		22b	
24 Contri	ibutions to deferr	ed com	Densation plans				******************	23	**
Zo chipic	syaa nariatir hi ogi	iains i	***************************************				i	24 25	
28 Exces	s exempt expense	88 (OCHE	(CERT)				ļ	26	****
E) EV009	o roadoronip cost	ร (อยแต	uute J)				1	27	
20 Outo	abaucions (anac	ar schou	шө)				ŀ	28	
Lo lotal	adductions, Aud	111100 14	thirough zo					29	0.
oo onioia	rran nasiliass raxe	TOTA HIGG	nne pelote het obetating b	oss deduction. Subtract i	line 29 fre	om line 13	ł	30	-4,160.
32 Unrela	ited business taxs	able incr	mited to the amount on lin	inn Suhtrant line 21 fran	m line ac	DEE STATE	MENT 3	31	4 4 5 5
33 Specifi	ic deduction (Ger	erally \$	1 NNN hut coa lina 22 inct	ructions for exceptions)	ត ពារម 30			32	$\frac{-4,160.}{1,000.}$
								33 i	T'000°
34 Unrela	ated business tax	able inc	come. Subtract line 33 fro	m line 32. If line 33 is ar	eater tha	n line 32, enter the smal	er of zero or		
line 32	ITEG DUSINESS TAX	(adie inc	come. Subtract line 33 fro	ım line 32, if line 33 is gr	eater tha	n line 32, enter the smal	ler of zero or	34	-4,160.

1601 MARKET STREET, 4TH FLOOR

Use Only

Phone no.

(215) 297-2100

Form 990-T (2017)

Firm's name MARCUM LLP

Firm's address ➤ PHILADELPHIA, PA 19103

-orm 990-1			CE DEAF	JKI MUBBUM						
Part II		ax Computation					****	<u> </u>		
35	Organi	zations Taxable as Corp	orations. See ins	tructions for tax computat	on.			i		
	Contro	lled group members (sec	tions 1561 and 19	563) check here 🕨 🔙	See instructions	and;				
8	Enter y	our share of the \$50,000		925,000 taxable income t	rackets (in that ord	ler):	T			
	(1)	\$	_] (2) [\$		(3) \$		4	ļ	1	
b	Enter o	organization's share of; (1) Additional 5% t	ax (not more than \$11,75)) <u>[\$</u>		4	١		
	(2) Ad	lditional 3% tax (not more	than \$100,000)	***************************************	[\$		J	. .	_	0.
C	Incom	e tax on the amount on li	ne 34	,,					350	
36				for tax computation. Incom						
				orm 1041)				· -	36	
37								´ -	37	411117
38	Alterna	ative minimum tax							38	
39				tructions				···	39	0.
40				whichever applies			***************************************		40	
Part I		ax and Payments				Т Г		Т		
41a	Foreig	n tax credit (corporations	attach Form 111	8; trusts attach Form 1116)					
b	Other	credits (see instructions)				41b	"			
C	Genera	al business credit. Attach	Form 3800			. 41c				
d	Credit	for prior year minimum t	tax (attach Form 8	801 or 8827)		. 41d				
6	Total	credits. Add lines 41a thi	rough 41d					··· ►	416	0.
42	Subtra	act line 41e from line 40	<u></u>	<u></u>			a		42	
43	Other	taxes. Check if from;	_i Form 4255	Form 8611 Form	1 8697 Form	8866 [Uther (attach sched	uie)	43	0.
44								├	44	<u></u>
45 a				7		1 1				
				urce (see instructions)						
е							-,1111151			
f				iums (Attach Form 8941)		451				
g	Other	credits and payments;		Form 2439						
				Other		•				
46	Total	payments. Add lines 45a	through 45g					··· ⊦	46	
47	Estim	ated tax penalty (see inst	ructions). Check i	f Form 2220 is attached	▶			~::	47	0.
48	Tax d	l ue. If line 46 is less than	the total of lines	14 and 47, enter amount o	wed				48	0.
49				of lines 44 and 47, enter a					50	
50	Enter	the amount of line 49 yo	u want; Credited	to 2018 estimated tax	thor Informa	tion (and	Refunded		50 J	
Part '				n Activities and C						Yes No
51	At any	y time during the 2017 ca	alendar year, did t	he organization have an in	(00000 m or a signat	tion may have	to filo			100 10
	over	a financial account (bank	, securities, or oth	er) in a foreign country? I	onter the name of t	the foreign co	untru			
			oreign Bank and F	inancial Accounts. If YES,	eliter me itame or i	ille foteiðii co	una y			X
	here			a distribution from, or wa	o it the granter of r	or transforor t	o a foreign trust	>		
52					S II life granitor or, t	or nanalator (o, a loroigh adoc			
	If YES	s, see instructions for our	18f 10fffis till Ofyd of interact raceiva	inization may have to file. d or accrued during the ta	vear >\$					
53	EIILUI	nder nenalties of periury. I dec	lare that I have exam	ned this return, including according the taxpayer) is based on all in	npanying schedules an	d statements, ar	nd to the best of my l	nowledg	ge and belief, it i	s true,
Sign	cc	orrect, and complete. Declarati	on of preparer (other	than taxpayer) is based on all in	formation of which pre VICE	parer has any kr CHAIR	nowledge.	T _{Va}	v the IDC discus	s this return with
Here					TREAS	URER		the	y the insidiscus preparer shown	below (see
		Signature of officer		Date	Title			insi	tructions)? X	Yes No
		Print/Type preparer's n	ame	Preparer's signature		Date	Check	if	PTIN	
D		1 min 13ko htohman o m		I '	2 - M		self- emp	oyed		
Paid		THOMAS MCGL	ONE		2 L_					29799
Prep		Firm's name ► MAF					Firm's E	N ►	<u>11-1</u>	986323
Use	Only	1	L601 MAR	KET STREET,	4TH FLOOR	R				
				PHIA, PA 191			Phone n	o. 🕻 🖰		97-2100
,	_								Corr	290-T (2017

Schedule A - Cost of Good	s Sold. Ente	r method of inven	tory valuation N/	Α				
1 Inventory at beginning of year		0.	6 Inventory at end of y			8		
2 Purchases			7 Cost of goods sold.	Subtract I	ino R	0		0
3 Cost of labor	3		from line 5. Enter her					
4a Additional section 263A costs		M	1		- ai i i,	_ [43	602
(attach schedule)	4a		8 Do the rules of section	n 263A (with reenant to	7	43, Ye	603
b Other costs (attach schedule)		43,603.	property produced or				Ye	es No
5 Total. Add lines 1 through 4b	5	43.603.	the organization?					1,7
Schedule C - Rent Income	(From Real	Property and	Personal Property	Lease	d With Real Prop	erty)	<u></u>	X
(see instructions)	****		······································					
Description of property								
(1) THEATER WITHIN M	USEUM'S	FACILITII	IS .	"lin	41. vii	····	****	
(2)								
(3)								
(4)			······································		····		···	
	2, Rent receiv	ed or accrued						
(a) From personal property (if the perconnection personal property is more	entage of	(b) From real an	d personal property (if the percent	age	3(a) Deductions directly	connected	with the income	e in
10% but not more than 50%)	tnan	of rent for pe	rsonal property exceeds 50% or if is based on profit or income)		columns 2(a) and 2(b) (attach schedule) SEE STATEMENT 5			
(1)	····		26,6	500	DEE SIKI	EMEN		<u> </u>
(2)			20,0	,,,,,			40,	600.
(3)	*****		***	···	****			
(4)	***	****	· · · · · · · · · · · · · · · · · · ·		···· · · · · · · · · · · · · · · · · ·	****		
िक्व]	0.	Total	26,6	00				
c) Total income. Add totals of columns :	2(a) and 2(h) En	tor .	20,0	,00.	(b) Total deductions.			
ere and on page 1, Part I, line 6, column	(A)		26,6	ا مم	Enter here and on page 1.			
ichedule E - Unrelated Deb	t-Financed	Income (see it	nstructions)	700.	Part I, line 6, column (B)		26,0	600.
		· · · · · · · · · · · · · · · · · · ·		`	3. Deductions directly con	nected with	or offeesbla	
		1	Gross income from or allocable to debt-		to debt-finance	ed property	и апосабје	
1. Description of debt-fina	anced property		financed property	(a) s	traight line depreciation (attach schedule)	{b	Other deduction	ວຸກຣ
				}	(armon seriedale)		attach schedule	i)
(1)	······································							
(2)	****			 	······································	 		
(3)								
(4)	7///		****	····		╃┈──		
4. Amount of average acquisition	E Average	adjusted basis				ļ		
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or al	locable to	Column 4 divided by column 5		7. Gross income reportable (column		Allocabie deduc mn 6 x total of co	
	(attach	ced property schedule)			2 x column 6)		3(a) and 3(b))	
1)			%	<u> </u>	·····	 		
2)			%			 		
3)			%		****	 	***************************************	
)			% %				·	
				Ente	er here and on page 1.	Enter	here and on v	
			İ		t I, line 7, column (A).		here and on pag I, line 7, column	
otals			_		0.	1		0.
otal dividends-received deductions incl		*****************			11.			

Form 990-T (2017)

chedule F - Interest, A	nnuities, Royalti		From Cor Controlled Or			ions (see in	structions)		
1. Name of controlled organization	on 2. Empl identifica numb	oyer 3. Net unre			of specified	5. Part of column 4 included in the con organization's gross	trolling	Deductions directly connected with income in column 5	
						**			
)			-awir					·····	
)									
3)									
)									
onexempt Controlled Organiz					40 - D-1-1-1	- Other in included	T 44 Dode	uctions directly connected	
7. Taxable Income	Net unrelated income (see instructions)		of specified payr made	nents	in the controllingross	n 9 that is included g organization's income	with	ncome in column 10	
)									
2)							<u> </u>		
3)									
4)									
					Enter here and o	ns 5 and 10. on page 1, Part I, olumn (A).	Enter he	l columns 6 and 11. re and on page 1, Part I, ine 8, column (B).	
ntals				,		0,	,	0	
chedule G - Investme	nt Income of a S	ection 501(c)(7	7), (9), or (17) Org	anization				
(see instr									
1 Desc	ription of income		2. Amount of	income	 Deduction directly connect 	ated 4. Se	et-asides n schedule)	5. Total deductions and set-asides	
					(attach schedu	ute) (crazo.	Tolleaning	(col. 3 plus col. 4)	
1)		****							
2)		*****							
(3)							****		
(4)			Enter here and	on page 1.		J		Enter here and on page	
			Part I, line 9, o	olumn (A).				Part I, line 9, column (E	
otals		•		0.				0	
Schedule I - Exploited		Income, Other	Than Ad	vertisin	g Income				
(see instru	(crions)		-T :						
Description of exploited activity	Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net inco from unrelate business (o minus colur gain, compu throug	of trade or of umn 2 nn 3), if a rte cols, 5	 Gross inco from activity the is not unrelate business inco 	hat attrit	Expenses outable to olumn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(4)	— ——	····	1	· · · · ·	***				
(1) (0)				1-11					
(2)			 						
(3)	-		+		 				
(4)	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).						Enter here and on page 1, Part II, line 26.	
otals► Schedule J - Advertisi	0.	0.	1						
		nstructions)	reolidator	Racie					
Part I Income From	Periodicals Rep	orted on a Con	isolidated	Dasis					
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	or (loss) a s col. 3). If a	ertising gain (col. 2 minus gain, compu through 7.	5. Circula te income		eadership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)									
(2)									
(3)									
(4)									
Totals (carry to Part II, line (5))	.	0.	0.					Form 990-T (20	
								Lorm HMU-1 (20	

%

%

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.) 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 2. Gross advertising income 7. Excess readership costs (column 6 minus 3. Direct 5. Circulation 6. Readership 1. Name of periodical advertising costs costs column 5, but not more than column 4). (1) (2) (3) (4) Totals from Part I 0. 0. 0. Enter here and on page 1, Part I, line 11, col. (A). Enter here and on page 1, Part I, line 11, col. (B). Enter here and on page 1, Part II, line 27. Totals, Part II (lines 1-5) 0 0 Schedule K - Compensation of Officers, Directors, and Trustees 0. (see instructions) Percent of time devoted to business Compensation attributable to unrelated business 1. Name 2. Title (1) (2) % (3)

> 0. Form 990-T (2017)

(4)

Total. Enter here and on page 1, Part II, line 14

FORM 990-T	DESCRIPTION	OF	ORGANIZATION'S	PRIMARY	UNRELATED	STATEMENT 1	
101111 111	•		BUSINESS ACTIVIT				

THE MUSEUM ENTERED INTO A FIVE YEAR AGREEMENT WITH A THEATER COMPANY FOR USE OF THE THEATER WITHIN THE MUSEUM'S FACILITIES.
THE MUSEUM ALSO RUNS A GIFT SHOP.

TO FORM 990-T, PAGE 1

FORM 990-T OTHER INCOME	STATEMENT 2
DESCRIPTION	AMOUNT
TRANSPORTATION/PARKING FRINGE BENEFITS TO EMPLOYEES	9,737.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	9,737.

FORM 990-T	NET	STATEMENT 3		
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/13 12/31/14 12/31/15	23,148. 33,500. 18,110.	23,148. 33,500. 7,846.	0. 0. 10,264.	0. 0. 10,264.
NOL CARRYO	ER AVAILABLE THIS	YEAR	10,264.	10,264.

FORM 990-T	COST OF GOODS SOLD - OTHER COSTS	STATEMENT 4
DESCRIPTION		AMOUNT
COST OF SALES		43,603.
TOTAL TO FORM 990-	r, SCHEDULE A, LINE 4B	43,603.

FORM 990-T	DEDUCTIONS	CONNECTED	WITH	RENTAL	INCOME	STATEMENT 5
DESCRIPTION			_	CTIVITY NUMBER	AMOUNT	TOTAL
ALLOCATED SALARY ALLOCATED RENT ALLOCATED UTILITI	ES	- SUBTOTAI	 L -	1	6,346. 9,717. 10,537.	26,600
TOTAL TO FORM 990	-Т, SCHEDUI	E C, COLUM	40 0 3			26,600

Form **8868** (Rev. January 2017)

Application for Automatic Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filling of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	's identifyir	ng number		
Гуре or	Name of exempt organization or other filer, see instruc-	tions.		Employer	identificatio	n number (EIN) or		
orint								
Sittle	INDEPENDENCE SEAPORT MUSEUM				23-15	34971		
ife by the due date for iling your	Number, street, and room or suite no. If a P.O. box, see 211 S COLUMBUS BLVD		ions.	Social sec	curity numbe	or (SSN)		
eturn. See nstructions.	City, town or post office, state, and ZIP code. For a fo PHILADELPHIA, PA 19106	reign addr	ess, see instructions.					
Enter the	Return Code for the return that this application is for (file	a separat	e application for each return)			0 1		
Application		Return	Application			Return		
• •);i	Code	Is For			Code		
s For	or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 990		02	Form 1041-A			08		
	0 (individual)	03	Form 4720 (other than individual)			09		
Form 990		04	Form 5227			10		
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
	T (trust other than above)	06	Form 8870	WALNUT ST				
Teleph If the c If this i box	one No. ▶ 215-413-8655 organization does not have an office or place of business of a Group Return, enter the organization's four digit of the group, check this box ▶ quest an automatic 6-month extension of time until the organization named above. The extension is for the organization of the group, check this box ▶ quest an automatic 6-month extension of time until the organization named above. The extension is for the organization of the group, check this box ▶ quest an automatic 6-month extension of time until the organization named above. The extension is for the organization of the group	Group Exe and atta MA` organizatio	Fax No. ited States, check this box mption Number (GEN) ch a list with the names and EINs of Y 15, 2019, to fill on's return for:	If this is fo	r the whole of the externation o	nsion is for.		
3a Ift	Change in accounting period is application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any					
	nrefundable credits. See instructions.			За	\$	0.		
b if ti	nis application is for Forms 990-PF, 990-T, 4720, or 6069), enter an	y refundable credits and			0		
<u>est</u>	imated tax payments made. Include any prior year overp	ayment al	lowed as a credit.	3b	\$	0.		
	lance due. Subtract line 3b from line 3a. Include your pa					0.		
by	using EFTPS (Electronic Federal Tax Payment System).	See instru	etions.	3c	1 \$			
Caution:	If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	453·EO ar	ia Form 887	9-EO for payment		

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045