

Return of Organization Exempt From Income Tax

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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. Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning 07/01, 2014, and ending 06/30, 2015

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: THE CHRYSLER MUSEUM, INCORPORATED. D Employer identification number: 51-0243196. E Telephone number: (757) 664-6200. G Gross receipts \$: 20,823,541. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. I Tax-exempt status: X 501(c)(3). J Website: WWW.CHRYSLER.ORG. K Form of organization: X Corporation. L Year of formation: 1939. M State of legal domicile: VA.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Activities & Governance. 8-12 Revenue. 13-19 Expenses. 20-22 Net Assets or Fund Balances.

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.

Sign Here: Signature of officer, Date, Type or print name and title. Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE CHRYSLER MUSEUM EXISTS TO ENRICH AND TRANSFORM LIVES. WE BRING ART AND PEOPLE TOGETHER THROUGH EXPERIENCES THAT DELIGHT, INFORM AND INSPIRE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 6,911,709. including grants of \$) (Revenue \$ 846,236.)
ATTACHMENT 1

4b (Code:) (Expenses \$ 820,176. including grants of \$) (Revenue \$)
IMPROVEMENTS AND ADDITIONS TRANSFERRED TO THE CITY OF NORFOLK

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 7,731,885.

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

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 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? <i>If "Yes," complete Schedule I, Parts I and II.</i> | | X |
| 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? <i>If "Yes," complete Schedule I, Parts I and III.</i> | | 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? <i>If "Yes," complete Schedule J.</i> | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i> | | X |
| 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> | | X |
| 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| 28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| 28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| 28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> | X | |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| 35b 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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> | | 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? <i>If "Yes," complete Schedule R, Part VI.</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, sub-questions (1a-14b), and Yes/No columns. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

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

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

Section A. Governing Body and Management

Table with 4 columns: Question, Line Number, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 4 columns: Question, Line Number, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed VA,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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:▶

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-------------------------------------|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) KATHLEEN BRODERICK TRUSTEE | .20 0 | X | | | | | 0 | 0 | 0 | |
| (2) ROBERT W CARTER TRUSTEE | .20 0 | X | | | | | 0 | 0 | 0 | |
| (3) DUDLEY ANDERSON TRUSTEE | .20 0 | X | | | | | 0 | 0 | 0 | |
| (4) SUSAN COLPITTS TRUSTEE | .20 0 | X | | | | | 0 | 0 | 0 | |
| (5) C. ARTHUR RUTTER III TRUSTEE | .20 0 | X | | | | | 0 | 0 | 0 | |
| (6) JAMES A. HIXON TRUSTEE | .20 0 | X | | | | | 0 | 0 | 0 | |
| (7) TONY ATWATER TRUSTEE | .20 0 | X | | | | | 0 | 0 | 0 | |
| (8) EDITH G GRANDY TRUSTEE | .20 0 | X | | | | | 0 | 0 | 0 | |
| (9) ORIANA MCKINNON TRUSTEE | .20 0 | X | | | | | 0 | 0 | 0 | |
| (10) LINDA H KAUFMAN TRUSTEE | .20 0 | X | | | | | 0 | 0 | 0 | |
| (11) LISA B. SMITH TRUSTEE | .20 0 | X | | | | | 0 | 0 | 0 | |
| (12) RICHARD D ROBERTS TRUSTEE | .20 0 | X | | | | | 0 | 0 | 0 | |
| (13) CAROLYN K BARRY TRUSTEE | .20 0 | X | | | | | 0 | 0 | 0 | |
| (14) RICHARD WAITZER TRUSTEE | .20 0 | X | | | | | 0 | 0 | 0 | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|------------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) ELIZABETH FRAIM TRUSTEE | .20 0 | X | | | | | 0 | 0 | 0 | |
| (16) THOMAS L STOKES, JR VICE-CHAIRMAN | 5.00 0 | X | | | | | 0 | 0 | 0 | |
| (17) LEWIS W WEBB III CHAIRMAN | 5.00 0 | X | | | | | 0 | 0 | 0 | |
| (18) HARRY T LESTER TRUSTEE | .20 0 | X | | | | | 0 | 0 | 0 | |
| (19) WAYNE F WILBANKS TRUSTEE | .20 0 | X | | | | | 0 | 0 | 0 | |
| (20) JOSEPH T. WALDO TRUSTEE | .20 0 | X | | | | | 0 | 0 | 0 | |
| (21) PETER M MEREDITH, JR TRUSTEE | .20 0 | X | | | | | 0 | 0 | 0 | |
| (22) MARC JACOBSON TRUSTEE | .20 0 | X | | | | | 0 | 0 | 0 | |
| (23) SHIRLEY C BALDWIN TRUSTEE | .20 0 | X | | | | | 0 | 0 | 0 | |
| (24) LELIA GRAHAM WEBB SECRETARY | 5.00 0 | X | | | | | 0 | 0 | 0 | |
| (25) YVONNE T ALLMOND TRUSTEE | .20 0 | X | | | | | 0 | 0 | 0 | |
| 1b Sub-total | | | | | | | 0 | 0 | 0 | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 1,124,289. | 0 | 94,572. | |
| d Total (add lines 1b and 1c) | | | | | | | 1,124,289. | 0 | 94,572. | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 1**

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 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? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | 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) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| ATTACHMENT 2 | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 11**

Part VIII Statement of Revenue

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

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|--|---|----------------|----------------------|----------------------|--|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | 1,006,382. | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 2,948,687. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 3,803,388. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 118,037. | | | | |
| | h Total. Add lines 1a-1f | | | 7,758,457. | | | |
| Program Service Revenue | 2a <u>MUSEUM ADMISSIONS</u> | | | Business Code | | | |
| | | | 900099 | 1,410. | 1,410. | | |
| | b <u>MUSEUM GIFT SHOP</u> | | 453220 | 357,925. | 357,925. | | |
| | c <u>EDUCATIONAL PROGRAMS</u> | | 900099 | 353,527. | 353,527. | | |
| | d <u>CATERING AND CAFE</u> | | 900099 | 113,961. | 113,961. | | |
| | e _____ | | | | | | |
| | f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | | 826,823. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 3 | | | 3,319,309. | | -17,236. | 3,336,545. |
| | 4 Income from investment of tax-exempt bond proceeds | | | 0 | | | |
| | 5 Royalties | | | 0 | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6a Gross rents | | 369,615. | | | | |
| | b Less: rental expenses | | 157,222. | | | | |
| | c Rental income or (loss) | | 212,393. | | | | |
| | d Net rental income or (loss) | | | 212,393. | | | 212,393. |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | | | 8,529,922. | | | |
| | b Less: cost or other basis and sales expenses | | | 8,753,524. | | | |
| | c Gain or (loss) | | | -223,602. | | | |
| | d Net gain or (loss) | | | -223,602. | | | -223,602. |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | | |
| | b Less: direct expenses | b | | | | | |
| c Net income or (loss) from fundraising events | | | 0 | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| b Less: direct expenses | b | | | | | | |
| c Net income or (loss) from gaming activities | | | 0 | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | | | |
| b Less: cost of goods sold | b | | | | | | |
| c Net income or (loss) from sales of inventory | | | 0 | | | | |
| Miscellaneous Revenue | | | Business Code | | | | |
| 11a <u>MISCELLANEOUS</u> | | 900099 | 19,415. | 19,415. | | | |
| b _____ | | | | | | | |
| c _____ | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | 19,415. | | | | |
| 12 Total revenue. See instructions | | | 11,912,795. | 846,238. | -17,236. | 3,325,336. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 0 | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 0 | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 0 | | | |
| 4 Benefits paid to or for members | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 243,419. | 170,393. | 36,513. | 36,513. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 Other salaries and wages | 3,095,937. | 2,367,185. | 368,958. | 359,794. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 0 | | | |
| 9 Other employee benefits | 392,192. | 273,886. | 70,669. | 47,637. |
| 10 Payroll taxes | 273,350. | 174,935. | 72,054. | 26,361. |
| 11 Fees for services (non-employees): | | | | |
| a Management | 0 | | | |
| b Legal | 0 | | | |
| c Accounting | 0 | | | |
| d Lobbying | 0 | | | |
| e Professional fundraising services. See Part IV, line 17. | 0 | | | |
| f Investment management fees | 0 | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 0 | | | |
| 12 Advertising and promotion | 145,315. | | | 145,315. |
| 13 Office expenses | 0 | | | |
| 14 Information technology | 0 | | | |
| 15 Royalties | 0 | | | |
| 16 Occupancy | 0 | | | |
| 17 Travel | 0 | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 Conferences, conventions, and meetings | 0 | | | |
| 20 Interest | 541,917. | 541,917. | | |
| 21 Payments to affiliates | 0 | | | |
| 22 Depreciation, depletion, and amortization | 228,052. | 162,841. | 32,921. | 32,290. |
| 23 Insurance | 169,886. | 165,303. | 2,460. | 2,123. |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a <u>ACCESSIONS</u> | 821,686. | 821,686. | | |
| b <u>EXHIBITION FEES/INSTALLATION</u> | 523,185. | 523,185. | | |
| c <u>UTILITIES</u> | 594,924. | 579,007. | 8,543. | 7,374. |
| d <u>CONSULTING</u> | 487,514. | 331,999. | 71,198. | 84,317. |
| e All other expenses <u>ATCH 4</u> | 1,963,593. | 1,619,548. | 65,377. | 278,668. |
| 25 Total functional expenses. Add lines 1 through 24e | 9,480,970. | 7,731,885. | 728,693. | 1,020,392. |
| 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 0 | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|---------------------------|-------------|-----------------------|
| Assets | 1 Cash - non-interest-bearing | 0 | 1 | 0 |
| | 2 Savings and temporary cash investments | 15,167,459. | 2 | 2,971,532. |
| | 3 Pledges and grants receivable, net | 7,589,731. | 3 | 6,377,099. |
| | 4 Accounts receivable, net | 0 | 4 | 0 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 0 | 5 | 0 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | 0 | 6 | 0 |
| | 7 Notes and loans receivable, net | 0 | 7 | 0 |
| | 8 Inventories for sale or use | 142,030. | 8 | 193,158. |
| | 9 Prepaid expenses and deferred charges | 578,997. | 9 | 664,344. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 2,291,346. | | |
| | b Less: accumulated depreciation | 10b 1,216,536. | 1,162,283. | 10c 1,074,810. |
| | 11 Investments - publicly traded securities | ATCH 5 27,884,334. | 11 | 30,066,694. |
| | 12 Investments - other securities. See Part IV, line 11 | 38,896,579. | 12 | 44,696,462. |
| | 13 Investments - program-related. See Part IV, line 11 | 0 | 13 | 0 |
| | 14 Intangible assets | 0 | 14 | 0 |
| | 15 Other assets. See Part IV, line 11 | 117,630. | 15 | 116,912. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 91,539,043. | 16 | 86,161,011. | |
| Liabilities | 17 Accounts payable and accrued expenses | 879,784. | 17 | 289,777. |
| | 18 Grants payable | 0 | 18 | 0 |
| | 19 Deferred revenue | 120,420. | 19 | 148,550. |
| | 20 Tax-exempt bond liabilities | 0 | 20 | 0 |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 0 | 21 | 0 |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | 0 | 22 | 0 |
| | 23 Secured mortgages and notes payable to unrelated third parties | 14,214,972. | 23 | 11,719,709. |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0 | 24 | 0 |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 1,738,625. | 25 | 1,034,992. |
| | 26 Total liabilities. Add lines 17 through 25 | 16,953,801. | 26 | 13,193,028. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 14,821,986. | 27 | 15,992,116. |
| | 28 Temporarily restricted net assets | 26,658,424. | 28 | 23,760,505. |
| | 29 Permanently restricted net assets | 33,104,832. | 29 | 33,215,362. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 74,585,242. | 33 | 72,967,983. |
| | 34 Total liabilities and net assets/fund balances | 91,539,043. | 34 | 86,161,011. |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 11,912,795. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 9,480,970. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 2,431,825. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 74,585,242. |
| 5 | Net unrealized gains (losses) on investments | 5 | -4,049,084. |
| 6 | Donated services and use of facilities | 6 | 0 |
| 7 | Investment expenses | 7 | 0 |
| 8 | Prior period adjustments | 8 | 0 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 72,967,983. |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash 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?
 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?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** 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?
- 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 in Schedule O and describe any steps taken to undergo such audits.

| | Yes | No |
|-----------|-----|----|
| 2a | | X |
| 2b | X | |
| 2c | X | |
| 3a | | X |
| 3b | | |

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

| | |
|--|---|
| Name of the organization THE CHRYSLER MUSEUM, INCORPORATED | Employer identification number 51-0243196 |
|--|---|

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 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 the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| 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.)

Section A. Public Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2014 (70.28%); 15 Public support percentage from 2013 Schedule A, Part II, line 14 (71.49%); 16a 33 1/3% support test - 2014 (checked); 16b 33 1/3% support test - 2013; 17a 10%-facts-and-circumstances test - 2014; 17b 10%-facts-and-circumstances test - 2013; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (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 performed, 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 business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. | | | | | | |
| 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.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2013 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2013 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| 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)? <i>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.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | | Yes | No |
|-----------|---|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | |
| a | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b | A family member of a person described in (a) above? | | |
| c | A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | | |

Section B. Type I Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> | | |

Section C. Type II Supporting Organizations

| | | Yes | No |
|----------|---|-----|----|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i> | | |

Section 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

Section E. Type III Functionally-Integrated Supporting Organizations

| | | | |
|--|---|---|----|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): | | |
| a | <input type="checkbox"/> | The organization satisfied the Activities Test. Complete line 2 below. | |
| b | <input type="checkbox"/> | The organization is the parent of each of its supported organizations. Complete line 3 below. | |
| c | <input type="checkbox"/> | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | |
| 2 | Activities Test. Answer (a) and (b) below. | | |
| a | | Yes | No |
| 2a | | | |
| 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? <i>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.</i> | | | |
| b | | Yes | No |
| 2b | | | |
| Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a | | Yes | No |
| 3a | | | |
| Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | | |
| b | | Yes | No |
| 3b | | | |
| Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | | |

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

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

| Section 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 | | |
| Section 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 | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1 | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3 | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |
| 7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions). | | | |

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

| Section D - Distributions | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2014 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2014 | (iii) Distributable Amount for 2014 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2014 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2014: | | | |
| a | | | |
| b | | | |
| c | | | |
| d | | | |
| e From 2013 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2014 distributable amount | | | |
| i Carryover from 2009 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2014 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2014 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). | | | |
| 6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). | | | |
| 7 Excess distributions carryover to 2015. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a | | | |
| b | | | |
| c | | | |
| d Excess from 2013 | | | |
| e Excess from 2014 | | | |

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2014

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

THE CHRYSLER MUSEUM, INCORPORATED

51-0243196

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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 funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year., 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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Schedule D (Form 990) 2014

JSA 4E1268 1.000

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 70,973,487. | 64,648,719. | 60,850,682. | 59,751,176. | 44,127,310. |
| b Contributions | 417,143. | 990,946. | 1,739,593. | 2,206,978. | 10,857,199. |
| c Net investment earnings, gains, and losses | -845,017. | 7,198,822. | 4,290,565. | 252,995. | 4,054,255. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 2,411,422. | 1,865,000. | 2,232,121. | 1,360,467. | 1,287,588. |
| f Administrative expenses | | | | | |
| g End of year balance | 68,134,191. | 70,973,487. | 64,648,719. | 60,850,682. | 57,751,176. |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 37.6000 %
 - b Permanent endowment 48.7500 %
 - c Temporarily restricted endowment 13.6500 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | X |
| (ii) related organizations | 3a(ii) | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 2,291,346. | 1,216,536. | 1,074,810. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 1,074,810. |

Part VII Investments - Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other ATTACHMENT 1 | | |
| (A) CANYON CAP VALUE REALIZATION | 2,818,246. | FMV |
| (B) COLCHESTER GLOBAL BOND FUND | 3,055,883. | FMV |
| (C) TIFF ABSOLUTE RETURN POOL II | 3,300,682. | FMV |
| (D) FORESTER DIVERSIFIED | 2,033,265. | FMV |
| (E) PRIVATE ADV DISTRESSED OPPOR. | 41,891. | FMV |
| (F) PRIVATE ADVISORS SMALL CO. | 908,316. | FMV |
| (G) TIFF PARTNERS V-US | 294,524. | FMV |
| (H) GMO FORESTRY FUND 8 | 492,255. | FMV |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 44,696,462. | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to 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. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | |

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) ACCRUED EXPENSES/OTHER LIABILI | 1,034,992. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 1,034,992. |

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

| | | | | |
|----------|--|-----------|-------------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 8,020,933. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | -4,049,084. | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | 157,222. | |
| e | Add lines 2a through 2d | | 2e | -3,891,862. |
| 3 | Subtract line 2e from line 1 | | 3 | 11,912,795. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | 11,912,795. |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

| | | | | |
|----------|---|-----------|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 9,638,192. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | 157,222. | |
| e | Add lines 2a through 2d | | 2e | 157,222. |
| 3 | Subtract line 2e from line 1 | | 3 | 9,480,970. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | 9,480,970. |

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

PART III, LINE 1A - ART COLLECTION FOOTNOTE

IN CONFORMITY WITH THE PRACTICE FOLLOWED BY MOST MUSEUMS, THE CHRYSLER'S ART COLLECTION IS NOT PRESENTED IN THE ACCOMPANYING STATEMENTS OF FINANCIAL POSITION. THE VALUE OF ITEMS PURCHASED BY THE MUSEUM FOR THE ADDITION TO THE COLLECTION AND THE PROCEEDS FROM OBJECTS DEACCESSIONED AND SOLD ARE REPORTED AS NON-OPERATING ACTIVITIES IN THE ACCOMPANYING STATEMENTS OF ACTIVITIES. CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED IN THE FINANCIAL STATEMENTS. THE MUSEUM IS COMMITTED TO APPLYING THE HIGHEST PROFESSIONAL STANDARDS TO THE CARE AND PRESERVATION OF ITS UNIQUE COLLECTION. EACH OF THE ITEMS IS CATALOGED, PRESERVED, AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. ACCESSIONS AND DEACCESSIONS ARE APPROVED BY THE MUSEUM'S BOARD OF TRUSTEES AND THE PROCEEDS FROM DEACCESSIONS ARE USED SOLELY FOR THE ACQUISITION OF COLLECTION ITEMS. ADDITIONALLY, IN AN EFFORT TO MAINTAIN THE PURCHASING POWER OF SUCH PROCEEDS, THE BOARD HAS SIMILARLY DESIGNATED THE INVESTMENT INCOME EARNED ON THESE FUNDS. AS OF JUNE 30, 2015, THE MUSEUM'S COLLECTION WAS INSURED AT A LEVEL DEEMED APPROPRIATE BY MANAGEMENT.

PART III, LINE 4 - COLLECTIONS

THE CHRYSLER IS ONE OF AMERICA'S MOST DISTINGUISHED ART MUSEUMS. LOCATED IN HAMPTON ROADS, A COMMUNITY OF 1.5 MILLION IN SOUTHEASTERN VIRGINIA, THE CHRYSLER WELCOMES APPROXIMATELY 200,000 ANNUAL VISITORS FROM AROUND THE WORLD. THE CHRYSLER OPERATES ON AN ANNUAL BUDGET OF APPROXIMATELY \$7.6 MILLION AND EMPLOYS A STAFF OF APPROXIMATELY 137. THE MUSEUM IS HOME TO A WORLD-CLASS COLLECTION OF OVER 30,000 PAINTINGS, SCULPTURES, PHOTOGRAPHS, AND DECORATIVE ARTS PRIMARILY ASSEMBLED BY INDUSTRIALIST

Part XIII Supplemental Information (continued)

WALTER P. CHRYSLER, JR. THE MUSEUM IS PARTICULARLY WELL KNOWN FOR ITS GLASS COLLECTION, ONE OF THE FINEST AND MOST COMPREHENSIVE ANYWHERE. THE MUSEUM ALSO ADMINISTERS TWO HISTORIC HOUSES, THE MOSES MYERS HOUSE AND THE WILLOUGHBY-BAYLOR HOUSE, AS WELL AS A GLASS MAKING STUDIO, ALL OF WHICH ARE LOCATED IN DOWNTOWN NORFOLK. IN ADDITION TO ITS FINE PERMANENT COLLECTION, THE MUSEUM PRESENTS EACH YEAR A DYNAMIC SCHEDULE OF CHANGING EXHIBITIONS AND A WIDE VARIETY OF INTERPRETIVE PROGRAMS. EACH IS DESIGNED TO MAKE THE WORKS ON VIEW IN THE MUSEUM GALLERIES ACCESSIBLE AND MEANINGFUL TO DIVERSE AUDIENCES. THE CHRYSLER MUSEUM GLASS STUDIO IS AN EDUCATIONAL TOOL THAT OFFERS THE PUBLIC AN EXPERIMENTAL APPROACH TO THE EXCITING PROPERTIES OF GLASS. THIS ADDITION TO THE MUSEUM COMPLEMENTS OUR COMPREHENSIVE GLASS COLLECTION WITH AN ENGAGING APPROACH THAT DEMONSTRATES THE MANY GLASS PROCESSES USED TO CREATE THESE EXTRAORDINARY OBJECTS.

PART XI 2D AND PART XII 2D - OTHER REVENUE AND EXPENSES

RENTAL EXPENSES

ATTACHMENT 1

SCHEDULE D, PART VII - INVESTMENTS - OTHER SECURITIES

| <u>DESCRIPTION</u> | <u>BOOK VALUE</u> | <u>COST OR FMV</u> |
|-------------------------------|-------------------|------------------------|
| TIFF MULTI-ASSET FUND | 7,115,059. | FMV |
| P2 CAPITAL FUND CLASS A | 1,170,351. | FMV |
| GMO MA INVESTORS FUND 1 | 564,843. | FMV |
| PROPERTY INVESTMENTS ADVISORS | 268,942. | FMV |
| METRO. REAL ESTATE PARTNERS | 360,549. | FMV |
| KILTEARN GLOBAL EQUITY FUND | 3,805,115. | FMV |
| MA ENDOWMENT PARTNERS LP | 17,121,339. | FMV |

Part XIII Supplemental Information (continued)ATTACHMENT 1 (CONT'D)SCHEDULE D, PART VII - INVESTMENTS - OTHER SECURITIES

| <u>DESCRIPTION</u> | <u>BOOK VALUE</u> | <u>COST OR FMV</u> |
|-----------------------|--------------------|------------------------|
| MA REAL ASSETS FUND 2 | 1,345,202. | FMV |
| TOTALS | <u>44,696,462.</u> | |

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE CHRYSLER MUSEUM, INCORPORATED

Compensation Information

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Employer identification number

51-0243196

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1a | | |
| 1b | | |
| 2 | | |
| 3 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2014

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred in prior Form 990 |
|--------------------|---------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 | WILLIAM HENNESSEY | 1,034,425. | 0 | 0 | 80,869. | 11,600. | 1,126,894. | |
| | FORMER EXECUTIVE DIRECTOR | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
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Part III Supplemental Information

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

SCHEDULE J, PART II

REPORTABLE COMPENSATION FOR THE FORMER EXECUTIVE DIRECTOR LISTED IN PART VII OF THE CORE FORM 990 INCLUDES THE ENTIRE TAXABLE PORTION OF DEFERRED COMPENSATION (\$559,179) AS WELL AS GROSS UP PAYMENTS TO COVER FEDERAL AND STATE INCOME TAX (\$282,831) THAT ARE SCHEDULED TO BE PAID IN ANNUAL INSTALLMENTS THROUGH 2018.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

THE CHRYSLER MUSEUM, INCORPORATED

Employer identification number

51-0243196

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art - Works of art | X | 12 . | 0 | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 24 . | 118,037 . | |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (_____) | | | | |
| 26 Other ▶ (_____) | | | | |
| 27 Other ▶ (_____) | | | | |
| 28 Other ▶ (_____) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

| | Yes | No |
|--|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | X | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

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

Schedule M (Form 990) (2014)

JSA

4E1298 1.000

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF ITEMS RECEIVED.

SCHEDULE M, LINE 33

IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPALS, THE MUSEUM
DOES NOT RECORD CONTRIBUTIONS OF ART AS REVENUE.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

THE CHRYSLER MUSEUM, INCORPORATED

Employer identification number

51-0243196

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

TO ENSURE THAT THE MUSUEM OPERATES IN A MANNER CONSISTENT WITH ITS
MISSION AND THAT IT DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE
ITS TAX-EXEMPT STATUS, ANNUAL COMPLIANCE REVIEWS SHALL BE CONDUCTED.

THESE REVIEWS SHALL, AT A MINIMUM, INCLUDE THE FOLLOWING:

A. WHETHER COMPENSATION AGREEMENTS AND BENEFITS OFFERED TO STAFF ARE
REASONABLE, BASED ON COMPETENT SURVEY DATA, AND ARE AWARDED IN ACCORDANCE
WITH ESTABLISHED POLICIES.

B. WHETHER ANY PARTNERSHIPS, JOINT VENTURES, AND BUSINESS ARRANGEMENTS
UNDERTAKEN BY THE MUSEUM CONFORM TO WRITTEN POLICIES, ARE PROPERLY
RECORDED, REFLECT REASONABLE INVESTMENT OR PAYMENT FOR GOODS AND
SERVICES, AND FURTHER THE EDUCATIONAL PURPOSES OF THE MUSEUM.

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

THE MUSEUM DIRECTOR SHALL ENSURE THAT TAX RETURNS AND OTHER
GOVERNEMENT-ORDERED PAYMENTS OR REPORTS ARE FILED IN A TIMELY AND
ACCURATE MANNER. THE MUSEUM'S TRUSTEE AUDIT COMMITTEE SHALL REVIEW AND
APPROVE THE CHRYSLER'S IRS FORM 990 ANNUAL TAX FILING PRIOR TO
SUBMISSION. THE MUSEUM DIRECTOR SHALL THEN SIGN AND CERTIFY THAT THE
MUSEUM'S IRS FORM 990 IS ACCURATE AND COMPLETE. COPIES OF THE PUBLIC
DISCLOSURE IRS FORM 990 WILL BE DISTRIBUTED TO THE FULL BOARD AT THE NEXT
SCHEDULED BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 15

STAFF COMPENSATION:

| | |
|---|--|
| Name of the organization THE CHRYSLER MUSEUM, INCORPORATED | Employer identification number 51-0243196 |
|---|--|

ON AN ANNUAL BASIS, THE MUSEUM WILL PRICE POSITIONS TO MARKET BY USING LOCAL, NATIONAL, AND INDUSTRY SPECIFIC SURVEY DATA. THE MARKET DATA WILL TO THE EXTENT POSSIBLE, INCLUDE MUSEUMS AND OTHER NOT FOR PROFIT CULTURAL INSTITUTIONS; HOWEVER, THE MUSEUM WILL ALSO USE MORE GENERALIZED SURVEY DATA.

MUSEUM DIRECTOR'S COMPENSATION:

THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES WILL REVIEW AND APPROVE AN ANNUAL COMPENSATION PLAN FOR THE MUSUEM DIRECTOR INCLUDING BOTH DIRECT AND INDIRECT COMPENSATION. LIKE ALL POSITIONS AT THE CHRYSLER MUSEUM, AND FOLLOWING THE SAME MARKET-DRIVEN MODEL, THE MUSEUM'S DIRECTOR'S DIRECT COMPENSATION IS BASED ON THE CURRENT MARKET VALUE OF THE POSITION BASED ON THE SKILLS, KNOWLEDGE AND REQUIRED BEHAVIORS. IN ADDITION TO WAGES, THE MUSEUM DIRECTOR MAY BE AWARDED ADDITIONAL ALLOWANCES TO COVER AUTOMOBILE EXPENSES OR A PERFORMANCE-BASED BONUS.

A WRITTEN PERFORMANCE APPRAISAL WILL BE COMPLETED FOR THE MUSEUM DIRECTOR EACH YEAR TO SUBSTANTIATE THE ENTIRE COMPENSATION PACKAGE. BOTH THE PERFORMANCE APPRAISAL AND ANY PAY INCREASE WILL BE APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION C, LINE 19

THE GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST, AND FINANCIAL STATEMENTS ARE AVAILABLE FOR VIEWING AT WWW.CHRYSLER.ORG

FORM 990, PART XII, LINE 2C

THE AUDIT COMMITTEE OF THE BOARD HAS RESPONSIBILITY FOR OVERSIGHT OF THE

| | |
|---|--|
| Name of the organization THE CHRYSLER MUSEUM, INCORPORATED | Employer identification number 51-0243196 |
|---|--|

ANNUAL AUDIT AND SELECTION OF THE INDEPENDENT AUDITORS. THIS POLICY HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990, PART VI, SECTION A, LINE 7A

THE BOARD OF THE CHRYSLER MUSEUM IS COMPOSED OF TWENTY-EIGHT (28) TRUSTEES. THE COUNCIL OF THE CITY OF NORFOLK APPOINTS FIFTEEN (15) OF THE TRUSTEES. THE BOARD OF THE NORFOLK SOCIETY OF ARTS ELECTS TWO (2) OF THE TRUSTEES. ELEVEN (11) TRUSTEES ARE ELECTED BY THOSE TRUSTEES WHO ARE NEITHER APPOINTED BY THE COUNCIL OF THE CITY OF NORFOLK NOR ELECTED BY THE BOARD OF THE NORFOLK SOCIETY OF THE ARTS.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

THE CHRYSLER MUSEUM OF ART IS AN EDUCATIONAL INSTITUTION WHOSE PROGRAMS ARE DESIGNED TO ENABLE VISITORS TO GAIN INSIGHTS INTO THEMSELVES AND THEIR WORLD THROUGH THE MEDIUM OF ORIGINAL WORKS OF ART. TO THIS END, THE MUSEUM COLLECTS, PRESERVES, DISPLAYS AND INTERPRETS ORIGINAL WORKS OF ART FOR THE ENJOYMENT AND EDUCATION OF A DIVERSE CONSTITUENCY. IN NOVEMBER 2011, THE MUSEUM OPENED A GLASS MAKING STUDIO ADJACENT TO ITS MAIN BUILDING. THE STUDIO OFFERS A FULL PROGRAM OF PUBLIC DEMONSTRATIONS AND CLASSES AS WELL AS A ROBUST SET OF EDUCATIONAL PARTNERSHIPS WITH REGIONAL COLLEGES AND UNIVERSITIES AND A DYNAMIC VISITING ARTIST PROGRAM. STUDIO PROGRAMMING IS DESIGNED TO COMPLEMENT AND ENRICH THE PUBLIC'S UNDERSTANDING AND APPRECIATION OF THE MUSEUM'S OUTSTANDING COLLECTION OF HISTORICAL GLASS.

| | |
|---|--|
| Name of the organization THE CHRYSLER MUSEUM, INCORPORATED | Employer identification number 51-0243196 |
|---|--|

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| <u>NAME AND ADDRESS</u> | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|--|--------------------------------|---------------------|
| CUISINE 264 QUALITY CT VIRGINIA BEACH, VA 23454 | CATERING | 158,914. |
| SUNTRUST BANKARD 150 WEST MAIN STREET NORFOLK, VA 23510 | MUSEUM CREDIT CARD | 154,642. |
| MERIDIAN GROUP 575 LYNNHAVEN PKWY VIRGINIA BEACH, VA 23452 | PR CONSULTING | 253,956. |
| SEAN KELLY GALLERY 475 TENTH AVE NEW YORK, NY 10018 | ARTWORK | 140,000. |
| KBS, INC 8050 KIMWAY DRIVE RICHMOND, VA 23228 | CONSTRUCTION | 2,684,006. |

ATTACHMENT 3

FORM 990, PART VIII - INVESTMENT INCOME

| <u>DESCRIPTION</u> | (A) <u>TOTAL REVENUE</u> | (B) <u>RELATED OR EXEMPT REVENUE</u> | (C) <u>UNRELATED BUSINESS REV.</u> | (D) <u>EXCLUDED REVENUE</u> |
|--------------------------------|-----------------------------|---|---------------------------------------|--------------------------------|
| INVESTMENT AND DIVIDEND INCOME | 3,319,309. | | -17,236. | 3,336,545. |
| TOTALS | <u>3,319,309.</u> | | <u>-17,236.</u> | <u>3,336,545.</u> |

ATTACHMENT 4

FORM 990, PART IX - OTHER EXPENSES

| <u>DESCRIPTION</u> | (A) <u>TOTAL EXPENSES</u> | (B) <u>PROGRAM SERVICE EXP.</u> | (C) <u>MANAGEMENT AND GENERAL</u> | (D) <u>FUNDRAISING EXPENSES</u> |
|-------------------------|------------------------------|------------------------------------|--------------------------------------|------------------------------------|
| REPAIRS AND MAINTENANCE | 346,006. | 335,972. | 6,072. | 3,962. |
| MISCELLANEOUS | 301,320. | 198,811. | 23,841. | 78,668. |

| | |
|---|--|
| Name of the organization THE CHRYSLER MUSEUM, INCORPORATED | Employer identification number 51-0243196 |
|---|--|

ATTACHMENT 4 (CONT'D)FORM 990, PART IX - OTHER EXPENSES

| <u>DESCRIPTION</u> | (A) <u>TOTAL EXPENSES</u> | (B) <u>PROGRAM SERVICE EXP.</u> | (C) <u>MANAGEMENT AND GENERAL</u> | (D) <u>FUNDRAISING EXPENSES</u> |
|---------------------------|----------------------------------|--|--|--|
| COMPUTER SERVICES | 74,643. | 51,453. | 3,280. | 19,910. |
| PRINTING & PUBLICATIONS | 131,084. | 43,471. | 2,098. | 85,515. |
| SUPPLIES | 246,654. | 234,492. | 7,244. | 4,918. |
| TELEPHONE | 49,815. | 41,843. | 3,965. | 4,007. |
| COST OF SALES | 198,791. | 198,791. | | |
| DONOR STEWARDSHIP, TRAVEL | 337,021. | 236,456. | 18,877. | 81,688. |
| MESEUM EXPANSION | 278,259. | 278,259. | | |
| TOTALS | <u>1,963,593.</u> | <u>1,619,548.</u> | <u>65,377.</u> | <u>278,668.</u> |

ATTACHMENT 5FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

| <u>DESCRIPTION</u> | <u>ENDING BOOK VALUE</u> | <u>COST OR FMV</u> |
|-------------------------------|------------------------------|------------------------|
| VANGUARD MONEY MARKET FUND | 1,311,586. | FMV |
| GMO EQUITY ALLOCATION FUND | 20,886,165. | FMV |
| GIFT ANNUITY INVESTMENTS | 319,119. | FMV |
| PIMCO TOTAL RETURN FUND | | FMV |
| VANGUARD TOTAL BOND MKT INDEX | 4,561,399. | FMV |
| VANGUARD ENERGY FUND | 2,988,425. | FMV |
| TOTALS | <u>30,066,694.</u> | |

**SCHEDULE D
(Form 1041)**

Capital Gains and Losses

OMB No. 1545-0092

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1041, Form 5227, or Form 990-T.
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.
▶ Information about Schedule D and its separate instructions is at www.irs.gov/form1041.

2014

Name of estate or trust

Employer identification number

THE CHRYSLER MUSEUM, INCORPORATED

51-0243196

Note: Form 5227 filers need to complete **only** Parts I and II.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|---|---|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | | | | |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | |
| 4 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2013 Capital Loss Carryover Worksheet | | | | 6 (2,754.) |
| 7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on the back ▶ | | | | 7 -2,754. |

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|--|---|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | 8,529,922. | 8,753,524. | | -223,602. |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | |
| 11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 | | | | 11 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts | | | | 12 |
| 13 Capital gain distributions | | | | 13 |
| 14 Gain from Form 4797, Part I | | | | 14 |
| 15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2013 Capital Loss Carryover Worksheet | | | | 15 () |
| 16 Net long-term capital gain or (loss) . Combine lines 8a through 15 in column (h). Enter here and on line 18a, column (3) on the back ▶ | | | | 16 -223,602. |

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2014

| Part III Summary of Parts I and II | | (1) Beneficiaries' (see instr.) | (2) Estate's or trust's | (3) Total |
|--|--|---------------------------------|-------------------------|-----------|
| Caution: Read the instructions before completing this part. | | | | |
| 17 | Net short-term gain or (loss) | 17 | | -2,754. |
| 18 | Net long-term gain or (loss): | | | |
| a | Total for year | 18a | | -223,602. |
| b | Unrecaptured section 1250 gain (see line 18 of the wrksh.) | 18b | | |
| c | 28% rate gain | 18c | | |
| 19 | Total net gain or (loss). Combine lines 17 and 18a. ▶ | 19 | | -226,356. |

Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and **do not** complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

| Part IV Capital Loss Limitation | | | |
|--|--|-----------|------------|
| 20 | Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of: | | |
| a | The loss on line 19, column (3) or b \$3,000 | 20 | (3,000.) |

Note: If the loss on line 19, column (3), is more than \$3,000, **or** if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), **and** Form 1041, line 22, is more than zero.

- Caution:** Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if:
- Either line 18b, col. (2) or line 18c, col. (2) is more than zero, or
 - Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

Form 990-T trusts. Complete this part **only** if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, **and** Form 990-T, line 34, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 18b, col. (2) or line 18c, col. (2) is more than zero.

| | | | | |
|-----------|--|-----------|--|--|
| 21 | Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34). | 21 | | |
| 22 | Enter the smaller of line 18a or 19 in column (2) but not less than zero. | 22 | | |
| 23 | Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T). | 23 | | |
| 24 | Add lines 22 and 23 | 24 | | |
| 25 | If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-. ▶ | 25 | | |
| 26 | Subtract line 25 from line 24. If zero or less, enter -0- | 26 | | |
| 27 | Subtract line 26 from line 21. If zero or less, enter -0- | 27 | | |
| 28 | Enter the smaller of the amount on line 21 or \$2,500 | 28 | | |
| 29 | Enter the smaller of the amount on line 27 or line 28 | 29 | | |
| 30 | Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0% ▶ | 30 | | |
| 31 | Enter the smaller of line 21 or line 26 | 31 | | |
| 32 | Subtract line 30 from line 26. | 32 | | |
| 33 | Enter the smaller of line 21 or \$12,150. | 33 | | |
| 34 | Add lines 27 and 30 | 34 | | |
| 35 | Subtract line 34 from line 33. If zero or less, enter -0- | 35 | | |
| 36 | Enter the smaller of line 32 or line 35. | 36 | | |
| 37 | Multiply line 36 by 15%. ▶ | 37 | | |
| 38 | Enter the amount from line 31 | 38 | | |
| 39 | Add lines 30 and 36 | 39 | | |
| 40 | Subtract line 39 from line 38. If zero or less, enter -0- | 40 | | |
| 41 | Multiply line 40 by 20% ▶ | 41 | | |
| 42 | Figure the tax on the amount on line 27. Use the 2014 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) | 42 | | |
| 43 | Add lines 37, 41, and 42 | 43 | | |
| 44 | Figure the tax on the amount on line 21. Use the 2014 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) | 44 | | |
| 45 | Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36) ▶ | 45 | | |

| | |
|--|--|
| Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side THE CHRYSLER MUSEUM, INCORPORATED | Social security number or taxpayer identification number 51-0243196 |
|--|--|

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
|---|--|---|---|--|--|--|-----------------------------|---|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | VARIOUS | VAR | VAR | 8,529,922. | 8,753,524. | | | -223,602. |
| | | | | | | | | |
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| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶ | | | | 8,529,922. | 8753524. | | | -223,602. |

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2014 or other tax year beginning 07/01, 2014, and ending 06/30, 2015.

2014

Department of the Treasury Internal Revenue Service

Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Form 990-T header section including: A Check box if address changed; B Exempt under section 501(c)() 408(e) 220(e) 408A 530(a) 529(a); C Book value of all assets at end of year 86,161,011.; D Employer identification number 51-0243196; E Unrelated business activity codes 900099; F Group exemption number; G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust.

H Describe the organization's primary unrelated business activity. SCH K-1 DISTRIBUTIVE SHARE OF UBTI
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No
J The books are in care of THE MUSEUM Telephone number 757-664-6200

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales; 1b Less returns and allowances; 2 Cost of goods sold; 3 Gross profit; 4a Capital gain net income (21,654); 4b Net gain (loss); 5 Income (loss) from partnerships and S corporations (-38,890); 6 Rent income; 7 Unrelated debt-financed income; 8 Interest, annuities, royalties, and rents; 9 Investment income; 10 Exploited exempt activity income; 11 Advertising income; 12 Other income; 13 Total. Combine lines 3 through 12 (-17,236).

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees; 15 Salaries and wages (6,000); 16 Repairs and maintenance; 17 Bad debts; 18 Interest (ATTACHMENT 2) (12); 19 Taxes and licenses; 20 Charitable contributions; 21 Depreciation (21); 22 Less depreciation claimed on Schedule A and elsewhere on return (22a); 23 Depletion; 24 Contributions to deferred compensation plans; 25 Employee benefit programs; 26 Excess exempt expenses (Schedule I); 27 Excess readership costs (Schedule J); 28 Other deductions (ATTACHMENT 3) (3,226); 29 Total deductions. Add lines 14 through 28 (9,238); 30 Unrelated business taxable income before net operating loss deduction (-26,474); 31 Net operating loss deduction (limited to the amount on line 30); 32 Unrelated business taxable income before specific deduction (-26,474); 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) (1,000); 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 (-26,474).

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here... 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: 37 Proxy tax. See instructions 38 Alternative minimum tax 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies.

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116). 40 b Other credits (see instructions). 40 c General business credit. Attach Form 3800 (see instructions). 40 d Credit for prior year minimum tax (attach Form 8801 or 8827). 40 e Total credits. Add lines 40a through 40d 41 Subtract line 40e from line 39. 42 Other taxes. Check if from: 43 Total tax. Add lines 41 and 42 44 a Payments: A 2013 overpayment credited to 2014 44 b 2014 estimated tax payments 44 c Tax deposited with Form 8868. 44 d Foreign organizations: Tax paid or withheld at source (see instructions) 44 e Backup withholding (see instructions) 44 f Credit for small employer health insurance premiums (Attach Form 8941) 44 g Other credits and payments: 45 Total payments. Add lines 44a through 44g 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached. 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 49 Enter the amount of line 48 you want: Credited to 2015 estimated tax Refunded

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. 3 Enter the amount of tax-exempt interest received or accrued during the tax year

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year 2 Purchases 3 Cost of labor 4a Additional section 263A costs (attach schedule) 4b Other costs (attach schedule) 5 Total. Add lines 1 through 4b 6 Inventory at end of year 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2. 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer Date Title May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN Firm's name Firm's EIN Firm's address Phone no.

NORFOLK, VA 23510

Form 990-T (2014)

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

Table with 1 column for description of property, rows (1) through (4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income. Rows (1) through (4) and a Total row.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A).

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B).

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 5 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation, (b) Other deductions, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Includes a Totals row and instructions for entering data on page 1.

Total dividends-received deductions included in column 8

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5. Includes rows (1) through (4).

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10. Includes rows (1) through (4) and a Totals row with instructions for entering data on page 1.

Totals

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|---------------------------|---------------------|---|---------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals ▶ | | Enter here and on page 1, Part I, line 9, column (A). | | Enter here and on page 1, Part I, line 9, column (B). |

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|---|---|--|---|--------------------------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals ▶ | | Enter here and on page 1, Part I, line 10, col. (A). | Enter here and on page 1, Part I, line 10, col. (B). | | | Enter here and on page 1, Part II, line 26. |

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals (carry to Part II, line (5)) ▶ | | | | | | |

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|-----------------------------|--|--|-----------------------|---------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I ▶ | | | | | | |
| Totals, Part II (lines 1-5) ▶ | | Enter here and on page 1, Part I, line 11, col. (A). | Enter here and on page 1, Part I, line 11, col. (B). | | | Enter here and on page 1, Part II, line 27. |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|---|----------|--|--|
| (1) ATCH 4 | | | % |
| (2) | | | % |
| (3) | | | % |
| (4) | | | % |
| Total. Enter here and on page 1, Part II, line 14. ▶ | | | |

ATTACHMENT 1FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

| | |
|---|-----------------|
| DISTRESSED OPPORTUNITY [EIN 47-0892566] | -491. |
| SMALL COMPANY BUYOUT II [EIN 54-2134140] | 9,330. |
| SMALL COMPANY BUYOUT III [EIN 20-4838202] | 8,337. |
| GMO FORESTRY [EIN 20-1941648] | -3,134. |
| METRO REAL ESTATE PTRS [EIN 51-0423196] | -89. |
| TIFF V-US LLC [EIN 56-2384591] | -1,398. |
| TIFF V-US LLC [INTEREST] | 37. |
| TIFF V-US LLC [OTHER] | -612. |
| PROPERTY HOLDING IV [EIN 20-3361159] | -10,547. |
| MA REAL ASSETS FUND [EIN 27-4481994] | -20,416. |
| MA REAL ASSETS FUND [INTEREST & DIVIDEND] | 294. |
| MA REAL ASSETS FUND [OTHER] | -20,252. |
| METRO REAL ESTATE PTRS [INTEREST] | 1. |
| METRO REAL ESTATE PTRS [OTHER] | 50. |
| INCOME (LOSS) FROM PARTNERSHIPS | <u>-38,890.</u> |

ATTACHMENT 2

FORM 990T - PART II - LINE 18 - INTEREST

ALLOCABLE INVESTMENT INTEREST EXPENSE

12.

PART II - LINE 18 - INTEREST

12.

ATTACHMENT 3

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

| | |
|---|---------------|
| FACILITY USE AND OVERHEAD | 1,200. |
| K-1 ALLOCABLE SHARE OF PORTFOLIO DEDUCTIONS | 2,026. |
| PART II - LINE 28 - OTHER DEDUCTIONS | <u>3,226.</u> |

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

| <u>NAME AND ADDRESS</u> | <u>TITLE</u> | <u>BUSINESS PERCENT</u> | <u>COMPENSATION</u> |
|--|---------------------------|-----------------------------|---------------------|
| WILLIAM HENNESSEY ONE MEMORIAL PLACE NORFOLK, VA 23510 | FORMER EXECUTIVE DIRECTOR | 0 | 0 |
| KATHLEEN BRODERICK ONE MEMORIAL PLACE NORFOLK, VA 23510 | TRUSTEE | 0 | 0 |
| ROBERT W CARTER ONE MEMORIAL PLACE NORFOLK, VA 23510 | TRUSTEE | 0 | 0 |
| DUDLEY ANDERSON ONE MEMORIAL PLACE NORFOLK, VA 23510 | TRUSTEE | 0 | 0 |
| SUSAN COLPITTS ONE MEMORIAL PLACE NORFOLK, VA 23510 | TRUSTEE | 0 | 0 |
| C.ARTHUR RUTTER III ONE MEMORIAL PLACE NORFOLK, VA 23510 | TRUSTEE | 0 | 0 |
| JAMES A. HIXON ONE MEMORIAL PLACE NORFOLK, VA 23510 | TRUSTEE | 0 | 0 |
| TONY ATWATER ONE MEMORIAL PLACE NORFOLK, VA 23510 | TRUSTEE | 0 | 0 |
| EDITH G GRANDY ONE MEMORIAL PLACE NORFOLK, VA 23510 | TRUSTEE | 0 | 0 |
| ORIANA MCKINNON ONE MEMORIAL PLACE NORFOLK, VA 23510 | TRUSTEE | 0 | 0 |

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

| <u>NAME AND ADDRESS</u> | <u>TITLE</u> | <u>BUSINESS PERCENT</u> | <u>COMPENSATION</u> |
|--|---------------|-----------------------------|---------------------|
| LINDA H KAUFMAN ONE MEMORIAL PLACE NORFOLK, VA 23510 | TRUSTEE | 0 | 0 |
| LISA B. SMITH ONE MEMORIAL PLACE NORFOLK, VA 23510 | TRUSTEE | 0 | 0 |
| RICHARD D ROBERTS ONE MEMORIAL PLACE NORFOLK, VA 23510 | TRUSTEE | 0 | 0 |
| CAROLYN K BARRY ONE MEMORIAL PLACE NORFOLK, VA 23510 | TRUSTEE | 0 | 0 |
| RICHARD WAITZER ONE MEMORIAL PLACE NORFOLK, VA 23510 | TRUSTEE | 0 | 0 |
| ELIZABETH FRAIM ONE MEMORIAL PLACE NORFOLK, VA 23510 | TRUSTEE | 0 | 0 |
| THOMAS L STOKES, JR ONE MEMORIAL PLACE NORFOLK, VA 23510 | VICE-CHAIRMAN | 0 | 0 |
| LEWIS W WEBB III ONE MEMORIAL PLACE NORFOLK, VA 23510 | CHAIRMAN | 0 | 0 |
| HARRY T LESTER ONE MEMORIAL PLACE NORFOLK, VA 23510 | TRUSTEE | 0 | 0 |
| WAYNE F WILBANKS ONE MEMORIAL PLACE NORFOLK, VA 23510 | TRUSTEE | 0 | 0 |

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

| <u>NAME AND ADDRESS</u> | <u>TITLE</u> | <u>BUSINESS PERCENT</u> | <u>COMPENSATION</u> |
|---|--------------------|-----------------------------|---------------------|
| JOSEPH T. WALDO ONE MEMORIAL PLACE NORFOLK, VA 23510 | TRUSTEE | 0 | 0 |
| PETER M MEREDITH, JR ONE MEMORIAL PLACE NORFOLK, VA 23510 | TRUSTEE | 0 | 0 |
| MARC JACOBSON ONE MEMORIAL PLACE NORFOLK, VA 23510 | TRUSTEE | 0 | 0 |
| SHIRLEY C BALDWIN ONE MEMORIAL PLACE NORFOLK, VA 23510 | TRUSTEE | 0 | 0 |
| LELIA GRAHAM WEBB ONE MEMORIAL PLACE NORFOLK, VA 23510 | SECRETARY | 0 | 0 |
| YVONNE T ALLMOND ONE MEMORIAL PLACE NORFOLK, VA 23510 | TRUSTEE | 0 | 0 |
| DEBORAH BUTLER ONE MEMORIAL PLACE NORFOLK, VA 23510 | TRUSTEE | 0 | 0 |
| PAMELA KLOEPPPEL ONE MEMORIAL PLACE NORFOLK, VA 23510 | TRUSTEE | 0 | 0 |
| BOB SASSER ONE MEMORIAL PLACE NORFOLK, VA 23510 | TRUSTEE | 0 | 0 |
| ERIK NEIL ONE MEMORIAL PLACE NORFOLK, VA 23510 | EXECUTIVE DIRECTOR | 0 | 0 |

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
▶ Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120.

OMB No. 1545-0123

2014

Name: **THE CHRYSLER MUSEUM, INCORPORATED** Employer identification number: **51-0243196**

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|--|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | 1,089. | | | 1,089. |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | |
| 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 | | | 4 | |
| 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 | | | 5 | |
| 6 Unused capital loss carryover (attach computation) | | | 6 | (2,754.) |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h | | | 7 | -1,665. |

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|--|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | 22,470. | 3. | | 22,467. |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | |
| 11 Enter gain from Form 4797, line 7 or 9 | | | 11 | 852. |
| 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 | | | 12 | |
| 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 | | | 13 | |
| 14 Capital gain distributions (see instructions) | | | 14 | |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h | | | 15 | 23,319. |

Part III Summary of Parts I and II

| | | |
|--|-----------|---------|
| 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) | 16 | |
| 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) | 17 | 21,654. |
| 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns | 18 | 21,654. |

Note. If losses exceed gains, see **Capital losses** in the instructions.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) (2014)

Sales and Other Dispositions of Capital Assets

► Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.

2014

Department of the Treasury
Internal Revenue Service

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment
Sequence No. **12A**

| | |
|---|---|
| Name(s) shown on return THE CHRYSLER MUSEUM, INCORPORATED | Social security number or taxpayer identification number 51-0243196 |
|---|---|

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Part I Short-Term. Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2.

Note. You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 1a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
|------------------|---|---|---|--|--|--|-----------------------------|---|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | SCH K-1 SMALL CO BUYOUT III-ST | VAR | VAR | 29. | | | | 29. |
| | SCH K-1 MA RE FUND-ST | VAR | VAR | 1,060. | | | | 1,060. |
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| 2 Totals. | Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ► | | | 1,089. | | | | 1,089. |

Note. If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

▶ Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

Attachment
Sequence No. **27**

Name(s) shown on return

THE CHRYSLER MUSEUM, INCORPORATED

Identifying number

51-0243196

1 Enter the gross proceeds from sales or exchanges reported to you for 2014 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions)

1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

| 2 | (a) Description of property | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Gross sales price | (e) Depreciation allowed or allowable since acquisition | (f) Cost or other basis, plus improvements and expense of sale | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) |
|---|-----------------------------|-----------------------------------|-------------------------------|-----------------------|---|--|---|
| | ATTACHMENT 1 | | | | | | 852. |

3 Gain, if any, from Form 4684, line 39

3

4 Section 1231 gain from installment sales from Form 6252, line 26 or 37

4

5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824

5

6 Gain, if any, from line 32, from other than casualty or theft

6

7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:

7

852.

Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years (see instructions),

8

9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)

9

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |

11 Loss, if any, from line 7

11

()

12 Gain, if any, from line 7 or amount from line 8, if applicable

12

13 Gain, if any, from line 31

13

14 Net gain or (loss) from Form 4684, lines 31 and 38a

14

15 Ordinary gain from installment sales from Form 6252, line 25 or 36

15

16 Ordinary gain or (loss) from like-kind exchanges from Form 8824

16

17 Combine lines 10 through 16

17

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions

18a

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14

18b

For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255
(see instructions)

| 19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property: | | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) |
|---|--|--------------------------------------|----------------------------------|
| A | | | |
| B | | | |
| C | | | |
| D | | | |
| These columns relate to the properties on lines 19A through 19D. ▶ | | Property A | Property B |
| 20 | Gross sales price (Note: See line 1 before completing.) | 20 | |
| 21 | Cost or other basis plus expense of sale | 21 | |
| 22 | Depreciation (or depletion) allowed or allowable | 22 | |
| 23 | Adjusted basis. Subtract line 22 from line 21 | 23 | |
| 24 | Total gain. Subtract line 23 from line 20 | 24 | |
| 25 | If section 1245 property: | | |
| a | Depreciation allowed or allowable from line 22 | 25a | |
| b | Enter the smaller of line 24 or 25a | 25b | |
| 26 | If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291. | | |
| a | Additional depreciation after 1975 (see instructions) | 26a | |
| b | Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions) | 26b | |
| c | Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e | 26c | |
| d | Additional depreciation after 1969 and before 1976 | 26d | |
| e | Enter the smaller of line 26c or 26d | 26e | |
| f | Section 291 amount (corporations only) | 26f | |
| g | Add lines 26b, 26e, and 26f | 26g | |
| 27 | If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership). | | |
| a | Soil, water, and land clearing expenses | 27a | |
| b | Line 27a multiplied by applicable percentage (see instructions) | 27b | |
| c | Enter the smaller of line 24 or 27b | 27c | |
| 28 | If section 1254 property: | | |
| a | Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions) | 28a | |
| b | Enter the smaller of line 24 or 28a | 28b | |
| 29 | If section 1255 property: | | |
| a | Applicable percentage of payments excluded from income under section 126 (see instructions) | 29a | |
| b | Enter the smaller of line 24 or 29a (see instructions) | 29b | |

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

| | | |
|----|---|----|
| 30 | Total gains for all properties. Add property columns A through D, line 24 | 30 |
| 31 | Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 | 31 |
| 32 | Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 | 32 |

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less
(see instructions)

| | | (a) Section 179 | (b) Section 280F(b)(2) |
|----|---|-----------------|------------------------|
| 33 | Section 179 expense deduction or depreciation allowable in prior years | 33 | |
| 34 | Recomputed depreciation (see instructions) | 34 | |
| 35 | Recapture amount. Subtract line 34 from line 33. See the instructions for where to report | 35 | |



An Independent Member of the BDO Seidman Alliance

The Chrysler Museum, Incorporated
Instructions for Filing
Form 500
Virginia Corporation Income Tax
for the year ended June 30, 2015

The original return should be signed (using full name and title) and dated on page 2 by an authorized officer of the corporation.

There is no tax due for the current year.

The original return should be filed on or before June 16, 2016 with the following:

Virginia Department of Taxation
P.O.Box 1500
Richmond, VA 23218-1500

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

**2014 Virginia Corporation
 Income Tax Return**



Official Use Only

Attention: Use this form only if you have been granted a waiver from the electronic filing mandate.

FISCAL or SHORT Year Filer: Beginning Date 07/01, 2014; Ending Date 06/30, 2015

Short Year Return Change in Accounting Period

By checking the box to the right, I (we) authorize the Department to discuss this return with the undersigned preparer. →

| | | | |
|--|--|---|---|
| FEIN <u>51-0243196</u> | | Check all that apply: <input type="checkbox"/> Initial Filer <input type="checkbox"/> Name Change <input type="checkbox"/> Mailing Address Change <input type="checkbox"/> Physical Address Change | |
| Name <u>THE CHRYSLER MUSEUM, INCORPORATED</u> | | | |
| Mailing Address <u>ONE MEMORIAL PLACE</u> | | | |
| City or Town <u>NORFOLK</u> | | State <u>VA</u> | ZIP Code <u>23510</u> |
| Physical Address (if different from Mailing Address) | | Entity Type Code <u>NP</u> | |
| Physical City or Town | | State | ZIP Code <u>900099</u> |
| Date Incorporated <u>06/30/1939</u> | | State or Country of Incorporation <u>VA</u> | Description of Business Activity <u>SCH K-1 DISTRIBUTIVE SHARE OF UBTI</u> |

| | | | | | |
|---|--|---|--|---|--|
| Check Applicable Boxes <input type="checkbox"/> Consolidated - Sch. 500AC Attached <input type="checkbox"/> Combined - Sch. 500AC Attached <input type="checkbox"/> Change in Filing Status <input type="checkbox"/> Multistate Sch. 500A Attached <input type="checkbox"/> Schedule 500AB Attached <input type="checkbox"/> Nonprofit Corporation | | Final Return <input type="checkbox"/> Final Return - Check here and applicable boxes below. <input type="checkbox"/> Withdrawn <input type="checkbox"/> Dissolved - No longer liable for tax. Dissolved Date _____ <input type="checkbox"/> Merged Merger Date _____ Merged FEIN # _____ <input type="checkbox"/> S Corp Effective _____ | | Corporate Telecommunications Company Enter amount from Form 500T, Line 7: _____ .00 Noncorporate Telecommunications Company Check box and enter amount from Form 500T, Line 10: <input type="checkbox"/> _____ .00 Electric Supplier Company Enter amount from Sch 500EL, Line 7 or 14: _____ .00 | |
|---|--|---|--|---|--|

| | | | | | |
|--|--|--|--|--|--|
| Amended Return Complete Form 500 and Schedule 500ADJ. Attach an explanation of changes to income and modifications. DO NOT FILE THIS FORM TO CARRY BACK A NET OPERATING LOSS. File Form 500NOLD. | | <input type="checkbox"/> Amended Return - Check here and other applicable boxes. <input type="checkbox"/> Federal Audit - Attach copy of IRS final determination. <input type="checkbox"/> Schedule 500A Changes <input type="checkbox"/> Schedule 500ADJ Changes | | <input type="checkbox"/> Nonrefundable or Refundable Credit Change <input type="checkbox"/> Schedule 500AB Changes <input type="checkbox"/> Capital Loss Carryback <input type="checkbox"/> Other - Attach explanation. | |
|--|--|--|--|--|--|

Questions and Related Information

A Have you made any payments to an affiliated corporation, a related individual, or other related entity for interest, royalties or other expenses related to intangible property (patents, trademarks, copyrights and similar intangible property)? If yes, complete and attach Schedule 500AB.
 Enter Exception amount from Schedule 500AB, Line 8 _____ .00

B Coalfield Employment Enhancement Tax Credit earned from Form 306, Line 11. B _____ .00

C If a net operating loss deduction was claimed in computing federal taxable income on the U.S. Corporation Income Tax Return, provide the requested information. If a NOL results from a merger, enter the FEIN of the company generating the NOL prior to the merger date.
 (1) Year of loss _____
 (2) Federal NOL _____ NONE
 (3) Percent of federal NOL used this year _____ %
 FEIN _____
 (If there are NOLs for more than one year, attach a schedule for each year with the information requested in Section C.)

D If Pass-Through Entity Withholding is claimed, enter the number of Schedule VK-1s and complete and attach Schedule 500ADJ, Page 2. D _____

E Has your federal income tax liability been redetermined with the IRS and finalized for any prior year(s) that has not previously been reported to the Department? If Yes, provide the years. Year E _____
 Year _____
 Year _____

F Location of Corporation's books SEE STATEMENT 1
 Contact for Corporation's books THE MUSEUM Contact Phone Number _____

2014 Virginia Form 500

FEIN 51-0243196

Page 2



INCOME

| | | | |
|---|--|---|------------|
| 1 | Federal taxable income (from attached federal return) | 1 | -26,474.00 |
| 2 | Total additions from Schedule 500ADJ, Section A, Line 7 | 2 | .00 |
| 3 | Total (add Lines 1 and 2) | 3 | -26,474.00 |
| 4 | Total subtractions from Schedule 500ADJ, Section B, Line 10 | 4 | .00 |
| 5 | Balance (subtract Line 4 from Line 3) | 5 | -26,474.00 |
| 6 | Savings and Loan Association's Bad Debt Deduction (see Instructions) | 6 | .00 |
| 7 | Virginia taxable income (subtract Line 6 from Line 5) | 7 | -26,474.00 |

TAX COMPUTATION

8 Multistate Corporation - If business conducted within and without Virginia (Multistate Corporation), attach Schedule 500A and complete Lines 8(a) through 8(d). If entire business conducted in Virginia, skip to Line 9.

| | | | |
|-----|--|------|---------|
| (a) | Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j) | 8(a) | .00 |
| (b) | Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(h) | 8(b) | % |
| (c) | Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c) | 8(c) | .00 |
| (d) | Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e) | 8(d) | .00 |
| 9 | Income tax [6% of Line 7 or 6% of Line 8(a)] | 9 | NONE.00 |

PAYMENTS AND CREDITS

| | | | |
|----|--|----|---------|
| 10 | Nonrefundable tax credits: Enter the amount from Schedule 500CR, Part XXXI, Line 139 | 10 | .00 |
| 11 | Adjusted corporate tax (subtract Line 10 from Line 9) | 11 | NONE.00 |
| 12 | 2014 estimated Virginia income tax payments including overpayment credit from 2013 | 12 | .00 |
| 13 | Extension payment | 13 | .00 |
| 14 | Refundable tax credits from Schedule 500CR, Part XXXV, Line 147 | 14 | .00 |
| 15 | Pass-Through Entity total withholding from Schedule 500ADJ, Section D | 15 | .00 |
| 16 | Total payments and credits (add Lines 12 through 15) | 16 | .00 |

REFUND OR TAX DUE

| | | | |
|----|---|----|---------|
| 17 | Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11) | 17 | NONE.00 |
| 18 | Penalty (see Instructions) | 18 | .00 |
| 19 | Interest (see Instructions) | 19 | .00 |
| 20 | Additional charge from Form 500C, Line 17 (attach Form 500C) | 20 | .00 |
| 21 | Total due (add Lines 17 through 20) | 21 | NONE.00 |
| 22 | Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16) | 22 | .00 |
| 23 | Amount to be credited to 2015 estimated tax | 23 | .00 |
| 24 | Amount to be refunded (subtract Line 23 from Line 22) | 24 | .00 |

I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to act on behalf of the corporation for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules and statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the income tax laws of the Commonwealth of Virginia. If prepared by a person other than the taxpayer, this declaration is based on all information of which he or she has any knowledge.

| | | |
|-------------------------------------|---|---|
| Date | Signature of Officer | Title |
| Printed Name of Officer | | Phone Number |
| Print Preparer's Name and Firm Name | | Phone Number |
| JOY M BIXLER | | 757 640-7190 |
| Date | Individual of Firm, Signature of Preparer | Address of Preparer |
| | | 150 BOUSH STREET, SUITE 1100 NORFOLK, VA 23510 |
| Preparer's FEIN, PTIN or SSN | | Approved Vendor Code |
| 54-1921942 | | 1062 |

2014 Virginia
Schedule 500ADJ

Schedule of Adjustments



Name as shown on Virginia return THE CHRYSLER MUSEUM, INCORPORATED FEIN 51-0243196

Section A - Additions to Federal Taxable Income

| | | | |
|--|-------------|---------------|-----|
| 1. Fixed Date Conformity Addition (depreciation - see instructions) | 1 | _____ | .00 |
| 2. Fixed Date Conformity Addition (other - see instructions). | 2 | _____ | .00 |
| 3. Taxable Addition from Schedule 500AB, Line 10 | 3 | _____ | .00 |
| 4. Net Income tax and other taxes that are based on, measured by or computed with reference to net income | 4 | _____ | .00 |
| 5. Interest on state obligations other than Virginia | 5 | _____ | .00 |
| 6. Other Additions to federal taxable income | | | |
| | Code | Amount | |
| 6a _____ | | _____ | .00 |
| 6a-6c Refer to instructions for the Other Addition Codes. | 6b _____ | _____ | .00 |
| | 6c _____ | _____ | .00 |
| 7. Total Additions (Add Lines 1 - 5 and 6a - 6c. Enter here and on Form 500, Line 2.) | 7 | _____ | .00 |

Section B - Subtractions from Federal Taxable Income

| | | | |
|---|-------------|---------------|-----|
| 1. Fixed Date Conformity Subtraction (depreciation - see instructions) | 1 | _____ | .00 |
| 2. Fixed Date Conformity Subtraction (other - see instructions). | 2 | _____ | .00 |
| 3. Income from obligations or securities of the U. S. exempt from state income taxes, but not from federal income taxes | 3 | _____ | .00 |
| 4. Foreign dividend gross-up (IRC § 78) | 4 | _____ | .00 |
| 5. Refund or credit of income taxes included in federal taxable income | 5 | _____ | .00 |
| 6. Subpart F Income (IRC § 951) | 6 | _____ | .00 |
| 7. Foreign source income subtraction allowed by Va. Code § 58.1-402 C 8. (see instructions for limitations) | 7 | _____ | .00 |
| 8. Dividends received from corporations in which the recipient owns 50% or more of the voting stock, to the extent remaining in federal taxable income | 8 | _____ | .00 |
| 9. Other Subtractions from federal taxable income | | | |
| | Code | Amount | |
| 9a _____ | | _____ | .00 |
| 9a-9c Refer to instructions for the Other Subtraction Codes. | 9b _____ | _____ | .00 |
| | 9c _____ | _____ | .00 |
| 10. Total Subtractions (Add Lines 1 - 8 and 9a - 9c. Enter here and on Form 500, Line 4.) | 10 | _____ | .00 |

Section C - Amended Return

If you are filing an amended return, complete Section C to determine if you will receive an additional refund or if you need to make an additional payment.

| | | | |
|---|---|-------|-----|
| 1. Add amount paid with original return plus additional tax paid after it was filed (Do not include amount paid from Form 500, Line 20.) | 1 | _____ | .00 |
| 2. Add Line 1 from above and Line 16 from Form 500 and enter the total here | 2 | _____ | .00 |
| 3. Overpayment, if any, as shown on original return or as previously adjusted | 3 | _____ | .00 |
| 4. Subtract Line 3 from Line 2 | 4 | _____ | .00 |
| 5. If Line 4 above is less than Line 11 on amended Form 500, subtract Line 4 above from Line 11 on amended Form 500. This is the Tax You Owe | 5 | _____ | .00 |
| 6. Refund. If Line 11 on amended Form 500 is less than Line 4 above, subtract Line 11 on amended Form 500 from Line 4 above. This is the Tax You Overpaid. | 6 | _____ | .00 |

Explanation of Changes to Income and Modifications

Attach explanation for amending return. Provide the Line reference from the Form 500 for which a change is reported and give the reason for each change. Show any computation in detail and attach any applicable schedules.

Attach Schedule 500ADJ to Your Virginia Corporation Return, Form 500.

**2014 Virginia
Schedule 500FED**

**Schedule of Federal
Line Items**



Name as shown on Virginia return THE CHRYSLER MUSEUM, INCORPORATED FEIN 51-0243196

Form 1120, Deductions and Taxable Income

| | | |
|---|---|--------------------|
| 1. Domestic Production Activities Deduction | 1 | <u>.00</u> |
| 2. Federal Taxable Income before NOL and Special Deductions | 2 | <u>-26,474 .00</u> |
| 3. Net Operating Loss Deduction | 3 | <u>NONE .00</u> |
| 4. Special Deductions | 4 | <u>.00</u> |
| 5. Federal Taxable Income after NOL and Special Deductions | 5 | <u>-26,474 .00</u> |

Form 1120, Schedule C, Dividends and Special Deductions

| | | |
|--|---|------------|
| 6. Subpart F Income | 6 | <u>.00</u> |
| 7. Foreign Dividend Gross-Up | 7 | <u>.00</u> |

Form 1120, Schedule K or M-3

| | | |
|----------------------------------|---|------------|
| 8. Tax Exempt Interest | 8 | <u>.00</u> |
|----------------------------------|---|------------|

Form 5884

| | | |
|--|---|------------|
| 9. Salaries and Wages not deducted due to the WOTC | 9 | <u>.00</u> |
|--|---|------------|

Form 4562-Special Depreciation Allowance and Other Depreciation

| | | |
|---|----|------------|
| 10. Special depreciation allowance for qualified property placed in service during the taxable year | 10 | <u>.00</u> |
| 11. Property subject to 168(f)(1) election | 11 | <u>.00</u> |
| 12. Other depreciation | 12 | <u>.00</u> |

Form 1118, Schedule A, Income or Loss Before Adjustments-Gross Income or Loss

| | | |
|---|----|------------|
| 13. Total: Deemed Dividends (Exclude Gross-up) | 13 | <u>.00</u> |
| 14. Total: Deemed Dividend (Gross-up) | 14 | <u>.00</u> |
| 15. Total: Other Dividends (Exclude Gross-up) | 15 | <u>.00</u> |
| 16. Total: Other Dividends (Gross-up) | 16 | <u>.00</u> |
| 17. Total: Interest | 17 | <u>.00</u> |
| 18. Total: Gross Rents, Royalties, and License Fees | 18 | <u>.00</u> |
| 19. Total: Gross Income from Performance of Services | 19 | <u>.00</u> |
| 20. Total: Other | 20 | <u>.00</u> |
| 21. Total: Total Gross Income or Loss from Outside the US | 21 | <u>.00</u> |

Form 1118, Schedule A, Income or Loss Before Adjustments-Deductions

| | | |
|---|----|------------|
| 22. Total: Definitely Allocable-Rental, Royalty, and Licensing Expenses-Depreciation, Depletion, and Amortization | 22 | <u>.00</u> |
| 23. Total: Definitely Allocable-Rental, Royalty, and Licensing Expenses-Other Expenses | 23 | <u>.00</u> |
| 24. Total: Definitely Allocable-Expenses Related to Gross Income from Performance of Services | 24 | <u>.00</u> |
| 25. Total: Definitely Allocable-Other Definitely Allocable Deductions | 25 | <u>.00</u> |
| 26. Total: Total Definitely Allocable Deductions | 26 | <u>.00</u> |
| 27. Total: Apportioned Share of Deductions not Definitely Allocable | 27 | <u>.00</u> |
| 28. Total: Net Operating Loss Deduction | 28 | <u>.00</u> |
| 29. Total: Total Deductions | 29 | <u>.00</u> |

Form 1118, Schedule A, Income or Loss Before Adjustments-Total Income

| | | |
|--|----|------------|
| 30. Total: Total Income or (Loss) Before Adjustments | 30 | <u>.00</u> |
|--|----|------------|

Attach Schedule 500FED to Your Virginia Corporation Return, Form 500.

Schedule 500FED does not replace the requirement to attach a complete federal Form 1120 to your Virginia return.

VIRGINIA FORM 500, PAGE 1 DETAIL

=====

LOCATION OF CORPORATION'S BOOKS

CHRYSLER MUSEUM OF ART
ONE MEMORIAL PLACE
NORFOLK
VA 23510

STATE TAX SUMMARY

| STATES | INCOME | FRANCHISE | OTHER |
|-----------------|--------|-----------|-------|
| VIRGINIA | | | |
| TAX LIABILITY | NONE | | |
| BALANCE DUE | NONE | | |
| OVERPAYMENT | | | |
| AMOUNT REFUNDED | | | |
| WEST VIRGINIA | | | |
| TAX LIABILITY | | | |
| BALANCE DUE | | | |
| OVERPAYMENT | | | |
| AMOUNT REFUNDED | | | |
| WISCONSIN | | | |
| TAX LIABILITY | | | |
| BALANCE DUE | | | |
| OVERPAYMENT | | | |
| AMOUNT REFUNDED | | | |

THE CHRYSLER MUSEUM, INCORPORATED

STATE MANAGEMENT REPORT

FOR THE FISCAL YEAR BEGINNING 07/01/2014 , AND ENDING 06/30/2015

VIRGINIA

| | |
|---------------------------------|----------|
| Federal Taxable Income | -26,474. |
| Modifications - Additions | |
| - Subtractions | |
| Allocable Income - Everywhere | |
| Income Subject to Apportionment | -26,474. |
| Apportionment Factor | 100.0000 |
| Property | |
| Payroll | |
| Sales | 100.0000 |
| Apportionment Income - State | |
| Allocable Income - Within | |
| State Income before Adjustments | |
| Apportioned Income Adjustments | |
| State Taxable Income | |
| Tax Rate | 6.0000 |
| Total Tax | NONE |
| Less - Credits | |
| - Payments | |
| Additions to Tax | |
| Tax Due | NONE |
| Tax Overpaid | |