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Form	990

Department of the Treasury

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Internal Revenue Service

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

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

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

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AI	or the	and and a second a se	enaing		
B a	Check if applicable	c Name of organization		D Employer identifie	cation number
	Addres	HISTORIC SHIPS IN BALTIMORE			
	Name change	Doing business as		52-2	170291
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	802 S. CAROLINE ST.		(410) 539-1797
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,749,579.
	Amend return	BALTIMORE, MD 21231		H(a) Is this a group re	eturn
	Applica	F Name and address of principal officer: NICOLE ROOCCO		for subordinates	?
	pendin	⁹ SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
11	Fax-exe	empt status: 🗴 501(c)(3) 🔄 501(c) ()◀ (insert no.) 🗌 4947(a)(1) (or 📃 527	If "No," attach a	list. (see instructions)
J١	Nebsit	e: VWW.HISTORICSHIPS.ORG		H(c) Group exemption	n number 🕨
KF	^c orm of	organization: 🚺 Corporation 🔄 Trust 🔄 Association 📄 Other 🕨	L Year	of formation: 1984 N	State of legal domicile: MD
Pa	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: ${\tt HIST}$	ORIC S	HIPS IN BALT	TIMORE
nce		PRESERVES AND MAINTAINS USS CONSTELLATION	I, USS	TORSK, LS11	6
Governance	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	ets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	83
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			83
es 8	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			0
vitie	6	Total number of volunteers (estimate if necessary)	6	0	
Activities &	7 a ⁻	otal unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 38	<u></u>	7b	0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		712,578.	1,140,939.
Revenue	9	Program service revenue (Part VIII, line 2g)		1,356,747.	1,246,015.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		20,114.	57,526.
щ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		40,866.	94,866.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,130,305.	2,539,346.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15 :	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,208,856.	1,201,307.
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
adx	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	" `	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		981,844.	1,871,462.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,190,700.	3,072,769.
		Revenue less expenses. Subtract line 18 from line 12		-60,395.	-533,423.
S OL			Be	ginning of Current Year	End of Year
Net Assets (20	Total assets (Part X, line 16)		5,233,357.	4,543,551.
it As	21	Total liabilities (Part X, line 26)		1,136,096.	1,072,820.
		Net assets or fund balances. Subtract line 21 from line 20		4,097,261.	3,470,731.
1 122	art II	Signature Block			

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

Sign	Signature of officer		Date					
Here	NICOLE RUOCCO, CFO							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature Date	e Check PTIN					
Paid	ERNEST J. PASZKIEWICZ	ERNEST J. PASZKIEWIC 11	/19/19 self-employed P00173378					
Preparer	Firm's name 🕒 GROSS, MENDELSOF	IN & ASSOCIATES, P.A.	Firm's EIN 52-0982413					
Use Only	Firm's address 🕨 1801 PORTER STRE	EET, SUITE 500						
	BALTIMORE, MD 21	L230	Phone no. 410 - 685 - 5512					
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)							
832001 12-3	I32001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2018) HISTORIC SHIPS IN BALTIMORE	52-2170291	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: <u>HISTORIC SHIPS IN BALTIMORE PRESERVES AND MAINTAINS</u> <u>USS TORSK, LS116 CHESAPEAKE, USCGC TANEY AND THE SEV</u>		N ,
	LICENSE, ALL REGISTERED NATIONAL HISTORIC LANDMARKS,		
	HISTORICAL INTERPRETATION AND HANDS-ON EDUCATION PRO		
	Did the organization undertake any significant program services during the year which were not listed or		
2	prior Form 990 or 990-EZ?		XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices? Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program serv	ices, 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, a	nd
	revenue, if any, for each program service reported.		
4a) (Revenue \$ 1,246,	015.)
	PRESERVES HISTORIC U.S. NAVY SAILING VESSEL AS A MUS	EUM OPEN TO THE	
	PUBLIC AND CONDUCTS EDUCATIONAL PROGRAMS.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4.1	Other pregram convides (Deservices in Setendula O.)		
4d	Other program services (Describe in Schedule O.)	٨	
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 2,687,582.)	
40	Total program service expenses ► 2,687,582.	Earm	990 (2018)

Form 990 (IN	BALTIMORE
Part IV	Checkl	ist of Required Scheo	dules		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		v	
•	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		х	
44	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Λ	
11	as applicable.			
~	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
<i>.</i> -	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
00-	complete Schedule G, Part III	19		X
20а ь	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a 20b		- 23
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? <i>If "Yes." complete Schedule I, Parts I and II</i>	21		х
		<u> </u>		

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 Form 990 (2018)
 HISTORIC
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 Part IV
 Checklist of Required Schedules (continued)
 (continued)
 (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			x
07	complete Schedule L, Part II	26		
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	27		x
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		37	
~-	Part V, line 1	34	X	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of paction 512(b)(12)2 (c) to any table 0, but to 0, bu	35b		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	350		
50	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a16			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

1c

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2a 0 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 2b a Did the sum of lines 1 and 2a is greater than 250, you may be neguried to e //leg lees instructions) 3a 2b 4a 4a 7b 7b 3a 2b 1b 7b	Form	990 (2018) HISTORIC SHIPS IN BALTIMORE 52-2170	291	P	_{age} 5
ga Enter the number of employees reported on From W-3, Transmittal of Wage and Tax Statements. ga 0 b If at least one is reported on line 2a, do the organization file all equived fideral employment tax returns? 2b Note. If the sum of line 2a, do the organization file all equived fideral employment tax returns? 2b a X 3b b The organization have unretable business groome of 51.000 or more during the year? 3b b These, 'has it field a from 980-11 for the year? 3b b These, 'nast field a from 980-11 for the year? 3b b These, 'nast field a from 980-11 for the year? 3b b These, 'nast field a from 980-11 for the year? 3c b These instructions for filing requirements for FinCEN From 114, Report of Foreign Bark and Financial Accounts (FBAR), 5a X b Dast base and business and the organization in Ref manoial Accounts (FBAR), 5a X b These, 'nable at x-hold the organization in Ref manoial Accounts (FBAR), 5a X b Dast base and the organization in Ref manoial Accounts (FBAR), 5a X b These, 'nabit at Ast advecting or orbitad tax sh	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
inter the calendar year ending with or within the year covered by this return [2a] 0 b If all leads one is reported on line 2.0, dth or ognization fine all roquined to devial employment tax returns? 2a 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 2a X 3b If "Nes," hast file of a form 1907 for this year? If No' to an 2b, provide an explanation in Schedule 0 3a X 3b If "Nes," hast file of a form 1907 for this year? If No' to an 2b, provide an explanation in Schedule 0 3a X 3b If "Nes," instit the an room 1907 for this year? If No' to an 2b, provide an explanation in Schedule 0 3a X 3c Note," asset institution for film requirements for finCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 3a X 3c Did any taxation that are on any greater than \$10,000, and did the organization solid an explanation have an unal gross receipts that are normally greater than \$10,000,00, and did the organization solid any contributions or gifts were not tax deductible contribution and party tor goods and services provided to the party? 3a 4 If Yes," role the organization have and role on the soles of tangible contributions or gifts were not tax deductible? 3a X 5 If Yes," role the organization have explored or than tay these contributions or gifts were nor tax deductible? <td< th=""><th></th><th></th><th></th><th>Yes</th><th>No</th></td<>				Yes	No
b If least one is mortified on line 2a, did the organization fiel all required tearing the year? 25 3a Dot the organization have unniked business gross income of 51,000 or more during the year? 3a X 3b Twes,' has it field a form 900-T for this year? 1/ho's, 'hose it failed business gross income of 51,000 or more during the value rot the authority over, a financial accountly a constraint on year in interest in, or a signature or other authority over, a financial accountly or a prohibid tax whether transaction at any time during the calendary year? 5a X b If 'Yes,' retar the name of the organization that is whether transaction at any time during the tax year? 5a X b If 'Yes,' retar the name of the organization that it was or is a party to a prohibited tax shelter transaction? 5a X b If 'Yes,' rid the organization include with every solicitation an express statement that such contributions or gifts were not tax cell-tables explanation and party to growted and services provided to the proof? 5a X b If 'Yes,' rid the organization include with every solicitation and party to growted and services provided to the proof? 5a X c Organizations that way receive deductible contributions under section 170(c). 6a X To c Diff the organization network a payment in ecosis of ST mate party as a contihulin on quanization netware a partial to network a	2a				
Notes. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e</i> - <i>hig</i> (see instructions) Image: Second 10 and		filed for the calendar year ending with or within the year covered by this return 2a 0			
3a Del the organization have unrelated business gross income of \$1.000 or more during the year? 3a X bit 1*Yes, "has it field a Form 980-T for this year? /f who to <i>line 3b</i> , provide an explanation in Schedule O 3b X d At any time during the calendar year, did the organization have on interest in, or a signature or other authority over, a financial account? 3b X bit 1*Ves, "inter the name of the foreign country (such as a bark account, securities account, or other financial accounts (FBAR), 5a 5a X 5a Was the organization have in the organization that it was or is a party to a prohibite tax short transaction at any time during the tax year? 5a X 5a Was the organization include with every solicitation active transaction at any time during the tax year? 5a X 5b Did any taxable party notify the organization the from 8896-T2 5a X 5b 1*Ves, "indicate the organization include with every solicitation active solicitation activ	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b If "Yes," has It lited a Form 900-T for this yea? If Yes," has It lited a Form 900-T for this yea? If yea," has it lited a calendar year, did the organization have an interest in, or a signature or other authony over, a financial account in a toreign country (such as a bark account, securities account, or other financial accounts)? If Yes," enter the name of the foreign country (such as a bark account, securities account, or other financial accounts (FBAR). 50 Max the organization a party to a prohibited tax shelter transaction at any time during the tax year? Sa 50 Max the organization have organization that was or is a party to a prohibited tax shelter transaction? So 60 Dod any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? So 61 Dod any taxable organization neive organization have organization have organization have organization neive approxibitat are normally greater than \$100,000, and dut the organization solidit any contributions that are organization and greas necepitate that such contributions or gitts were not tax deductible? So 7 Torganization netwice approxibite accounties organization networke approxibite and the shear transaction? So 7 Torganization networke approxibite data shear that such contributions or gitts were not tax deductible? Torganization networke approxibite that shear transaction? 7 Torganization networke approxibite as contribution and party for goods and services provided to the payor? Ta		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other funncial account)? 4a X bit "Yes," enter the name of the foreign country, b See instructions for filing equirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X bit any table party notify the organization that it was or is a party to a prohibited wis shelter transaction? 5b X bit any table party notify the organization file form 88867? 5a X cit to the organization approximation that it was or is a party to a prohibited tas shelter transaction? 5c X cit to the organization table annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions. 5c X cit to the organization notify the donor of the value of the organization solid tary contributions. 6b 7a X cit to the organization include with every solicitation an express statement that such contributions or gits were not tax deductible contributions under section 170(c). 7a X dift the organization include any table party is a contribution and party for goods and services provided? 7a X dift the organization notift the donor of the value of the organization include any table distributions and party for goods and services provide? 7a X dift 'Yes, 'indicate the number of Forms 8282 filed durin			3a		X
fmancial account in a foreign country (such as a bark account, securities account, or other financial account)? 4a X b if "Yes," enter the name of the foreign country. b See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See X 5a Was the organization a party to a prohibited tax shelts transaction at any time during the tax year? 5a X. 5b Did any taxable party notify the organization file Form 1886-17. 5c X 6a Does the organization are annual gross receipts that are normally greater than \$100,000, and did the organization such are greater than \$100,000, and did the organization such are greater than \$100,000, and did the organization such are greater than \$100,000, and did the organization such are greater than \$100,000, and did the organization such are greater than \$100,000, and did the organization nore are greater than \$100,000, and did the organization nore are greater than \$100,000, and did the organization nore are greater than \$100,000, and barty for greater than \$100,000, and did the organization nore are greater than \$100,000, and party for prohibit at such contributions or greater than \$100,000, and party for greater than \$100,000, and party for greater than \$100,000,000,000,000,000,000,000,000,000	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X					
excess parachute payment(s) during the year?			<u> IJ</u>		<u> </u>
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10		15		x
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X			15		
	16	Is the exemination on advectional institution subject to the section 1000 evolution tay on not investment income?	16		х
		If "Yes," complete Form 4720, Schedule O.	.0		

Form **990** (2018)

HISTORIC SHIPS IN BALTIMORE

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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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 83			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 83			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
-	organization's mailing address? <i>If "Yes." provide the names and addresses in Schedule O</i>	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This occion b requests mormation about policies not required by the internal nevenue oode.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- Tiu		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes." <i>describe</i>	12.0		
Ũ		12c	х	
13	in Schedule O how this was done Did the organization have a written whistleblower policy?	13	x	
14		14	x	
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent			
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
		15a	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130	~~	
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
10a		160		х
Ь	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	<u>16a</u>		- 23
b				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	166		
Sec	exempt status with respect to such arrangements?	16b		l
	List the states with which a copy of this Form 990 is required to be filed MD			
17 10		ophili		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	oniy) a	availat	NE
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain in Schedule O)			
40		fines		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	manc	di	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

802	s.	CAROLINE	STREET,	BALTIMORE,	MD	21231

Form 990 (2		52-2170291	Page 7							
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comper	nsated								
	Employees, and Independent Contractors									
	Check if Schedule O contains a response or note to any line in this Part VII		X							
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
1a. Complete this table for all persons required to be listed. Penert compensation for the calendar year anding with an within the ergenization's tay year.										

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.

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

(A) Name and Title	(B) Average hours per week	not cl , unles	heck I	c) ition more rson is irecto	than o	one 1 an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer		Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SEE SCHEDULE O	0.00									
TRUSTEE		Х						0.	0.	0.

Form 990 (2018) HISTORIC	SHIPS I	N	BA	LT	IM	IOR	E		52-21	.702	291	Pa	age 8
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C		, ,				
(A) Name and title	(B) Average hours per week	box	not c , unles	ss per	ition more rson i	l than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	ר	am	(F) timate iount o other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		comp fro orga and	ornen om the anizati I relate nizatio	e on ed
		-											
		-											
		-											
		-											
		-											
1b Sub-total		<u> </u>					•	0.		0.			0.
c Total from continuation sheets to Part VI								0.		0.			0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but n 							o re		000 of reportable				0.
compensation from the organization											—	<u> </u>	0
3 Did the organization list any former officer,	•			-	•			•		ſ		Yes	No
 line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s For any individual listed on line 1a, is the su 	im of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		3		x x
 and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>(Cliff)</i> 	accrue comper	nsati	on fr	om	any	unre	late	ed organization or individ	dual for services		4 5		X
rendered to the organization? <i>If</i> "Yes." con Section B. Independent Contractors	ipiete Scheaule	<u>e J T</u>	or sl	icn <u>i</u>	bers	on .				<u> </u>			23
1 Complete this table for your five highest co the organization. Report compensation for										ensati	ion fro	m	
(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	Co	(C ompen		า
2 Total number of independent contractors (i \$100.000 of compensation from the organi	•	ot lir	nited	d to t	thos (ted	above) who received mo	ore than				

		Check if Schedule O contains a respo	onse or note to any lin	ie in this Part VIII	(B)	<u>(</u> (<u>)</u>)	(D)
				(A) Total revenue	(b) Related or exempt function revenue	Unrelated business revenue	Revenue exclude from tax under sections 512 - 514
Ś	1 a	Federated campaigns	1				
iun		Membership dues		1			
u u		Fundraising events	75,334.	1			
πA		Related organizations					
nila		Government grants (contributions)					
S		All other contributions, gifts, grants, and	· ·				
her		similar amounts not included above 11	583,089.				
ö	a	Noncash contributions included in lines 1a-1f: \$	0 004				
and Other Similar Amounts	-	Total. Add lines 1a-1f		1,140,939.			
			Business Code				
	2 a	TICKET SALES	900099	1,019,355.	1,019,355.		
	b	EDUCATION PROGRAMS	611110	226,660.	226,660.		
anu	c						
ver	d						
Re	e						
Revenue	-	All other program service revenue					
		Total. Add lines 2a-2f		1,246,015.			
	3	Investment income (including dividends, i		-,210,0130			
	0	other similar amounts)		18,367.			18,36
	4	Income from investment of tax-exempt bo					10,00
	- 5						
	5	Royalties					
	6 -		l (ii) Personal	1			
	6 a	Gross rents		-			
		Less: rental expenses		-			
		Rental income or (loss)		-			
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securi		-			
		assets other than inventory 151,82	<u>41.</u>	-			
	b	Less: cost or other basis					
		and sales expenses <u>112,66</u>	04.	4			
		Gain or (loss) 39,15		20 150			20 15
		Net gain or (loss)		39,159.			39,15
	8 a	Gross income from fundraising events (no	ot				
		including \$ 75,334. of					
		contributions reported on line 1c). See	10 070				
5		Part IV, line 18		-			
		Less: direct expenses		01 040			01.04
		Net income or (loss) from fundraising even		-21,042.			-21,04
	9 a	Gross income from gaming activities. See					
		Part IV, line 19		-			
		Less: direct expenses					
		Net income or (loss) from gaming activitie	s 🕨				
•	10 a	Gross sales of inventory, less returns					
		and allowances					
		Less: cost of goods sold					
	С	Net income or (loss) from sales of invento		115,000.	115,000.		
		Miscellaneous Revenue	Business Code				
·	11 a	MISCELLANEUOUS REVENU	' <u>Е</u>	908.	908.		
	b						
	с						
	d	All other revenue					
		Total. Add lines 11a-11d		908.			
Ι.	12	Total revenue. See instructions		2,539,346.	1,361,923.	0	. 36,48

Form 990 (2018) HISTORIC SHIPS IN BALTIMORE Part VIII Statement of Revenue IN Interval Interval

Form 990 (2018) HISTORIC SHIPS IN BALTIMORE
Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response of include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		·
	Grants and other assistance to domestic				
	ndividuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors, rustees, and key employees				
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	1,054,236.	1,054,236.		
	Pension plan accruals and contributions (include		. , . , .		
	section 401(k) and 403(b) employer contributions)	23,733.	23,733.		
	Other employee benefits	46,022.	46,022.		
	Payroll taxes	77,316.	77,316.		
	Fees for services (non-employees):				
al	Management				
	_egal				
	Accounting				
dl	_obbying				
e l	Professional fundraising services. See Part IV, line 17				
f	nvestment management fees	6,796.		6,796.	
g (Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	202,550.	202,550.		
	Advertising and promotion	91,792.	91,792.		
	Office expenses	112,919.	112,919.		
	nformation technology				
	Royalties	01 401	01 / 01		
	Decupancy	81,491. 110,827.	81,491. 110,827.		
		110,027.	110,027.		
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials	1,340.	1,340.		
	Conferences, conventions, and meetings	16,884.	16,884.		
	nterest Payments to affiliates	10,004.	10,0040		
	Depreciation, depletion, and amortization	251,886.	251,886.		
	nsurance	97,506.	97,506.		
	Other expenses, Itemize expenses not covered				
i i	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 0.)				
	INTERCOMPANY EXPENSE AL	443,009.	64,618.	378,391.	
	PARTNER EXPENSES	160,007.	160,007.		
	FOOD	82,643.	82,643.		
	UTILITIES	52,024.	52,024.		
-	All other expenses	159,788.	159,788.		
	Total functional expenses. Add lines 1 through 24e	3,072,769.	2,687,582.	385,187.	0
	Joint costs. Complete this line only if the organization				
I	reported in column (B) joint costs from a combined				
(educational campaign and fundraising solicitation.				
(Check here I if following SOP 98-2 (ASC 958-720)				

HISTORIC	SHIPS	IN	BALTIMORE

		Check if Schedule O contains a response or note	e to anv li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			286,973.	1	99,981.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			12,803.	3	40,915.
	4	Accounts receivable, net			32,020.	4	45,160.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensat	ted emple	oyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualifi	ied perso	ns (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section	on 501(c)	(9) voluntary			
ş		employees' beneficiary organizations (see instr).	Complete	Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ϋ́	8	Inventories for sale or use			81,840.	8	74,221.
	9	Prepaid expenses and deferred charges			622.	9	772.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	7,501,047.			
	b	Less: accumulated depreciation			3,797,584.	10c	3,448,389. 834,113.
	11	Investments - publicly traded securities			1,021,515.	11	834,113.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1		Γ		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			E 000 0EB	15	
	16	Total assets. Add lines 1 through 15 (must equa			5,233,357.	16	4,543,551.
	17	Accounts payable and accrued expenses			32,687.	17	69,165.
	18	Grants payable			24 005	18	
	19	Deferred revenue			34,905.	19	26,672.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to current and former					
iit		key employees, highest compensated employees					
Liabilities	00					22	
	23	Secured mortgages and notes payable to unrelat				23	
	24 25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pay				24	
	25	parties, and other liabilities not included on lines					
					1,068,504.	25	976,983.
	26	Total liabilities. Add lines 17 through 25			1,136,096.	26	1,072,820.
	20	Organizations that follow SFAS 117 (ASC 958)			1/100/0000	20	1,0,2,0200
		complete lines 27 through 29, and lines 33 and					
ces	27	Unrestricted net assets			2,569,977.	27	2,270,213.
lan	28	Temporarily restricted net assets			1,527,284.	28	1,200,518.
Ba	29	Permanently restricted net assets		29	0.		
on l		Organizations that do not follow SFAS 117 (AS					
н		and complete lines 30 through 34.	,,				
tsc	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or equ				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc				32	
Ne	33	Total net assets or fund balances			4,097,261.	33	3,470,731.
	34	Total liabilities and net assets/fund balances			5,233,357.	34	4,543,551.

4,543,551. Form **990** (2018)

Form 990 (2018) Part X Balance Sheet

Form	1990 (2018) HISTORIC SHIPS IN BALTIMORE	52-2	2170291	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,539		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,072	,76	<u>59.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-533	, 42	23.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,097		
5	Net unrealized gains (losses) on investments	5	-93	,10	<u>)7.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	3,470	,73	<u>31.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis X Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		<u>3</u> a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

Form **990** (2018)

SCI	HED	UL	Ε.	Α
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Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ)
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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
2018
Open to Public Inspection

Name of the organization

Name of	the organization							identification number	
	HIST	ORIC SHIPS	IN BALTIMOR	2			5	2-2170291	
Part I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	e instructions	S.		
The orga	nization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)				
1 🛄	A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	l)(A)(i).			
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990 EZ).)								
3 🛄	A hospital or a cooperative					-			
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
	city, and state:								
5 🗔	An organization operated for		lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in	
	section 170(b)(1)(A)(iv). (C								
6	A federal, state, or local gov	•				. ,			
7 📖	An organization that norma	-	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general j	oublic described in	
. —	section 170(b)(1)(A)(vi). (C								
8	A community trust describe								
9 📖	An agricultural research org	•			-		-	-	
	or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or	
10 X	university:		Here 00.4/00/ afile and					d and a state for a	
10 X	•								
	activities related to its exer							-	
	income and unrelated busir See section 509(a)(2). (Con		(less section 511 tax) in	in pusities	ses acqui		anization a	atter Julie 30, 1975.	
11	An organization organized a		vely to test for public sa	fetv See	section 50)9(a)(4)			
12	An organization organized a	-	•	•			rry out the	nurnoses of one or	
	more publicly supported or	-	-	-			•		
	lines 12a through 12d that	-							
a	Type I. A supporting orga	• •					-	aivina	
	the supported organization		-	• • •	-				
	organization. You must c								
b	Type II. A supporting org	-		tion with its	s supporte	d organizatio	n(s), by hav	ving	
	control or management o	-				•		-	
	organization(s). You mus								
c 🗌	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	nd functional	ly integrate	ed with,	
	its supported organization	n(s) (see instructions)). You must complete l	Part IV, Se	ctions A,	D, and E.			
d	Type III non-functionally	/ integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)	
	that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	/eness	
	requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.			
е 🗌	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III		
	functionally integrated, or	r Type III non-functior	nally integrated supporti	ng organiz	ation.				
	er the number of supported of	•							
	vide the following information			(iv) is the oroa	anization listed	() A manual at			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir		(vi) Amount of other support (see instructions)	
	organization		above (see instructions))	Yes	No				
Total									

Schedule A (Form 990 or 990-EZ) 2018 HISTORIC SHIPS IN BALTIMORE Part II

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

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

Sec	tion A. Public Support		-				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)			-			
	Public support. Subtract line 5 from line 4.						
	tion B. Total Support		1		1	1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
_	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10		\				
12	Gross receipts from related activities,	-					
13	First five years. If the Form 990 is for	-			•		
Sec	organization, check this box and stor tion C. Computation of Publi						
	Public support percentage for 2018 (li			column (f))		14	%
15	Public support percentage from 2017					15	%
	33 1/3% support test - 2018. If the c					· · · ·	
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the c						
	and stop here. The organization qual	•					
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	-					-
	meets the "facts-and-circumstances"			-			
b	10% -facts-and-circumstances test	0	•		•		
	more, and if the organization meets th	-	-				
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instructions	

Schedule A (Form 990 or 990-EZ) 2018 HISTORIC SHIPS IN BALTIMORE Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 293,514. 1110747. 712,578. 1140939. 3257778. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 1180100. 1442691. 1499432. 1418268. 5540491. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 2553438. 2212010. 2559207. 1473614. 8798269. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year n c Add lines 7a and 7b 0 8798269. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 9 Amounts from line 6 1473614. 2553438. 2212010 2559207. 8798269. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 18,900. 54,602. 20,114. 18,367. 111,983. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 18,900. 54,602. 20,114. 18,367. 111,983. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 1492514. 2608040. 2232124. 2577574. 8910252. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 98.74 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) % 15 98.52 16 Public support percentage from 2017 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 1.26 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f) 17 % 1.48 18 Investment income percentage from 2017 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization gualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2018 HISTORIC SHIPS IN BALTIMORE

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 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.)

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Schedule A (Form 990 or 990-EZ) 2018 HISTORIC SHIPS IN BALTIMORE Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions,		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0		
	that these activities constituted substantially all of its activities.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	0		
•	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а		0-		
L	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
α	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	30		

1

	Type III Non-Fu						
Schedule A	(Form 990 or 990-EZ)	2018	HISTORIC	SHIPS	IN	BALTIMOR	E

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

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

Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check have if the current year is the execution's first as a new functional			

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) 2018 HISTORIC SHIPS IN BALTIMORE

	Type III Non-Functionally Integrated 509(0
	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
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	es of supported organizations	5	
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.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
0	Line 8 amount divided by line 9 amount	1		
		(i)	(ii)	(iii)
ect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A	(Form 990 or 990-EZ) 2018 HISTORIC SHIPS IN BALTIMORE	52-2170291 r	- Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	1 and 2; Part IV, Section C V, Section B, line 1e; Part), V,

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue <u>Service</u>

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2018

Employer identification number

52	-21	.70	291	

Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

HISTORIC SHIPS IN BALTIMORE

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set of the parts unless the

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Employer identification number

<u>52-2170291</u>

HISTORIC SHIPS IN BALTIMORE

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1</u>		\$450,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>7,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
<u>No.</u>	Name, address, and ZIP + 4	\$ <u>12,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page 2 Employer identification number

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HISTORIC SHIPS IN BALTIMORE

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7_		\$ <u>250,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
<u>No.</u>	Name, address, and ZIP + 4	\$25,000.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>22,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page **2** Employer identification number

52-2170291

HISTORIC SHIPS IN BALTIMORE

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 15</u>		\$ <u> 10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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Employer identification number

52-2170291

HISTORIC SHIPS IN BALTIMORE

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		—	
		\$	

Name of o	rganization			Employer identification number
	RIC SHIPS IN BALTIMORE			52-2170291
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line e charitable, etc., contributions of \$1,000 o	ntry. For organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
-		(e) Transfer of gi	ft	
	Transferee's name, address, a 	nd ZIP + 4	Relationship of tr	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
-	Transferee's name, address, a	(e) Transfer of gi		ransferor to transferee
-				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
		(e) Transfer of gi	 ft	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
		(e) Transfer of gi	ft	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee

SCHEDULE D)
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Department of the Treasury Internal Revenue Service

Part I

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.



Employer identification number

52-2170291

Name of the organization

HISTORIC SHIPS IN BALTIMORE Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fu	nds
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	
	impermissible private benefit?	
Pa		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	lly important land area
	Protection of natural habitat Preservation of a certified	historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	conservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	
с	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	nization during the tax
	year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservat	tion easements during the year
	▶	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation e	easements during the year
	▶\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	YesNo
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the o	rganization's accounting for
	conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public sectors and the sector of public sectors are also been as the sector of the sectors are also been as the sector of the sectors are also been as the sector of the sectors are also been as the sect	ervice, provide the following amounts
	relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	• •
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	ı, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	🕨 \$
	Assets included in Form 990, Part X	

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

Sche		C SHIPS IN					52-21	70293	1 Pa	age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or	Other	⁻ Simila	r Assets	contir	nued)	
3										
	(check all that apply):									
а	X Public exhibition	d	Loan or exc	hange prograi	ms					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explain	how they further th	ne organizatior	n's exem	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma							Yes	X	No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par	gements. Comple			Yes" on	Form 990	, Part IV,	ine 9, or		
1a	Is the organization an agent, trustee, custodi		arv for contribution	s or other asse	ets not i	ncluded				
	on Form 990, Part X?		•					Yes		No
b	If "Yes," explain the arrangement in Part XIII						······			
		I	5					Amoun	t	
с	Beginning balance					1c				
d	Additions during the year									
	Distributions during the year									
f	Ending balance					1f				
2a	Did the organization include an amount on Fo					ty?		Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Par	t V Endowment Funds. Complete i	f the organization ans	swered "Yes" on Fo	orm 990, Part I	V, line 1	0.				
		(a) Current year	(b) Prior year	(c) Two years		(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	1,021,515.	906,157.	979	,789.	1,4	05,819.	1	,361,	757.
b	Contributions								1,	338.
с	Net investment earnings, gains, and losses	-42,378.	115,358.	54	,602.	-	10,137.		42,	724.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	145,025.		128	,234.	4	15,893.			
f	Administrative expenses									
g	End of year balance	834,112.	1,021,515.	906	,157.	9	79,789.	1	,405,	819.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a))) held as:						
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
с	Temporarily restricted endowment	0.00 %								
	The percentages on lines 2a, 2b, and 2c show									
3a	Are there endowment funds not in the posses	ssion of the organizat	tion that are held ar	nd administere	d for the	e organiza	ation			
	by:								Yes	No
	(i) unrelated organizations							3a(i)		Х
								3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990,	Part X,	line 10.				
	Description of property	(a) Cost or ot basis (investm		or other (other)	• •	ccumulate preciation	ed	(d) Boo	k valu	Э
1a	Land									
	Buildings			2,528.		373,82			8,7	
	Leasehold improvements			7,772.	6	516,52	20.	14	1,2	52.
	Equipment			6,632.		186,6				0.
	Other		5,67	4,115.	2,3	375,6'		3,29		
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part >	(. column (B). line 1	0c.)				3,44	8,3	39.
							.	D /		

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018	HISTORIC	SHIPS	IN	BALTIMOR	Е
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Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	INTERCOMPANY LIABILITIES	976,983
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 976,983

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

	dule D (Form 990) 2018 HISTORIC SHIPS IN BALTIMOR				2170291 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	•			
1	Total revenue, gains, and other support per audited financial statements			1	2,417,879.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	-93,107.		
b	Donated services and use of facilities	. 2b	2,736.		
с	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)		40,318.		
е	Add lines 2a through 2d			2e	-50,053.
3	Subtract line 2e from line 1			3	2,467,932.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	6,796.		
b	Other (Describe in Part XIII.)	4b	64,618.		
С	Add lines 4a and 4b			4c	71,414. 2,539,346.
					γ $\Gamma \gamma \Lambda \gamma \Lambda C$
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.)</i>	ents With	Expenses per F		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per P		n.
	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per F	Retur	n.
Pa 1	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents With	Expenses per F	Retur	n.
Pa 1 2	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	Expenses per F	Retur	n.
Pa 1 2 a	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents With 	Expenses per F	Retur	n.
Pa 1 2 a b	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	ents With	Expenses per F	Retur	n. 3,044,409.
Pa 1 2 a b c d	T XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	ents With	Expenses per F 2,736. 40,318.	Retur	n. <u>3,044,409</u> . 43,054.
Pa 1 2 a b c d	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	ents With	Expenses per F 2,736. 40,318.	1	n. 3,044,409.
Pa 1 2 a b c d e	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ents With	Expenses per F	1 2e	n. <u>3,044,409</u> . 43,054.
Pa 1 2 b c d 3	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	ents With	Expenses per F 2,736. 40,318. 6,796.	1 2e	n. <u>3,044,409</u> . 43,054.
Pa 1 2 a b c d e 3 4	XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	ents With	Expenses per F	1 2e	n. 3,044,409. 43,054. 3,001,355.
Pa 1 2 a b c d e 3 4 a b	T XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	ents With	Expenses per F 2,736. 40,318. 6,796. 64,618.	1 1 2e 3 4c	n. <u>3,044,409.</u> <u>43,054.</u> <u>3,001,355.</u> 71,414.
Pa 1 2 a b c d a b c 3 4 b c 5	XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ents With	Expenses per F 2,736. 40,318. 6,796. 64,618.	1 2e 3	n. 3,044,409. 43,054. 3,001,355.

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

PART III, LINE 1A:

THE ORGANIZATION HAS COLLECTIONS OF NUMEROUS ARTIFACTS OF HISTORICAL
SIGNIFICANCE THAT HAVE BEEN DONATED TO THE ORGANIZATION AND ARE MAINTAINED
AND ON DISPLAY IN ITS FACILITIES. EACH OF THESE ITEMS IS CATALOGED,
PRESERVED, AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND
ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. THESE ITEMS HAVE NOT
BEEN RECOGNIZED AS ASSETS ON THE STATEMENT OF FINANCIAL POSITION,
ESPECIALLY DUE TO THE DIFFICULTY OF DETERMINING THEIR FAIR VALUES.

PART X, LINE 2:

THE MUSEUM IS A CHARITABLE ORGANIZATION UNDER SECTION 501(C)(3) OF THE

INTERNAL REVENUE CODE AND, AS SUCH, IS EXEMPT FROM FEDERAL AND STATE

~ ~ ~ ~ ~ ~ ~ ~

Schedule D (Form 990) 2018 HISTORIC SHIPS IN BALTIMORE Part XIII Supplemental Information (continued)	52-2170291 _{Page}
INCOME TAXES. THE MUSEUM'S FEDERAL EXEMPT ORGANIZATION TA	
SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, G	INERALLY FOR A
PERIOD OF THREE YEARS AFTER THEY ARE FILED.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES SHOWN NET ON T/R	40,318.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
INTERCOMPANY EXPENSE SHOWN ON STATEMENT OF EXPENSES	64,618.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES SHOWN NET ON T/R	40,318.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
INTERCOMPANY EXPENSE SHOWN ON STATEMENT OF EXPENSES	64,618.
	Schedule D (Form 990) 20

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2018
Department of the Treasury Internal Revenue Service	Ν.	Attach to Form 990						Open to Public Inspection
Name of the organization		to www.irs.gov/Form990 for inst	ruction	s and	the latest informati	on.		ntification number
i anio el uno el gamzano.		C SHIPS IN BALTIMC	RE				52-2170	
Part I Fundrais		Complete if the organization answ		'es" or	n Form 990, Part IV, I	ine 1		
required to	complete this part	t						
		ed funds through any of the followin						
a Mail solicitat	ions email solicitations			•	overnment grants nment grants			
c Phone solicit		g Specia						
d 🔄 In-person sol	licitations	v ;		0				
		r oral agreement with any individua				tees,		
• • •		art VII) or entity in connection with p			-		Yes	
b If "Yes," list the 10 compensated at le	0	viduals or entities (fundraisers) pursu	uant to	agreer	ments under which th	ne fur	ndraiser is to be	9
			1					
(i) Name and address	s of individual	(ii) Activity	(iii) fund	Did raiser	(iv) Gross receipts	(v) to (d	Amount paid or retained by)	(vi) Amount paid to (or retained by)
or entity (fund	raiser)	(ii) Activity	or cor	ustody ntrol of utions?	from activity		fundraiser ted in col. (i)	organization
			Yes	No				
			103					
Total								
 List all states in whi or licensing. 	cn the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is (exempt from re	gistration
								,

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

Schedule G (Form 990 or 990-EZ) 2018 HISTORIC SHIPS IN BALTIMORE

52-2170291 Page 2

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

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			CONSTELLATIO			(add col. (a) through
				JULY 4	2	col. (c)
e			(event type)	(event type)	(total number)	
Revenue				05 055	44 007	0.4 . 61.0
Rev	1	Gross receipts	25,238.	25,075.	44,297.	94,610.
	_		21 627	22.240	21 267	75 224
	2	Less: Contributions	21,627.	22,340.	31,367.	75,334.
	~	Crease income (line 1 minus line 2)	3,611.	2,735.	12,930.	19,276.
	3	Gross income (line 1 minus line 2)	5,011.	2,755.	12,950.	15,270.
	4	Cash prizes				
	•					
	5	Noncash prizes				
se	-					
ense	6	Rent/facility costs				
Direct Expenses						
sct E	7	Food and beverages	606.	1,143.	1,471.	3,220.
Dire		-				
	8	Entertainment				
	9	Other direct expenses	5,401.	18,714.	12,983.	
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	40,318.
	11					-21,042.
Ра	rt I	5 Complete in the organization	answered "Yes" on Form	1 990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	() D		
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				biligo/progressive biligo		
Rev		0				
	-	Gross revenue				
	2	Cash prizes				
ses	~					
Direct Expenses	3	Noncash prizes				
EXI	-					
rect	4	Rent/facility costs				
Ō						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	Νο	No	Νο	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		►	
-						
9		ter the state(s) in which the organization condu	· · · ·			
		the organization licensed to conduct gaming ad				Yes No
a	П.,	No," explain:				
10-2	We	ere any of the organization's gaming licenses re	woked suspended or te	rminated during the tax y	/ear?	Yes No
		Yes," explain:			our:	
5		,				

832082 10-03-18

Scł	nedule G (Form 990 or 990-EZ) 2018 HISTORIC SHIPS IN BALTIMORE 52-2	2170	291	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Vas	No
13	Indicate the percentage of gaming activity conducted in:		100	
	a The organization's facility	13a		%
	b An outside facility	13b		<u></u> %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			/0
	Name			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party:			
	Name			
	Address 🕨			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 💲			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	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 		Yes	🗌 No
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	rt III, line	es 9, 9	b, 10b,

raitiv	Supplemental information (continued)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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



HISTORIC SHIPS IN BALTIMORE

52-2170291

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

CHESAPEAKE, USCGC TANEY AND THE SEVEN FOOT KNOLL LICENSE, ALL

REGISTERED NATIONAL HISTORIC LANDMARKS, PROVIDING HISTORICAL

INTERPRETATION AND HANDS-ON EDUCATION PROGRAMMING FOR THE GENERAL

PUBLIC, SCHOOL AND YOUTH GROUPS.

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

GENERAL PUBLIC, SCHOOL AND YOUTH GROUPS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PRESERVES HISTORIC U.S. NAVY SAILING VESSEL AS A MUSEUM OPEN TO THE

PUBLIC AND CONDUCTS EDUCATIONAL PROGRAMS.

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

LINE 11A EXPLANATION - THE 990 IS REVIEWED BY THE TRUSTEES OF THE

CORPORATION AT THEIR BOARD MEETING BEFORE THE RETURN IS FILED.

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

THE POLICY IS MONITORED DURING ANNUAL SALARY REVIEWS AND APPROVAL OF

VENDORS.

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

THE ORGANIZATION COMPARES THEIR SALARIES TO OTHER TAX EXEMPT ORGANIZATIONS IN THE SAME AREA. THE CEO SALARY AND BENEFITS ARE APPROVED ANNUALLY BY THE COMPENSATION COMMITTEE. THAT COMMITTEE MEETS AT LEAST ANNUALLY, RESEARCHES SALARIES OF OTHER TAX EXEMPT ORGANIZATIONS TO ENSURE REASONABLENESS FOR THE

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization HISTORIC SHIPS IN BALTIMORE	Employer identification number 52-2170291
CEO COMPENSATION PACKAGE. THE OTHER OFFICERS' SALARIES ARE	APPROVED BY THE
CEO. IN 2017 A FORMAL COMPENSATION STUDY WAS DONE.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS CAN BE REQUESTED AT THE ORGANIZATI	ON'S HEADQUARTERS
LOCATED AT 802 SOUTH CAROLINE STREET, BALTIMORE, MD 21231.	
THE ORGANIZATION MAKES ITS ANNUAL REPORT AVAILABLE ON THE	WEBSITE -

WWW.LIVINGCLASSROOMS.ORG.

FORM 990, PART VII, LIST OF TRUSTEES

THE ORGANIZATION IS UNDER CONTROL OF LIVING CLASSROOMS FOUNDATION, INC.

(EIN #52-1369524). THE TRUSTEES AND OFFICERS OF THAT CORPORATION

CONTROL THE ACTIVITY OF THIS ENTITY WHICH DOES NOT HAVE A FORMAL BOARD

OR OFFICERS.

SEE LIVING CLASSROOMS FOUNDATION'S FORM 990 (EIN #52-1369524) FOR THEIR

LISTING OF THE TRUSTEES AND OFFICERS.

SCH	IEDULE R	

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

2018 Open to Public Inspection

Employer identification number 52 - 2170291

Department of the Treasury Internal Revenue Service

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

Name of the organization

HISTORIC SHIPS IN BALTIMORE

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
BALTIMORE MARITIME MUSEUM - 52-2112953					
802 S. CAROLINE ST.					HISTORIC SHIPS IN
BALTIMORE, MD 21231	EDUCATIONAL	MARYLAND			BALTIMORE

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr ent	
				501(c)(3))		Yes	No
PROJECT SERVE - 91-1912227					LIVING CLASSROOMS		
802 S. CAROLINE ST.				PUBLIC	FOUNDATION		
BALTIMORE, MD 21231	CHARITABLE	MARYLAND	501(C)(3)	CHARITY	SUBSIDIARIE		х
NATIONAL HISTORIC SEAPORT OF BALTIMORE -					LIVING CLASSROOMS		
52-2112952, 802 S CAROLINE ST., BALTIMORE,	7			PUBLIC	FOUNDATION		
MD 21231	EDUCATIONAL	MARYLAND	501(C)(3)	CHARITY	SUBSIDIARIE		x
FREDERICK DOUGLAS-ISAAC MYERS MARITIME -					LIVING CLASSROOMS		
52-2112955, 802 S. CAROLINE ST., BALTIMORE,	7			PUBLIC	FOUNDATION		
MD 21231	EDUCATIONAL	MARYLAND	501(C)(3)	CHARITY	SUBSIDIARIE		х
LIVING CLASSROOMS FOUNDATION INC							
52-1369524, 802 S. CAROLINE ST., BALTIMORE,	7			PUBLIC			1
MD 21231	EDUCATIONAL	MARYLAND	501(C)(3)	CHARITY			х

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

Schedule R (Form 990) 2018

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation?
LIVING CLASSROOMS OF AMERICA, LLC -						res	
52-2029519, 802 S. CAROLINE ST., BALTIMORE,	-			PUBLIC			
MD 21231	- EDUCATIONAL	MARYLAND	501(C)(3)	CHARITY			х
LIVING CLASSROOMS - CROSSROADS SCHOOL IN -							
71-0906529, 802 S. CAROLINE ST., BALTIMORE,	1			PUBLIC	LIVING CLASSROOMS		
MD 21231	- EDUCATIONAL	MARYLAND	501(C)(3)	CHARITY	FOUNDATION INC.		х
BALTIMORE WATERFRONT PROMENADE INC -					LIVING CLASSROOMS		
52-2112958, 802 S CAROLINE ST., BALTIMORE,	1			PUBLIC	FOUNDATION		
MD 21231	- EDUCATIONAL	MARYLAND	501(C)(3)	CHARITY	SUBSIDIARIE		х
FRIENDS OF FORT MCHENRY - 52-2060624					LIVING CLASSROOMS		
802 S CAROLINE ST.	1			PUBLIC	FOUNDATION		
BALTIMORE MD 21231	- EDUCATIONAL	MARYLAND	501(C)(3)	CHARITY	SUBSIDIARIE		x
LIVING CLASSROOMS FOUNDATION SUBSIDIARIE -							
91-2026597, 802 S. CAROLINE ST., BALTIMORE,	1			PUBLIC			
MD 21231	- EDUCATIONAL	MARYLAND	501(C)(3)	CHARITY			х
DISCOVERY CREEK CHILDREN'S MUSEUM OF WD -					LIVING CLASSROOMS		
52-1714855, 802 S. CAROLINE ST., BALTIMORE,	1			PUBLIC	FOUNDATION		
MD 21231	- EDUCATIONAL	MARYLAND	501(C)(3)	CHARITY	SUBSIDIARIE		х
LIVING CLASSROOMS OF THE NATIONAL CAPITA -							
90-0518838, 802 S. CAROLINE STREET,	1			PUBLIC	LIVING CLASSROOMS		
BALTIMORE, MD 21231	- EDUCATIONAL	MARYLAND	501(C)(3)	CHARITY	FOUNDATION, INC.		x
LCF BELIEVE IN MUSIC, LLC - 46-4881735							
802 S CAROLINE ST.	1			PUBLIC	LIVING CLASSROOMS		
BALTIMORE, ND 21231	- EDUCATIONAL	MARYLAND	501(C)(3)	CHARITY	FOUNDATION INC.		x
,,							
	_						
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	1						
	1						
	1						

HISTORIC SHIPS IN BALTIMORE Schedule R (Form 990) 2018

52-2170291 Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	g Predominant income Share of total (related, unrelated, income excluded from tax under sections 512-514)	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	Gener mana partr	al or Pe ging er?	r Percentage ownership	
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
										+		

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. Part IV

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

Schedule R (Form 990) 2018 HISTORIC SHIPS IN BALTIMORE

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)		X	_
Dividends from related organization(s)			
g Sale of assets to related organization(s)			+
n Purchase of assets from related organization(s)	1 h		
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)	1j	-	_
Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)			
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
Sharing of paid employees with related organization(s)		X	_
Reimbursement paid to related organization(s) for expenses		x	
Reimbursement paid by related organization(s) for expenses			\square
Other transfer of cash or property to related organization(s)			
s Other transfer of cash or property from related organization(s)		X	

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LIVING CLASSROOMS FOUNDATION INC.	E	976,983.	ACTUAL DOLLARS
(2) LIVING CLASSROOMS FOUNDATION INC.	Р	378,391.	ACTUAL DOLLARS
(3) LIVING CLASSROOMS FOUNDATION INC.	S	16,872.	ACTUAL DOLLARS
<u>(4)</u>			
<u>(5)</u>			
_(6)			

Schedule R (Form 990) 2018 HISTORIC SHIPS IN BALTIMORE

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.

(-)	(1-)	(-)	(-1)	10		(4)	()		- \	(1)	(1)	(1.)
(a)	(b)	(c)	(d)	(e) Are a	i ll	(f)	(g)		h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c) orgs.	s sec. (3)	Share of total	Share of end-of-year	tio	ropor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	
of entity		country)	excluded from tax under	orgs.		income			tions?	of Schedule K-1	partner?	
		country)	sections 512-514)	Yes I	No	Income	255615	Yes	No	(Form 1065)	Yes No	<u>'</u>
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Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 HIST(Part VII Supplemental Information.

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

(Rev. January 2019)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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 filing of this form, visit *www.irs.gov/e-file-providers/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.

Type or print Name of exempt organization or other filer, see instructions. Employer identification nu Social security number File by the due date for filing your return. See instructions. Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (S Social security number (S C/O 1801 PORTER STREET SUITE 500 City, town or post office, state, and ZIP code. For a foreign address, see instructions. Social security number (S Social security number (S Social security number (S City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE , MD 21230 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Is For Code Form 990 or Form 990-EZ 01 Form 990-BL 02 Form 4720 (individual) 03		
File by the due date for file go up return. See instructions. HISTORIC SHIPS IN BALTIMORE 52–2170 Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (S C/O 1801 PORTER STREET SUITE 500 City, town or post office, state, and ZIP code. For a foreign address, see instructions. Social security number (S BALTIMORE , MD 21230 City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE , MD 21230 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Is For Code Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) Form 990-BL 02 Form 1041-A	umber (EIN) or	
File by the due date for filing your return. See instructions. Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (S <i>Number, street, and room or suite no. If a P.O. box, see instructions. Social security number</i> (S <i>Number, street, and room or suite no. If a P.O. box, see instructions. Social security number</i> (S <i>C/O 1801 PORTER STREET SUITE 500 City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE , MD 21230 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Is For Code Form 990 or Form 990-EZ O1 Form 990-BL O2</i>	291	
return. see instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE , MD 21230 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Is For Form 990 or Form 990-EZ Form 990-BL 02 Form 1041-A		
Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Is For Code Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) Form 990-BL 02 Form 1041-A		
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Form 990 or Form 990-EZ 01 Form 990-T (corporation) Form 990-BL 02 Form 1041-A	Return	
Form 990-BL 02 Form 1041-A	Code	
	07	
Form 4720 (individual) 03 Form 4720 (other than individual)	08	
	09	
Form 990-PF 04 Form 5227	10	
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069	11	
Form 990-T (trust other than above) 06 Form 8870	12	
 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group box ▶ If this is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension the organization named above. The extension is for the organization's return for: ▶, and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return 	n is for.	
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$ b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 3a \$	0.	
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$	0.	
 Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by 		
using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$	0.	
Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO instructions.	for payment	

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