

DECEMBER 17, 2021

ELIZABETH WAYLAND-MORGAN SUFFOLK COUNTY VANDERBILT MUSEUM 180 LITTLE NECK ROAD CENTERPORT, NY 11721

DEAR ELIZABETH:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2020 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2020 FORM 990

THIS RETURN WILL BE FILED ELECTRONICALLY. PLEASE SIGN AND RETURN THE ENCLOSED E-FILE AUTHORIZATION FORM TO US AND WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE INTERNAL REVENUE SERVICE.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

VERY TRULY YOURS,

LAWRENCE LUCARELLI, CPA PARTNER



TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2020

PREPARED FOR:

ELIZABETH WAYLAND-MORGAN SUFFOLK COUNTY VANDERBILT MUSEUM 180 LITTLE NECK ROAD CENTERPORT, NY 11721

PREPARED BY:

PKF O'CONNOR DAVIES, LLP 25 SUFFOLK COURT HAUPPAUGE, NY 11788

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US AS SOON AS POSSIBLE.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

O and anding	20

▶ Do not send to the IRS. Keep for your records.

Department of the Treasury nternal Revenue Service	•	Go to www.irs.gov/Form88	379EO for the late	st information.		
Name of exempt organization					Taxpayer ident	tification number
SUFFOLK COUNT	у удиперет	T.T MIISEIIM			11-603	7002
Name and title of officer or pe		II MOSEOM			111-003	7002
ELIZABETH WAY		N				
EXECUTIVE DIR						
Part I Type of	Return and Ret	turn Information (Whol	e Dollars Only)			
Check the box for the retu	rn for which you are	using this Form 8879-EO an	d enter the applica	ble amount, if any, fro	m the return. If	you
olank, then leave line 1b, 2	2 b, 3 b, 4 b, 5 b, 6 b, 6	or 7a below, and the amount or 7b, whichever is applicable low. Do not complete more t	e, blank (do not ente	er -0-). But, if you enter		
la Form 990 check here		al revenue, if any (Form 990,				
2a Form 990-EZ check h	ere b	Total revenue, if any (Form 9	990-EZ, line 9)		2b	
Sa Form 1120-POL chec	•	b Total tax (Form 1120-PC				
la Form 990-PF check h		Tax based on investment in				
5a Form 8868 check her		Balance due (Form 8868, lin				
Sa Form 990-T check he		Total tax (Form 990-T, Part I				
<u>Ya Form 4720 check here</u>	ion and Signat	Total tax (Form 4720, Part II ure Authorization of O	fficer or Person	n Subject to Tay	7b	
		I am an officer of the above				roop oot to
		ng schedules and statements				
payment, I must contact settlement) date. I also au onfidential information ne	the U.S. Treasury F thorize the financial cessary to answer i	ed on this return, and the final Financial Agent at 1-888-353-4 Finstitutions involved in the p inquiries and resolve issues r r the electronic return and, if	4537 no later than 2 rocessing of the elector elated to the payments	2 business dáys prior t ectronic payment of ta ent. I have selected a p	to the payment ixes to receive personal	
X I authorize PK	F O'CONNOR	DAVIES, LLP			to enter my PII	N 87002
		ERO firm name				Enter five numbers, but do not enter all zeros
a state agency(i	•	0 electronically filed return. I lies as part of the IRS Fed/Staent screen.				•
electronically file	ed return. If I have in	x with respect to the organiz adicated within this return tha S Fed/State program, I will e	it a copy of the retu	irn is being filed with a	ı state agency(i	
signature of officer or person subject		ntication			Date >	
	tion and Authe					
ERO's EFIN/PIN. Enter yo	-	•		26242311768	$\overline{}$	
number (EFIN) followed by	your five-digit self-s	selected PIN.	<u> </u>	Do not enter all zeros		
•	eturn in accordance	N, which is my signature on t with the requirements of P u		•		
RO's signature ▶ <u>PKF</u>	O'CONNOR D	AVIES, LLP		Date ▶ <u>12/</u>	17/21	
		ERO Must Retain This ubmit This Form to the			So	
HA For Paperwork Red	luction Act Notice,	see instructions.			Fo	orm 8879-EO (2020)

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or print SUFFOLK COUNTY VANDERBILT MUSEUM 11-6037002 Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 180 LITTLE NECK ROAD return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. CENTERPORT, NY 11721 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) Form 4720 (other than individual) 09 Form 990-PF Ω4 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 12 Form 8870 BARBARA OSTER, BOOKKEEPER ullet The books are in the care of lackbox 180 LITTLE NECK ROAD - CENTERPORT, NY 11721 Telephone No. ► 631-854-5550 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. box > I request an automatic 6-month extension of time until NOVEMBER 15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2020 or ___ tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

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

Form 8868 (Rev. 1-2020)

EXTENDED TO NOVEMBER 15, 2021

Return of Organization Exempt From Income Tax

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

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

Department of the Treasury

A For the 2020 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address change SUFFOLK COUNTY VANDERBILT MUSEUM Name 11-6037002 change Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 180 LITTLE NECK ROAD 631-854-5550 2,696,425. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended 11721 CENTERPORT, NY H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ELIZABETH WAYLAND-MORGAN Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: ► WWW.VANDERBILTMUSEUM.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Other > . Year of formation: 1949 **M** State of legal domicile: **NY** Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: \overline{THE} "MUSEUM" MAINTAINS A **Activities & Governance** MANSION, MUSEUM, PLANETARIUM, AND PARK FOR THE BENEFIT 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 12 3 Number of voting members of the governing body (Part VI, line 1a) 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 87 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** 142,308. 1,969,933. Contributions and grants (Part VIII, line 1h) 8 Revenue 1,059,411. 550,890. Program service revenue (Part VIII, line 2g) 7,589. 2,453. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 1,394,330. 153,421. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 2,603,638. 2,676,697. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,890,015. 1,903,607. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 974,373. 897,031. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,877,980. 2,787,046. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -274,342. -110,349. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Ы 2,343,002. 2,662,380. Total assets (Part X, line 16) $1,093,\overline{783}$ 1,523,510. 21 Total liabilities (Part X, line 26) 三年 249,219. 1,138,870 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ELIZABETH WAYLAND-MORGAN, EXECUTIVE DIRECTOR Here Type or print name and title PTIN Date Check Print/Type preparer's name Preparer's signature LAWRENCE LUCARELLI 12/17/21 P00068089 LAWRENCE LUCARELLI Paid self-employed Firm's EIN ▶ 27-1728945 Firm's name ▶ PKF O'CONNOR DAVIES, LLP Preparer Firm's address ▶ 25 SUFFOLK COURT Use Only Phone no. 631-434-9500 HAUPPAUGE, NY 11788 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

4d	Other program servic	es (Describe	on Schedule O.)

(Expenses \$ 308,798 • including grants of \$

Total program service expenses 1,973,149.

) (Revenue \$

Form 990 (2020)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
U	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,			
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
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	<u> </u>	_
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?			٦,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
ızu	, ,	12a	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
b		12b		V X
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			.
	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		<u> </u>
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	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		Х

Pai	rt 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			۱
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	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	051		x
00	Schedule L, Part I	25b		
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%	06		X
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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 Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
Ū	"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		Х
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? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		Х
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			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of 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 in Schedule O for Part VI, lines 11b and 19?			1
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
	1 1 -		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 7	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С				
	(gambling) winnings to prize winners?	1c		<u> </u>

032004 12-23-20

Form **990** (2020)

Form 990 (2020) SUFFOLK COUNTY VANDERBILT MUSEUM

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

2a Enter the number of employees reported on Form WS, Transmittal of Wage and Tax Statements, 2a 87 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than £50, you may be required to _nile (see instructions) 3a		ctatements riegaraning strict me i mige and rax semplianes (continues)				
teled for the calendary year ending with or within the year covered by this return by If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: if the sum of lines 1a and 2a is greater than 250, you may be required to _p.file (see instructions) By If Y'es, I have the sum of lines 1a and 2a is greater than 250, you may be required to _p.file (see instructions) By If Y'es, I have the 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 shark account, securities account, or other financial account)? By If Y'es, I write the name of the foreign country by See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). By If Y'es, I write the name of the foreign country by See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). By If Y'es, I write the name of the foreign country by See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). By If Y'es, I write the sale of Sp. did the organization that was or is a part ty a prohibited tax shelter transaction? By If Y'es, I write the sale of Sp. did the organization file Form 88861? By If Y'es, I write the sale of Sp. did the organization file Form 88861? Creation of the organization in the wear year than 5 (100,000), and did the organization solicity any contributions under section 170(c). By If Y'es, I write the account of Sp. accounts that are normally greater than \$100,000, and did the organization solicity any contributions under section 170(c). By If Y'es, I write the organization in account of Sp. accounts that are promised to the property for which it was required to file Form 88861. By If Y'es, I write the organization in a part to the value of the goods or services provided? Creation Foreign Sp. accounts that the pr			 		Yes	No
b) If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1s and 2a is greater than 250, you may be required to a full eye instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X X b) If "Yes," has it filed a form 990 For this year? If "No" to line 3b, provide an explanation on Schedulic O 3b Did the organization have unrelated business gross income of \$1,000 or more during the year authority over, a financial account in a foreign country Such as a bank account, securities account, or other financial accounts (FBAR). 5b If "Yes," an explanation a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization have unrelated business gross income of \$1,000 or more during the scheduling of the any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8888 T? 5c If "Yes" to line 5a or 5b, did the organization file Form 8888 T? 5c If "Yes" to line 5a or 5b, did the organization file Form 8888 T? 5c If "Yes" to line 5a or 5b, did the organization file Form 8888 T? 5c If "Yes" to line 5a or 5b, did the organization file Form 8888 T? 5d Does the organization have an enual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions of the organization solicit and the organization file Form 8888 T? 5c If "Yes" to line 5a or 5b, did the organization file Form 8888 T? 5d Did the organization receive a contribution sunder section 170(c). a) bit the organization receive any funds, directly or indirectly, to pay premium on a personal benefit contract? 7c If If yes If ye	2a		07			
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If "Yes," complete Form 4720, Schedule O.						
	16	· · · · · · · · · · · · · · · · · · ·	income?	16		X
		If "Yes," complete Form 4720, Schedule O.			000	(0000

Form **990** (2020)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
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 12	2		
	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 1.	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? 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 Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
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 in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	BARBARA OSTER, BOOKKEEPER - 631-854-5550			
	180 LITTLE NECK ROAD, CENTERPORT, NY 11721			

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

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

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		Cer ai	lu a u	recto	i / ii us	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	ee tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	ll trus		ee/	mpen		(***-27 1099-181130)		and related
	below	ndividual trustee or director	Institutional trustee	_	oldm	st co	-E			organizations
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former			J
(1) ELIZABETH WAYLAND-MORGAN	40.00									
EXECUTIVE DIRECTOR				Х				91,452.	0.	4,500.
(2) JAMES KELLY	5.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) GRETCHEN OLDRIN-MONES	5.00									
FIRST VICE PRESIDENT		Х		Х				0.	0.	0.
(4) JACK DEMASI	5.00									
SECOND VICE PRESIDENT		Х		Х				0.	0.	0.
(5) ELIZABETH CAMBRIA	5.00									
TREASURER		Х		Х				0.	0.	0.
(6) CLARA MACRI	5.00									
SECRETARY		Х		Х				0.	0.	0.
(7) STEVEN GITTELMAN, PHD	2.00									
TRUSTEE		Х						0.	0.	0.
(8) THOMAS GLASSCOCK	2.00									
TRUSTEE		Х						0.	0.	0.
(9) ANTHONY GUARNASCHELLI	2.00									
TRUSTEE		Х						0.	0.	0.
(10) STEPHAN MELORE	2.00									
TRUSTEE		Х						0.	0.	0.
(11) TERRENCE PEARSALL	2.00									
TRUSTEE		Х						0.	0.	0.
(12) KATHLEEN GIAMO	2.00									
TRUSTEE		Х						0.	0.	0.
(13) ROBERT KELLER	2.00									
TRUSTEE		Х						0.	0.	0.
		<u> </u>								
		1								
		4								
		-								
-										

Form 990 (2020)

Name and title	Form 990 (2020) SUFFOLK									11-60	37	002	Pa	age 8
Name and title Average Pour part Po		1	oloy	ees,			ghes	t C			ı			
Subtotal		Average hours per	box	not c , unle:	Posi heck i ss per	ition more rson i	than o	n an	Reportable compensation	Reportable compensation	n		stimate nount	
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 91,452. 0.4,500. 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0 Yes No 1 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Exsection B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation Compensation Compensation Compensation from the organization Phone than \$100,000 of compensation from the organization Phone Phon		(list any hours for related organizations below							the organization	organization	s	fi org an	pensa om the anizat d relate	e ion ed
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Ves No	c Total from continuation sheets to Part \	/II, Section A						>	0.		0.			0.
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For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation 1 Compensation 1 Compensation (A) (B) (C) Compensation Compensation Compensation	· ·			•		•		•	•	•	[Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0	4 For any individual listed on line 1a, is the	sum of reportab	le co	mpe	ensa	tion	and	oth	ner compensation from t	he organization				
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Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0		r the calendar y	ear e	ndir	ng w	ith c	or wi	thin T		rear.			<u> </u>	
\$100,000 of compensation from the organization 0		s address	NC	ONE	3					services	С			n
\$100,000 of compensation from the organization 0														
\$100,000 of compensation from the organization 0														
\$100,000 of compensation from the organization 0														
\$100,000 of compensation from the organization 0	2 Total number of independent contractors	(including but a	ot lin	niter	1 to t	thos	a lie	ted	ahove) who received m	ore than				
	•		Ot 1111			_		เซน	above, wito received III	Oi Cuidii		Form	990 <i>"</i>	2020/

Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lir	ne in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns 1a					
ant			82,189.	-			
S S			02,103.	-			
ts, Ar				4			
ia gi		Related organizations 1d	CC1 AFC	-			
S,		- '	<u>661,456.</u>	_			
흔	f	All other contributions, gifts, grants, and					
혈축		similar amounts not included above 1f	226,288.	_			
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f 1g \$					
<u>ဒိ မ</u>	h	Total. Add lines 1a-1f		1,969,933.			
			Business Code				
ø	2 a	ADMISSIONS	713990	328,645.	328,645.		
Σĕ	b	FEATURED EVENTS	713990	222,245.	222,245.		
Program Service Revenue	c						
am eye	c						
g Be	e						
Pro	f	All other program service revenue					
		Total. Add lines 2a-2f	•	550,890.			
	3	Investment income (including dividends, interes		,			
	_	other similar amounts)	,	2,453.			2,453.
	4	Income from investment of tax-exempt bond pr		,			,
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a 135,393.					
		Less: rental expenses 6b 6,491.		-			
		Rental income or (loss) 6c 128, 902.		-			
		Net rental income or (loss)	•	128,902.			128,902.
		Gross amount from sales of (i) Securities	(ii) Other				,
		assets other than inventory 7a		-			
	h	Less: cost or other basis		-			
ō	_	and sales expenses					
nue		Gain or (loss) 7c		-			
eve		Net gain or (loss)					
Other Revenue		Gross income from fundraising events (not					
Ĕ∣	0 0	including \$ of					
١		contributions reported on line 1c). See					
		Part IV, line 188a					
	h	Less: direct expenses 8b		-			
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
	5 6	Part IV, line 19 9a					
	h	Less: direct expenses 9b		1			
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
	10 6	and allowances 10a	33,645.				
	h	Less: cost of goods sold 10b		1			
		Net income or (loss) from sales of inventory	13,237.	20,408.	20,408.		
$\overline{}$		THE INCOME OF GOSS/ HOME SAIDS OF HIVEHLORY	Business Code	20, 100.	20, 100		
Sn	11 a	MISCELLANEOUS	713990	4,111.			4,111.
nec	b		- -				,- <u>-</u> -
ella ve	0						
Miscellaneous Revenue	c	All other revenue					
2	e	Total. Add lines 11a-11d		4,111.			
	12	Total revenue. See instructions		2,676,697.	571,298.	0.	135,466.

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 responsor include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	0.4 500	EC 005	10 155	0 100
	trustees, and key employees	94,500.	76,205.	10,157.	8,138
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 250 200	1 106 617	145 505	110 100
7	Other salaries and wages	1,372,300.	1,106,617.	147,505.	118,178
8	Pension plan accruals and contributions (include	C1 F0F	42 000	0 650	7 050
	section 401(k) and 403(b) employer contributions)	61,505. 212,168.	43,988.	9,658.	7,859 26,379 10,458
9	Other employee benefits	212,168.	105,612.	80,177.	26,3/9
10	Payroll taxes	149,542.	88,943.	50,141.	10,458
11	Fees for services (nonemployees):				
а	Management	2 746		2 746	
b	Legal	3,746.		3,746.	
_	Accounting	32,650.		32,650.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	225 745	40 012	127 241	40 201
	column (A) amount, list line 11g expenses on Sch O.)	225,745.	48,013.	137,341.	40,391
12	Advertising and promotion	4,619.	112 017	20 727	40,391 4,619 8,472
13	Office expenses	102,120.	113,917.	39,737.	0,4/4
14	Information technology				
15	Royalties	162 007	150,407.	11 600	
16	Occupancy	162,097. 592.	562.	11,690.	30
17	Travel	394.	302.		30
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2 620	2,630.		
19	Conferences, conventions, and meetings	2,630.	4,030.		
20	Interest				
21	Payments to affiliates	95,159.	95,159.		
22	Depreciation, depletion, and amortization	47,630.	44,290.	1,854.	1,486
23	Other expenses Itemize expenses not covered	47,030.	44,430.	1,004.	1,400
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) BRIGHT LIGHTS EVENT	61,067.	61,067.		
a	LEGAL SETTLEMENT	55,000.	01,007.	55,000.	
b	WICKED WALK EVENT	23,437.	23,437.	33,000	
q	REPAIRS AND MAINTENANCE	20,533.	12,302.	8,231.	
d		40,333.	14,304.	0,431.	
	All other expenses Add lines 1 through 24s	2,787,046.	1,973,149.	587,887.	226,010
25 26	Total functional expenses. Add lines 1 through 24e	4,101,040.	1,313,143.	301,001•	220,010
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (20)

Form **990** (2020)

Form 990 (2020)
Part X Balance Sheet

Par	LA	Dalance Sneet					
		Check if Schedule O contains a response or note to	o any	line in this Part X		·····	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			254,510.	1	364,960.
	2	Savings and temporary cash investments			828,909.	2	942,015.
	3	Pledges and grants receivable, net		622,115.	3	557,604.	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current or fo	rmer	officer, director,			
		trustee, key employee, creator or founder, substan	itial c	ontributor, or 35%			
		controlled entity or family member of any of these	perso	ons		5	
	6	Loans and other receivables from other disqualified	d pers	sons (as defined			
		under section 4958(f)(1)), and persons described in	sect	ion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			18,422.	8	24,477. 1,500.
Ä	9	Prepaid expenses and deferred charges			4,864.	9	1,500.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		1,661,667.			
	b	Less: accumulated depreciation		1,159,949.	376,039.	10c	501,718.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11			13		
	14	Intangible assets			14	7,931.	
	15	Other assets. See Part IV, line 11			238,143.	15	262,175.
	16	Total assets. Add lines 1 through 15 (must equal		·	2,343,002.	16	2,662,380.
	17	Accounts payable and accrued expenses		259,394.	17	270,733.	
	18	Grants payable		20 015	18	24 000	
	19	Deferred revenue			38,915.	19	34,800.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa				21	
es	22	Loans and other payables to any current or former					
Liabilities		trustee, key employee, creator or founder, substan					
iab		controlled entity or family member of any of these				22	
-	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated the				24	
	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines 1	7-24).	Complete Part X	795,474.		1 217 077
		of Schedule D			1,093,783.		1,217,977. 1,523,510.
	26	Total liabilities. Add lines 17 through 25			1,093,703.	26	1,323,310.
Ø		Organizations that follow FASB ASC 958, check	nere				
nce	07	and complete lines 27, 28, 32, and 33.				07	
ala	27	Net assets without donor restrictions		27			
d B	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 958		28			
-u			, cne	ck nere			
o	20	and complete lines 29 through 33.		-308,273.	20	-548,668.	
əts	29	Capital stock or trust principal, or current funds		376,039.	29 30	509,647.	
SSE	30	Paid-in or capital surplus, or land, building, or equi			1,181,453.	31	1,177,891.
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inco			1,249,219.	31	1,138,870.
ž	32	Total liabilities and not see to fund balances			2,343,002.		2,662,380.
	33	Total liabilities and net assets/fund balances			4,343,004.	33	Z,00Z,300

Form **990** (2020)

Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,			
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990	(2020)

032012 12-23-20

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization SUFFOLK COUNTY VANDERBILT MUSEUM Employer identification number

		SUFF	OLK COUNTY	VANDERBILT I	MUSEUN	1		1	1-6037002
Par	tΙ	Reason for Public C	Charity Status.	All organizations must o	omplete th	nis part.) S	ee instructions	3.	
The c	organ	ization is not a private found							
1 [A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).		
2		A school described in secti							
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (Complete Part II.)							
6	X	A federal, state, or local gov	ernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that normal	-					e general i	public described in
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)						
8		A community trust describe		1)(A)(vi). (Complete Par	t II.)				
9 [An agricultural research org				ed in conju	nction with a	land-grant	college
		or university or a non-land-g				-		-	-
		university:							
10		An organization that normal	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, an	d gross receipts from
		activities related to its exem	pt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its	support f	rom gross investment
		income and unrelated busin	ess taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the orga	anization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11 [An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he function	ns of, or to car	ry out the	purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) d	r section :	509(a)(2).	See section 5	09(a)(3).	Check the box in
		lines 12a through 12d that of	describes the type of	supporting organization	and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	ınization operated, sı	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving
		the supported organization	n(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustee	s of the su	upporting
		organization. You must c	omplete Part IV, Se	ctions A and B.					
b		Type II. A supporting orga	anization supervised	or controlled in connect	ion with it	s supporte	d organization	n(s), by hav	ving
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	ported
	_	organization(s). You mus							
С		Type III functionally inte						y integrate	ed with,
		its supported organization	.,.	-	•		•		
d		☐ Type III non-functionally							
		that is not functionally into	-		•		-	an attentiv	veness
	_	requirement (see instructi	·						
е		Check this box if the orga					Type I, Type I	I, Type III	
_		functionally integrated, or		nally integrated supporti	ng organiz	ation.			
		er the number of supported o	•						
g		vide the following information i) Name of supported	i about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other
	•	organization	(,	(described on lines 1-10	in your governi	ng document? No	support (see in	•	support (see instructions)
				above (see instructions))	165	INO			
Total									

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support			•			
Cale	ndar year (or fiscal year beginning in) ► 📗	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stop						>
	tion C. Computation of Publi					 	
	Public support percentage for 2020 (li		•	***		14	%
	Public support percentage from 2019					15	%
16a	33 1/3% support test - 2020. If the o				14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2019. If the c	~					
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	-	-				
	and if the organization meets the facts		•	•	•	: VI how the organiz	zation
	meets the facts-and-circumstances te	-		*	-		
b	10% -facts-and-circumstances test	•				•	10% or
	more, and if the organization meets th				-		. —
	organization meets the facts-and-circu		-				
18	Private foundation. If the organization	n did not check a	box on line 13, 16	ia, 16b, 17a, or 17b			
					Sch	edule A (Form 990	or 990-EZ) 2020

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						<u> </u>
6 Total. Add lines 1 through 5				<u> </u>		
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b Amounts included on lines 2 and 3 received					+	_
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	(a) 2010	(6) 2017	(6) 2018	(u) 2019	(e) 2020	(i) Total
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)				<u> </u>		<u> </u>
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizati	ion,
check this box and stop here	•		,	•	. , . ,	·
Section C. Computation of Public	c Support Per	centage				
15 Public support percentage for 2020 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	20 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	17 is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2019. If the						
line 18 is not more than 33 1/3%, chec	ck this box and st	t op here. The orga	ınization qualifies a	as a publicly suppo	orted organization	
20 Private foundation If the organization	n did not check a	hoy on line 1/ 10	a or 10h check th	nie hov and sec inc	etructions	

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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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.)

	Yes	No
1		
_		
2		
За		
- Oa		
3b		
3с		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
_		
8		
9a		
9b		
90		
9с		
10a		
. 34		
40.		
10b		

Га	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c		
Sec	tion B. Type i Supporting Organizations		1	
_			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	_		
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
_	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. 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 in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	, , ,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	C.		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а		0.5		
L	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI.	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	or no supported organizations: If Tes. describe in Fait VI the role biaved by the organization in this regard.	UU		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
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-function	ally integrate	d Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity	2	2	
3	Administrative expenses paid to accomplish exempt purpose	3	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		j
6	Other distributions (describe in Part VI). See instructions.		6	3
7	Total annual distributions. Add lines 1 through 6.			,
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	3
9	Distributable amount for 2020 from Section C, line 6		9)
10	Line 8 amount divided by line 9 amount	1	10)
Secti	on E - Distribution Allocations (see instructions)	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020	
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
<u>a</u>	From 2015			
<u>b</u>	From 2016			
c	From 2017			
d	From 2018			
<u>e</u>	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2020 distributable amount			
i_	Carryover from 2015 not applied (see instructions)			
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2020

c Excess from 2018d Excess from 2019e Excess from 2020

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Name of the organization Employer ide

Employer identification number

SUFFOLK COUNTY VANDERBILT MUSEUM

11-6037002

Organiza	Organization type (check one):				
Filers of	:	Section:			
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 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			
	, 0	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) are any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from , during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.			
	contributor, during t 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.			
	year, contributions as is checked, enter he purpose. Don't com	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., plete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year			
but it mu	ust answer "No" on F	It isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to e filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).			

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

SUFFOLK COUNTY VANDERBILT MUSEUM

11-6037002

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NATIONAL GRID FOUNDATION 175 E. OLD COUNTRY ROAD HICKSVILLE, NY 11801	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BAE SYSTEMS 450 PULASKI ROAD GREENLAWN, NY 11740	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	LAURA AND ERIC GERDE 51 MARINERS COURT CENTERPORT, NY 11743	\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4_	Name, address, and ZIP + 4 BANK OF AMERICA 300 BROAD HOLLOW ROAD MELVILLE, NY 11747	\$ 15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	NORTHWELL HEALTH 614 MAIN STREET ISLIP, NY 11751	\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	CLAIRE FRIEDLANDER FAMILY FOUNDATION 223 WALL ST #411 HUNTINGTON , NY 11743	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SUFFOLK COUNTY VANDERBILT MUSEUM

11-6037002

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	JOHN AND DENISE DOLAN/ THE CHESTERFIELD WAY 17 HOWARD DR HUNTINGTON , NY 11743	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	WILLIAM G. POMEROY FOUNDATION P.O. BOX 3327 SYRACUSE, NY 13220-3327	\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	SUFFOLK COUNTY 330 CENTER DRIVE RIVERHEAD, NY 11901	\$1,661,456.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110.	Nume, address, and Zii + 4	\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions.)

Name of organization Employer identification number

SUFFOLK COUNTY VANDERBILT MUSEUM

11-6037002

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
			990 990.FZ or 990.PE\(/2020)

Name of organization **Employer identification number** SUFFOLK COUNTY VANDERBILT MUSEUM 11-6037002 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and 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 Open to Public Inspection

Name of the organization

SUFFOLK COUNTY VANDERBILT MUSEUM

Employer identification number 11-6037002

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose co	onferring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that appl <u>y).</u>	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	,		
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the c	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements if		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
•			(4)(D)(:)
8	Does each conservation easement reported on line 2(d) above		
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati		
9	balance sheet, and include, if applicable, the text of the footr	•	
	organization's accounting for conservation easements.	lote to the organization's infancial statemen	its that describes the
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 95		d balance sheet works
	of art, historical treasures, or other similar assets held for put	•	
	service, provide in Part XIII the text of the footnote to its final	, ,	•
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	,	,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2020

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

	t III Organizations Maintaining Co	ollections of Art	t, Histo	orical Tre	asures, o	r Other	Similar	Assets	(continu	ued)	<u>.gc</u>
3	Using the organization's acquisition, accession								,	,,,	
	collection items (check all that apply):										
а	X Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е									
С	X Preservation for future generations										
4	Provide a description of the organization's col	llections and explair	n how th	ey further th	ne organizatio	on's exem	ot purpos	e in Part	XIII.		
5	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be mai	intained as part of th	ne organ	nization's co	llection?				Yes	X	No
Par	t IV Escrow and Custodial Arrang	jements. Comple	ete if the	organizatio	n answered	"Yes" on F	orm 990	, Part IV,	ine 9, or		
	reported an amount on Form 990, Part			-							
1a	Is the organization an agent, trustee, custodia	n or other intermed	iary for o	contribution	s or other as:	sets not in	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amount		
С	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo						y?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided on	Part XIII]
Par	t V Endowment Funds. Complete if	the organization an	swered	"Yes" on Fo	orm 990, Part	IV, line 10).				
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g	g, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	6									
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.									
3a	Are there endowment funds not in the posses	sion of the organiza	tion tha	t are held aı	nd administe	red for the	organiza	tion	_		
	by:								,	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat								3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Par	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	"Yes" on Form 990	, Part IV	, line 11a. S	See Form 990	, Part X, li	ne 10.				
	Description of property	(a) Cost or o basis (investn			t or other (other)		cumulate reciation	d	(d) Book	value	Э
1a	Land										
	Buildings										
	Leasehold improvements				4,840.		31,11		123		
	Equipment			1,50	6,827.	1,1	28,83	38.	377	, 98	39 .
	Other										
Total	. Add lines 1a through 1e. (Column (d) must eq	gual Form 990, Part	X. colun	nn (B), line 1	0c.)			•	501	,71	L8.

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

Scriedule D	(F0fffi 990) 2020	DOLLOD.
Part VII	Investments	- Other Securi

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	True dee Form dee, Farex, mile fe.	(b) Book value
(1) DUE FROM OTHER GOVERNMENTS	<u> </u>		262,175.
(2)			20272734
(3)			
(8)			
	45)		262,175.
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>: 15.) </u>		202,173.
Complete if the organization answered "Yes"	on Form 000 Dort IV line	110 or 11f Coo Form 000 Port V line 25	
(a) Described and Baladita	on Form 990, Part IV, line	THE OF THE SEE FORM 990, Part X, line 25.	(b) Book value
			(b) DOOK value
(1) Federal income taxes (2) DUE TO OTHER GOVERNMENTS			025 052
	M TOAN		825,852. 392,125.
(3) PAYCHECK PROTECTION PROGRA	AM LOAN		394,143.
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			1 010 000
Total. (Column (b) must equal Form 990, Part X, col. (B) line		>	1,217,977.
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	the organization's financial statements the	nat reports the

032053 12-01-20

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

	t XI Reconciliation of Revenue per Audited Financial Stateme		Revenue per Re		703700Z Page +
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		•		
1	Total revenue, gains, and other support per audited financial statements			1	2,611,921.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	1 1	19,728.		
е	Add lines 2a through 2d			2e	19,728.
3	Subtract line 2e from line 1			3	2,592,193.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	. 4b	84,504.		
С	Add lines 4a and 4b			4c	84,504.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		·····	5	2,676,697.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		Expenses per F	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	2,722,270.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	. 2a			
b	Prior year adjustments	. 2b			
С	Other losses				
d	Other (Describe in Part XIII.)		19,728.		
е	Add lines 2a through 2d			2e	19,728.
3	Subtract line 2e from line 1			3	2,702,542.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	. 4b	84,504.		
С	Add lines 4a and 4b			4c	84,504.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,787,046.
	rt XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part			; Part X	K, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	litional inform	ation.		
n	OM TIT TIME 4				
PAI	RT III, LINE 4:				

THE MUSEUM DOES NOT CAPITALIZE ITS COLLECTIONS. THE COLLECTIONS ARE MADE UP OF ARTIFACTS OF HISTORICAL SIGNIFICANCE AND ART OBJECTS THAT ARE HELD FOR RESEARCH, CURATORIAL, AND PUBLIC EXHIBITION PURPOSES. EACH OF THE ITEMS IS CATALOGED, PRESERVED, AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. THESE COLLECTIONS ARE OWNED BY SUFFOLK COUNTY AND THE MUSEUM MAINTAINS THESE COLLECTIONS AS PART OF THEIR OPERATIONS.

PART X, LINE 2:

THE MUSEUM, A NOT-FOR-PROFIT ORGANIZATION OPERATING UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE, IS GENERALLY EXEMPT FROM FEDERAL,

Part XIII | Supplemental Information (continued)

STATE AND LOCAL INCOME TAXES. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS INCLUDED IN THE FINANCIAL STATEMENTS.

THE MUSEUM ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A MORE LIKELY THAN NOT THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY. IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNRECOGNIZED BENEFIT IS ESTIMATED BASED ON A CUMULATIVE PROBABILITY ASSESSMENT THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITIONS. INTEREST AND PENALTIES ASSESSED, IF ANY, ARE ACCRUED AS INCOME TAX EXPENSE. THE MUSEUM HAS IDENTIFIED ITS TAX STATUS AS A TAX EXEMPT ENTITY AS A TAX POSITION; HOWEVER, THE MUSEUM HAS DETERMINED THAT SUCH TAX POSITION DOES NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION.

PART	XΙ,	LINE	ΔIJ	_	OTHER	ADJUSTMENTS:

RECLASS OF RENTAL EXPENSES REPORTED ON PART VIII, LINE 6B	6,491.				
RECLASS OF COGS REPORTED ON PART VIII, LINE 10B	13,237.				
<u> </u>	-				
TOTAL TO SCHEDULE D. PART XI. LINE 2D					

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RECI	ASS	PROGRAM	EVENT	EXPENSES	ΤО	PART	TX.	LINE	2.4	84,504.
11201		TICOCITIE	_ ,, _				,			01,301.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECLASS OF RENTAL EXPENSES REPORTED ON PART VIII, LINE 6B	6,491.
RECLASS OF COGS REPORTED ON PART VIII, LINE 10B	13,237.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	19,728.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-F7

orm 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

Inspection

Name of the organization

SUFFOLK COUNTY VANDERBILT MUSEUM

Employer identification number 11-6037002

OMB No. 1545-0047

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OF THE SURROUNDING COMMUNITY. PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: FORM 990, A POWERFUL 5.1 SURROUND SOUND SYSTEM, AND ONE OVERSIZED COMFORT SEATS, THE FINEST STAR PROJECTOR AND FULLDOME VIDEO PROJECTION SYSTEMS IN THE WORLD. THE THEATER'S HYBRID GEMINISTAR III SYSTEM CAN SHOW AN INCREDIBLY REALISTIC STARRY SKY THAT SEAMLESSLY CROSS-FADES WITH THE FULLDOME VIDEO SYSTEM TO LIFT AUDIENCES OFF EARTH AND HAVE THEM TRAVEL ANYWHERE IN THE KNOWN UNIVERSE! AUDIENCES CANVISIT PLANETS, MOONS, STARS, EXOPLANETS, BLACK HOLES, STELLAR NURSERIES, GALAXIES, AND EVEN THE ENTIRE UNIVERSE ITSELF FROM THE FARTHEST VANTAGE POINTS KNOWN. VISITORS FIND IT A TRULY WONDERFUL, AWE-INSPIRING EXPERIENCE. THE PLANETARIUM HAS A ROOFTOP OBSERVATORY WHICH IS OPEN TO THE PUBLIC EVERY FRIDAY NIGHT, WEATHER PERMITTING. THERE, GUIDED BY AN ASTRONOMY EDUCATOR, VISITORS CAN EXAMINE THE NIGHT SKY THROUGH THE VANDERBILT'S 16-INCH MEADE REFLECTING TELESCOPE. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: TOOK INSPIRATION FROM THE ARCHITECTURE OF SPAIN AND NORTHERN AFRICA. AND ADORNED WITH IRONWORK MADE BY MASTER CRAFTSMAN SAMUEL YELLIN. UNIQUE AMONG MANY MANSIONS, EAGLE'S NEST WAS NOT ONLY BUILT WITH LIVING SPACE FOR MR. VANDERBILT AND HIS FAMILY, BUT ALSO MUSEUM SPACE WHERE VANDERBILT COULD SHOWCASE THE THOUSANDS OF NATURAL HISTORY AND CULTURAL

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

SPECIMENS HE HAD COLLECTED FROM HIS TRAVELS.

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization
SUFFOLK COUNTY VANDERBILT MUSEUM

Employer identification number
11-6037002

THE MANSION'S LIVING QUARTERS OFFERS AN INTIMATE LOOK AT THE LIFE OF A

PRIVILEGED FAMILY FROM THE JAZZ AGE THROUGH THE SECOND WORLD WAR. THE

ROOMS ARE AS WILLIAM AND ROSAMOND VANDERBILT LEFT THEM, FILLED WITH

PRICELESS ART, FURNISHINGS, AND PERSONAL POSSESSIONS. WHEN VISITORS

WALK THROUGH THE VANDERBILT MANSION, THEY ENTER A "LIVING MUSEUM," AN

ENCHANTING TIME CAPSULE OF A VANISHED ERA.

MR. VANDERBILT'S OCEANIC EXPEDITIONS AND UNPRECEDENTED

CIRCUMNAVIGATIONS OF THE GLOBE MAKE IT POSSIBLE FOR VISITORS TO JOURNEY

AROUND THE PLANET WITHOUT LEAVING LONG ISLAND. HIS SPECIMEN-HUNTING

TRIPS TO THE GALAPAGOS ISLANDS, THROUGHOUT THE PACIFIC, ASIA, THE

MEDITERRANEAN, AFRICA, THE ATLANTIC AND CARIBBEAN, YIELDED THOUSANDS OF

SPECIMENS OF MARINE, BIRD AND INSECT LIFE, SOME OF THEM NEW DISCOVERIES

AT THE TIME VANDERBILT FOUND THEM.

WANTING TO SHARE HIS COLLECTION WITH THE WORLD, MR. VANDERBILT

CONSTRUCTED SEVERAL MUSEUM SPACES THROUGHOUT THE ESTATE. TODAY,

VISITORS CAN EXPLORE 4 SEPARATE WINGS TO SEE THESE COLLECTIONS. THESE

WINGS ARE AS FOLLOWS: THE MEMORIAL WING, THE HABITAT WING, THE NURSERY

WING, AND THE HALL OF FISHES.

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

CURATORIAL SERVICES EXPENSES WHICH RELATE TO THE MAINTAINING OF THE

ARTIFACT COLLECTION OF THE MUSEUM AND THE COSTS TO OPERATE THE GIFT

SHOP.

EXPENSES \$ 308,798. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

Schedule O (Form 990 or 990-EZ) 2020 Page 2 **Employer identification number** Name of the organization SUFFOLK COUNTY VANDERBILT MUSEUM 11-6037002 FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS OF THE SUFFOLK COUNTY VANDERBILT MUSEUM COMMISSION SHALL BE APPOINTED BY THE SUFFOLK COUNTY LEGISLATURE AND SHALL SERVE AS THE BOARD OF TRUSTEES OF THE VANDERBILT MUSEUM. THE BOARD OF TRUSTEES OF THE VANDERBILT MUSEUM SHALL FROM TIME TO TIME MAKE RECOMMENDATIONS TO THE SUFFOLK COUNTY LEGISLATURE OF PERSONS TO BE APPOINTED TO THE SUFFOLK COUNTY VANDERBILT MUSEUM COMMISSION. FORM 990, PART VI, SECTION A, LINE 7B: THE OWNERSHIP AND MANAGEMENT OF THE VANDERBILT ENDOWMENT FUND RESIDES WITH THE COUNTY OF SUFFOLK. FORM 990, PART VI, SECTION A, LINE 8B: THE ONLY COMMITTEE WHO HAS WRITTEN MINUTES IS THE EDUCATION COMMITTEE. ALL OTHER COMMITTEES DO NOT REGULARLY PROVIDE WRITTEN MINUTES. FORM 990, PART VI, SECTION B, LINE 11B: A DRAFT COPY OF FORM 990 WAS PROVIDED TO THE EXECUTIVE DIRECTOR WHO DISTRIBUTED COPIES TO THE BOARD OF TRUSTEES FOR REVIEW PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS ENFORCED BY THE LEGISLATURE THROUGH A RIGOROUS SERIES OF INTERVIEWS BEFORE A CANDIDATE FOR TRUSTEESHIP IS RECOMMENDED. THE PARKS AND RECREATION COMMITTEE OF THE VANDERBILT HAS A

QUESTIONS CONCERNING CONFLICTS MAY BE RAISED. A VOTE IS TAKEN AND IF

FORMAL HEARING, WHICH MUST BE ATTENDED BY THE CANDIDATE. AT THAT TIME

PASSED, A RESOLUTION APPOINTING THE CANDIDATE IS VOTED BY THE FULL COUNTY

LEGISLATURE. POLITICAL CONFLICTS ARE ADDRESSED IN COUNTY CODE, AS WELL AS

Name of the organization SUFFOLK COUNTY VANDERBILT MUSEUM	Employer identification number 11-6037002
IN MUSEUM POLICIES. MONITORING OF POTENTIAL CONFLICTS IS P	ROVIDED BY THE
ONGOING OVERSIGHT OF BOARD COMMITTEES, PARTICULARLY THE FI	NANCE AND
EDUCATION/COLLECTIONS COMMITTEES. THE NEWLY FORMED COUNTY	OVERSIGHT
COMMITTEE, AS WELL AS THE BUDGET REVIEW OFFICES OF THE LEG	ISLATURE AND
COUNTY EXECUTIVE'S OFFICE, ALSO MONITOR FOR CONFLICTS OF I	NTERESTS.
FORM 990, PART VI, SECTION B, LINE 15A:	
THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS AN ANNUAL SA	LARY DETERMINED
BY THE BOARD OF TRUSTEES. IT IS BASED ON AAM AND NEW ENGLA	ND MUSEUM
ASSOCIATION PUBLISHED SALARY SURVEYS OF MUSEUM PERSONNEL,	AS WELL AS AREA
COMPARABLE AND MOST IMPORTANTLY, THE MUSEUM'S BUDGETARY NE	EDS.
FORM 990, PART VI, SECTION C, LINE 19:	
FINANCIAL INFORMATION IS AVAILABLE ON-LINE THROUGH THE SUF	FOLK COUNTY
LEGISLATIVE WEBSITE. ALL MINUTES TO MONTHLY BOARD MEETINGS	ARE AVAILABLE
ON-LINE AND CONTAIN MUSEUM POLICIES.	

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

SUFFOLK COUNTY	VANDERBILT MUSE	JM				11-60370	02	
Part I Identification of Disregarded Entities. Comple	te if the organization answered "Y	es" on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	r Total inco	(e) me End-of-year		Direct c	(f) ontrolling ntity)
Identification of Related Tax-Exempt Organiza	ations. Complete if the organizati	on answered "Yes" on Form 990	. Part IV. line 34. b	ecause it had one	or more r	related tax-exer	mpt	
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	Direc	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
		Toreign country)		501(c)(3))			Yes	No
SUFFOLK COUNTY LEGISLATURE 725 VETERANS MEMORIAL HIGHWAY SMITHTOWN, NY 11787	GOVERNMENT AGENCY	NEW YORK			N/A			Х

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(i	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	I	ortionate tions?	Code V-UBI amount in box 20 of Schedule	General managi partne	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
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Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	entity:	
		country						Yes	No

Yes No

1a

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 with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) f Dividends from related organization(s) 11 g Sale of assets to related organization(s) 12 15 16 17 18	X	X								
d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) f Sale of assets to related organization(s) 1d 1g		X								
te Loans or loan guarantees by related organization(s) f Dividends from related organization(s) f Sale of assets to related organization(s) 16 17 18										
f Dividends from related organization(s) g Sale of assets to related organization(s) 1g		_X_								
g Sale of assets to related organization(s)										
g Sale of assets to related organization(s)	\longrightarrow	_X_								
	\longrightarrow	<u>X</u>								
h Purchase of assets from related organization(s)	\longrightarrow	<u>X</u>								
i Exchange of assets with related organization(s)	\longrightarrow	<u>X</u>								
j Lease of facilities, equipment, or other assets to related organization(s)	\longrightarrow	X								
k Lease of facilities, equipment, or other assets from related organization(s)	\longrightarrow	<u>X</u>								
I Performance of services or membership or fundraising solicitations for related organization(s)	\longrightarrow	X								
m Performance of services or membership or fundraising solicitations by related organization(s)	\longrightarrow	X								
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
o Sharing of paid employees with related organization(s)	\rightarrow	X								
		X								
p Reimbursement paid to related organization(s) for expenses a Reimbursement paid by related organization(s) for expenses										
q Reimbursement paid by related organization(s) for expenses		X								
r Other transfer of cash or property to related organization(s)	\longrightarrow	<u>X</u>								
s Other transfer of cash or property from related organization(s)		X								
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.										
(a) (b) (c) (d) Name of related organization Transaction type (a-s) (b) (c) (d) Method of determining amount involved type (a-s)										
Name of related organization Transaction Amount involved Method of determining amount involved										
Name of related organization Transaction Amount involved Method of determining amount involved type (a-s)										
Name of related organization Transaction type (a-s) Amount involved Method of determining amount involved type (a-s)										
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Name of related organization Transaction type (a-s) Amount involved Method of determining amount involved (1)										
Name of related organization type (a-s) Amount involved Method of determining amount involved (1) (2)										
Name of related organization type (a-s) Amount involved Method of determining amount involved (1) (2)										
Name of related organization Transaction type (a-s) Amount involved Method of determining amount involved (1) (2) (3) (4)										
Name of related organization type (a-s) Amount involved Method of determining amount involved (1) (2)										

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	Dispretion allocat	opor- late tions?	Genera manag partn Yes	(k) Al or Percentage ging ownership
									000) 0000