** 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)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	ror tri	e 2021 calendar year, or tax year beginning and	enaing						
В	Check if	C Name of organization		D Employer identific	cation number				
	Addre								
	Name	ge Doing business as		52-21702	91				
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r				
	Final return	1417 THAMES STREET		(410) 53	9-1797				
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,260,442.				
	Amer return		H(a) Is this a group re	eturn					
	Appli tion			for subordinates					
	pend	SAME AS C ABOVE		H(b) Are all subordinates in					
<u> </u>	Tax-ex	rempt status: X 501(c)(3) 501(c) ()	or 52	7 ''	list. See instructions				
		ite: ► WWW.HISTORICSHIPS.ORG		H(c) Group exemptio					
		f organization: X Corporation Trust Association Other	L Year		1 State of legal domicile: MD				
	art I	Summary							
	1	Briefly describe the organization's mission or most significant activities: HIST	ORIC S	SHIPS IN BAL	TIMORE				
õ	`	PRESERVES AND MAINTAINS USS CONSTELLATION							
nan	2	Check this box if the organization discontinued its operations or dispose							
Veri	3			3	83				
ĝ	4	Number of independent voting members of the governing body (Part VI, line 1b)			83				
∞	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			0				
ţį	6	Total number of volunteers (estimate if necessary)			0				
Activities & Governance	72				0.				
Š	'a	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.				
	<u> </u>	The difference business taxable income from 10111 930-1,1 art 1, line 11		Prior Year	Current Year				
Revenue	8	Contributions and grants (Part VIII, line 1h)		1,545,256.	229,077.				
	9			108,457.	785,908.				
	10			82,577.	64,068.				
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,444.	10,687.				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,739,734.	1,089,740.				
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.				
	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)		569,736.	467,024.				
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	_	0.	0.				
ΩX	_b	Total fundraising expenses (Part IX, column (D), line 25)	0.	919,523.	656 020				
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,489,259.	656,030.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		250,475.	1,123,054. -33,314.				
	19	Revenue less expenses. Subtract line 18 from line 12							
Net Assets or			В	eginning of Current Year	End of Year				
Ssel	20	Total assets (Part X, line 16)		4,934,961.	4,296,842.				
etA	21	Total liabilities (Part X, line 26)		1,895,212.	1,240,024.				
		Net assets or fund balances. Subtract line 21 from line 20		3,039,749.	3,056,818.				
	art II								
		alties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is				
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich prepare	r has any knowledge.					
		Signature of officer		Data					
Sig		' -		Date					
Hei	e	CINDY WADALAVAGE, CFO							
		Type or print name and title	1	Doto Lau E	DTIN				
		Print/Type preparer's name Preparer's signature		Date Check C	PTIN				
Pai		DAVID LEIPNIK DAVID LEIPNIK		11/14/22 "self-employ					
	parer		P.A.	Firm's EIN ▶	52-0982413				
Use	Use Only Firm's address ► 1801 PORTER STREET, SUITE 500								
		BALTIMORE, MD 21230		Phone no.41	0-685-5512				
Ma	y the I	RS discuss this return with the preparer shown above? See instructions			X Yes No				

Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	Х
	Briefly describe the organization's mission: HISTORIC SHIPS IN BALTIMORE PRESERVES AND MAINTAINS USS CONSTELLATIO	N.
	USS TORSK, LS116 CHESAPEAKE, USCGC WHEC-37 AND THE SEVEN FOOT KNOLL	,
	LICENSE, ALL REGISTERED NATIONAL HISTORIC LANDMARKS, PROVIDING	
	HISTORICAL INTERPRETATION AND HANDS-ON EDUCATION PROGRAMMING FOR THE	
	Did the organization undertake any significant program services during the year which were not listed on the	
		X No
	If "Yes," describe these new services on Schedule O.	110
	<u> </u>	X No
		22 140
	If "Yes," describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a	na
	revenue, if any, for each program service reported.	908.)
		900.
	PUBLIC AND CONDUCTS EDUCATIONAL PROGRAMS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	
	/ (Laponices —) (Laponices —) (Notonices —)	<i>'</i>
4d		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 984,808.	

Form 990 (2021) HISTORIC SHIPS IN BALTIMORE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		3,7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		3,7
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			, v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		, v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
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	Х	
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?			3,7
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
	Part VI	11a	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Α.
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		X
٦	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
a	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	444		X
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	Х	125
f		116	25	
'	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	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		21	
ıza	, ,	12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	21	
b		12b	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	- 14		<u> </u>
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	- 1.2		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_ _		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u> </u>
	complete Schedule G, Part III	19		x
20a	·	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form 990 (2021) HISTORIC SHIPS IN BALTIMORE
Part IV Checklist of Required Schedules (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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
U _	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			
٠.	Part V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		† <u></u>
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	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			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
			aan	(2021)

Form 990 (2021) HISTORIC SHIPS IN BALTIMORE

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

			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		<u> </u>			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	any contributions that were not tax deductible as charitable contributions?	6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b		_			
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			,,			
_	to file Form 8282?	7c		X			
d	,	_					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		 			
t ~	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		 			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h					
h o	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
Ü	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b							
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
L	Note: See the instructions for additional information the organization must report on Schedule O.						
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans						
^	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b					
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?							
If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes," complete Form 6069.						

Form 990 (2021) HISTORIC SHIPS IN BALTIMORE 52-2170291 Page Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	_	,	101 u	710 7	σοροπ	00
	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 on Schedule O.						
b	Enter the number of voting members included on 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 a	ny other				
	officer, director, trustee, or key employee?			[2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision				
	of officers, directors, trustees, or key employees to a management company or other person?				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			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 ap						
	more members of the governing body?			[7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	ders, or				
	persons other than the governing body?			[7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	The governing body?			[8a	Х	
b	Each committee with authority to act on behalf of the governing body?			- 1	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, 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	befor	e filing the form	1?	11a	_X_	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	<u> </u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	<u> </u>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ	'es," de	escribe				
	on Schedule O how this was done				12c	_ <u>X</u> _	
13	Did the organization have a written whistleblower policy?				13	<u> </u>	
14	Did the organization have a written document retention and destruction policy?				14	X	
15	Did the process for determining compensation of the following persons include a review and approva	l by ind	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					7.7	
а	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization				15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen						37
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	-	· ·				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
500	exempt status with respect to such arrangements?				16b		
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed MD	-4 000	T (000tion 501)	(0)/0) -	orl: 1	:! - !	ala
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	ıa 990	· I (Section 501)	(८)(૩)S	oniy) a	avallal	ыe
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain						
40				,'	fina:-	iol	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	IIIICT O	i interest policy	, and	ıııanc	ıal	
00	statements available to the public during the tax year.	ko s:=	l roopeds				
20	State the name, address, and telephone number of the person who possesses the organization's boo CINDY WADALAVAGE $-$ (410) $685-0295$	ks and	records -				
	1417 THAMES STREET BALTIMORE MD 21231						

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

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

X

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

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

See the instructions for the order in which to list the persons above.

X Check this box if neither the organization r	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	<u> </u>
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than					Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	person is both an director/trustee)			compensation	compensation	amount of
	week	-	Cerar	ia a a	Tecic)r/trus	iee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	. e			ated		organization	(W-2/1099-MISC/	from the
	related	stee	truste		a)	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	altn	onal		ploye	E 8		1099-NEC)		and related
	below line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SEE SCHEDULE O	0.00	=	=	0	×	Τ 0	-			
TRUSTEE		Х						0.	0.	0.
		-								
			-			┢	-			
		1								
						\vdash				
		1								
			-			┢	-			
						<u> </u>				
		_		_	_	_				
		-								
						-				
		1								

132007 12-09-21 Form **990** (2021)

Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	<u>l Hi</u>	ghes	st C	ompensated Employee	s (continued)		
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	/ al a		Pos				Reportable	Reportable		nated
	hours per	box	, unle	ss per	rson i	than o	n an	compensation	compensation	amo	unt of
	week	offi	cer ar	id a di	irecto	or/trus	tee)	from	from related	ot	her
	(list any	ector						the	organizations		nsation
	hours for	or dir	9			ated		organization	(W-2/1099-MISC/		n the
	related organizations	stee	truste		a a	bens		(W-2/1099-MISC/	1099-NEC)	1	ization
	below	ual tru	ional		ploye	t com		1099-NEC)			elated
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organi	zations
	,		=	0	ž	王屯	Œ				
			\vdash			┢					
		-									
			_		_	⊢					
						<u> </u>					
						┝					
						┝					
						_					
						_					
1b Subtotal							ightharpoons	0.	0.		0.
c Total from continuation sheets to Part VI	l, Section A						ightharpoons	0.	0.		0.
d Total (add lines 1b and 1c)							<u> </u>	0.	0.		0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable		
compensation from the organization											0
										Y	es No
3 Did the organization list any former officer,	director, trust	ee, k	сеу е	empl	oye	e, or	hig	hest compensated emp	loyee on		
line 1a? If "Yes," complete Schedule J for s	uch individual									3	X
4 For any individual listed on line 1a, is the su	m of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	he organization		
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual		4	X
5 Did any person listed on line 1a receive or a	ccrue comper	sati	on fr	om	any	unre	elate	ed organization or individ	dual for services		
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch r	oers	on				5	X
Section B. Independent Contractors											
1 Complete this table for your five highest co	mpensated inc	lepe	ndei	nt co	ontra	acto	rs th	nat received more than \$	3100,000 of compens	ation from	
the organization. Report compensation for	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax y	ear.		
(A)								(B)		(C)	
Name and business	address	NC	ONE	3				Description of s	services	Compens	ation
	<u> </u>						T				
2 Total number of independent contractors (in	ncluding but n	ot lin	nited	to t	thos	se lis	ted	above) who received me	ore than		
\$100,000 of compensation from the organiz					(
										- 00	0001

52-2170291

		Check if Schedule O contains a response or note to	any line	in this Part VIII			
		Officer if Octreduce O Contains a response of flote to	any mic	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenuè excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
ts ts	1 a	Federated campaigns 1a					
rar	b	Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events1c					
ifts		Related organizations 1d					
nis.		Government grants (contributions) 1e 120,6	587.				
Sin		All other contributions, gifts, grants, and					
e Hi	1		اممو				
들됨			990.				
ξğ	_	Noncash contributions included in lines 1a-1f		000 000			
<u>ठ</u> ह	h	Total. Add lines 1a-1f	▶↓	229,077.			
		Busines	_				
ø	2 a	TICKET SALES 9000	099	785,108.	785,108.		
Š	b	EDUCATION PROGRAMS 6111	110	800.	800.		
Ser	С						
E S	d						
gra Re	u						
Program Service Revenue	e	All					
ъ.		All other program service revenue		705 000			
\rightarrow	g	Total. Add lines 2a-2f	-	785,908.			
	3	Investment income (including dividends, interest, and					
		other similar amounts)	▶ [14,257.			14,257.
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶ [
		(i) Real (ii) Pers	sonal				
	6.0						
			-				
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
	d	Net rental income or (loss)	•				
	7 a	Gross amount from sales of (i) Securities (ii) Ot	ther				
		assets other than inventory 7a 214,509.					
	b	Less: cost or other basis					
ē		and sales expenses					
au l	•	Gain or (loss) 7c 49,811.					
Revenue	4	Net gain or (loss)		49,811.			49,811.
er B				17,011.			40,011 .
ᅩ	8 а	Gross income from fundraising events (not					
ŏ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	b	Less: direct expenses8b					
	С	Net income or (loss) from fundraising events	▶				
		Gross income from gaming activities. See					
		Part IV, line 19					
	h		-				
		Net income or (loss) from gaming activities	<u> ▶ </u>				
	10 a	Gross sales of inventory, less returns	ا ء د ا				
		and allowances 10a 14,4					
	b	Less: cost of goods sold 10b 6,0	004.				
	с	Net income or (loss) from sales of inventory	▶	8,432.	8,432.		
		Business	s Code				
Snc	11 a	MISCELLANEUOUS REVENUE		2,255.	2,255.		
JE WE	b			=,===	=,===		
Miscellaneous Revenue	D						1
Se	С.						
Ξ̈́	d	All other revenue		2 255			
	<u>e</u>	Total. Add lines 11a-11d	🖊	2,255.	F06 505		64.060
	12	Total revenue See instructions	_ _ [1 089 740 1	796 595.	0.1	64 068.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, 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) 417,147. Other salaries and wages 417,147. 7 Pension plan accruals and contributions (include 10,887. 10,887. section 401(k) and 403(b) employer contributions) 9,052. 9,052. Other employee benefits 9 29,938. 29,938. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 5,916. 5,916. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 31,200. 31,200. column (A), amount, list line 11g expenses on Sch O.) 6,335. 6,335. Advertising and promotion 12 69,981. 69,981. Office expenses 13 Information technology 14 15 Royalties 39,217. 39,217. 16 Occupancy 143. 143. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 11,469.11,469. 20 Payments to affiliates 21 228,813. 228,813. Depreciation, depletion, and amortization 22 25,572. 25,572. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 132,330. 132,330. INTERCOMPANY EXPENSE AL PARTNER EXPENSES 31,650. 31,650. 27,523. 27,523. **EQUIPMENT MAINTENANCE** 23,743. 23,743. UTILITIES 22,138. 22,138.All other expenses 1,123,054. 984,808. 138,246. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2021)
Part X Balance Sheet

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to any l	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			355,306.	1	0.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			296,361.	3	54,853.
	4	Accounts receivable, net	36,298.	4	31,727.		
	5	Loans and other receivables from any current			·		
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	·		6		
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			67,838.	8	61,917.
As	9	B			924.	9	575.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		6,848,981.			
	b	Less: accumulated depreciation		3,137,796.	10c	3,009,647.	
	11	Investments - publicly traded securities		1,040,438.	11	1,138,123.	
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must e			4,934,961.	16	4,296,842.
	17	Accounts payable and accrued expenses			6,186.	17	52,212.
	18	Grants payable				18	
	19	Deferred revenue	6,080.	19	5,381.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple		l l		21	
S	22	Loans and other payables to any current or for	rmer officer	r, director,			
Liabilities		trustee, key employee, creator or founder, su	ostantial co	ntributor, or 35%			
abi		controlled entity or family member of any of the	nese person	ns		22	
	23	Secured mortgages and notes payable to unr	elated third	parties		23	
	24	Unsecured notes and loans payable to unrela	ted third pa	ırties		24	
	25	Other liabilities (including federal income tax,	payables to	related third			
		parties, and other liabilities not included on lin	nes 17-24). (Complete Part X			
		of Schedule D			1,882,946.		1,182,431.
	26	Total liabilities. Add lines 17 through 25			1,895,212.	26	1,240,024.
"		Organizations that follow FASB ASC 958, o	heck here	► <u>X</u>			
češ		and complete lines 27, 28, 32, and 33.			1 105 051		1 255 500
ılan	27	Net assets without donor restrictions			1,407,971.	27	1,357,592.
l Ba	28	Net assets with donor restrictions			1,631,778.	28	1,699,226.
oun		Organizations that do not follow FASB ASC	958, chec	k here 🕨 📖			
F		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun-			29		
SSE	30	Paid-in or capital surplus, or land, building, or				30	
t A:	31	Retained earnings, endowment, accumulated			2 020 540	31	2 056 010
Se	32	Total net assets or fund balances	l l	3,039,749.	32	3,056,818.	
	33	Total liabilities and net assets/fund balances			4,934,961.	33	4,296,842.

Form **990** (2021)

Pai	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	1,08				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,12				
3	Revenue less expenses. Subtract line 2 from line 1	3	$\frac{-3}{3,03}$	-33,31			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
5	Net unrealized gains (losses) on investments	5	5	0,3	<u>83.</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 on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	3,05	6,8	18.		
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 on Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	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	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 on Scho	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit					
	Act and OMB Circular A-133?		. 3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b				
			Form	990	(2021)		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
HISTORIC SHIPS IN BALTIMORE

Employer identification number 52-2170291

Pá	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.			
The	organ	nization is not a private found								
1	\bigcap	A church, convention of ch					I)(A)(i).			
2	一	A school described in sect					- N N			
3	一	A hospital or a cooperative		•		//h//1//Δ//ii	i)			
4	一	A medical research organiz					•	the hospital's name		
7	ш	city, and state:	anon operated in con	njanotion with a noopital	accombca	000110	11 17 0(B)(1)(A)(III). Entor	the respitate riams,		
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	vernmental unit describe	ad in		
3	ш	section 170(b)(1)(A)(iv). (C		inege of university owner	or operat	cd by a gc	verninental unit describe	SG III		
6				anntal wait described in		70/6\/4\/A\	6.4			
6	H	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in								
7	ш	-	-	ntial part of its support if	om a gove	ernmentai	unit or from the general	public described in		
_		section 170(b)(1)(A)(vi). (C		//// 1) /O	\					
8	\vdash	A community trust describe			-					
9	Ш	An agricultural research org				-	-	-		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	eor		
	77	university:								
10	X	An organization that norma	•				· ·	•		
		activities related to its exen		· · · · · · · · · · · · · · · · · · ·				-		
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	red by the organization a	after June 30, 1975.		
		See section 509(a)(2). (Con	•							
11	\vdash	An organization organized a	•	•	•			_		
12		An organization organized a		· · ·	· ·		•			
		more publicly supported or	~					Sheck the box on		
		lines 12a through 12d that	* *			-				
á	ı <u>L</u>		· · · · · · · · · · · · · · · · · · ·		•	-				
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting									
		organization. You must o								
k) <u> </u>		•					-		
		control or management o			ame perso	ns that co	ntrol or manage the supp	oorted		
		organization(s). You mus				e	and for all and the last and the			
(;						• •	ea with,		
		its supported organization		·						
(· _						• • • • • •			
		that is not functionally int	-		•		•	veness		
		requirement (see instructi	•	•	•					
•	,	☐ Check this box if the orga					Type I, Type II, Type III			
		functionally integrated, or	• •	nally integrated supportil	ng organiz	ation.				
1		er the number of supported o		d arganization(a)						
		vide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other		
		organization	, ,	(described on lines 1-10	Yes	ng document?	support (see instructions)	support (see instructions)		
				above (see instructions))	100	'''				
_										
Tot	al									

HISTORIC SHIPS IN BALTIMORE 52-2170291 Page 2
or Organizations Described in Sections 170(b)(1)(A)(v) and 170(b)(1)(A)(vi)

S_	fails to qualify under the tests	noted below, piec	iso complete r urt	,			
		(a) 2017	(b) 2018	(a) 2010	(4) 2020	(a) 2021	(f) Total
	endar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
'	membership fees received. (Do not						
	include any "unusual grants.")						
•	Tax revenues levied for the organ-						
2	ization's benefit and either paid to						
	or expended on its behalf						
2	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Takal Adal Basa d Alamanah O						
	The portion of total contributions						
Ŭ	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)						
6	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
	Gross receipts from related activities,	· ·				12	
13	First 5 years. If the Form 990 is for the	J		*	•	` ' ' '	. —
Sec	organization, check this box and stopection C. Computation of Publi						P
	Public support percentage for 2021 (I			column (f))		14	%
	Public support percentage from 2020					15	%
	a 33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						\
b	33 1/3% support test - 2020. If the		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			_			▶□
b	10% -facts-and-circumstances test	-		*	-		
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and	stop here. Explain	in Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization gu	alifies as a publich	v supported organi	zation	ightharpoons

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Se	etion A. Public Support	ciow, picase comp	ioto i uit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	712,578.	1140939.	374,257.	1545256.	229,077.	4002107.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1499432.	1418268.	1219310.	113,451.	800,344.	5050805.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	2212010.	2559207.	1593567.	1658707.	1029421.	9052912.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
k	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						0.
(Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						9052912.
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	2212010.	2559207.	1593567.	1658707.	1029421.	9052912.
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	20,114.	18,367.	17,798.	14,227.	14,257.	84,763.
k	Unrelated business taxable income (less section 511 taxes) from businesses		-				-
	acquired after June 30, 1975	00.111	10.05	45.50	11.000	44.055	04.760
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	20,114.	18,367.	17,798.	14,227.	14,257.	84,763.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	2232124.	2577574.	1611365.	1672934.	1043678.	9137675.
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, t	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
_	check this box and stop here						>
	ction C. Computation of Publi						00 07
	Public support percentage for 2021 (li		· ·			15	99.07 %
	Public support percentage from 2020					16	98.83 %
	ction D. Computation of Inves			10 l (f)		47	.93 %
	Investment income percentage for 20					17	4 4 =
	Investment income percentage from 3 and 3 1/3% support tests - 2021. If the						
136	more than 33 1/3%, check this box ar						► V
k	33 1/3% support tests - 2020. If the	-	-	•	•		
_	line 18 is not more than 33 1/3%, che	· ·			•	•	
20	Private foundation. If the organizatio						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Voo	Na
		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	Ŧ		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	J		
	9a		
	9b		
	9c		
	10a		
	10b		
ule	A (Forn	n 990)	2021

Par	t IV	Supporting Organizations (continued)			
		(Community)		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b		illy member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sect	ion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		ne organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supen	vised, or controlled the supporting organization.	2		
Sect	ion C	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 trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sect	ion [D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization'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			
	organi	ization'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			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	suppo	orted organizations played in this regard.	3		
Sect	ion E	E. Type III Functionally Integrated Supporting Organizations			
1		k 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. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance)	truction	s).	ı
2		ties Test. Answer lines 2a and 2b below.		Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
	how th	he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part V	the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
		at of Supported Organizations. Answer lines 3a and 3b below.			
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did th	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	inization (see

Schedule A (Form 990) 2021

instructions).

Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	ınizations _{(contini}	ued)	
Secti	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpos	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	1		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	-	(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	ns	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
<u>a</u>	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

132028 01-04-22 Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

HISTORIC SHIPS IN BALTIMORE

52-2170291

Organization type (check one):								
Filers of:		Section:						
Form 99	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 99	0-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
		covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General	Rule							
X	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special	Rules							
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; line 1. Complete Parts I and II.						
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.						
	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year							
answer '	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 requirements of Schedule B (Form 990).						

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

Schedule B (Form 990) (2021)

Name of organization Employer identification number

HISTORIC SHIPS IN BALTIMORE

52-2170291

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ \$ 26,699.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$10,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* 30,000 • 30,000 •	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Humo, dudi 000, diid Eli TT	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

HISTORIC SHIPS IN BALTIMORE

52-2170291

Part II	Noncash Property (see instructions). Use duplicate copies of Part II 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 organization Employer identification number

ISTOR	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 charitable, etc., contributions of \$1	a line entry. For or	ganizations	at total more than \$1,000 for the year		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Descr	ription of how gift is held		
-		(e) Transfe	r of gift				
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tran	nsferor to transferee		
(a) No.	(b) Durnoss of gift	/o\llog of sig		(d) Dono	vintion of how sift is hold		
Part I	(b) Purpose of gift	(c) Use of gi		(a) Desci	ription of how gift is held		
		(A) Turn 5	u of wift				
	Transferee's name, address, a	(e) Transfe		elationship of tran	nsferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desci	ription of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
	Transferee's name, address, a	II		eauonsnip oi tran	isieror to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held			
+		(e) Transfe	r of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

HISTORIC SHIPS IN BALTIMORE

Employer identification number 52-2170291

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(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 w	_	
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or		
Da	impermissible private benefit?		Yes No
Pai			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio	`	
	Preservation of land for public use (for example, recreat	· —	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	of a conservation easement on the last Held at the End of the Tax Year
	day of the tax year.		
_	Total number of conservation easements		_
b			
	Number of conservation easements on a certified historic stru		
a	Number of conservation easements included in (c) acquired at	*	1 1
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
4	year ▶ Number of states where property subject to conservation ease	oment is legated	
4 5	Does the organization have a written policy regarding the period	•	
3	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
U	Starr and volunteer mours devoted to morntoning, inspecting, i	landing of violations, and emorcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserva	ation easements during the year
•	\$ \$	ing of violations, and emoreing conserva	tion casements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?	-	
9	In Part XIII, describe how the organization reports conservatio		
Ū	balance sheet, and include, if applicable, the text of the footnot	•	
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these item	ns.
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			L A
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1	_	\$
b	Assets included in Form 990, Part X		

Sche	dule D	(Form 990) 2021 HISTORI	C SHIPS IN	BALTI	MORE				52-21	70291	Page 2
Par	t III	Organizations Maintaining C	ollections of Ar	t, Histori	cal Tre	asures, o	r Othe	r Simila	r Assets	(continu	ed)
3	Using	the organization's acquisition, accession	on, and other record	ls, check an	y of the f	ollowing that	t make s	ignificant i	use of its	,	
		ction items (check all that apply):	,		•	ū					
а		Public exhibition	c	d Loa	n or excl	hange progra	am				
b	一	Scholarly research	e			5 1 5					
С		Preservation for future generations	_								
4	Provi	de a description of the organization's co	llections and explain	n how they f	urther th	e organizatio	nn's exer	nnt nurno	se in Part	XIII	
5		g the year, did the organization solicit or							oo iirr are	, diii.	
Ŭ		sold to raise funds rather than to be ma								Yes	X No
Par	t IV	Escrow and Custodial Arrang) Part IV I	_	110
		reported an amount on Form 990, Par	•	oto ii tilo orț	garnzatioi	ii answered	103 01	11 01111 000	, i ait iv, i	1110 0, 01	
12	ls the	organization an agent, trustee, custodi		liary for cont	ributions	or other ass	sats not	included			-
ıa				•						Yes	□ No
h		orm 990, Part X? s," explain the arrangement in Part XIII a								_ 1es	NO
b	11 16	s, explain the arrangement in Fart Alli a	and complete the lo	llowing table	.					Amount	
_	Dogin	uning balance						10		7 (1110011)	
	_	nning balance						· _			
		ions during the year									
_		butions during the year									
f		ng balance						. 1f		7 ٧	
		ne organization include an amount on Fo						ity?		Yes	∐ No
Par		s," explain the arrangement in Part XIII.									
rai	LV	Endowment Funds. Complete in							vooro book	(a) Four v	ooro book
			(a) Current year	(b) Prior	-	(c) Two yea			years back		
		nning of year balance	1,040,438.	l	5,461.	83	4,112.	1,0	21,515.	9	06,157.
		ributions	3,000.		3,000.		1 240		40. 250		15 250
		nvestment earnings, gains, and losses	108,536.	12	6,548.	14:	1,349.		42,378.	1	15,358.
		ts or scholarships									
е	Other	r expenditures for facilities									
	and p	programs	13,851.	6	4,571.			1	45,025.		
f	Admi	nistrative expenses									
g	End c	of year balance	1,138,123.	1,04	0,438.	97.	5,461.	8	34,112.	1,0	21,515.
2	Provi	de the estimated percentage of the curr	ent year end balance	e (line 1g, co	olumn (a)) held as:					
а	Board	d designated or quasi-endowment 🕨		%							
b	Perm	anent endowment >	%								
С	Term	endowment 100	%								
	The p	percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are th	nere endowment funds not in the posses	ssion of the organiza	ation that are	e held an	d administer	red for th	ne organiz	ation	_	
	by:									Y	es No
	(i) U	Inrelated organizations								3a(i)	X
		lelated organizations								3a(ii)	X
b		es" on line 3a(ii), are the related organiza								3b	
4		ribe in Part XIII the intended uses of the									
Par		Land, Buildings, and Equipm									
		Complete if the organization answered	d "Yes" on Form 990	D, Part IV, lin	e 11a. S	ee Form 990	, Part X,	line 10.			
		Description of property	(a) Cost or o	other	(b) Cost	or other	(c) A	ccumulate	ed	(d) Book	value
			basis (investr		basis (l ',	preciation			
1a	Land										
	Buildi				2.	7.230.		20.3	30.	6	.900.

703,016.

186,632.

5,932,103.

Schedule D (Form 990) 2021

3,009,647.

,517.

625,499.

186,632.

3,006,873.

e Other

c Leasehold improvements

d Equipment

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

Part VII	Investments -	Other	Securities.

(a) Description of security or category (encluding name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Closely held equity interests (e) Closely held equity interests (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Metho	Part VII	Investments - Other Securities. Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization and	on Form 990 Part IV line	e 11h. See Form 990. Part X. line 12	
11 Financial derivatives	(a) Descri	-		-	of-vear market value
			(b) Book value	(b) Method of Valuation. Cost of ond	or your market value
(3) Other (A) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B					
A		, field equity interests			
(G) (C) (D) (E)					
CD CD CD CD CD CD CD CD					
C					
(F) (G) (H) (F) (G) (H) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
G	(E)				
Cotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	(F)				
Total. (100) (b) must equal Form 990, Part X, col. (8) line 12.)	(G)				
Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Description of investment (e) Book value (f) Method of valuation: Cost or end-of-year market value (f) (f) Method of valuation: Cost or end-of-year market value (f)	(H)				
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) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (4) (5) (5) (6) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (4) (5) (5) (6) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (8) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (8) (9) (9) (9) (1) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Total. (Col. ((b) must equal Form 990, Part X, col. (B) line 12.) ▶			
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(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 1, 182, 431. (3) (4) (5) (6) (7) (8) (9)					
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(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 1, 182, 431. (3) (4) (5) (6) (7) (8) (9)					
(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 1,182,431. (3) (4) (5) (6) (7) (8) (9)					
(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 1, 182, 431. (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 1, 182, 431. (3) (4) (5) (6) (7) (8) (9)					
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 1, 182, 431. (3) (4) (5) (6) (7) (8) (9)		umn (b) must equal Form 990 Part X col. (B) line	15)	>	
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) INTERCOMPANY LIABILITIES 1, 182, 431. (3) (4) (5) (6) (7) (8) (9)		Other Liabilities.	,	<u> </u>	
(1) Federal income taxes (2) INTERCOMPANY LIABILITIES (3) (4) (5) (6) (7) (8) (9)		Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
(2) INTERCOMPANY LIABILITIES 1,182,431. (3) (4) (5) (6) (7) (8) (9)	1.	(a) Description of liability			(b) Book value
(3) (4) (5) (6) (7) (8) (9)	(1) Fed	deral income taxes			
(4) (5) (6) (7) (8) (9)	(2) II	NTERCOMPANY LIABILITIES			1,182,431.
(5) (6) (7) (8) (9)	(3)				
(6) (7) (8) (9)					
(7) (8) (9)	(5)				
(8) (9)	(6)				
(9)	(7)				
1 102 421	(8)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,182,431.	(9)				
	Total. (Colu	umn (b) must equal Form 990, Part X, col. (B) line	25.)	>	1,182,431.

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

	edule D (Form 990) 2021 HISTORIC SHIPS IN BALTIMOR		Davianua may Da		2170291 _{Page}
Pai	rt XI Reconciliation of Revenue per Audited Financial Stateme		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	•		1 . 1	1 126 157
1				1	1,136,157
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 . 1	F0 202		
а	• • • • • • • • • • • • • • • • • • • •		50,383.		
b			1,950.	-	
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е				2e	52,333
3	Subtract line 2e from line 1			3	1,083,824
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	5,916.	-	
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	5,916
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,089,740
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme		Expenses per H	Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	1,119,088
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а			1,950.	-	
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	1,950
3	Subtract line 2e from line 1			3	1,117,138
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	5,916.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	5,916
5	THIC THACK CAGAIT CHIT CCC. T AIR 1. III C T C.7			5	1,123,054
Pa	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part $$; Part X	(, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	itional inform	ation.		
	DW TIT 1 THE 13				
PAF	RT III, LINE 1A:				
	D ODGANITZAMION HAG GOLLEGMIONG OF NUMBROHG	300703	OMG ON 1110	mon.	
LHI	E ORGANIZATION HAS COLLECTIONS OF NUMEROUS	ARTIFA	CTS OF HIS	TOR.	LCAL
C T C	GNIFICANCE THAT HAVE BEEN DONATED TO THE OF	O	MITONI AND A	ו ים כו	A A TAIMA TAIRD
D T (SNIFICANCE THAT HAVE BEEN DONATED TO THE OF	KGANIZA	TION AND A	KE I	MAINIAINED
7. T.T.T	D ON DISPLAY IN ITS FACILITIES. EACH OF THE		יאופ דפ פאוויא	T OCT	בע.
AMI	ON DISPLAT IN 115 FACILITIES. EACH OF THE	PDE TIE	MS IS CAIA	тост	, עב
ם מם	PCEDITED AND CADED FOD AND ACMITTMITEC TEDI	FEVINO	שמבידם ביעדכי	יחיבאזע	יבי אאור
PKI	ESERVED, AND CARED FOR, AND ACTIVITIES VERI	LFIING	IUEIK EVIS	TEM	LE AND
7 (1)	CECCING MUEID CONDIMION ARE REDEORMED COMMI	INITOTICT	V MURCE T	шымс	TATE NOM
AD	SESSING THEIR CONDITION ARE PERFORMED CONTI	LNOOOSL	II. THESE I	TEM	S HAVE NOT
BEI	EN RECOGNIZED AS ASSETS ON THE STATEMENT OF	FINAN	CIAL POSIT	ION	•
n ~ -				T 77	
₽21	PECIALLY DUE TO THE DIFFICULTY OF DETERMINI	ING THE	TK LATK AV	LUES	•
PAF	RT X, LINE 2:				
- 171	ar ar arma ar				

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 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

HISTORIC SHIPS IN BALTIMORE

Employer identification number 52-2170291

Schedule O (Form 990) 2021

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CHESAPEAKE, USCGC WHEC-37 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

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

Schedule O (Form 990) 2021 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 1417 THAMES 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 FOU	NDATION, INC.
(EIN #52-1369524). THE TRUSTEES AND OFFICERS OF THAT CORPO	RATION
CONTROL THE ACTIVITY OF THIS ENTITY WHICH DOES NOT HAVE A	FORMAL BOARD
OR OFFICERS.	
SEE LIVING CLASSROOMS FOUNDATION'S FORM 990 (EIN #52-13695	24) FOR THEIR
LISTING OF THE TRUSTEES AND OFFICERS.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2021

OMB No. 1545-0047

Open to Public Inspection

me of the organization
HISTORIC SHIPS IN BALTIMORE

Employer identification number
52-2170291

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
ALTIMORE MARITIME MUSEUM - 52-2112953					
417 THAMES STREET					HISTORIC SHIPS IN
ALTIMORE, 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		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
PROJECT SERVE - 91-1912227					LIVING CLASSROOMS		
1417 THAMES STREET				PUBLIC	FOUNDATION		İ
BALTIMORE, MD 21231	CHARITABLE	MARYLAND	501(C)(3)	CHARITY	SUBSIDIARIE		Х
NATIONAL HISTORIC SEAPORT OF BALTIMORE -					LIVING CLASSROOMS		
52-2112952, 1417 THAMES STREET, BALTIMORE,				PUBLIC	FOUNDATION		İ
MD 21231	EDUCATIONAL	MARYLAND	501(C)(3)	CHARITY	SUBSIDIARIE		Х
FREDERICK DOUGLAS-ISAAC MYERS MARITIME -					LIVING CLASSROOMS		
52-2112955, 1417 THAMES STREET, BALTIMORE,				PUBLIC	FOUNDATION		İ
MD 21231	EDUCATIONAL	MARYLAND	501(C)(3)	CHARITY	SUBSIDIARIE		Х
LIVING CLASSROOMS FOUNDATION INC							
52-1369524, 1417 THAMES STREET, BALTIMORE,				PUBLIC			ĺ
MD 21231	EDUCATIONAL	MARYLAND	501(C)(3)	CHARITY			X

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

Schedule R (Form 990) 2021

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	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	(g) n 512(b)(13) ntrolled nization?	
or related organization		foreign country)	Section	501(c)(3))	entity	Yes	No No	
LIVING CLASSROOMS OF AMERICA, LLC -						162	NO	
52-2029519, 1417 THAMES STREET, BALTIMORE,				PUBLIC				
MD 21231	EDUCATIONAL	MARYLAND	501(C)(3)	CHARITY			Х	
LIVING CLASSROOMS - CROSSROADS SCHOOL IN -								
71-0906529, 1417 THAMES STREET, BALTIMORE,				PUBLIC	LIVING CLASSROOMS			
MD 21231	EDUCATIONAL	MARYLAND	501(C)(3)	CHARITY	FOUNDATION INC.		Х	
BALTIMORE WATERFRONT PROMENADE INC -					LIVING CLASSROOMS			
52-2112958, 1417 THAMES STREET, BALTIMORE,				PUBLIC	FOUNDATION			
MD 21231	EDUCATIONAL	MARYLAND	501(C)(3)	CHARITY	SUBSIDIARIE		Х	
FRIENDS OF FORT MCHENRY - 52-2060624					LIVING CLASSROOMS			
1417 THAMES STREET				PUBLIC	FOUNDATION			
BALTIMORE, MD 21231	EDUCATIONAL	MARYLAND	501(C)(3)	CHARITY	SUBSIDIARIE		Х	
LIVING CLASSROOMS FOUNDATION SUBSIDIARIE -								
91-2026597, 1417 THAMES STREET, BALTIMORE,				PUBLIC				
MD 21231	EDUCATIONAL	MARYLAND	501(C)(3)	CHARITY			Х	
DISCOVERY CREEK CHILDREN'S MUSEUM OF WD -					LIVING CLASSROOMS			
52-1714855, 1417 THAMES STREET, BALTIMORE,				PUBLIC	FOUNDATION			
MD 21231	EDUCATIONAL	MARYLAND	501(C)(3)	CHARITY	SUBSIDIARIE		Х	
LIVING CLASSROOMS OF THE NATIONAL CAPITA -								
90-0518838, 1417 THAMES STREET, BALTIMORE,				PUBLIC	LIVING CLASSROOMS			
MD 21231	EDUCATIONAL	MARYLAND	501(C)(3)	CHARITY	FOUNDATION, INC.		Х	
LCF BELIEVE IN MUSIC, LLC - 46-4881735								
1417 THAMES STREET				PUBLIC	LIVING CLASSROOMS			
BALTIMORE, MD 21231		MARYLAND	501(C)(3)	CHARITY	FOUNDATION INC.		Х	
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Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 34,	because it had one of	or more related
Part III	organizations treated as a partnership during the tax year.					

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h) Percentage ownership	Sec	i) ction
Name, address, and EIN of related organization	Primary activity	(state or foreign		Direct controlling entity (C corp, S corp, or trust)		Share of total income Share of end-of-year assets			tion b)(13) rolled tity?
		country)						Yes	No

Page 3

Yes No

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

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

1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed i	n Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	у			1a		Х			
	b Gift, grant, or capital contribution to related organization(s)									
С	c Gift, grant, or capital contribution from related organization(s)									
	d Loans or loan guarantees to or for related organization(s)									
	e Loans or loan guarantees by related organization(s)									
f	Dividends from related organization(s)				1f		Х			
	Sale of assets to related organization(s)						Х			
	Purchase of assets from related organization(s)						Х			
	Exchange of assets with related organization(s)						Х			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х			
1	Performance of services or membership or fundraising solicitations for related organizations	nization(s)			11		Х			
	Performance of services or membership or fundraising solicitations by related organ						Х			
	Sharing of facilities, equipment, mailing lists, or other assets with related organization					Х				
					_	Х				
р	Reimbursement paid to related organization(s) for expenses				1p	Х				
	Reimbursement paid by related organization(s) for expenses						Х			
r	Other transfer of cash or property to related organization(s)				1r		Х			
s	Other transfer of cash or property from related organization(s)				1s		Х			
	If the answer to any of the above is "Yes," see the instructions for information on w									
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	unt involved					
		, , ,								
1) I	LIVING CLASSROOMS FOUNDATION INC.	E	1,182,431.	ACTUAL DOLLARS						
2) I	LIVING CLASSROOMS FOUNDATION INC.	P	132,330.	ACTUAL DOLLARS						
۵۱										
3)										
4)										
5)										
6)										

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	opor- ate ions?		Gener mana partn	(Hal or Perce ping owne	k) entage ership
								Ochodolo			

132165 11-17-21 Schedule R (Form 990) 2021