| Form | 990 |
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DR-4683-CA / EM-3592-CA RELIEF Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

| AF | or th | e 2022 calendar year, or tax year beginning and | ending | | |
|-------------------------|--------------------------------------|--|------------|------------------------------|-----------------------------|
| B C | heck if oplicab | e: C Name of organization | | D Employer identific | cation number |
| | Addre | | | | |
| | Name Chang | pe Doing business as | | 26-393474 | 42 |
| | Initial returr Final returr | Number and street (or P.U. box if mail is not delivered to street address) | Room/suite | E Telephone number 877-446-9 | |
| | termi | | | G Gross receipts \$ | 5,595,423. |
| | Amer | Ided CAN DEDDO CA 00731 | | H(a) Is this a group re | |
| | Appli dtion | F Name and address of principal officer: ROSS O'BRIEN | | for subordinates | |
| | pendi | SAME AS C ABOVE | | H(b) Are all subordinates in | |
| I T | ax-ex | empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (| or 527 | 1 . / | list. See instructions |
| | Vebsi | | | H(c) Group exemption | |
| κF | orm o | f organization: 🚺 Corporation 🔄 Trust 🔄 Association 📄 Other | L Year | | State of legal domicile: CA |
| | rt I | Summary | | | |
| | 1 | Briefly describe the organization's mission or most significant activities: | ELL TH | E STORY OF I | HE SURFACE |
| Activities & Governance | | NAVY TO RAISE AWARENESS OF THE IMPORTANCE | OF TH | IE UNITED STA | ATES |
| rna | 2 | Check this box if the organization discontinued its operations or dispos | ed of more | than 25% of its net ass | ets. |
| Š | 3 | Number of voting members of the governing body (Part VI, line 1a) | | 3 | 15 |
| ğ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | 11 | |
| 8 S | 5 | Total number of individuals employed in calendar year 2022 (Part V, line 2a) | 5 | 79 | |
| vitie | 6 | Total number of volunteers (estimate if necessary) | | | 636 |
| (cti | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 245,362. |
| ~ | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | 0. |
| | | | | Prior Year | Current Year |
| ø | 8 | Contributions and grants (Part VIII, line 1h) | | 4,628,575. | 2,741,009. |
| enu | 9 | Program service revenue (Part VIII, line 2g) | | 1,768,385. | 2,782,660. |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 449. | 40,502. |
| " | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 121,550. | 31,252. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 6,518,959. | 5,595,423. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| es | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 1,922,113. | 2,645,271. |
| Expenses | | Professional fundraising fees (Part IX, column (A), line 11e) | | 473,245. | 449,071. |
| ăX | b | Total fundraising expenses (Part IX, column (D), line 25) 1,023,45 | | 0 005 866 | 0.041.022 |
| " | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 2,295,766. | 2,941,233. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 4,691,124. | 6,035,575. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 1,827,835. | -440,152. |
| ts or | | | Ве | ginning of Current Year | End of Year |
| ssets Balanc | | Total assets (Part X, line 16) | | 7,123,238. | 7,231,032. |
| etA | 21 | Total liabilities (Part X, line 26) | | 2,742,320. | 3,386,605. |
| <u>2</u> | | Net assets or fund balances. Subtract line 21 from line 20 | | 4,380,918. | 3,844,427. |

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 ROSS O'BRIEN, TREASURER Type or print name and title | CLIENT COPY | Date | | | | | |
|--------------|---|--|---|--|--|--|--|--|
| Paid | Print/Type preparer's name ANTHONY J. GALES | Preparer's signature ANTHONY J. GALES | Date Check PTIN 10/02/23 self-employed P01241476 | | | | | |
| Preparer | Firm's name BPM LLP | | Firm's EIN 81-4234542 | | | | | |
| Use Only | Firm's address 400 OCEANGATE, SU | JITE 1000 | | | | | | |
| | LONG BEACH, CA 90 | 802-4389 | Phone no. 562 - 495 - 3325 | | | | | |
| May the I | May the IRS discuss this return with the preparer shown above? See instructions | | | | | | | |
| 232001 12-1 | 32001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022) | | | | | | | |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| | | 6-3934742 | Page 2 |
|-----------|---|--|---------------|
| Pa | rt III Statement of Program Service Accomplishments | | 37 |
| 1 | Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: TO CONTINUE OUR GROWTH TO EXEMPLIFY THE VISION OF MUSEUM 2 EDUCATE THE YOUNGEST GENERATION OF AMERICANS IN STEM CONC | | |
| | THE IDEA OF A CAREER OF SERVICE. | | |
| | CARE FOR SERVICE MEMBERS, VETERANS, AND THEIR FAMILIES. Did the organization undertake any significant program services during the year which were not listed on the | | |
| 2 | prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. | Yes | XNo |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. | Yes | XNo |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as mea Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the revenue, if any, for each program service reported. | ne total expenses, an | |
| 4a | (Code:)(Expenses \$3,426,299. including grants of \$) (Revenue \$) BATTLESHIP IOWA IS A COMMUNITY ANCHOR ON THE LA WATERFRONT TOURISM AND ECONOMIC ACTIVITY IN OUR LOCAL TOWNS, RESULTING QUALITY OF LIFE FOR RESIDENTS MANY OF WHOM ARE SMALL BUSIN BATTLESHIP IOWA HAS GROWN TO BECOME A CULTURAL ICON AS AN VENUE TO GATHER AND INTERACT WITH PEOPLE OF DIVERSE BACKGRO AGES. | G IN A BETT ESS OWNERS INCLUSIVE | NG TER |
| | | | |
| 4b | (Code:)(Expenses \$787,246. including grants of \$)(Revenue \$)(Rev | XIMATELY NNUALLY. ABOARD AMILIES ARI E CAMARADEI VARIETY OF AGE IN A | RIE |
| | 202.204 | | |
| 4c | (Code:)(Expenses \$ | A TO ADDRES , HISTORY, SEUM | |
| | | | |
| 4d | Other program services (Describe on Schedule O.) | | |
| <u> </u> | (Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 4,516,869. |) | |
| <u>4e</u> | Total program service expenses 4,516,869. | Eorm 9 | 90 (2022) |
| 232002 | 2 12-13-22 | | - (2022) |

| _ | | |
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| Form | 990 | (2022) |

Form 990 (2022) PACIFIC BATTLESHIP CENTER Part IV Checklist of Required Schedules

| | | | Yes | No |
|---------|---|------------|-------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | Х | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | 37 |
| _ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | 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 | | 37 | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | X | |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | v | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> | 11f | Х | <u> </u> |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | v | |
| | Schedule D, Parts XI and XII | 12a | X | <u> </u> |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | 101 | | v |
| 40 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | <u>14a</u> | | |
| 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 | 14b | | x |
| 15 | or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 140 | | - 23 |
| 15 | | 15 | | x |
| 16 | foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 15 | | - 23 |
| 10 | | 16 | | x |
| 17 | or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | - 23 |
| 17 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | Х | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | ~ ~ ~ | |
| 10 | | 18 | | x |
| 19 | 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," | | | <u> </u> |
| 13 | | 19 | | x |
| 20a | complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 19 20a | | X |
| | | 20a 20b | | <u> </u> |
| р 21 | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 200 | | |
| 21 | domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | | x |
| | contente gerenment entrarent, colarine y, interne II res, complete Schedule I, Faits I and II | <u> </u> | | |

Form 990 (2022)

| Form | 990 | (2022) |
|------|-----|--------|
| | 330 | 120221 |

| | | | Yes | No |
|------|--|------|-----|-----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | X | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| с | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | X | <u> </u> |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | x |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | 37 |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | x |
| ~~ | Schedule N, Part II | 32 | | |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | - v |
| ~ | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 0.4 | | x |
| 25.0 | Part V, line 1 | 34 | | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 35a | | |
| U | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 330 | | <u> </u> |
| 30 | | 36 | | x |
| 37 | <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization | - 50 | | |
| 07 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | x |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | <u> </u> |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | х | |
| Pa | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | \square |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 49 | | | |
| b | | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |

1c

| Form | 990 (2022) PACIFIC BATTLESHIP CENTER 26-3934 | 742 | Р | age 5 |
|--------|---|----------|-----|--------------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
| | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 79 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | X | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | X | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | - | | 77 |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | |
| 5- | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | 5.0 | | x |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a 5b | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 50 50 | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 50 | | |
| Ua | | 6a | | x |
| h | any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | Ua | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 0.0 | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | х |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | N/ | |
| h | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | A |
| 8 | 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | X |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | X |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | X |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| a L | Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A 11a | | | |
| a b | Gross income from members or shareholders N/A 11a Gross income from other sources. (Do not net amounts due or paid to other sources against | | | |
| D | amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year <u>N/A</u> <u>12b</u> | 124 | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? N/A | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans | | | |
| с | Enter the amount of reserves on hand 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? | 15 | | X |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X |
| | If "Yes," complete Form 4720, Schedule O. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953?N/A | 17 | | |
| | If "Yes," complete Form 6069. | | | |

| Form 990 (2022 | Form | 990 | (2022 |
|----------------|------|-----|-------|
|----------------|------|-----|-------|

PACIFIC BATTLESHIP CENTER

26-3934742 Page 6

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

| Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body, or if the governing body at the end of the tay year 1a 15 1b Enter the number of voting members included on the 1a, above, who we independent 1b 11 2 Did any officer, director, trustee, or key employee have a family relationship performed by or under the direct supervision of officers, director, trustee, or key employees to a management or park or other person? 2 X 3 Did the organization delegate control over management duties customarity performed by or under the direct supervision of officers, director, trustee, or key employees to a paragement duties customarity performed by or under the direct supervision of officers, director, trustee, or key employees to a paragement duties customarity performed by or under the direct supervision or different director that the governing body? 3 X 5 Did the organization have members, stockholders? 6 X 6 Did the organization have members, stockholders? 6 X 7 Did the organization have members, stockholders? 7 X 8 Did the organization network authority to act on behalf of the governing bod? 7 X 9 is there any officer, director, trustee, or key employee tandifferes on stackholde. 9 < | _ | Check if Schedule O contains a response or note to any line in this Part VI | | | | | | X |
|---|-----|---|------------|-----------------|--------|--------|-----|----|
| a Enter the number of voting members of the governing body, or the governing body before filling the governing body bef | Sec | tion A. Governing Body and Management | | | | | | |
| If there are material differences in voting rapids among members of the governing body, or if the governing to the security committee or simal committee, explain of Schedule 0. 11 Did any officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duries customarily performed by or under the direct supervision of officers, director, trustee, or key employees to a management company or other person? 2 X 3 Did the organization delegate control over management duries customarily performed by or under the direct supervision of officers, directors, trustee, or key employees to a management company or other person? 3 X 4 Did the organization make any significant changes to its governing documents since the prior form 980 was filed? 4 X 5 Did the organization have members, stockholders? 6 X 7 Did the organization have members, stockholders? 7 X 8 Did the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 X 8 Did the organization have members, stockholder by governing body? 8 8 X 9 Is the arg moder. Section B. Policels? 7 X 9 Is the arg moder. Section A. who cannot be reached at the organization | | | | 1 | | | Yes | No |
| by delegate fund authority to an excluse committee or similar committee, explain on Schedule 0. 1 1 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, director, trustees, or key employees to a sunagement duties customarily performed by or under the direct supervision of officers, director, trustees, or key employees to a guinticant diversion of the organization's assets? 2 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization nowe members or stock-holders? 6 X 7 Did the organization nowe members or stock-holders? 7 X 8 Did the organization nowe members or stock-holders? 7 X 9 Did the organization contemporaneously document the meetings held or written actions underface during the year by the following: 8 X 8 Did the organization nowe members or stock-holders? 8 X 9 Each committee with authority to at on behalf of the governing body? 8 X <t< th=""><th>1a</th><th>Enter the number of voting members of the governing body at the end of the tax year</th><th>1a</th><th></th><th>15</th><th></th><th></th><th></th></t<> | 1a | Enter the number of voting members of the governing body at the end of the tax year | 1 a | | 15 | | | |
| b Entire the number of voting members included on line 1a, above, who are independent Int 11 2 Did any office, director, trustee, or key employee? 2 X 3 Did the organization delegate control over management duises customarily performed by or under the direct supervision of offices, director, trustee, or key employees to a management company or other person? 2 X 4 Did the organization delegate control over management duises customarily performed by or under the direct supervision of offices, director, trustee, or key employees to a management durents since the prior Form 960 was filed? 4 X 5 Did the organization nake any significant changes to its governing documents since the prior Form 960 was filed? 4 X 6 Did the organization nake any significant changes to its governing body? 7a X 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X 9 Is there any officer, director, trustee, or key employees listed in PAV III. Section A, who cannot be reached at the organization real wasteen organization abula policies and pracedule to 2V. 8a X 9 Is there any officer. (ricetor, trustee, or key employees listed in PAV III. Section A, who cannot be reached at the organization nave written polocid the paraization abula dive | | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | |
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| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X a The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 15a X b If "Yes," did the organization follow a written policy or procedure requiring the organization's exempt status with respect to such arrangements? 16a X 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, CA, CO, CT, DC, FL, GA, HL, KS, ME, MD 18 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024A, if ap | | | , | e ining the rem | | 110 | | |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i> 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 X 14 Did the organization have a written document retention and destruction policy? 14 X 15 15 Did the organization's CEO, Executive Director, or top management official 15a X 15b X 16 Other officers or key employees of the organization If e organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X 16 Did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b X 17 List the states with which a copy of this Form 900 is required to be filed AL , AK , CA , CO , CT , DC , FL , GA , HI , KS , ME , MD 18 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024A, if applicable), 990, and 990-T (section Solto(c)(| | | | | | 12a | х | |
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| on Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 14 X a The organization's CEO, Executive Director, or top management official 15b X 15b X b Other officers or key employees of the organization 15b X 15b X 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization's exempt status with respect to such arrangements? 16b 2 Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed _AL, AK, CA, CO, CT, DC, FL, GA, HI, KS, ME, MD 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024.A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. If Wex | | | | | | 12.0 | | |
| 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed <u>AL, AK, CA, CO, CT, DC, FL, GA, HI, KS, ME, MD</u> 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 ROSS O ' BRIEN - 877-446-9261 | • | | , | | | 12c | x | |
| 14 Did the organization have a written document retention and destruction policy? 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization if "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed <u>AL , AK , CA , CO , CT , DC , FL , GA , HI , KS , ME , MD</u> 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024.A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website <u>Another's website X</u> Upon request Other (<i>explain on Schedule O</i>) 19 Describe on 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 <u>ROSS O ' BRIEN - 877-446-9261</u> | 13 | | | | | | | |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official | | | | | | | | |
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| taxable entity during the year? 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16a X cexempt status with respect to such arrangements? 16b 16b </th <th>16a</th> <th></th> <th>nent w</th> <th>ith a</th> <th></th> <th></th> <th></th> <th></th> | 16a | | nent w | ith a | | | | |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 17 List the states with which a copy of this Form 990 is required to be filed <u>AL, AK, CA, CO, CT, DC, FL, GA, HI, KS, ME, MD</u> 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 <u>ROSS O'BRIEN - 877-446-9261</u> | | | | | | 16a | | х |
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| exempt status with respect to such arrangements? 16b Section C. Disclosure 17 17 List the states with which a copy of this Form 990 is required to be filed _AL, AK, CA, CO, CT, DC, FL, GA, HI, KS, ME, MD 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. IX Own website Another's website IX Upon request Other (explain on Schedule O) 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 ROSS O'BRIEN - 877-446-9261 877-446-9261 | ~ | | | • | | | | |
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| Describe on 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. State the name, address, and telephone number of the person who possesses the organization's books and records <u>ROSS O'BRIEN - 877-446-9261</u> | | | on Sr | hedule (1) | | | | |
| statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ROSS O'BRIEN - 877-446-9261 | 19 | | | | v. and | financ | ial | |
| 20 State the name, address, and telephone number of the person who possesses the organization's books and records ROSS O'BRIEN - 877-446-9261 | - | | | | ,, | | | |
| ROSS O'BRIEN - 877-446-9261 | 20 | | oks and | d records | | | | |
| | | | | | | | | |
| 250 SOUTH HARBOR BLVD, BERTH 87, SAN PEDRO, CA 90731 | | | /31 | | | | | |

SEE SCHEDULE O FOR FULL LIST OF STATES

F

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
|--------------------------------------|--------------------------|--------------------------------|-----------------------|-------------|--------------|---------------------------------|----------|------------------------------|-----------------|-----------------------------|
| Name and title | Average | (do | | | ition | l than c | ne | Reportable | Reportable | Estimated |
| | hours per | box | , unles | ss pei | rson i | s both | n an | compensation | compensation | amount of |
| | week | | cer an | id a d I | irecto | r/trus [:] I | tee) | from | from related | other |
| | (list any | rector | | | | | | the | organizations | compensation |
| | hours for | or di | ee | | | ated | | organization | (W-2/1099-MISC/ | from the |
| | related organizations | ustee | trust | | 66 | upens | | (W-2/1099-MISC/ 1099-NEC) | 1099-NEC) | organization and related |
| | below | ual tr | tional | | yolqr | st con | _ | 1039-1120) | | organizations |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) JONATHAN WILLIAMS | 40.00 | | | | | | <u> </u> | | | |
| PRESIDENT & CEO | | x | | x | | | | 172,696. | 0. | 0. |
| (2) DAVID CANFIELD | 40.00 | | | | | | | | | |
| CHIEF TECHNOLOGY OFFICER | | | | | | X | | 147,023. | 0. | 0. |
| (3) MICHAEL GETSCHER | 40.00 | | | | | | | | | |
| CHIEF OPERATING OFFICER | | | | | | X | | 138,500. | 0. | 0. |
| (4) ROSS OBRIEN | 10.00 | | | | | | | | | |
| TREASURER & CFO | | Х | | Х | | | | 79,368. | 0. | 0. |
| (5) MIKE SHATYNSKI | 10.00 | | | | | | | | | |
| BOARD CHAIRMAN | | Х | | | | | | 0. | 0. | 0. |
| (6) REBECCA S. BEACH | 5.00 | | | | | | | | | |
| BOARD SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (7) DOUGLAS HERMAN | 5.00 | | | | | | | | | |
| BOARD DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (8) CRAIG JOHNSON | 5.00 | | | | | | | | | |
| BOARD DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (9) DAN KEHL | 5.00 | | | | | | | | | |
| BOARD DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (10) VANESSA LEWIS | 5.00 | | | | | | | | | |
| BOARD DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (11) BRUCE DD MAC RAE | 5.00 | | | | | | | | | |
| BOARD DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (12) SCOTT PALMER | 5.00 | | | | | | | | | |
| BOARD DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (13) TANYA ACKER | 5.00 | | | | | | | | | |
| BOARD DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (14) JEFF LINK | 5.00 | | | | | | | | | |
| BOARD DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (15) FLTCM JOANN ORTLOFF, USN (RET.) | 5.00 | | | | | | | | | |
| BOARD DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (16) VADM JOHN MORGAN, USN (RET.) | 5.00 | | | | | | | | | • |
| BOARD DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (17) LCDR KEN HAGIHARA, USN (RET.) | 5.00 | | | | | | | | • | • |
| BOARD DIRECTOR | | Х | | | | | | 0. | 0. | 0 . |

| Form 990 (2022) PACIFIC | | | | | | | | | 26-39 | 347 | 742 | P | age 8 |
|--|--|--------------------------------|-----------------------|---------|---------------|---------------------------------|--------|---|---|-------|-------------------------|--|-------------------|
| Part VII Section A. Officers, Directors, Trus | | oloy | ees, | | | ghes | t C | | , , | | | | |
| (A) Name and title | Desition 1 | | | | | | | | | | tion amo | | |
| | (list any hours for related organizations below line) | individual trustee or director | Institutional trustee | Officer | Key em ployee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MIS 1099-NEC) | s | com fr org and | pensa om th anizat d relat anizati | ie tion ted |
| | | | Sul . | 10 | Ke | eHi | Fo | | | | | | |
| | | - | | | | | | | | | | | |
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| | | - | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 537,587. | | 0. | | | 0. |
| c Total from continuation sheets to Part VI <u>d</u> Total (add lines 1b and 1c) | | | | | | | | 537,587. | | 0. | | | 0. |
| 2 Total number of individuals (including but n compensation from the organization | | | | | | | | | 000 of reportable | | | | 3 |
| | | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s | | | | • | • | | Ŭ | • • | | | 3 | | x |
| 4 For any individual listed on line 1a, is the su | im of reportabl | e co | mpe | ensa | tion | and | oth | ner compensation from t | he organization | | 0 | | |
| and related organizations greater than \$1505 Did any person listed on line 1a receive or a | | | | | | | | | | | 4 | X | |
| rendered to the organization? If "Yes." con | | | | | | | | | | | 5 | | X |
| Section B. Independent Contractors | | | | | | | | | | | | | |
| 1 Complete this table for your five highest co the organization. Report compensation for | | | | | | | | | | ensat | | | |
| (A) Name and business | address | NC | ONE | 2 | | | | (B) Description of s | ervices | Co | (C ompei | ;) nsatio | n |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 Total number of independent contractors (i \$100,000 of compensation from the organi | • | ot lin | nitec | d to | thos (| | ted | above) who received mo | ore than | | | | |

| Par | t V | /III | Statement of Rev | ven | ue | | | - | | | |
|---|-----|----------|---|-----------|-------------------|----------|--------------------|-----------------------------|--|---|--|
| | | | Check if Schedule O c | onta | ins a respo | nse | or note to any lin | | (=) | (2) | |
| | | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue exclud from tax unde sections 512 - { |
| ts ts | 1 | а | Federated campaigns | | 1a | | | | | | |
| contributions, Girts, Grants and Other Similar Amounts | | b | Membership dues | | 1b | | | | | | |
| ۲ ۲ ۲ | | с | Fundraising events | | 1c | | | | | | |
| ar / | | d | Related organizations | | 1d | | | | | | |
| s'ill | | е | Government grants (contri | butio | ons) 1e | | 108,319. | | | | |
| E S | | f | All other contributions, gifts, | grant | | | | | | | |
| the large | | | similar amounts not included | abov | | | 632,690. | | | | |
| | | g | Noncash contributions included in I | ines 1 | a-1f 1g \$ | ; | 14,328. | | | | |
| <u> </u> | | h | Total. Add lines 1a-1f | | | | | 2,741,009. | | | |
| | | | A DAT G G T ONG | | | | Business Code | | | | |
| 2 | | | ADMISSIONS | | | | | 2,537,298. | 2,537,298. | | |
| e e | | | COMMISSIONS | | | | 713990 713990 | 168,590. 56,000. | | 168,590. | |
| len | | | FILMING REVEN | UE | | | /13990 | 50,000. | | 56,000. | |
| Be a | | d | | | | | | | | | |
| rrogram əərvicə Revenue | | e 4 | | | | | 713990 | 20,772. | | 20,772. | |
| - | | | All other program service | | | | | 2,782,660. | | 20,112. | |
| + | 3 | | Total. Add lines 2a-2f Investment income (includ | | | | | 2,702,000. | | | |
| | 3 | | | - | | | | 40,502. | | | 40,50 |
| | 4 | | Income from investment o | | | | roceeds | 10,0021 | | | |
| | 5 | | Royalties | | - | - | | | | | |
| | - | | | \square | (i) Real | | (ii) Personal | | | | |
| | 6 | а | Gross rents | 6a | | | | | | | |
| | | | Less: rental expenses | 6b | | | | | | | |
| | | | Rental income or (loss) | 6c | | | | | | | |
| | | d | Net rental income or (loss) | | | | | | | | |
| | 7 | а | Gross amount from sales of | | (i) Securit | ies | (ii) Other | | | | |
| | | | assets other than inventory | 7a | | | | | | | |
| | | b | Less: cost or other basis | | | | | | | | |
| e | | | and sales expenses | 7b | | | | | | | |
| Revenue | | с | Gain or (loss) | 7c | | | | | | | |
| | | d | Net gain or (loss) | | | ······ | | | | | |
| Other | 8 | | Gross income from fundraisir including \$ | | of | | | | | | |
| | | | contributions reported on | | , | | | | | | |
| | | | Part IV, line 18 | | | 8a | | | | | |
| | | | Less: direct expenses | | | 8b | | | | | |
| | ~ | | Net income or (loss) from t | | - | | | | | | |
| | 9 | а | Gross income from gamin | | | 1 | | | | | |
| | | L | Part IV, line 19 | | | 9a | | | | | |
| | | | Less: direct expenses Net income or (loss) from g | | | 9b | I | | | | |
| | 10 | | | - | - | ° | | | | | |
| | 10 | a | Gross sales of inventory, less returns and allowances10a | | | | | | | | |
| | | h | Less: cost of goods sold | | | 10a | | | | | |
| | | | Net income or (loss) from : | | | <u> </u> | 1 | | | | |
| + | | <u> </u> | | Juice | | 1 | Business Code | | | | |
| ŝ | 11 | а | MISCELLANEOUS | II | NCOME | | 900099 | 31,252. | | | 31,25 |
| DULE | | b | | | | | | . , | | | |
| SVel | | c | | | | | | | | | |
| Miscellarieous Revenue | | | All other revenue | | | | | | | | |
| ≥ | | | Total. Add lines 11a-11d | | | | | 31,252. | | | |
| | 12 | | Total revenue. See instructio | | | | | 5,595,423. | 2,537,298. | 245,362. | 71,75 |

PACIFIC BATTLESHIP CENTER

Form 990 (2022)

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 respon | se or note to any line in t | this Part IX | | |
|-----------|---|--------------------------------|---|--|---------------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| • | and domestic governments. See Part IV, line 21 Grants and other assistance to domestic | | | | |
| 2 | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| • | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 507,586. | 390,298. | 46,568. | 70,720. |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | 1 200 002 | 164 850 | 050 100 |
| 7 | Other salaries and wages | 1,795,774. | 1,380,823. | 164,752. | 250,199. |
| 8 | Pension plan accruals and contributions (include | | | | |
| • | section 401(k) and 403(b) employer contributions) | 133,758. | 102,850. | 12,272. | 18,636. |
| 9 | Other employee benefits | 208,153. | 164,534. | 17,955. | 25,664. |
| 10 11 | Payroll taxes Fees for services (nonemployees): | 200,133. | 104,554. | 17,955. | 25,004. |
| | Management | | | | |
| a b | Legal | | | | |
| | Accounting | 38,766. | | 38,766. | |
| | Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17 | 449,071. | | | 449,071. |
| f | Investment management fees | | | | |
| g | | | | | |
| | column (A), amount, list line 11g expenses on Sch 0.) | | | | |
| 12 | Advertising and promotion | 243,205. | 242,606. | | 599. |
| 13 | Office expenses | 39,471. | 12,368. | 17,547. | 9,556. |
| 14 | Information technology | 125,492. | 103,819. | 7,256. | 14,417. |
| 15 | Royalties | 450 020 | 41C 10E | 27 242 | 7 202 |
| 16 | | <u>450,830.</u> 59,585. | 416,105. 34,532. | 27,342. 15,301. | 7,383. 9,752. |
| 17 | Travel | 59,505. | 54,552. | 15,501. | 9,132. |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 26,488. | 6,509. | 18,950. | 1,029. |
| 20 | Interest | 80,498. | | 80,498. | 1,0191 |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 760,501. | 722,477. | 19,012. | 19,012. |
| 23 | Insurance | 86,009. | 77,434. | 4,109. | 4,466. |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), | | | | |
| | amount, list line 24e expenses on Schedule 0.) | | | | |
| а | MAINTENANCE EQUIPMENT | 397,644. | 393,807. | 351. | 3,486. |
| b | EVENT EXPENSES | 326,821. | 229,684. | 10.000 | 97,137. |
| С | OTHER PROGRAM SERVICES | 89,206. | 57,300. | 10,023. | 21,883. |
| d | TICKETING AND CREDIT CA | 70,242. | 66,156. | 11 516 | 4,086. |
| | All other expenses | <u>146,475</u> . 6,035,575. | <u>115,567.</u> 4,516,869. | <u>14,546.</u> 495,248. | <u>16,362.</u> 1,023,458. |
| <u>25</u> | Total functional expenses. Add lines 1 through 24e | 0,000,070. | 4,JIU,009. | 470,440. | I,UZJ,430. |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |
| | | | I | I | – 000 (0000) |

Form 990 (2022)

Part IX Statement of Functional Expenses

| PACIFIC BATTLESHIP CENTER |
|---------------------------|
|---------------------------|

| | 1 990 (i | | SHIP | CENTER | | 26- | 3934742 Page 11 |
|-----------------------------|----------|---|------------|---------------------|---------------------------------|------------|----------------------------|
| Pa | rt X | | | | | | |
| | | Check if Schedule O contains a response or not | e to any | line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 4 | | | | 1,507,445. | 1 | 1,851,234. |
| | 1 | Cash - non-interest-bearing | 2,805,956. | | 463,125. | | |
| | 2 | Savings and temporary cash investments | | | 418,249. | 2 | 478,807. |
| | 3 | Pledges and grants receivable, net | | | 89,043. | 3 | 86,072. |
| | 4 | Accounts receivable, net | | | 09,045. | 4 | 00,072. |
| | 5 | Loans and other receivables from any current or | | | | | |
| | | trustee, key employee, creator or founder, subst | | | | - | |
| | | controlled entity or family member of any of thes | | | | 5 | |
| | 6 | Loans and other receivables from other disqualif | | | | • | |
| | <u>_</u> | under section 4958(f)(1)), and persons described | | | | 6 | |
| ets | 7 | Notes and loans receivable, net | | | 20,129. | 7 | 2,047. |
| Assets | 8 | Inventories for sale or use | | | 56,109. | 8 9 | 81,676. |
| | 9 | | | ····· | 50,109. | 9 | 01,070. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10- | 0 205 316 | | | |
| | | | | | 2,032,380. | 10c | 1,932,613. |
| | 1 | Less: accumulated depreciation | | | 108,385. | 11 | 1,732,860. |
| | 11 12 | Investments - other securities. See Part IV, line 1 | | 100,505. | 12 | 1,752,000. | |
| | 13 | Investments - program-related. See Part IV, line - | | | 13 | | |
| | 14 | | | 14 | | | |
| | 14 | Intangible assets | I | 85,542. | 14 | 602,598. | |
| | 15 | Other assets. See Part IV, line 11 | | | 7,123,238. | 16 | 7,231,032. |
| | 17 | Total assets. Add lines 1 through 15 (must equal Accounts payable and accrued expenses | | | 328,959. | 17 | 450,645. |
| | 18 | Grants payable | 52075550 | 18 | 13070130 | | |
| | 19 | Deferred revenue | 58,105. | 19 | 63,495. | | |
| | 20 | Tax-exempt bond liabilities | I | , | 20 | | |
| | 21 | Escrow or custodial account liability. Complete F | | I | | 21 | |
| | 22 | Loans and other payables to any current or form | | | | | |
| Liabilities | | trustee, key employee, creator or founder, subst | | | | | |
| ilidi | | controlled entity or family member of any of thes | | | 205,700. | 22 | 136,700. |
| Lia | 23 | Secured mortgages and notes payable to unrela | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | | | 149,556. | 24 | 110,112. |
| | 25 | Other liabilities (including federal income tax, pa | - | | | | |
| | | parties, and other liabilities not included on lines | | | | | |
| | | of Schedule D | | | 2,000,000. | 25 | 2,625,653. |
| | 26 | | | | 2,742,320. | 26 | 3,386,605. |
| | | Organizations that follow FASB ASC 958, che | ck here | X | | | |
| ses | | and complete lines 27, 28, 32, and 33. | | | | | |
| lano | 27 | Net assets without donor restrictions | | | 2,940,927. | 27 | 2,367,381. |
| Ba | 28 | Net assets with donor restrictions | | | 1,439,991. | 28 | 1,477,046. |
| pu | | Organizations that do not follow FASB ASC 9 | 58, che | ck here | | | |
| Ę | | and complete lines 29 through 33. | | | | | |
| sof | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| set | 30 | Paid-in or capital surplus, or land, building, or eq | uipmen | t fund | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated in | | | | 31 | |
| Net | 32 | Total net assets or fund balances | | | 4,380,918. | 32 | 3,844,427. |
| | 33 | Total liabilities and net assets/fund balances | | | 7,123,238. | 33 | 7,231,032. |

Form **990** (2022)

| Form | 990 (2022) PACIFIC BATTLESHIP CENTER | 26-393 | 4742 | Pag | _{je} 12 |
|------|--|----------|--------------|-------------|------------------|
| Par | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | <u>5,595</u> | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 6,035 | , 57 | 75. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -440 | ,15 | 52. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 4,380 | ,91 | L8. |
| 5 | Net unrealized gains (losses) on investments | 5 | -96 | , 33 | 39. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 3,844 | ,42 | 27. |
| Par | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Y es | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | 0. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | Х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| с | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | x | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | dule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require | ed audit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | |

Form 990 (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

| OMB No. 1545-0047 |
|------------------------------|
| 2022 |
| Open to Public Inspection |

Name of the organization

| Name | e of t | he organization | | | | | | | identification number | | | |
|-------|--------|---|--------------------------|---|-------------------------------------|-----------------|-----------------|---------------|----------------------------|--|--|--|
| | | | | SHIP CENTER | | | | | 6-3934742 | | | |
| Par | tI | Reason for Public C | Charity Status. | All organizations must c | omplete th | is part.) S | ee instruction | S. | | | | |
| The o | rgani | zation is not a private found | ation because it is: (F | For lines 1 through 12, cl | neck only o | 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 secti | ion 170(b)(1)(A)(ii). (/ | Attach Schedule E (Form | 1 990).) | | | | | | | |
| 3 | | A hospital or a cooperative | hospital service orga | nization described in se | ection 170 | (b)(1)(A)(ii | i). | | | | | |
| 4 | | A medical research organization | ation operated in cor | njunction with a hospital | described | in sectio | n 170(b)(1)(A) | (iii). Enter | the hospital's name, | | | |
| | | city, and state: | | | | | | | | | | |
| 5 | | An organization operated for | or the benefit of a col | lege or university owned | or operate | ed by a go | vernmental ur | nit describe | ed in | | | |
| - | | section 170(b)(1)(A)(iv). (C | Complete Part II.) | | | | | | | | | |
| 6 | | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | | | | | | | | | | |
| 7 | Х | 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). (C | omplete Part II.) | | | | | | | | | |
| 8 [| | A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college | | | | | | | | | | |
| 9 [| | An agricultural research org | anization described | in section 170(b)(1)(A)(| ix) operate | ed in conju | nction with a | land-grant | college | | | |
| | | or university or a non-land-g | rant college of agricu | ulture (see instructions). | Enter the r | name, city | , and state of | the college | or | | | |
| | | university: | | | | | | | | | | |
| 10 [| | An organization that normal | | | | | | | | | | |
| | | activities related to its exem | | - | | | | | - | | | |
| | | income and unrelated busir | | (less section 511 tax) fro | m busines | ses acqui | red by the org | anization a | Ifter June 30, 1975. | | | |
| | | See section 509(a)(2). (Cor | | | _ | | | | | | | |
| 11 | | An organization organized a | - | • | • | | | | | | | |
| 12 [| | An organization organized a | - | - | - | | | • | | | | |
| | | more publicly supported org | - | | | | | | Check the box on | | | |
| | | lines 12a through 12d that o | • • | | - | | | - | | | | |
| а | | Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving | | | | | | | | | | |
| | | the supported organization | | | majority o | f the direc | tors or trustee | es of the su | ipporting | | | |
| | | organization. You must c | - | | | | -1 | - (-) | · | | | |
| b | | Type II. A supporting org | - | | | | - | | - | | | |
| | | control or management of | | | ame persoi | ns that col | ntrol or manag | je the supp | Dorted | | | |
| - | | organization(s). You mus | - | | in connect | ion with a | ad functional | l. into avota | d with | | | |
| С | | Type III functionally inter | | | | | | ly integrate | a with, | | | |
| ы | | its supported organization | | - | | | | tod organi- | ration(a) | | | |
| d | | Type III non-functionally | • | | | | | Ŭ, | | | | |
| | | that is not functionally inter- | | • • | • | | - | anallenin | reness | | | |
| • | | requirement (see instructi | | - | | | | | | | | |
| е | L | Check this box if the orga functionally integrated, or | | | | | турет, турет | і, туре ш | | | | |
| f | Ente | r the number of supported of | | | iy organiza | ation. | | | | | | |
| | | ide the following information | • | d organization(s) | | | | | | | | |
| | |) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga in your governi | nization listed | (v) Amount of | monetary | (vi) Amount of other | | | |
| | | organization | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see in | structions) | support (see instructions) | | | |
| | | | | above (see instructions) | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| Total | | | | | | | | | | | | |

Part II

PACIFIC BATTLESHIP CENTER

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.)

| 6 Public support. Subtract line 5 from line 4. 11498274 . Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 Section B. Total Support 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from unrelated business activities, whether or not the business is regularly carried on 9 Net income from unrelated business activities, whether or not the business is regularly carried on 12 12328167 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 12 10,851,240 12 10,851,240 Section C. Computation of Public Support Percentage 4 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (fi) 14 93.27 | Section A. Public Support | | | | | | |
|--|---|--------------------------|-----------------------|----------------------------------|-----------------------------|---------------------|------------------|
| membership fees received. (Do not include any 'unusual grants.') 1332650.1481758.2144175.4628575.2741009.12328167. 2 Tax revenues levide of the organ- ization's benefit and either paid to or expended on its behalf 1332650.1481758.2144175.4628575.2741009.12328167. 3 The value of services or facilities furnished by a governmental unit to the organization without charge 1332650.1481758.2144175.4628575.2741009.12328167. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1332650.1481758.2144175.4628575.2741009.12328167. 2 Tele Auge of the there is non net. 1332650.1481758.2144175.4628575.2741009.12328167. 3 The value of organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1322650.1481758.2144175.4628575.2741009.12328167. 4 Calendar year (or fiscal year beginning in) 7 Amounts from line 4. B Gross income from unrelated business activities, whether or not the business is regularly carried on securities loans, rents, royalites, and income from unrelated business activities, whether or not the business is regularly carried on in or loss from the set of capital assets (Explain in Part VI). 12.10,851,240. 14 Total support. Add lines 7 through 10 The tis puspert. Hote Grow Politic Support Percentage Section C. Computation of Public Support Percentage 12.10,851,240. | Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| include any "unusual grants.") 1332650. 1481758. 2144175. 4628575. 2741009. 12328167. 2 Tax revenues levied for the organization shows benefit and either paid to or expended on its behalf 1332650. 1481758. 2144175. 4628575. 2741009. 12328167. 3 The value of services or facilities turnished by a governmental unit to the organization without charge 1332650. 1481758. 2144175. 4628575. 2741009. 12328167. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 1332650. 1481758. 2144175. 4628575. 2741009. 12328167. Calendar year (or fisal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 1332650. 1481758. 2144175. 4628575. 2741009. 12328167. 8 Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from interest, activities, etc. (see instructions) 1 12328167. 10 Other income. Do not include gain or loss from the asel of capital assets (Explain in Part VI). 12 10.851.240. <t< td=""><td>1 Gifts, grants, contributions, and</td><td></td><td></td><td></td><td></td><td></td><td></td></t<> | 1 Gifts, grants, contributions, and | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either pad to or expended on its behalf | membership fees received. (Do not | | | | | | |
| ization's benefit and either paid to or expended on its behaff 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 5 Public support. Buttact line 5 from line 4 5 Public support Add lines 7 from gain at support. Add lines 7 from gain at support. Buttact line 5 from from line 5 from 5 gains at traites, whether or not the 5 Public support. Add lines 7 from gains atom line 5 from 99 is for the organization 5 first, second, third, fourth, or fifth tax year as a section 501(c)(3) 5 Frost 5 gains. If the Form 990 is for the organization 5 first, second, third, fourth, or fifth tax year as a section 501(c)(3) 5 Frost 5 gains. If the Form 990 is for the organization 5 first, | include any "unusual grants.") | 1332650. | 1481758. | 2144175. | 4628575. | 2741009. | <u>12328167.</u> |
| or expended on its behalf | 2 Tax revenues levied for the organ- | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge 1332650.1481758.2144175.4628575.2741009.12328167. 4 Total. Add lines 1 through 3 1332650.1481758.2144175.4628575.2741009.12328167. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1332650.1481758.2144175.4628575.2741009.12328167. 6 Public support. (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 332650.1481758.2144175.4628575.2741009.12328167. 1332650.1481758.2144175.4628575.2741009.12328167. 6 roubics, payments received on securities loans, rents, royalties, and income from similar sources and income from unrelated business activities, whether or not the business is regularly carried on 1322650.1481758.2144175.4628575.2741009.12328167. 10 Other income. Do not include gain or loss from the ale of capital assets (Explain in Part VI). 1210.851.240.1172.1172.1172.1172.1172.1172.1172.117 | ization's benefit and either paid to | | | | | | |
| furnished by a governmental unit to the organization without charge 1332650.1481758.2144175.4628575.2741009.12328167. 4 Total. Add lines 1 through 3 1332650.1481758.2144175.4628575.2741009.12328167. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1332650.1481758.2144175.4628575.2741009.12328167. 6 Public support. Subtractiline 5 from line 4. 111498274. Section B. Total Support (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 1332650.1481758.2144175.4628575.2741009.12328167. 1332650.1481758.2144175.4628575.2741009.12328167. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from unelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI) 1212328167. 12328167. 11 Total support. Add lines 7 through 10 1220, 851, 240. 10, 851, 240. 13 First 5 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 12 10, 851, 240. 9 Are to support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 93.27 | or expended on its behalf | | | | | | |
| the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (ofther than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royatties, and income from unstanded business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support. Julies, the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, of chek this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (ine 6, column (f), divided by line 11, column (fi) 14 93.27 stops 14 Public support percentage for 2022 (ine 6, column (f), divided by line 11, column (fi) 14 93.27 stops 14 Public support percentage for 2022 (ine 6, column (f), divided by line 11, column (fi) 14 Public support percentage for 2022 (ine 6, column (f), divided by line 11, column (fi) 14 Public support percentage for 2022 (ine 6, column (f), divided by line 11, column (fi) 14 Public support percentage for 2022 (ine 6, column (f), divided by line 11, column (fi) 14 Public support percentage for 2022 (ine 6, column (f), divided by line 11, column (fi) 14 Public support percentage for 2022 (ine 6, column (f), divided by line 11, column (fi) 14 Public support percentage for 2022 (ine 6, column (f), divided by line 11, column (fi) | 3 The value of services or facilities | | | | | | |
| 4 Total. Add lines 1 through 3 1332650.1481758.2144175.4628575.2741009.12328167. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 8 6 Public support. Subtract line § from line 4. 11498274. Section B. Total Support 11481758.2144175.4628575.2741009.12328167. Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 1332650.1481758.2144175.4628575.2741009.12328167. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 11481758.2144175.4628575.2741009.12328167. 9 Net income from unrelated business activities, whether or not the business is regularly carried on interest. (cypain in Part VI.) 1210,851,240. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 12 10,851,240. 13 First 5 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 12 10,851,240. 9 Let support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 93.27 9 | furnished by a governmental unit to | | | | | | |
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| governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 829,893. 6 Public support. Subtract line 5 from line 4. 11498274. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4. 1332650. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources activities, whether or not the business is regularly carried on ro loss from the sale of capital assets (Explain in Part VI.) 12328167. 11 Total support. Add lines 7 through 10 12328167. 12 Gross receipts from related activities, etc. (see instructions) 12 13 Gross receipts from related activities, etc. (see instructions) 12 14 Total support. Add lines 7 through 10 12328167. Section C. Computation of Public Support Percentage 4 Public support Percentage | 5 The portion of total contributions | | | | | | |
| supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 829,893. 6 Public support. Subtract line 5 from line 4. 11498274. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 1332650. 1481758. 2144175. 4628575. 2741009.12328167. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 First 5 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 14 Public support 2022 (line 6, column (f), divided by line 11, column (f)) 14 93.27 | by each person (other than a | | | | | | |
| on line 1 that exceeds 2% of the amount shown on line 11, column (f) 829,893. 6 Public support. Subtract line 5 from line 4. 11498274. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 1332650. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 1332650. 9 Net income from similar sources 9 9 Net income from unrelated business activities, whether or not the business is regularly carried on 12328167. 10 Other income. Do not include gain or loss from tealed activities, etc. (see instructions) 12 10, 851, 240. 11 Total support. Add lines 7 through 10 12328167. 12 10, 851, 240. Section C. Computation of Public Support Percentage Support. 2022 (in 6, column (f), divided by line 11, column (f)) | governmental unit or publicly | | | | | | |
| amount shown on line 11, column (f) 829,893. 6 Public support. Subtract line 5 from line 4. 11498274. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 1332650. 1481758. 2144175. 4628575. 2741009. 12328167. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | supported organization) included | | | | | | |
| column (f) 829,893 6 Public support. Subtract line 5 from line 4. 11498274 Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 1332650.1481758.2144175.4628575.2741009.12328167. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 1332650.1481758.2144175.4628575.2741009.12328167. 9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12328167.122 11 Total support. Add lines 7 through 10 12.328167.122 12.328167.122 12 Gross receipts from related activities, etc. (see instructions) 12 10,851,240.123 13 First 5 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 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 93.27 | on line 1 that exceeds 2% of the | | | | | | |
| 6 Public support. Subtract line 5 from line 4. 11498274 . Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 Section B. Total Support 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from unrelated business activities, whether or not the business is regularly carried on 9 Net income from unrelated business activities, whether or not the business is regularly carried on 12 12328167 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 12 10,851,240 12 10,851,240 Section C. Computation of Public Support Percentage 4 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (fi) 14 93.27 | amount shown on line 11, | | | | | | |
| Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 1332650.1481758.2144175.4628575.2741009.12328167. 2741009.12328167. 9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.) 1 12328167. 11 Total support. Add lines 7 through 10 12328167. 12 10,851,240. 13 First 5 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 2 10,851,240. 9 Velic support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 93.27 | column (f) | | | | | | 829,893. |
| Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 1332650.1481758.2144175.4628575.2741009.12328167. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 1332650.1481758.2144175.4628575.2741009.12328167. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 12328167.1240.12328167.1240.1240.1250.1260.1260.1260.1260.1260.1260.1260.126 | 6 Public support. Subtract line 5 from line | 4. | | | | | 11498274. |
| 7 Amounts from line 4 1332650.1481758.2144175.4628575.2741009.12328167.4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 1 9 Net income from unrelated business activities, whether or not the business is regularly carried on 1 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 1 11 Total support. Add lines 7 through 10 12.328167.12 12 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 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 of Public Support Percentage Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 93.27 | Section B. Total Support | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Image: Comparison of the compariso | Calendar year (or fiscal year beginning in) | | | | | | |
| dividends, payments received on securities loans, rents, royalties, and income from similar sources Image: Comparison of the securities is regularly carried on income from the business is regularly carried on income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Image: Comparison of the securities is regularly carried on income from the securities is regularly carried on the securities is regularly carried | 7 Amounts from line 4 | 1332650. | 1481758. | 2144175. | 4628575. | 2741009. | <u>12328167.</u> |
| securities loans, rents, royalties, and income from similar sources | 8 Gross income from interest, | | | | | | |
| and income from similar sources and income from unrelated business 9 Net income from unrelated business activities, whether or not the business is regularly carried on business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 10 , 851, 240 13 First 5 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 14 93.27 | dividends, payments received on | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 12328167 and 12 12328167 and 12 10 and 12 10 and 12 10 and 12 10 and 12 | securities loans, rents, royalties, | | | | | | |
| activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 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 14 93.27 | and income from similar sources \dots | | | | | | |
| business is regularly carried on | 9 Net income from unrelated busines | s | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Image: construction of Part VI.) 11 Total support. Add lines 7 through 10 Image: construction of Part VI.) 12 Gross receipts from related activities, etc. (see instructions) Image: construction of Part VI.) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Image: construction of Part VI.) 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) Image: construction of Part VI.) | activities, whether or not the | | | | | | |
| or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 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 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 93.27 column | business is regularly carried on | | | | | | |
| assets (Explain in Part VI.) | 10 Other income. Do not include gain | | | | | | |
| assets (Explain in Part VI.) | or loss from the sale of capital | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) 12 10,851,240 13 First 5 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 14 93.27 | assets (Explain in Part VI.) | | | | | | |
| 13 First 5 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 14 93.27 | 11 Total support. Add lines 7 through 10 |) | | | | | 12328167. |
| organization, check this box and stop here Section C. Computation of Public Support Percentage 14 93.27 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) | 12 Gross receipts from related activitie | es, etc. (see instructio | ons) | | | 12 10 | ,851,240. |
| Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 93.27 9 | 13 First 5 years. If the Form 990 is for | the organization's fi | rst, second, third, t | fourth, or fifth tax y | ear as a section 5 | 01(c)(3) | |
| 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 93.27 9 | | op here | | | | <u></u> | |
| | Section C. Computation of Put | olic Support Per | centage | | | | |
| | | | | | | 14 | |
| | | | | | | | |
| 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and | 16a 33 1/3% support test - 2022. If th | e organization did no | t check the box or | n line 13, and line ⁻ | 14 is 33 1/3% or m | ore, check this bo | |
| | | | - | | | | |
| b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box | b 33 1/3% support test - 2021. If th | e organization did no | t check a box on I | ine 13 or 16a, and | line 15 is 33 1/3% | or more, check the | is box |
| and stop here. The organization qualifies as a publicly supported organization | and stop here. The organization qu | alifies as a publicly s | supported organiza | ation | | | |
| 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, | 17a 10% -facts-and-circumstances te | st - 2022. If the org | anization did not o | heck a box on line | e 13, 16a, or 16b, a | nd line 14 is 10% | or more, |
| and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization | - | | | - | - | VI how the organiz | ation |
| meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | meets the facts-and-circumstances | test. The organizatio | n qualifies as a pu | blicly supported o | rganization | | |
| b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or | b 10% -facts-and-circumstances te | st - 2021. If the org | anization did not o | heck a box on line | e 13, 16a, 16b, or 1 | 7a, and line 15 is | 10% or |
| more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the | more, and if the organization meets | the facts-and-circum | nstances test, cheo | ck this box and st | t op here. Explain i | n Part VI how the | |
| organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | - | | • | | | | |
| | 18 Private foundation. If the organiza | tion did not check a | box on line 13. 16a | a. 16b. 17a. or 17b | , check this box a | nd see instructions | s |

Schedule A (Form 990) 2022

| line | |
|------|--|

| 1 | 7 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) | 17 | |
|----|---|--------|-------------------|
| 18 | 8 Investment income percentage from 2021 Schedule A, Part III, line 17 | 18 | |
| 19 | 9a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 3 | 3 1/3% | %, and line 17 is |
| | more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | tion | |
| | | | 00 1 (00 (|

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

PACIFIC BATTLESHIP CENTER

gualify under the tests listed below, please complete Part II.)

| Se | ction A. Public Support | · · · · | | | | | |
|------|--|----------------------|---------------------|----------------------|---------------------|-----------------------|---------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| k | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Se | ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Amounts from line 6 | | | | | | |
| 10a | a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| k | • Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | 1 | | |
| | Net income from unrelated business activities not included on 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 5 years. If the Form 990 is for the | ne organization's fi | rst, second, third, | fourth, or fifth tax | year as a section 5 | 601(c)(3) organizatio | on, |
| _ | check this box and stop here | | • | | | | |
| | ction C. Computation of Publi | | | | | 1 1 | |
| | Public support percentage for 2022 (I | , (), | | column (f)) | | 15 | % |
| | Public support percentage from 2021 | | | | | 16 | % |
| | ction D. Computation of Inves | | | | | 4. | |
| | Investment income percentage for 20 | | | | | 17 18 | % |
| | Investment income percentage from a a 33 1/3% support tests - 2022. If the | | | on line 14 and line | | | % 7 is not |
| 190 | more than 33 1/3%, check this box ar | | | | | | |
| ŀ | 33 1/3% support tests - 2021. If the | | | | | | |
| | line 18 is not more than 33 1/3%, che | | | | | | |

Schedule A (Form 990) 2022

Part IV Supporting Organizations

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

PACIFIC BATTLESHIP CENTER

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Yes

No

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

| Pa | rt IV | Supporting Organizations (continued) | | | |
|-----|--------|---|-----|-----|----|
| | | | | Yes | No |
| 11 | Has t | the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A per | rson who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c t | pelow, the governing body of a supported organization? | 11a | | |
| b | A fan | nily member of a person described on line 11a above? | 11b | | |
| с | A 359 | % controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | | in Part VI. | 11c | | |
| Sec | tion | B. Type I Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | Did tl | he governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |

| ' | bid the governing body, members of the governing body, oncers acting in their onical capacity, of membership of one of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | | | |
|---|---|---|---|--|--|--|
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | | | |
| | | 2 | 1 | | | |

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

Schedule A

| | | | Yes | No |
|---|--|---|-----|----|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s) | 1 | | |

| Section D. All T | ype III Supporting | Organizations |
|------------------|--------------------|---------------|

| | | | Yes | No |
|---|--|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the method that the organization used to satisfy the Inte | tegral Part Test during the year (see instructions). |
|---|---|--|
| • | | |

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* line 3 *below*.

| c 🗌 | The organi | ation supported | l a governmenta | I entity. De | escribe in P | art VI how | you supported a | governmental entity | (see instruction <u>s).</u> |
|-----|------------|-----------------|-----------------|--------------|---------------------|------------|-----------------|---------------------|-----------------------------|
|-----|------------|-----------------|-----------------|--------------|---------------------|------------|-----------------|---------------------|-----------------------------|

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** 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? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

2a

2b

3a

No

Yes

| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying t | rust or | ו Nov. 20, 1970 (<i>exp</i> |
|------|---|---------|------------------------------|
| | All other Type III non-functionally integrated supporting organizations must co | omplet | e Sections A through |
| Sect | (A) Prior Year | | |
| 1 | Net short-term capital gain | 1 | |
| 2 | Description of prior year distributions | 0 | |

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|------------------|--------------------|-------------------|------------------------|
| Type III Non-Fur | nctionally Integra | ated 509(a)(3) Su | pporting Organizations |

1 1970 (explain in Part VI). See instructions. s A through E.

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(B) Current Year

(optional)

1 Ν 2 Recoveries of prior-year distributions 3 3 Other gross income (see instructions) 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): Acquisition indebtedness applicable to non-exempt-use assets 2 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 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 Enter 0.85 of line 1. 2 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 3 Enter greater of line 2 or line 3. 4 4 Income tax imposed in prior year 5 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 Part V

| | dule A (Form 990) 2022 PACIFIC BATTLI | | | | 5-3934742 Page 7 |
|------|--|------------------------------|---------------------------------------|------|---|
| Pa | t V Type III Non-Functionally Integrated 509(| a)(3) Supporting Orga | nizations (continu | ued) | |
| Sect | on D - Distributions | | | | Current Year |
| _1 | Amounts paid to supported organizations to accomplish exer | npt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | s of supported organizations | | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (<i>describe in</i> Part VI). See instructions. | | | 6 | |
| _7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | e organization is responsive | | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Sect | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2022 | าร | (iii) Distributable Amount for 2022 |
| 1 | Distributable amount for 2022 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | | |
| а | From 2017 | | | | |
| b | From 2018 | | | | |
| с | From 2019 | | | | |
| d | From 2020 | | | | |
| е | From 2021 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2022 distributable amount | | | | |
| i | Carryover from 2017 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2022 from Section D, | | | | |
| | line 7: \$ | | | | |
| a | Applied to underdistributions of prior years | | | | |
| b | Applied to 2022 distributable amount | | | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2022, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |

| | any. Subtract lines 3g and 4a from line 2. For result greater | | |
|---|---|--|--|
| | than zero, explain in Part VI. See instructions. | | |
| 6 | Remaining underdistributions for 2022. Subtract lines 3h | | |
| | and 4b from line 1. For result greater than zero, explain in | | |
| | Part VI. See instructions. | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j | | |
| | and 4c. | | |
| 8 | Breakdown of line 7: | | |
| а | Excess from 2018 | | |
| b | Excess from 2019 | | |
| с | Excess from 2020 | | |
| d | Excess from 2021 | | |
| е | Excess from 2022 | | |

Schedule A (Form 990) 2022

| Schedule A | Form | 990) | 2022 |
|------------|------|------|------|
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| Schedule A | (Form 990) 2022 | | BATTLESHIP | | 26-3934742 Page 8 |
|------------|---|--------------------------------------|---|--|--|
| Part VI | Part IV, Section A, lines 1, line 1; Part IV, Section D, I Section D, lines 5, 6, and 8 | 2, 3b, 3c, 4b, 4 ines 2 and 3; Pa | lc, 5a, 6, 9a, 9b, 9c, 11 art IV, Section E, lines | quired by Part II, line 10; Part II, a, 11b, and 11c; Part IV, Sectior 1c, 2a, 2b, 3a, and 3b; Part V, lir d 6. Also complete this part for a | n B, lines 1 and 2; Part IV, Section C, ne 1; Part V, Section B, line 1e; Part V, |
| | (See instructions.) | | | | · |
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| (Forr | HEDULE D n 990) ment of the Treasury | Complete if the orga Part IV, line 6, 7, 8, 9, 10 | Al Financial Statements nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12 ttach to Form 990. | | | OMB No. 154 202 Open to | 22 |
|-------|--|---|---|------------|--------------|-------------------------------|--------|
| | I Revenue Service | |) for instructions and the latest information | | | Inspectio | |
| Nam | e of the organizati | | | | | identification | |
| De | t l Organiza | PACIFIC BATTLESHIP | | | | 6-39347 | |
| Pa | | ations Maintaining Donor Advised n answered "Yes" on Form 990, Part IV, lin | | or Acco | ounts. (| Complete if the | 9 |
| | organizatio | Transwered Tes Offform 990, Partiv, inf | (a) Donor advised funds | (b) | Eunde and | l other accour | te |
| | Tatalanaharata | | (a) Donor advised funds | (0) | Funus and | I ULITET ACCOUR | |
| 1 | | nd of year | | | | | |
| 2 | | f contributions to (during year) | | | | | |
| 3 | | f grants from (during year) | | | | | |
| 4 | | t end of year | | 6 | | | |
| 5 | - | on inform all donors and donor advisors in v | - | | | Vee | |
| 6 | | on's property, subject to the organization's | | | | Yes | └── No |
| 6 | | on inform all grantees, donors, and donor a loses and not for the benefit of the donor o | | | | | |
| | | ate benefit? | | | • | Yes | No |
| Pa | | ation Easements. Complete if the org | | | | | |
| 1 | | servation easements held by the organization | | <u>u</u> , | | | |
| • | | of land for public use (for example, recrea | | a historio | cally import | ant land area | |
| | | f natural habitat | Preservation of | | | | |
| | | n of open space | | | | | |
| 2 | | through 2d if the organization held a qualif | ied conservation contribution in the form c | of a conse | ervation ea | sement on the | e last |
| | day of the tax year | | | | | t the End of the | |
| а | Total number of co | onservation easements | | [: | 2a | | |
| b | | | | | 2b | | |
| с | Number of conser | vation easements on a certified historic stru | ucture included in (a) | | 2c | | |
| d | Number of conser | vation easements included in (c) acquired a | fter July 25,2006, and not on a | | | | |
| | historic structure I | isted in the National Register | | | 2d | | |
| 3 | Number of conser | vation easements modified, transferred, rele | eased, extinguished, or terminated by the | organizat | tion during | the tax | |
| | year | | | | | | |
| 4 | Number of states | where property subject to conservation eas | ement is located | | | | |
| 5 | 0 | tion have a written policy regarding the per | | | | | |
| | | orcement of the conservation easements it | | | | Yes | No |
| 6 | Staff and voluntee | r hours devoted to monitoring, inspecting, | handling of violations, and enforcing conse | ervation e | easements | during the year | ar |
| | | | | | | | |
| 7 | Amount of expens | es incurred in monitoring, inspecting, hand | ling of violations, and enforcing conservation | ion easer | ments durir | ng the year | |
| ~ | | | | | | | |
| 8 | | vation easement reported on line 2(d) abov | | | | | |
| ~ | and section 170(h) | | | | | Yes | └── No |
| 9 | | be how the organization reports conservation | | | | ha | |
| | | d include, if applicable, the text of the footn | ore to the organization's financial stateme | mis that (| uescribes t | | |
| Pa | rt III Organization s acc | ounting for conservation easements. ations Maintaining Collections of | Art. Historical Treasures. or Oth | her Sim | nilar Ass | ets. | |
| | | f the organization answered "Yes" on Form | | | | | |
| 12 | | elected, as permitted under FASB ASC 95 | | nd haland | e sheet w | orks | |
| 14 | 0 | easures, or other similar assets held for pub | · · | | | | |
| | , | Part XIII the text of the footnote to its finar | | | | | |
| b | | elected, as permitted under FASB ASC 95 | | | heet works | of | |
| | - | sures, or other similar assets held for public | | | | | |
| | - | ing amounts relating to these items: | | | . pablic 66 | , | |
| | | | | | \$ | | |
| | ., nevenue molu | | | | ··· ¥ | | |

| | (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 | de |
| | the following amounts required to be reported under FASB ASC 958 relating to these items: | |
| а | Revenue included on Form 990, Part VIII, line 1 | \$ |
| b | Assets included in Form 990, Part X | \$ |

Schedule D (Form 990) 2022

| PartIL Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the organization's accussion, and other records, check any of the following that make significant use of its contractions in the sequence of the sequenc | Sche | | BATTLESHIP | | | | 26-39 | 3474 | 2 р | age 2 |
|---|--------|---|------------------------------|-----------------------|--------------------|--------------|-----------------|-----------------|---------|--------------|
| colection terms (check all that apply): d Loan or exchange program a Poble exhibition d Loan or exchange program b Scholarly research e Other | Par | t III Organizations Maintaining C | ollections of Art, | Historical Tre | asures, or O | ther Sin | nilar Asset | s (conti | nued) | |
| a Public exhibition d Can or exchange program b Scholary research 0 Other | 3 | Using the organization's acquisition, accession | on, and other records | , check any of the f | ollowing that ma | ke signific | ant use of its | | | |
| b Scholary research e Other c Prevention for future generations Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid the organization assets to be solid to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 980, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. It is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 980, Part X, line 21. It is a list the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 980, Part X, line 21. It is a list the organization submit the year c Beginning balance It is a list organization include an amount on Form 980, Part X, line 21. for secret or custodial account liability? Yes No b If 'Yes' explain the arrangement in Part XIII. Check here if the organization answered 'Yes' on Form 980, Part X, line 21. It is a list organization include an amount on Form 980, Part X, line 21. It is a list organization answered 'Yes' on Form 980, Part X, line 10. Part V Endowment If Dadds. Complet if the organization narswered 'Yes' on Form 980, Part X, line 10. It is a list organization include an amount | | collection items (check all that apply): | | | | | | | | |
| c Preservation for future generations 4 Provide a description of the organization is collections and explain how they three the organization's exempt purpose in Part XIII. 5 During the year, did the organization is collections and explain how they three the organization's exempt purpose in Part XIII. 6 Perit MI Exercise and Custodial Arrangements. Compute if the organization answered "Yes" on Form 980, Part K, line 9. 7 reported an amount on Form 990, Part X, line 21. 1a 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Amount 1a Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Computer intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Computer intermediary for contributions account liability? 2 Dotine organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Computer intermediary for part X in Part XIII. Check here if the explanation has been provided on Part XIII Image: Computer intermediary for part X in Part XII. Check here if the explanation has been provided on Part XIII Image: Computer intermediary for part X in Part XII. Check here if the organization for more 900, Part X ine 10. 6 Contributions Image: Computer in the organization has | а | Public exhibition | d | Loan or exc | hange program | | | | | |
| Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection? Part W Excrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 980, Part IV, line 9, or reported an amount on Form 980, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X? Segmining balance Intermediate the following table: Amount Intermediate the part of the organization answered "Yes" on Form 980, Part X In 2 bit the organization include an amount on Form 980, 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 on Part XIII Part W Endowment Funds. Complete if the organization answered "Yes" on Form 980, Part X, line 21, for escrow or custodial account liability? Part W Endowment Funds. Complete if the organization include an endowment (0) Prive years back (0) There years back (0) Four years back Genston Scholarships Other expenditures for facilities ad programs 24, 310. 334. Genston Scholarships Other expenditures for facilities ad programs 24, 252. Genston Scholarships Test in the precentage of the current year and balance (ine 19, column (a)) held as: Board designated organization in the possession of the organization that are held and administered for the organization by: Other expenditures for facilities ad programs 24, 252. Genston Scholarships Test mendowment (100 %6 Pervise the estimated precentage of the current Year on Dalance (ine 19, column (a)) held as: | b | Scholarly research | е | Other | | | | | | |
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| reported an amount on Form 930, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 930, Part X? No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount 1d 1d a diditions during the year 1d 1a Did through year 1b 1d 2b Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability/ Yes No bit "Yes,' explain the arrangement in Part XIII: Check here if the expanization answered 'Yes' on Form 980, Part IV, line 10. Image: Check here if the expanization answered 'Yes' on Form 980, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 980, Part IV, line 10. Image: Check here if the expanization answered 'Yes' on Form 980, Part IV, line 10. 1a Beginning of year balance 607, 474. Image: Check here if the expanization answered 'Yes' on Form 980, Part IV, line 10. 1a Garants or scholarships 24, 310. 934. Image: Check here if the expanization answered 'Yes' on Form 980, Part IV, line 10. 2 Provide the estimated percentage of the current year end balance (line 19, column (a)) held as: Baad din and programs Image: Check here | | | | | | | | | | No |
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| b If "Yes," explain the arrangement in Part XIII and complete the following table: | 1a | | | | | | | _ | | _ |
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| f Ending balance | | | | | | | | | | |
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| c Net investment earnings, gains, and losses -24,310. 934. | ы | | , | 607 474 | | | | | | |
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| e Other expenditures for facilities and programs | с А | | | | | | | | | |
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| f Administrative expenses 2,252. 684,326. 608,408. g End of year balance 684,326. 608,408. 0 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 100 % b Permanent endowment % % % % c Term endowment % % % f(i) Unrelated organizations % % % ii) Related organizations 3a(i) X iii) Related organizations 3a(ii) X iii) Related organizations 3a(iii) X iii) Related organizations listed as required on Schedule R? 3b 4 Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, | e | - | | | | | | | | |
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| 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment% b Permanent endowment% c Term endowment% The percentages on 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: (i) Unrelated organizations | | | | 608 408. | | | | | | |
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| c Term endowment % The percentages on 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: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Rook value (d) Rook value | b | | | | | | | | | |
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| organization by: Yes No (i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b 3b Part VI Land, Buildings, and Equipment. (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value Description of property (a) Cost or other basis (other) depreciation 4 372,055. 1a Land 4,252,401. 3,880,346. 372,055. 372,055. d Equipment 4,429,734. 3,265,630. 1,164,104. e Other 613,181. 216,727. 396,454. | 3a | | · · · · · · · | ion that are held ar | d administered f | for the | | | | |
| (ii) Related organizations 3a(ii) X b If "Yes" on line 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. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 4.252,401.3,880,346.372,055. 372,055. d Equipment 4,429,734.3,265,630.1,164,104. e Other 613,181.216,727.396,454. | | | 0 | | | | | | Yes | No |
| (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3c < | | (i) Unrelated organizations | | | | | | 3a(i) | Х | |
| b If "Yes" on line 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" on 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 1a Land | | | | | | | | 3a(ii) | | X |
| Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on 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 1a Land | b | | | | | | | 3b | | |
| Complete if the organization answered "Yes" on 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 | 4 | | | ment funds. | | | | | | |
| Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land | Par | t VI Land, Buildings, and Equipm | ent. | | | | | | | |
| basis (investment) basis (other) depreciation 1a Land | | Complete if the organization answere | d "Yes" on Form 990, | Part IV, line 11a. S | ee Form 990, Pa | rt X, line 1 | 0. | | | |
| b Buildings 4,252,401. 3,880,346. 372,055. c Leasehold improvements 4,429,734. 3,265,630. 1,164,104. e Other 613,181. 216,727. 396,454. | | Description of property | | | | . , | | (d) Boo | k valu | е |
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| d Equipment 4,429,734. 3,265,630. 1,164,104. e Other 613,181. 216,727. 396,454. | | | | | | | | | | |
| | | | | | | 3,265 | ,630. | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | | | | | | | |
| | Tota | . Add lines 1a through 1e. (Column (d) must e | <u>qual Form 990, Part X</u> | , column (B), line 10 | 0c.) | | | 1,93 | 2,6 | 13. |

Schedule D (Form 990) 2022

| Part VII | Investments - O | ther Securitie | es. | |
|------------|-----------------|----------------|------------|--------|
| Schedule D | (Form 990) 2022 | PACIFIC | BATTLESHIP | CENTER |

| Complete if the organization answered "Yes" o | n Form 990, Part IV, line | e 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 | J-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" o | n Form 990, Part IV, line | e 11c. See Form 990, Part X, line 13. | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | J-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" o | n Form 990, Part IV, line | e 11d. See Form 990, Part X, line 15. | |
| (a) [| Description | | (b) Book value |
| (1) SHOP MATERIALS | | | 61,030. |
| (2) DEPOSITS | | | 19,795. |
| (3) OTHER ASSETS | | | 4,236. |
| (4) RIGHT OF USE ASSET | | | 517,537. |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | 15.) | | 602,598. |
| Part X Other Liabilities. | | | |
| Complete if the organization answered "Yes" o | n Form 990, Part IV, line | e 11e or 11f. See Form 990, Part X, line 25 | |
| 1. (a) Description of liability | | | (b) Book value |
| (1) Federal income taxes | | | |
| (2) SBA EIDL | | | 2,000,000. |
| (3) LEASE | | | 625,653. |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line. | 25) | | 2,625,653. |
| | <u>-0.,</u> | | , , |

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

| Sche | edule D (Form 990) 2022 PACIFIC BATTLESHIP CENT | ER | : | 26-3 | 3934742 Page 4 |
|------|---|---------------|----------------|-------|----------------|
| Par | rt XI Reconciliation of Revenue per Audited Financial Sta | tements With | | | <u> </u> |
| | Complete if the organization answered "Yes" on Form 990, Part IV, li | ne 12a. | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 5,499,084. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | -96,339. | | |
| b | Donated services and use of facilities | 2b | | | |
| с | Recoveries of prior year grants | | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | -96,339. |
| 3 | Subtract line 2e from line 1 | | | 3 | 5,595,423. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| с | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12 | .) | | 5 | 5,595,423. |
| Pa | rt XII Reconciliation of Expenses per Audited Financial St | atements With | Expenses per R | eturr | า. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, li | ne 12a. | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 6,035,575. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| с | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | | 3 | 6,035,575. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| с | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 | | | 5 | 6,035,575. |
| Pa | rt 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.

PART V, LINE 4:

| IN ACCORDANCE WITH THE INVESTMENT POLICY, THE OBJECTIVES OF THE ENDOWMENT |
|--|
| FUNDS ARE TO PROVIDE A TOTAL RETURN THAT, OVER THE LONG TERM, EXCEEDS |
| INFLATION AND MAXIMIZES THE INVESTMENT RETURN ON ASSETS SUBJECT TO A LEVEL |
| OF RISK DEEMED APPROPRIATE BY THE ORGANIZATION. THE ORGANIZATION SEEKS TO |
| MITIGATE THE IMPACT OF LOSSES IN SINGLE INVESTMENTS OR WITH SINGLE |
| INVESTMENT MANAGERS BY SETTING AND FOLLOWING AN ASSET ALLOCATION POLICY. |
| |

PART X, LINE 2:

PBC FOLLOWS THE PROVISIONS OF FASB ASC 740, INCOME TAXES. ACCORDINGLY, PBC

ACCOUNTS FOR UNCERTAIN TAX POSITIONS BY RECORDING A LIABILITY FOR

UNRECOGNIZED TAX BENEFITS RESULTING FROM UNCERTAIN TAX POSITIONS TAKEN, OR 232054 09-01-22 Schedule D (Form 990) 2022

| | IC BATTLESHIP CENTER | 26-3934742 Page 5 | | | | | | | |
|---------------------------------------|-----------------------------------|-------------------|--|--|--|--|--|--|--|
| Part XIII Supplemental Information (c | continued) | | | | | | | | |
| EXPECTED TO BE TAKEN, IN | ITS TAX RETURNS. PBC RECOGNIZES T | HE EFFECT OF | | | | | | | |
| INCOME TAX POSITIONS ONLY | IF THOSE POSITIONS ARE MORE LIKE | LY THAN NOT OF | | | | | | | |
| BEING SUSTAINED BY THE AP | | | | | | | | | |
| BELIEVE THAT ITS INCOME T. | AX RETURNS INCLUDE ANY UNCERTAIN | TAX POSITIONS | | | | | | | |
| AND ACCORDINGLY, HAS NOT | RECORDED A LIABILITY FOR UNRECOGN | IZED TAX | | | | | | | |
| BENEFITS IN THE ACCOMPANY | ING FINANCIAL STATEMENTS. | | | | | | | | |

| SCHEDULE G | Suppleme | ntal Information Regarding | Fund | Iraisi | ng or Gaming A | ctivi | ties | OMB No. 1545-0047 |
|--|--|--|------------------------------|---|--|--------|---|---|
| (Form 990) | | e organization answered "Yes" on organization entered more than \$1 | | | | r 19, | or if the | 2022 |
| Department of the Treasury | | Attach to Form 990 | or Form | n 990 | -EZ. | | | Open to Public |
| Internal Revenue Service | | o www.irs.gov/Form990 for instru | ctions | and t | ne latest informatio | n | | Inspection |
| Name of the organization | | | | | | | | entification number |
| | | BATTLESHIP CENTER | | | | | 26-393 | |
| | complete this par | Complete if the organization answe t. | ered "Y | 'es" or | n Form 990, Part IV, I | ine 17 | ′. Form 990-E | Z filers are not |
| a X Mail solicitat b Internet and c Phone solici d In-person so | tions email solicitations tations licitations | s f ── Solicita g ── Special | tion of tion of fundra | non-g gover aising | overnment grants nment grants events | | | |
| key employees list | ed in Form 990, P highest paid indiv | or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu organization. | rofessi | onal fi | undraising services? | | X Ye | |
| (i) Name and addres or entity (func | | (ii) Activity | fund have c or cor | Did raiser sustody ntrol of utions? | (iv) Gross receipts from activity | tò (c | Amount paid r retained by) undraiser ed in col. (i) | (vi) Amount paid to (or retained by) organization |
| FUNDRAISING STRATEC | | DIRECT MAIL | Yes | No X | 523,341. | | 424,947 | . 104,000. |
| | | | | | , | | , | , |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| Total | | n is registered or licensed to solicit (| | | 523,341. | | 424,947 | |

or licensing.

AL, AK, CA, CO, CT, DC, FL, GA, HI, KS, ME, MD, MS, MI, MN, NH, NM, NY, NC, ND, OH, OK, OR, PA, RI SC, UT, VA, WA, WV, WI, AR, NJ, MA, LA, TX, NV, MO, KY, IL, TN PACIFIC BATTLESHIP CENTER

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

| | | of fundraising event contributions and gr | | | | |
|-----------------|---|--|---|--|--------------------|--|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through |
| | | | (event type) | (event type) | (total number) | col. (c)) |
| Revenue | | | | | | |
| eve | 1 | Gross receipts | | | | |
| æ | | | | | | |
| | 2 | Less: Contributions | | | | |
| | | | | | | |
| | 3 | Gross income (line 1 minus line 2) | | | | |
| | 4 | Cash prizes | | | | |
| | - | | | | | |
| | 5 | Noncash prizes | | | | |
| ses | | | | | | |
| suac | 6 | Rent/facility costs | | | | |
| Direct Expenses | | | | | | |
| rect | 7 | Food and beverages | | | | |
| ā | | Entortoinment | | | | |
| | 8 | Entertainment Other direct expenses | | | | |
| | 10 | Direct expense summary. Add lines 4 throug | h 9 in column (d) | | | |
| | 11 | Net income summary. Subtract line 10 from | () | | | |
| Pa | ırt I | • • • • • • • • • • • • • • • • • | answered "Yes" on Forr | n 990, Part IV, line 19, or i | reported more than | |
| | | \$15,000 on Form 990-EZ, line 6a. | 1 | | | |
| е | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Revenue | | | | | | |
| Re | 1 | Gross revenue | | | | |
| | | | | | | |
| s | 2 | Cash prizes | | | | |
| ense | | | | | | |
| Expenses | 3 | Noncash prizes | | | | |
| Direct [| | Rent/facility costs | | | | |
| Dire | 4 | | | | | |
| | _ | | | | | |
| | 5 | Other direct expenses | | | | |
| | 5 | Other direct expenses | Yes % | • Yes % | Yes% | |
| | | Other direct expenses Volunteer labor | Yes% | ∑ Yes% | ☐ Yes % No | |
| | | Volunteer labor | No | | | |
| | | Volunteer labor | No | | No | |
| | 6 7 | Volunteer labor Direct expense summary. Add lines 2 throug | h 5 in column (d) | No | No | |
| | 6 | Volunteer labor Direct expense summary. Add lines 2 throug | h 5 in column (d) | No | No | |
| 9 | 6 7 8 | Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 | h 5 in column (d) | No | No | |
| | 6 7 8 Ent | Volunteer labor Direct expense summary. Add lines 2 throug | h 5 in column (d) | No | □ No | YesNo |
| а | 6 7 8 Ent | Volunteer labor Direct expense summary. Add lines 2 throug <u>Net gaming income summary. Subtract line 7</u> ter the state(s) in which the organization condu | h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ ctivities in each of these | No No states? | □ No | Yes No |
| а | 6 7 8 Ent | Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu | h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ ctivities in each of these | No No states? | □ No | Yes No |
| a b | 6 7 8 1 Is t | Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- the organization licensed to conduct gaming a No," explain: | h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ ctivities in each of these | States? | □ No | |
| a b 10a | 6 7 8 1 Is t 1 Is t 0 If " | Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- the organization licensed to conduct gaming a No," explain: | h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ ctivities in each of these | states? | □ No | |
| a b 10a | 6 7 8 1 Is t 1 Is t 0 If " | Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- the organization licensed to conduct gaming a No," explain: | h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ ctivities in each of these | states? | □ No | |

| Sch | edule G (Form 990) 2022 | PACIFIC | BATTLESHIP CENTER | 26-393 | 34742 | Page 3 |
|-----|-------------------------------------|---------------------|---|-------------------|------------|----------|
| 11 | Does the organization conduct ga | iming activities w | th nonmembers? | | Yes | No |
| 12 | Is the organization a grantor, bene | eficiary or trustee | of a trust, or a member of a partnership or other entity formed | I | | |
| | to administer charitable gaming? | | | [| Yes | No No |
| | Indicate the percentage of gaming | | | | | |
| | | | | | 3a | % |
| | | | | | 3b | % |
| 14 | Enter the name and address of th | e person who pre | pares the organization's gaming/special events books and rec | ords: | | |
| | Name | | | | | |
| | Name | | | | | |
| | Address | | | | | |
| | | | | Г | | |
| 15a | a Does the organization have a con | tract with a third | party from whom the organization receives gaming revenue? | L | Yes | └── No |
| ł | If "Yes," enter the amount of gam | ing revenue rece | ved by the organization \$ and the | amount | | |
| | of gaming revenue retained by the | | | | | |
| c | If "Yes," enter name and address | | | | | |
| | | | | | | |
| | Name | | | | | |
| | Address | | | | | |
| | | | | | | |
| 16 | Gaming manager information: | | | | | |
| | Name | | | | | |
| | | | | | | |
| | Gaming manager compensation | \$ | | | | |
| | | | | | | |
| | Description of services provided | | | | | |
| | | | | | | |
| | | _ | | | | |
| | Director/officer | Employee | Independent contractor | | | |
| 17 | Mandatory distributions: | | | | | |
| | • | state law to mak | e charitable distributions from the gaming proceeds to | | | |
| - | • | | | | Yes | No No |
| ł | | | ate law to be distributed to other exempt organizations or spe | | | |
| _ | organization's own exempt activit | | | | | |
| Pa | | | e the explanations required by Part I, line 2b, columns (iii) and | (v); and Part III | , lines 9, | 9b, 10b, |
| | 15b, 15c, 16, and 17b, as | applicable. Also | provide any additional information. See instructions. | | | |
| sr | HEDULE G. PART T | LINE 2B | LIST OF TEN HIGHEST PAID FUNDR | AISERS | | |
| | | | | 11101110. | | |
| | | | | | | |
| / - | | | | | | |
| (1 |) NAME OF FUNDRAIS | SER: FUND | RAISING STRATEGIES, INC. | | | |
| (I |) ADDRESS OF FUNDE | RAISER: | | | | |
| | | | | | | |
| 14 | 20 SPRING HILL ROA | AD SUITE | 420, TYSONS CORNER, VA 22102 | | | |
| | | | | | | |
| | | | | | | |
| PA | RT I, LINE 2B, COL | LUMN (V): | | | | |
| ът | DECE MATE TO ONE | | OF OUD ODCANTZANTONAL MULTIT VE | ירייזים מאי | | NC |

| DIRECT | MAIL | IS (| ONE | COMP | ONENT | OF | OUR | ORGANIZAT: | ION | JAL | MULTI- | -YEAF | R FUNDRAISING |
|--------|------|------|-----|------|-------|------|------|------------|-----|-----|--------|-------|---------------|
| STRATE | GY. | EACH | DIR | ECT | MAIL | CAMP | AIGN | REQUIRES | Α | SIG | NIFICA | ANT U | JPFRONT |

| Schedule G (Form 990) PACIFIC BATTLESHIP CENTER | 26-3934742 Page 4 |
|---|-----------------------|
| Part IV Supplemental Information (continued) | |
| INVESTMENT. THE DIRECT MAIL CAMPAIGNS ARE CRITICAL TO OUR | ABILITY TO |
| IDENTIFY AND CULTIVATE MAJOR DONORS, AND IS VIEWED AS A DO | NOR ACQUISITION |
| COST. THE \$443,096 SHOWN IN COLUMN V INCLUDES \$395,606 OF | DIRECT COSTS |
| (MAILING, PRINTING, DESIGN, MARKETING, MAILING LIST ACQUIS | SITION), AND |
| \$47,490 OF AGENCY FEES. | |
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| | Schedule G (Form 990) |
| | |

| SCI | HEDULE J | Compensation Information | 1 | OMB No. 15 | 45-0047 |
|-----|------------------------|---|---------------------|------------|-----------|
| (Fo | rm 990) | For certain Officers, Directors, Trustees, Key Employees, and Highest | | 202 | 22 |
| | | Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. | | | |
| | tment of the Treasury | Attach to Form 990. | | Open to | |
| | al Revenue Service | Go to www.irs.gov/Form990 for instructions and the latest information. | | Inspec | |
| Nam | e of the organizatior | PACIFIC BATTLESHIP CENTER | Employer iden 26-39 | | |
| Pa | rt I Question | s Regarding Compensation | 20-39 | J4/44 | |
| | | | | | Yes No |
| 1a | Check the appropri- | ate box(es) if the organization provided any of the following to or for a person listed on Form | 990 | | |
| 14 | | line 1a. Complete Part III to provide any relevant information regarding these items. | 000, | | |
| | First-class or c | | naluse | | |
| | Travel for com | | | | |
| | | ation and gross-up payments I Health or social club dues or initiation fee | | | |
| | | spending account Personal services (such as maid, chauffe | | | |
| | , | · · · · · · · · · · · · · · · · · · · | , , | | |
| b | If any of the boxes | on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | • | rovision of all of the expenses described above? If "No," complete Part III to explain | | 1b | |
| 2 | | n require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | | rs, including the CEO/Executive Director, regarding the items checked on line 1a? | | 2 | |
| | | | | | |
| 3 | Indicate which, if an | ny, of the following the organization used to establish the compensation of the organization's | \$ | | |
| | CEO/Executive Dire | ector. Check all that apply. Do not check any boxes for methods used by a related organization | on to | | |
| | establish compensa | ation of the CEO/Executive Director, but explain in Part III. | | | |
| | Compensation | o committee Written employment contract | | | |
| | Independent c | ompensation consultant Compensation survey or study | | | |
| | Form 990 of of | ther organizations X Approval by the board or compensation of | ommittee | | |
| | | | | | |
| 4 | During the year, did | any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a re | • | | | |
| а | | e payment or change-of-control payment? | | <u>4a</u> | X |
| b | | eive payment from a supplemental nonqualified retirement plan? | | | XX |
| С | - | eive payment from an equity-based compensation arrangement? | | 4c | X |
| | If "Yes" to any of lin | nes 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | 0.1 | | | | |
| - | |)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | n | | |
| ~ | contingent on the re | | | 50 | x |
| | | ation? | | 5a 5b | |
| | | ation? | | 55 | |
| | | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | n | | |
| U | contingent on the n | | /1 | | |
| а | • | | | 6a | X |
| | | ation? | | 6b | X |
| ~ | | or 6b, describe in Part III. | | 5.0 | |
| 7 | | on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | 3 | | |
| - | | les 5 and 6? If "Yes," describe in Part III | | 7 | X |
| 8 | | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th | | - | |
| - | | | | 8 | X |
| 9 | | id the organization also follow the rebuttable presumption procedure described in | | _ | |
| - | Regulations section | | | 9 | |
| LHA | | eduction Act Notice, see the Instructions for Form 990. | | J (Form | 990) 2022 |

| Schedule J (Form 990) 2022 PACIFIC BATTLESHIP CENTER 26-3934742 | D I C | BATTLESHIP | CENTER | | 26-3934742 | 742 | | Page 2 |
|--|------------|--|---|---|-----------------------------------|---|------------------------------------|---|
| For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII. | orm 9 | yees, and mynes, o borted on Schedule J 990, Part VII. | , report compensati | on from the organization | ation on row (i) and fron | hade is record. In related organizations | s, described in the instr | uctions, on row (ii). |
| 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. | ed inc | lividual must equal th | ie total amount of Fc | orm 990, Part VII, Se | ection A, line 1a, applic | able column (D) and (E | :) amounts for that indiv | idual. |
| | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | -2 and/or 1099-MISC compensation | and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) |
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) JONATHAN WILLIAMS | (i) | 160,696. | .0 | 12,000. | .0 | .0 | 172,696. | 0 |
| PRESIDENT & CEO | (ii) | .0 | .0 | •0 | 0. | •0 | •0 | .0 |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | Ξ | | | | | | | |
| | (ii) | | | | | | | |
| | Ξ | | | | | | | |
| | <u>(i)</u> | | | | | | | |
| | Ξ | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | Ξ | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | <u>(i)</u> | | | | | | | |
| | Ξ | | | | | | | |
| | (ii) | | | | | | | |
| | Ξ | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | Ξ | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | | | | | | | Schedu | Schedule J (Form 990) 2022 |

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| Schedule J (Form 990) 2022 | PACIFIC BATTLESHIP CENTER | 26-3934742 | Page 3 |
|--------------------------------------|--|--------------------------------------|-----------|
| Part III Supplemental Information | | | |
| Provide the information, explanation | 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. | part for any additional information. | |
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| | | Schedule J (Form 990) 2022 | 990) 2022 |

| SCHEDUL | EL | | Tra | insactior | ns V | Vith | Interested | Persons | | | 10 | MB No | 1545-004 | 17 |
|---|---------------------|----------------------------|--------------|---|----------|-------------------|---|-------------------------|-------------|----------|-----------|------------------|----------------|----------|
| (Form 990) | | Complete if t | he or | - | | | | IV, line 25a, 25b, 26, | , 27, 2 | 8a, | | 2 | N 2 | 2 |
| | | | | | | | -EZ, Part V, line 38a 90 or Form 990-EZ. | | | | • | | | |
| Department of the T nternal Revenue Se | | Got | to ww | | | | ructions and the lat | | | | | pen To spect | | lic |
| lame of the o | rganizatior | า | | | | | | | Em | ploye | r ident | ificati | on nui | mber |
| | | | | ATTLESHI | | | | | | | 347 | 42 | | |
| Part I E | Excess E | Benefit Trans | acti | ons (section 50 | 01(c)(3 |), secti | ion 501(c)(4), and se | ction 501(c)(29) orgai | nizatic | ons on | ly). | | | |
| C | Complete if | f the organizatior | n ansv | vered "Yes" on F | Form 9 | 90, Pa | art IV, line 25a or 25b | o, or Form 990-EZ, Pa | art V, I | ine 40 | b. | | | |
| 1 (a) Name | of disquali | fied person | (b) F | Relationship bet | | | ified (e | c) Description of tran | sactio | n | | | Correc | |
| () | | | | person and organization (C) Description of tran | | | | | | | | | es | No |
| | | | | | | | | | | | | — | | |
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| section 4 | 958 | | | - | | | | | | | | | | |
| | amount o | rtax, ir ariy, or in | 10 2, | | cuby | | Jani2ation | | | Ψ | | | | |
| Part II L | .oans to | and/or Fron | n Int | erested Pers | sons. | | | | | | | | | |
| c | Complete if | f the organizatior | n ansv | vered "Yes" on F | Form § | 90-EZ | , Part V, line 38a or F | Form 990, Part IV, line | e 26; d | or if th | e orga | nizatio | on | |
| r | eported ar | amount on Forr | n 990 | | | | | | | | 10. 1 4 - | | | |
| | ame of ed person | (b) Relatio with organi | | | fror | an to or n the | (e) Original principal amount | (f) Balance due | (g) defa |) In | bv bo | proved ard or | (i) W agree | ritten |
| Intereste | eu person | with organi | Ζαιιυπ | Orioan | <u> </u> | zation? | | | Yes | | cómm | | - | |
| JEFF LA | MBERT | T - BOARD | ME | WORKING | To X | From | 250,000. | 113,850. | res | No X | Yes X | No | Yes X | No |
| | | EACBOARD | | WORKING | X | | 250,000. | 22,850. | | X | X | <u> </u> | X | |
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Total

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|-------------------------------|---------------------------|
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2022

136,700.

\$

Yes No

| Schee | dule L (Form 990) 2022 PACIFI | C BATTLESHIP CENTER | | 26-3934 | 742 | Page 2 |
|------------|--|---|------------------------------|--|---------|---------------|
| Par | t IV Business Transactions Involvi | ng Interested Persons. | | | | |
| | Complete if the organization answered | | | () > | (e) Sh | aring of |
| | (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | òrģaniz | zation's |
| | | | | | Yes | nues? |
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| Par | | | | | | |
| | Provide additional information for respo | nses to questions on Schedule L (see i | nstructions). | | | |
| SCH | EDULE L, PART II, LOANS | TO AND FROM INTERES | TED PERSONS | : : | | |
| <u></u> | | | | • | | |
| (A) | NAME OF PERSON: JEFF L | AMBERTI - FORMER BOA | RD MEMBER | | | |
| (-) | | | | | | |
| <u>(B)</u> | RELATIONSHIP WITH ORGAN | NIZATION: BOARD MEMB | ER | | | |
| (C) | PURPOSE OF LOAN: WORKI | NG CAPITAL | | | | |
| <u></u> | | | | | | |
| (D) | LOAN TO OR FROM ORGANI | ZATION? = TO | | | | |
| (11) | ODICINAL ODINCIDAL ANOL | | DALANCE DUE | 1 Å 112 OFO | | |
| <u>(E)</u> | ORIGINAL PRINCIPAL AMO | JNI Ş 250,000. (F) | BALANCE DUE | <u>\$ 113,850.</u> | | |
| (G) | LOAN IN DEFAULT? = NO | | | | | |
| | | | | | | |
| (H) | APPROVED BY BOARD OR CO | OMMITTEE? = YES | | | | |
| (I) | WRITTEN AGREEMENT? = Y | 70 | | | | |
| (1) | WRITTEN AGREEMENT: = I | Q2 | | | | |
| | | | | | | |
| | | | | | | |
| (A) | NAME OF PERSON: REBECC | A S. BEACH | | | | |
| (B) | RELATIONSHIP WITH ORGAN | NTZATION. BOARD SECR | FTARV | | | |
| | KEDATIONDIII WIII OKGA | MIDATION: DOARD BEEK | | | | |
| (C) | PURPOSE OF LOAN: WORKI | NG CAPITAL | | | | |
| (-) | | | | | | |
| (D) | LOAN TO OR FROM ORGANI | 2ATION? = TO | | | | |
| (E) | ORIGINAL PRINCIPAL AMO | JNT \$ 250,000. (F) | BALANCE DUE | \$ 22,850. | | |
| <u> </u> | | | | , , , , , , , , , , , , , , , , , , | | |
| (G) | LOAN IN DEFAULT? = NO | | | | | |
| / \ | | | | | | |
| <u>(H)</u> | APPROVED BY BOARD OR CO | JUMITTEE: = IES | | | | |
| (I) | WRITTEN AGREEMENT? = YI | ES | | | | |
| . , | | | | | | |
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SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. Employer identification number

OMB No. 1545-0047

PACIFIC BATTLESHIP CENTER

SHIP CENTER 26-3934742

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

NAVY'S ROLE IN INTERNATIONAL RELATIONS, FREE TRADE, HUMANITARIAN

ASSISTANCE, AND TECHNOLOGICAL INNOVATION.

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

PROMOTE COMMUNITY AND BUSINESS DEVELOPMENT TO STRENGTHEN THE

NEIGHBORHOODS SURROUNDING THE PORT OF LOS ANGELES.

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

THE 990 IS REVIEWED BY THE CEO, THE CFO, THE CONTROLLER, AND THE AUDIT

COMMITTEE. UPON COMPLETION OF ITS REVIEW, THE AUDIT COMMITTEE FORWARDS FORM

990 TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO THE FILING OF THE RETURN.

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

COI REPORTS ARE SUBMITTED ANNUALLY AND REVIEWED BY THE CFO, WHO REPORTS ALL VARIANCES OR ISSUES TO THE CHAIRMAN, SECRETARY, AUDIT COMMITTEE CHAIR, AND CEO.

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

THE BOARD SETS CEO'S AND CFO'S SALARIES; THE CEO SETS OTHER KEY EMPLOYEES' SALARIES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AK,CA,CO,CT,DC,FL,GA,HI,KS,ME,MD,MS,MI,MN,NH,NY,NC,ND,OH,OK,OR,PA,RI,SC UT,VA,WA,WV,WI,AR,NJ,LA,TX,NV,MO,KY,IL,TN

| Schedule O (Form 990) 2022 | Page 2 |
|--|---|
| Name of the organization PACIFIC BATTLESHIP CENTER | Employer identification number 26-3934742 |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC VIA OUR WEBSITE | , |
| WWW.PACIFICBATTLESHIP.COM. | |
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