Form **990**

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

2023

Open to Public

Department of the Treasury

and ending A For the 2023 calendar year, or tax year beginning C Name of organization D Employer identification number Check if applicable: Address change PACIFIC BATTLESHIP CENTER Name change 26-3934742 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 250 SOUTH HARBOR BLVD. BERTH 87 877-446-9261 6,657,715. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return SAN PEDRO, CA 90731 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ROSS O'BRIEN Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.PACIFICBATTLESHIP.COM H(c) Group exemption number K Form of organization: X Corporation Association Other L Year of formation: 2008 M State of legal domicile; CA Part I Summary Briefly describe the organization's mission or most significant activities: IGNITE CURIOSITY, CONNECT Activities & Governance COMMUNITIES AND SHARE AMERICA'S ROLE IN MARITIME PEACE/PROSPERITY 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 15 3 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 12 4 91 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 1136 6 381 069. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 2,741,009, 3,064,742. Contributions and grants (Part VIII, line 1h) 8 Revenue 2,782,660. 3,289,964. Program service revenue (Part VIII, line 2g) 40,502 86,085. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 31,252 12,643. 11 5,595,423 6,453,434. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,645,271. 3,093,556. 16a Professional fundraising fees (Part IX, column (A), line 11e) 449,071. 437 279. **b** Total fundraising expenses (Part IX, column (D), line 25) 2,941,233. 3,233,777. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 6,035,575. 6,764,612. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -440,152. -311,178. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 20, 7,231,032, 6,879,850. Total assets (Part X, line 16) 3,386,605, 3,161,863. 21 Total liabilities (Part X, line 26) ₽E 3,844,427. 3,717,987. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ROSS O'BRIEN, TREASURER/CFO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature NANAZ BENYAMINI NANAZ BENYAMINI 10/02/24 P00666808 Paid SINGERLEWAK LLP 95-2302617 Preparer Firm's name Firm's EIN Firm's address 2010 MAIN ST., STE 300 Use Only Phone no.949-261-8600 IRVINE, CA 92614

No

Yes

May the IRS discuss this return with the preparer shown above? See instructions

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Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	TO IGNITE CURIOSITY, CONNECT COMMUNITIES, AND ENHANCE UNDERSTANDING OF	
	AMERICA'S ROLE IN MARITIME PEACE AND PROSPERITY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
_	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	* .
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	ai expenses, and
 4а	revenue, if any, for each program service reported. (Code:) (Expenses \$ 3,539,945. including grants of \$) (Revenue \$	1,521,548.)
44	MUSEUM OPERATIONS - BATTLESHIP IOWA IS A COMMUNITY ANCHOR ON THE LA	1,321,310.
	WATERFRONT, GENERATING TOURISM AND ECONOMIC ACTIVITY IN OUR LOCAL	
	TOWNS, RESULTING IN A BETTER QUALITY OF LIFE FOR RESIDENTS MANY OF WHOM	
	ARE SMALL BUSINESS OWNERS, BATTLESHIP IOWA HAS GROWN TO BECOME A	
	CULTURAL ICON AS AN INCLUSIVE VENUE TO GATHER AND INTERACT WITH PEOPLE	
	OF DIVERSE BACKGROUNDS AND AGES.	
4b		1,274,707.
	VETERANS PROGRAM - OUR VETERANS PROGRAM, KNOWN AS VETERANS WEST, SERVES	
	APPROXIMATELY 25,000 FORMER SERVICE MEMBERS, OF ALL AGES AND BRANCHES,	
	ANNUALLY, VETERANS WEST OPERATES OUT OF THE VETERANS RESOURCE CENTER	
	ABOARD BATTLESHIP IOWA, A PLACE WHERE SERVICE MEMBERS AND THEIR	
	FAMILIES ARE WELCOMED AND RESPECTED, WHERE THEY CAN SOCIALIZE, ENJOY	
	THE CAMARADERIE OF OTHER VETERANS IN A UNIQUE SETTING, AND BENEFIT FROM A VARIETY OF PROGRAMS AND ACTIVITIES TO HELP THEM RE-CONNECT AND	
	RE-ENGAGE IN A CIVILIAN WORLD. CURRENTLY, ABOUT HALF OF OUR VOLUNTEER	
	CREW IS COMPOSED OF VETERANS.	
	CREW 15 COMICODED OF VETERAND.	
4c	(Code:) (Expenses \$ 418,350. including grants of \$) (Revenue \$	493,709.)
	EDUCATIONAL PROGRAMS - THE PACIFIC BATTLESHIP CENTER UTILIZES THE	, ,, ,
	IN-SITU ENVIRONMENT OF BATTLESHIP IOWA TO ADDRESS NATIONAL EDUCATION	
	DEFICIENCIES AND SPARK INTEREST IN STEM, HISTORY, CIVICS, AND	
	LEADERSHIP THROUGH INNOVATIVE EDUCATION AND MUSEUM PROGRAMS. ON	
	AVERAGE, 20,000 STUDENTS ARE SERVED ANNUALLY THROUGH FIELD TRIP AND	
	OVERNIGHT PROGRAMS.	
4d	Other program services (Describe on Schedule O.)	
_	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 5,030,076.	C 000 (0000)
		Form 990 (2023)

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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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	١	v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			.,
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)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Λ
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	170		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-:-		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u>"</u>		
••	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	_ _		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
			200	

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Form 990 (2022)	PACIFIC BATTLESHIP	CENTER
		cklist of Required Schedules	

	· (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	<u> NO</u>
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
25 a	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%		х	
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Λ	
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% controlle	I		х
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
2	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
_	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M		Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	I		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			v
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		30		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	34	.03	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
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Form 990			BATTLESHIP			26-3934742
Part V	St	atements Regarding	Other IRS	Filings and Tax Compliance	(continued)	

				Y	/es	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	91			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2	b i	х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		. 3	a :	х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	<u>3</u>	b :	х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4	a		Х
b	If "Yes," enter the name of the foreign country		_			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	counts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5	ia		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction					Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		. 5	ic		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit				
	any contributions that were not tax deductible as charitable contributions?		. 6	ia		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
_	were not tax deductible?		6	b		
7	Organizations that may receive deductible contributions under section 170(c).				.	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser				X X	
b			7	b ·	^	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required	_			Х
	to file Form 8282?	7d	7	С		Λ
d	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	•	\dashv ,	e		Х
f	Did the organization receive any lunds, directly of indirectly, to pay premiums on a personal benefit contra		¨ _	'f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		—	g		
h	If the organization received a contribution of qualified intellectual property, and the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
			8	в		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the appropriate constitution and the second distribution and the second and the second		9	а		
b				b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a	_			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12	2a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	_			
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?		. 13	3a		
h	Note: See the instructions for additional information the organization must report on Schedule O.					
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c	_			
	Did the second district of the second of the	190	14	1a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		—			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		·· '-	-		
	excess parachute payment(s) during the year?		1	5		Х
	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?	_ 1	6		Х
	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 act	rivities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		. <u> 1</u>	7		
	If "Yes," complete Form 6069.					

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

	Check if Schoolule O contains a response or note to any line in this Part VI			Х
Sec	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			
000	tion A. Governing body and Management		V	NI-
4.	Enter the number of voting members of the governing body at the end of the tax year 15		Yes	No
ıa	Elitor are maribel of veiling members of the governing body at the one of the tax year.			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			77
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		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 have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
-	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?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedAL,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)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	y/		
	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	finan	rial	
13	statements available to the public during the tax year.	miail	Jal	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	ROSS O'BRIEN - 877-446-9261			
	250 SOUTH HARBOR BLVD, BERTH 87, SAN PEDRO, CA 90731			
	200 DOOTH MIRDOR DEEVE, DEATH OF, DAN LEDNO, CA 30/31			

Form 990 (2023) PACIFIC BATTLESHIP CENTER 26-3934742 Page 7

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.

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

- 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.

Page	(A) Name and title	(B) Average hours per	(do box	not c	Pos heck	ition	than o	one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
Resident/Ceo		(list any hours for related organizations below	director	trustee		employee			the organization (W-2/1099-MISC/	organizations (W-2/1099-MISC/	compensation from the organization and related
C1		40.00	-								
X			Х		Х				170,496.	0.	0.
CHIEF OPERATING OFFICER		40.00	-							_	_
X							X		151,061.	0.	0.
(4) ROSS O'BRIEN		40.00	-							_	
X							X		113,754.	0.	26,246.
S		20.00	-							_	_
BOARD CHAIRMAN			Х		Х				80,501.	0.	0.
Columbia Columbia	•	10.00									
Name			Х	_	Х				0.	0.	0.
Tanya acker		5.00									
BOARD DIRECTOR			Х		Х				0.	0.	0.
(8) LCDR KEN HAGIHARA, USN (RET.) 5.00 BOARD DIRECTOR X 0. 0. 0. (9) DOUGLAS HERMAN 5.00 0. 0. 0. 0. 0. BOARD DIRECTOR X 0. 0. 0. 0. 0. (10) CRAIG JOHNSON 5.00 X 0. 0. 0. 0. BOARD DIRECTOR X 0. 0. 0. 0. 0. (11) DAN KEHL 5.00 X 0.		5.00	-							_	_
BOARD DIRECTOR			Х						0.	0.	0.
SOURCE S	,	5.00									
BOARD DIRECTOR		5 00	Х						0.	0.	0.
Comparison Com		5.00	ł								
BOARD DIRECTOR			Х	_					0.	0.	0.
DOARD DIRECTOR		5.00									
BOARD DIRECTOR			Х						0.	0.	0.
South Sout		5.00	-							_	_
BOARD DIRECTOR			Х						0.	0.	0.
Solution		5.00									
BOARD DIRECTOR			Х						0.	0.	0.
(14) BRUCE DD MAC RAE BOARD DIRECTOR (15) VADM JOHN MORGAN, USN (RET.) BOARD DIRECTOR (16) FLTCM JOANN ORTLOFF, USN (RET.) BOARD DIRECTOR (17) E. SCOTT PALMER 5.00 X 0. 0. 0. 0. 0. 0. 0. 0.		5.00	-							_	_
BOARD DIRECTOR X 0. 0. 0. (15) VADM JOHN MORGAN, USN (RET.) 5.00 X 0. 0. 0. BOARD DIRECTOR X 0. 0. 0. 0. BOARD DIRECTOR X 0. 0. 0. 0. (17) E. SCOTT PALMER 5.00 0. 0. 0. 0. 0.			Х						0.	0.	0.
(15) VADM JOHN MORGAN, USN (RET.) 5.00		5.00	-								
BOARD DIRECTOR X 0. 0. 0 (16) FLTCM JOANN ORTLOFF, USN (RET.) 5.00 0. 0. 0. 0. BOARD DIRECTOR X 0. 0. 0. 0. 0. (17) E. SCOTT PALMER 5.00 0.			Х						0.	0.	0.
(16) FLTCM JOANN ORTLOFF, USN (RET.) 5.00		5.00	-								
BOARD DIRECTOR X 0. 0. 0 (17) E. SCOTT PALMER 5.00 .			Х	_		_	_		0.	0.	0.
(17) E. SCOTT PALMER 5.00		5.00	1_								
			Х	_			<u> </u>		0.	0.	0.
BOARD DIRECTOR X 0. 0. 0		5.00	1_								
^^^	BOARD DIRECTOR		Х					<u> </u>	0.	0.	0. Form 990 (2022)

332007 12-21-23 Form **990** (2023)

1 01111 000 (2020)	TLESHIP CENT	ER							26-3934/4	<u> </u>	Р	age o
Part VII Section A. Officers, Directors, Tr	ustees, Key Em	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average hours per week	box	not c , unle:	ss per	more rson i	than o s both or/trust	an an	Reportable compensation from	Reportable compensation from related	1	stimate mount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	org ar	npensa from th ganizat id relat anizati	ne tion ted
		_										
		_										
		_										
		_										
		_										
		_										
1b Subtotal								515,812.	0.		26,	246.
c Total from continuation sheets to Part								0.	0.			0.
d Total (add lines 1b and 1c)								515,812.	0.		26,	246.
2 Total number of individuals (including bu compensation from the organization	not limited to th	iose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable			3
											Yes	No
3 Did the organization list any former offic line 1a? If "Yes," complete Schedule J fo	such individual									3		х
A Proposition to all the second on the second of the secon		1			42	1	- 41-					

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

the organization. Report compensation for the calendar year ending with or with		
(A)	(B)	(C)
Name and business address	Description of services	Compensation
CHICK RUSSELL & COMPANY, 140 SOUTH LAKE		
AVENUE, SUITE 203, PASADENA, CA 91101	DESIGN SERVICES	149,016.
LONG BEACH BUILDING MAINTENANCE, 2698		
JUNIPERO AVE, STE 114, SIGNAL HILL, CA	BUILDING MAINTENANCE	105,442.
2 Total number of independent contractors (including but not limited to those lister	d above) who received more than	

Form 990 (2023)

\$100,000 of compensation from the organization

26-3934742

Form 990 (2023) PACIFIC BAY
Part VIII Statement of Revenue

		Check if Schedule O contains a respons	se or note to any lin	e in this Part VIII			
		<u> </u>	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lunction revenue	business revenue	sections 512 - 514
ည ည	1:	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b					
2 8		c Fundraising events 1c					
ifts ar A		d Related organizations 1d					
s, Bilki		e Government grants (contributions) 1e	25,000.				
Š		f All other contributions, gifts, grants, and					
bet		similar amounts not included above 1f	3,039,742.				
Ę Ż		g Noncash contributions included in lines 1a-1f	34,648.				
Col		h Total. Add lines 1a-1f		3,064,742.			
			Business Code				
ø.	2	a ADMISSIONS	713990	2,970,188.	2,772,595.	197,593.	
Š		b COMMISSIONS	713990	183,476.		183,476.	
Sel		c SPONSORSHIPS	713990	115,800.			115,800.
Program Service Revenue		d FILMING REVENUE	713990	20,500.			20,500.
ogr B		e					
P.	•	f All other program service revenue					
		g Total. Add lines 2a-2f		3,289,964.			
	3	Investment income (including dividends, into	erest, and				
		other similar amounts)		89,166.			89,166.
	4						
	5	,					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a					
	-	b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
	7	a Gross amount from sales of (i) Securities					
		assets other than inventory 7a 201,20	0.				
		b Less: cost or other basis					
Jue		and sales expenses 7b 204,28					
ě.		c Gain or (loss)					
her Revenue		d Net gain or (loss)		-3,081.			-3,081.
	8	a Gross income from fundraising events (not					
Ò		including \$ of					
		contributions reported on line 1c). See					
		· · · · · · · · · · · · · · · · · · ·	3a				
			3b				
		c Net income or (loss) from fundraising events	·				
	9	a Gross income from gaming activities. See					
		· · · · · · · · · · · · · · · · · · ·	9a				
			9b				
		c Net income or (loss) from gaming activities a Gross sales of inventory, less returns					
	10	-	0a				
			0b				
		c Net income or (loss) from sales of inventory	•				
			Business Code				
sno	11 :	a MISCELLANEOUS INCOME	900099	12,643.			12,643.
Miscellaneous Revenue		b		·			,
ella		с					
lisc		d All other revenue					
		e Total. Add lines 11a-11d		12,643.			
	12			6,453,434.	2,772,595.	381,069.	235,028.

332009 12-21-23

26-3934742

Part IX | Statement of Functional Expenses

_	Check if Schedule O contains a respons	e or note to any line in the (A)	nis Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		25- 215		
	trustees, and key employees	550,679.	367,046.	46,276.	137,357
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,162,404.	1,732,342.	189,704.	240,358
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	125 225	440.070	40.050	45.050
9	Other employee benefits	137,395.	110,070.	12,053.	15,272
10	Payroll taxes	243,078.	193,154.	19,539.	30,385
11	Fees for services (nonemployees):				
а	Management	55.000		55.000	
b	Legal	57,820.		57,820.	
С	Accounting	36,073.		36,073.	
d	Lobbying	30,000.		30,000.	
е	Professional fundraising services. See Part IV, line 17	437,279.			437,279
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	421,685.	420,086.	47.000	1,599
13	Office expenses	70,148.	38,842.	17,808.	13,498
14	Information technology	185,229.	145,916.	12,047.	27,266
15	Royalties	500.000	454 544	40.404	
16	Occupancy	503,898.	454,544.	42,121.	7,233
17	Travel	75,520.	36,205.	27,123.	12,192
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	07.060	П 406	10 121	645
19	Conferences, conventions, and meetings	27,262.	7,486.	19,131.	645
20	Interest	65,609.		65,609.	
21	Payments to affiliates	400.055	465 262	12.246	12.246
22	Depreciation, depletion, and amortization	489,855.	465,363.	12,246.	12,246
23	Insurance	96,584.	87,267.	4,464.	4,853
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	EVENT AND PROGRAM SERVI	739,616.	565,815.	55,659.	118,142
b	MAITENANCE & EQUIPMENT	336,581.	335,889.	261.	431
С	COST OF GOODS SOLD - SH	43,269.	43,269.		
d	MISCELLANEOUS	39,272.	11,426.	16,792.	11,054
е	All other expenses	15,356.	15,356.		
25	Total functional expenses. Add lines 1 through 24e	6,764,612.	5,030,076.	664,726.	1,069,810
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)				

Form 990 (2023) Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,851,234.	1	1,752,399
	2	Savings and temporary cash investments			463,125.	2	227,709
	3	Pledges and grants receivable, net	478,807.	3	390,984		
	4	Accounts receivable, net			86,072.	4	102,472
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-	stantial c	ontributor, or 35%			
		controlled entity or family member of any of these persons				5	
	6	Loans and other receivables from other disqua	lified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sect	tion 4958(c)(3)(B)		6	
S.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			2,047.	8	0
۲	9	Description of the second second state of the second			81,676.	9	81,679
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	9,265,283.			
	b	Less: accumulated depreciation	10b	7,412,634.	1,932,613.	10c	1,852,649
	11	Investments - publicly traded securities			1,732,860.	11	1,978,138
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	602,598.	15	493,820		
	16	Total assets. Add lines 1 through 15 (must eq	ual line 3	3)	7,231,032.	16	6,879,850
	17	Accounts payable and accrued expenses			450,645.	17	468,895
	18	Grants payable				18	
	19	Deferred revenue			63,495.	19	43,330
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub-	stantial c	ontributor, or 35%			
jab		controlled entity or family member of any of the	ese perso	ons	136,700.	22	101,850
-	23	Secured mortgages and notes payable to unre				23	_
	24	Unsecured notes and loans payable to unrelate			110,112.	24	56,757
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24).	Complete Part X			
		of Schedule D			2,625,653.		2,491,031
	26				3,386,605.	26	3,161,863
g		Organizations that follow FASB ASC 958, ch	eck here	X			
)Ce		and complete lines 27, 28, 32, and 33.			2 267 201		2 224 204
alar	27	Net assets without donor restrictions			2,367,381.	27	2,234,294
Ä	28	Net assets with donor restrictions			1,477,046.	28	1,483,693
ב ב		Organizations that do not follow FASB ASC	958, che	ck here			
유		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
μ¥	31	Retained earnings, endowment, accumulated i			2 044 407	31	2 717 007
ž	32	Total net assets or fund balances			3,844,427.	32	3,717,987
	33	Total liabilities and net assets/fund balances			7,231,032.	33	6,879,850 Form 990 (202

Form	1990 (2023) PACIFIC BATTLESHIP CENTER	26-393474	12	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u> .		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6	,453,	434.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	,764,	612.
3	Revenue less expenses. Subtract line 2 from line 1	3		-311,	178.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	,844,	427.
5	Net unrealized gains (losses) on investments	5		160,	393.
6	Donated services and use of facilities	6		24,	345.
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	,717,	987.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

ZUZ3Open to Public

Inspection

Name of the organization **Employer identification number** PACIFIC BATTLESHIP CENTER 26-3934742 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,481,758.	2,144,175.	4,628,575.	2,741,009.	3,064,742.	14,060,259.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,481,758.	2,144,175.	4,628,575.	2,741,009.	3,064,742.	14,060,259.
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)						47,542.
6	Public support. Subtract line 5 from line 4.						14,012,717.
	etion B. Total Support						,,
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	1,481,758.	2,144,175.	4,628,575.	2,741,009.	3,064,742.	14,060,259.
	Gross income from interest,	, , ,	, , .	, , -	, , .	, , ,	, , , -
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			449.	40,502.	89,166.	130,117.
٥					10,302.	05,100.	
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital			102,178.	31,252.	12,643.	146,073.
	assets (Explain in Part VI.)			102,170.	31,232.	12,043.	14,336,449.
	Total support. Add lines 7 through 10	-1- (i1				40	11,448,941.
	Gross receipts from related activities,	•	,			12	11,440,541.
13	First 5 years. If the Form 990 is for th	· ·		•		. , . ,	
<u>Sa</u>	organization, check this box and stop						
	Public support percentage for 2023 (li			olumn (f)\		14	97.74 %
						15	
	Public support percentage from 2022 33 1/3% support test - 2023. If the contract of the contra						
10a		-					
_	stop here. The organization qualifies a		•			or mare shook thi	
D	33 1/3% support test - 2022. If the condition have						
47-	and stop here. The organization quali						
1/a	10% -facts-and-circumstances test	-					
	and if the organization meets the facts			=		_	
	meets the facts-and-circumstances te	-	•	• • •	-	7 II 4F i	
b	10% -facts-and-circumstances test	-					u% or
	more, and if the organization meets th				-		
40	organization meets the facts-and-circu		-				
18	Private foundation. If the organization	n aid not check a b	oox on line 13, 16a	i, 16b, 1/a, or 17b,	, cneck this box ai		Form 990) 2023

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

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

Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and						
, , , , , , , , , , , , , , , , , , , ,	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
membership fees received. (Do not include any "unusual grants.")						,
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	(a) 2019	(b) 2020	(0) 2021	(u) 2022	(6) 2023	(i) iotai
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is requirely certified on.						
11 Net income from unrelated business activities not included on line 10b,						
 11 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 						
 11 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.) 		rst, second, third,	fourth, or fifth tax y	year as a section s	501(c)(3) organizatio	on,
 11 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 check this box and stop here 	the organization's fi	· · · · · · · · · · · · · · · · · · ·	<i>'</i>	•	(/ (/)	<i>'</i> —
 11 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 check this box and stop here 	the organization's fi	· · · · · · · · · · · · · · · · · · ·	<i>'</i>	•	(/ (/)	<i>'</i>
 11 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 check this box and stop here Section C. Computation of Pub 15 Public support percentage for 2023 	the organization's file Support Per (line 8, column (f), column (f	centage livided by line 13, o	(0)	•	15	%
 11 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 check this box and stop here Section C. Computation of Pub 15 Public support percentage for 2023 16 Public support percentage from 202 	the organization's file Support Per (line 8, column (f), column (f	rcentage ivided by line 13, o	(0)			%
 11 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 check this box and stop here Section C. Computation of Pub 15 Public support percentage for 2023 16 Public support percentage from 202 Section D. Computation of Investigation 	lic Support Per (line 8, column (f), co 2 Schedule A, Part stment Income	rcentage livided by line 13, of lll, line 15 Percentage	column (f))		15 16	%
 11 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 check this box and stop here Section C. Computation of Pub 15 Public support percentage for 2023 16 Public support percentage from 202 Section D. Computation of Investment income percentage for 202 	the organization's fine Support Per (line 8, column (f), column (f), column the state of the sta	rcentage livided by line 13, of lill, line 15 Percentage mn (f), divided by li	column (f)) ne 13, column (f))		15 16	% %
 11 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 check this box and stop here Section C. Computation of Pub 15 Public support percentage for 2023 16 Public support percentage from 202 Section D. Computation of Inve 17 Investment income percentage from 202 18 Investment income percentage from 	the organization's fine Support Per (line 8, column (f), column (f	rcentage livided by line 13, of lll, line 15 Percentage mn (f), divided by li Part III, line 17	column (f)) ne 13, column (f))		15 16 17 18	% % %
 11 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 check this box and stop here Section C. Computation of Pub 15 Public support percentage for 2023 16 Public support percentage from 202 Section D. Computation of Inve 17 Investment income percentage from 202 18 Investment income percentage from 19a 33 1/3% support tests - 2023. If the 	the organization's file Support Per (line 8, column (f), column (f	rcentage livided by line 13, of the line 15 Percentage mn (f), divided by li Part III, line 17 not check the box	ne 13, column (f))	e 15 is more than 3	15 16 17 18 33 1/3%, and line 17	% % %
 11 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 check this box and stop here Section C. Computation of Pub 15 Public support percentage for 2023 16 Public support percentage from 202 Section D. Computation of Investment income percentage from 202 18 Investment income percentage from 19a 33 1/3% support tests - 2023. If the more than 33 1/3%, check this box and 100 percentage from 19a 33 1/3% support tests - 2023. 	lic Support Per (line 8, column (f), colum	rcentage livided by line 13, of the line 15 Percentage mn (f), divided by line 17 not check the box organization quali	ne 13, column (f)) on line 14, and line fies as a publicly s	e 15 is more than 3	15 16 17 18 33 1/3%, and line 17	% % % % % % % % % % % % % % % % % % %
 11 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 check this box and stop here Section C. Computation of Pub 15 Public support percentage for 2023 16 Public support percentage from 202 Section D. Computation of Inve 17 Investment income percentage from 202 18 Investment income percentage from 19a 33 1/3% support tests - 2023. If the 	lic Support Per (line 8, column (f), colum	rcentage livided by line 13, or lill, line 15 Percentage mn (f), divided by line 17 not check the box or organization qualitation check a box or	ne 13, column (f)) on line 14, and line fies as a publicly s	e 15 is more than 3 upported organiza	15 16 17 18 33 1/3%, and line 17 ation 20 21 21 23, and 17 ation 20 21 21 21 22 22 22 22 22 22 22 22 22 22	% % % % % % % not

332023 12-21-23

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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.)

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.)

Yes No 1 2 За 3b Зс 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9с 10a 10b

Page 4

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	estruction	15)	
2	Activities Test. Answer lines 2a and 2b below.	ou douor	Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	94		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_ 7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2023

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exe	mpt 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	es 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 (describe in Part VI). See instructions.		6					
7	Total annual distributions. Add lines 1 through 6.		7					
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions.		8					
9	Distributable amount for 2023 from Section C, line 6		9					
10	Line 8 amount divided by line 9 amount		10					
		(i)	(ii)	(iii)				
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023				
1	Distributable amount for 2023 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2023 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2023							
a	From 2018							
b	From 2019							
c	From 2020							
d	From 2021							
e	From 2022							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
<u>h</u>	Applied to 2023 distributable amount							
<u>i</u>	Carryover from 2018 not applied (see instructions)							
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2023 from Section D,							
	line 7: \$							
<u>a</u>	Applied to underdistributions of prior years							
<u>b</u>	Applied to 2023 distributable amount							
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2023, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2023. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2024. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
	Excess from 2019							
	Excess from 2020							
	Excess from 2021							
u	Excess from 2022 Excess from 2023							

Schedule A (Form 990) 2023

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

 Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization **Employer identification number** PACIFIC BATTLESHIP CENTER 26-3934742 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures Volunteer hours for political campaign activities Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ______\$ ____ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No 4a Was a correction made? Yes Nο b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2023

	rt II-A Complete if the organi section 501(h)).	zation is exer	npt under section	n 501(c)(3) and file	d Form 5768 (ele	ection under
	Check if the filing organization expenses, and share of	excess lobbying	expenditures).		group member's nam	e, address, EIN,
В	Check if the filing organization Limits of (The term "expenditur	n Lobbying Expe	nditures		(a) Filing organization's totals	(b) Affiliated group totals
12	Total lobbying expenditures to influence	e public opinion (araseroots lobbying)			
	Total lobbying expenditures to influence		to Addition at the leader of the self-			
	Total lobbying expenditures (add lines	•				
	Other exempt purpose expenditures					
	Total exempt purpose expenditures (ac					
	Lobbying nontaxable amount. Enter the					
	If the amount on line 1e, column (a) or (b)		bying nontaxable am			
	not over \$500,000,		the amount on line 1e			
	over \$500,000 but not over \$1,000,000	, \$100,00	00 plus 15% of the exc	ess over \$500,000.		
	over \$1,000,000 but not over \$1,500,0		00 plus 10% of the exc	ess over \$1,000,000.		
	over \$1,500,000 but not over \$17,000,	000, \$225,00	00 plus 5% of the exce	ss over \$1,500,000.		
	over \$17,000,000,	\$1,000,	000.			
g	Grassroots nontaxable amount (enter 2	5% of line 1f)				
h	Subtract line 1g from line 1a. If zero or	less, enter -0-				
i	Subtract line 1f from line 1c. If zero or I	ess, enter -0				
j	If there is an amount other than zero or	n either line 1h or	line 1i, did the organiz	ation file Form 4720		
	reporting section 4911 tax for this year	?				Yes No
	(Some organizations that r	nade a section 5 See the separ	ate instructions for li	have to complete all ones 2a through 2f.)	f the five columns b	elow.
		Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
с	Total lobbying expenditures					
	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)		(I	o)
of th	e lobbying activity.	Yes	No	,	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or					
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:					
а	Volunteers?		X			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X			
	Media advertisements?		X			
	Mailings to members, legislators, or the public?		X			
	Publications, or published or broadcast statements?		X	-		
	Grants to other organizations for lobbying purposes?		X			
_	Direct contact with legislators, their staffs, government officials, or a legislative body?		X			
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х			20 000
į	Other activities?	X				30,000.
j	Total. Add lines 1c through 1i		77			30,000.
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		Х			
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? † III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5) or	200	tion	
ı aı	501(c)(6).	11 30 1 (6)(0), 01	300	tion	
	551(5)(5).				Yes	No
4	Were substantially all (90% or more) dues received nondeductible by members?		Г	1		
1 2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
2	Did the organization make only inviouse lobbying expenditures of \$2,000 or less: Did the organization agree to carry over lobbying and political campaign activity expenditures from the			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section			_	tion	l
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered					3, is
	answered "Yes."					•
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political					
	expenses for which the section 527(f) tax was paid).					
а	Current year		L	2a		
b	Carryover from last year			2b		
С	Total		- 1	2c		
3	A		- 1	3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and processing the control of the reasonable estimate of nondeductible lobbying and processing the control of the reasonable estimate of nondeductible lobbying and processing the control of the reasonable estimate of nondeductible lobbying and processing the control of the reasonable estimate of nondeductible lobbying and processing the control of the reasonable estimate of nondeductible lobbying and processing the control of the reasonable estimate of nondeductible lobbying and processing the control of the reasonable estimate of nondeductible lobbying and processing the control of the reasonable estimate of nondeductible lobbying and processing the control of the con	olitical				
	expenditures next year?		L	4		
5	Taxable amount of lobbying and political expenditures. See instructions			5		
Par	t IV Supplemental Information					
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines	1 ar	nd 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.					
PART	! II-B, LINE 1, LOBBYING ACTIVITIES:					
DUR	ING 2023, THE ORGANIZATION LOBBIED THE STATE OF IOWA FOR A GRANT TO					
REST	ORE APPROXIMATELY 5,300 SQUARE FEET OF ROTTING WOODEN DECK ON THE					
01 -	NEGV OF MILE DAMMI EQUIT NIGG TOWN MIGHTM MILE THEN PAGED MILE					
01 1	DECK OF THE BATTLESHIP USS IOWA MUSEUM. THIS ITEM PASSED THE					
TECT	GI AMIDE AND MAG ADDDOVED DV MUE COVEDNOD					
пце.	SLATURE AND WAS APPROVED BY THE GOVERNOR.					

Schedule C (Form 990) 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Employer identification number

Name of the organization

PACIFIC BATTLESHIP CENTER

26-3934742 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included on line 2a 2c Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Schedule D (Form 990) 2023

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

	Tim Organizations maintaining of	oncotions of Air	, motorical me	adared, or ou	101 01111	iidi 71000ti	(contin	<u>uea)</u>	
3	Using the organization's acquisition, accession	n, and other records	s, check any of the f	ollowing that make	e significa	nt use of its			
	collection items (check all that apply).								
а	Public exhibition	d	Loan or excl	nange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	lections and explain	how they further th	e organization's e	xempt pu	rpose in Part	XIII.		
5	During the year, did the organization solicit or	receive donations o	f art, historical treas	ures, or other sim	ilar assets		_		_
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang		e if the organization	answered "Yes"	on Form 9	90, Part IV, I	ne 9, or		
	reported an amount on Form 990, Part	: X, line 21.							
1a	Is the organization an agent, trustee, custodia	ın, or other intermed	iary for contribution	s or other assets r	not includ	ed	_	_	_
	on Form 990, Part X?					L	Yes	L	_ No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the foll	owing table:		_				
							Amount	<u> </u>	
С	Beginning balance				1	С			
d	Additions during the year				<u> 1</u>	d			
е	Distributions during the year				<u> 1</u>	е			
f	Ending balance					lf	_		
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for escrow or cu	stodial account lia	ability? .	L	Yes	L	_ No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds Complete if						1		
		(a) Current year	(b) Prior year	(c) Two years bac	k (d) Thr	ee years back	(e) Four	years	back
1a	Beginning of year balance	684,326.	608,408.						
b	Contributions	101,910.	102,480.	607,474	1.				
С	Net investment earnings, gains, and losses	84,994.	-24,310.	934	1.				
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses		2,252.						
g	End of year balance	871,230.	684,326.	608,408	3.				
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	100	_%						
b	Permanent endowment	%							
С	Term endowment9	6							
	The percentages on lines 2a, 2b, and 2c should	ld equal 100%.							
За	Are there endowment funds not in the posses	sion of the organizat	tion that are held an	d administered fo	r the		_		
	organization by:							Yes	No
	(i) Unrelated organizations?						3a(i)	Х	<u> </u>
	(ii) Related organizations?						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		vment funds.						
Par	t VI Land, Buildings, and Equipme								
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line 10).			
	Description of property	(a) Cost or ot	· · ·) Accumu		(d) Book	< valu	ıe
		basis (investm	nent) basis (other)	depreciat	ion			
1a	Land								
	Buildings								
С	Leasehold improvements			,285,524.		36,141.			,383.
d	Equipment		4	,099,928.		15,164.			,764.
	Other			879,831.	23	31,329.			,502.
Total	. Add lines 1a through 1e. (Column (d) must ed	ual Form 990, Part)	K. line 10c, column	(B))			1,	852	,649.
_						Schedule	D (Form	າ 990) 2023

Schedule D (Form 990) 2023 PACIFIC BATTLESHI	P CENTER		26-3934742 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1b. 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 e	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 000 Part IV line 1	1d Soo Form 990 Part V line 15	
	Description	Tu. See Form 990, Fart A, line 15.	(b) Book value
	Description		61,030
(1)			23,795
\ - /			7,179
(0)			401,816
(7)			101,010
(5)			
(6) (7)			
• •			
(8)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(D))		493,820
Part X Other Liabilities	. (D))		155,020
Complete if the organization answered "Yes" of	on Form 990 Part IV line 1	1e or 11f See Form 990 Part X line	25
1. (a) Description of liability	5 555, 1 41617, 1110 1		(b) Book value
(1) Federal income taxes			(-) 255 74.40
(2) SBA EIDL			2,000,000
(3) LEASE			491,031
(0)			

(2) SBA EIDL 2,000,000.
(3) LEASE 491,031.
(4) (5) (6) (7) (8) (9) (9) (7) (10) must equal Form 990, Part X, line 25, col. (B)) 2,491,031.

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

Schedule D (Form 990) 2023

Sche	dule D (Form 990) 2023 PACIFIC BATTLESHIP CENTER			26-3934742	Page 4		
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	its With R	evenue per Re	turn			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements			1	6,638,172.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a	160,393.				
b	Donated services and use of facilities	2b	24,345.				
С	Recoveries of prior year grants						
d	Other (Describe in Part XIII.)	2d					
е	Add lines 2a through 2d			2e	184,738.		
3	Subtract line 2e from line 1			3	6,453,434.		
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.)				6,453,434.		
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With I	Expenses per F	Return			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total expenses and losses per audited financial statements			1	6,764,612.		
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	6,764,612.		
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					
	Add lines 4a and 4b			4c	0.		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,764,612.		
Par	t XIII Supplemental Information						
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, lines 1b ar	nd 2b; Part V, line 4	; Part X, line 2; F	art XI,		
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional informa	ation.				
PART	V, LINE 4:						
IN A	CCORDANCE WITH THE INVESTMENT POLICY, THE OBJECTIVES OF THE EN	DOWMENT					
FUND	S ARE TO PROVIDE A TOTAL RETURN THAT, OVER THE LONG TERM, EXCE	EDS					
INFL	ATION AND MAXIMIZES THE INVESTMENT RETURN ON ASSETS SUBJECT TO	A LEVEL					
OF R	ISK DEEMED APPROPRIATE BY THE ORGANIZATION, THE ORGANIZATION S	EEKS TO					
MITI	GATE THE IMPACT OF LOSSES IN SINGLE INVESTMENTS OR WITH SINGLE						
INVE	STMENT MANAGERS BY SETTING AND FOLLOWING AN ASSET ALLOCATION P	OLICY.					
PART	X, LINE 2:						
PACIFIC BATTLESHIP CENTER FOLLOWS THE PROVISIONS OF FASB ASC 740, INCOME							
TAXE	S. ACCORDINGLY, PBC ACCOUNTS FOR UNCERTAIN TAX POSITIONS BY RE	CORDING					
A LI	ABILITY FOR UNRECOGNIZED TAX BENEFITS RESULTING FROM UNCERTAIN	TAX					

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization	mmi nauto anymno				1	dentification number
	TTLESHIP CENTER Complete if the organization answe		!!	- Farms 000 Dart IV II	26-3934	
required to complete this par		rea r	es or	i Form 990, Part IV, III	ne 17. Form 990-	EZ mers are not
Indicate whether the organization rais	e Solicitat	tion of tion of	non-g gover	overnment grants nment grants		
2 a Did the organization have a written of	art VII) or entity in connection with prividuals or entities (fundraisers) pursua	rofessi	onal fu	undraising services?	X	Yes No be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contribu	ustody itrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by fundraiser listed in col. (i)	to (or retained by)
FUNDRAISING STRATEGIES, INC.		Yes	No			
- 1420 SPRING HILL ROAD SUITE	DIRECT MAIL		Х	543,800.	384,70	1. 159,099.
Total				543,800.	384,70	1. 159,099.
3 List all states in which the organization or licensing.				or has been notified	it is exempt from	registration
AL,AK,CA,CO,CT,DC,FL,GA,HI,KS,M	E,MD,MS,MI,MN,NH,NM,NY,NC,N	D,OH,	OK,O	R,PA,RI		
SC,UT,VA,WA,WV,WI,AR,NJ,MA,LA,T	X,NV,MO,KY,IL,TN					

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

Schedule G (Form 990) 2023

SEE PART IV FOR CONTINUATIONS

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
- 1						(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Kevenue			, ,,			
ב ב ב	1	Gross receipts				
	2	Less: Contributions				
1	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
		Noncash prizes				
ß	Ŭ					
2 120	6	Rent/facility costs				
Direct Experises	7	Food and beverages				
5	8	Entertainment				
	9	Other direct expenses				
.	10	Direct expense summary. Add lines 4 through			•	
.	11	Net income summary. Subtract line 10 from I				
ar	tΙ					•
		\$15,000 on Form 990-EZ, line 6a.				
Ţ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (ad
Heveriue			(a) Birigo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (
D						
1	1	Gross revenue				
,	2	Cook prizos				
1		Cash prizes				•
thei ise:		Noncash prizes				
rect Expense:	3	Noncash prizes				
Ulrect Expense	3	Noncash prizes Rent/facility costs				
DIFECT EXPENSE:	3	Noncash prizes				
Direct Expense:	3 4 5	Noncash prizes Rent/facility costs		Yes%	Yes%	
Direct Experise:	3 4 5	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes %	No No	No No	
	3 4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes % No 15 in column (d)	No No	No No	
	3 4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes % No 15 in column (d)	No No	No No	
	3 4 5 6 7 8	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes % No n 5 in column (d)	No	No	
	3 4 5 6 7 8 Ent	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	Yes % No 1 5 in column (d) 7 from line 1, column (d)	No	No	
a	3 4 5 6 7 8 Entils to	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducts the organization licensed to conduct gaming and	Yes% No 15 in column (d) 1 from line 1, column (d) 2 ducts gaming activities:ctivities in each of these	No States?	No	
) a	3 4 5 6 7 8 Entils to	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	Yes% No 15 in column (d) 1 from line 1, column (d) 2 ducts gaming activities:ctivities in each of these	No States?	No	
a	3 4 5 6 7 8 Entils to	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducts the organization licensed to conduct gaming and	Yes% No 15 in column (d) 1 from line 1, column (d) 2 ducts gaming activities:ctivities in each of these	No States?	No	
a b	3 4 5 6 7 8 Entils till !!	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct organization licensed to conduct gaming and No," explain:	Yes% No 1 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ctivities in each of these	No States?	No No	Yes N
a b	3 4 5 6 7 8 Entils till "I	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct organization licensed to conduct gaming at No," explain: ere any of the organization's gaming licenses re	Yes% No n 5 in column (d) from line 1, column (d) ucts gaming activities: _ ctivities in each of these	states?	year?	Yes N
a b	3 4 5 6 7 8 Entils till "I	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct organization licensed to conduct gaming and No," explain:	Yes% No n 5 in column (d) from line 1, column (d) ucts gaming activities:ctivities in each of these	states?	year?	Yes N

Sch	edule G (Form 990) 2023 PACIFIC BATTLESHIP CENTER 26	0-3934/42	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	daming managor mormation.		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	I Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	—	
_	organization's own exempt activities during the tax year \$		
Pa	rt IV Supplemental Information. Provide 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.	,	
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
(I)	NAME OF FUNDRAISER: FUNDRAISING STRATEGIES, INC.		
	•		
<u>(I)</u>	ADDRESS OF FUNDRAISER:		
142	0 SPRING HILL ROAD SUITE 420, TYSONS CORNER, VA 22102		
PAR	T I, LINE 2B, COLUMN (V):		
	ECT MAIL IS ONE COMPONENT OF OUR ORGANIZATIONAL MULTI-YEAR		
r UN	DRAISING STRATEGY. EACH DIRECT MAIL CAMPAIGN REQUIRES A SIGNIFICANT		

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

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

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

PACIFIC BATTLESHIP CENTER

Employer identification number 26-3934742

OMB No. 1545-0047

Pa	Part I Questions Regarding Compensation			
			Yes	No
1 a	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form	990,		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for perso	nal use		
	Travel for companions Payments for business use of personal res	sidence		
	Tax indemnification and gross-up payments Health or social club dues or initiation feet	s		
	Discretionary spending account Personal services (such as maid, chauffed	ır, chef)		
b	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	2. Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization	on to		
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation c	ommittee		
4				
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		X
	b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b_		Х
С	c Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5		n		
	contingent on the revenues of:	_		v
	a The organization?			X
b	b Any related organization?	5b		_
_	If "Yes" on line 5a or 5b, describe in Part III.			
6		n		
_	contingent on the net earnings of:	0-		x
	a The organization?	•		X
a	b Any related organization?	<u>6b</u>		A
7	If "Yes" on line 6a or 6b, describe in Part III.			
7				x
0	not described on lines 5 and 6? If "Yes," describe in Part III			
8	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			x
O				
9	, ,			
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2023

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

For each individual whose compensation must be reported 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.

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

(A) Name and Title		(B) Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) JONATHAN WILLIAMS	(i)	170,496.	0.	0.	0.	0.	170,496.	0,	
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) DAVID CANFIELD	(i)	151,061.	0.	0.	0.	0.	151,061.	0.	
CHIEF TECHNOLOGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2023

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

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization							Em	oloyei	r ident	ificati	on nu	mber
P2	ACIFIC BATTL	ESHIP CENTER					2	5-393	34742			
Part I Excess Bene	fit Transaction	ons (section 5	01(c)(3), secti	on 501(c)(4), and sec	tion 501(c)(29) orga	nizatio	ns on	ly)			
Complete if the o	rganization ansv	vered "Yes" on	Form 9	90, Pa	rt IV, line 25a or 25b	; or Form 990-EZ, Pa	art V, I	ine 40	b.			
1 (a) Name of disqualified p	(b) F	Relationship bet			ified) Decemention of two	oosti o	_		(d)	Corre	cted?
(a) Name of disqualified p	erson	person and o	rganiza	ation	(0) Description of tran	Sactio	11		Y	es	No
(1)												
(2)												
(3)												
(4)										\perp		
(5)												
(6)												
2 Enter the amount of tax in	ncurred by the o	rganization man	agers	or disq	ualified persons duri	ng the year under						
								\$				
3 Enter the amount of tax, i	if any, on line 2,	above, reimburs	ed by	the org	anization			\$				
Death Lagranta and	/ F I+	anasta d Dani										
Part II Loans to and												
•	•				Part V, line 38a, or F	Form 990, Part IV, lin	ne 26;	or if th	ne orga	anizati	on	
reported an amou									/b\	proved		
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the	(e) Original principal amount	(f) Balance due	(g) defa) In	by bo	ard or	(i) Written agreement?	
interested person	With Organization	Orioan	<u> </u>	zation?	principal amount			Г		nittee?		1
(A) TERE I AMPEDET	DOADD ME	MODETNO	To	From	250.000	101 050	Yes	No	Yes	No	Yes	No
(1)JEFF LAMBERTI	BOARD ME	WORKING	Х		250,000.	101,850.		Х	Х		Х	
(2)			-									
(3)												
(4)			1									
(5)												
(6)												
(7)												
<u>(8)</u> (9)												
(10)												
Total	l			ļ l	I	101,850.		l		l		l
Part III Grants or Ass	sistance Ben	efiting Inter	este	Pers								
Complete if the o		•										
(a) Name of interested p	<u> </u>	(b) Relationship			(c) Amount of	(d) Type	of		le.) Purp	ose o	f
(a) Hame of interested p	,010011	interested pers			assistance	assistan				assista		
		the organiz										
(1)												
(2)								\neg				
(3)												
(4)												

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

Schedule L (Form 990) 2023

SEE PART V FOR CONTINUATIONS

(5) (6) (7) (8) (9) (10)

Schedu	le L (Form 990) 2023 PACIFIC I	BATTLESHIP CENTER		26-393474	12	Page 2
Part I		ing Interested Persons				·g- =
	Complete if the organization answered	_	8b. or 28c.			
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
					Yes	No
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Part \	_					
	Provide additional information for response	onses to questions on Schedule L. See	instructions.			
SCHEDU	LE L, PART II, LOANS TO AND FROM	INTERESTED PERSONS:				
(A) NA	ME OF PERSON: JEFF LAMBERTI - FOR	KMEK BOARD MEMBER				
/D\ DE	NAMIONGUID WIME ODGANIGAMION DO	ADD MEMBER				
(B) RE	LATIONSHIP WITH ORGANIZATION: BOA	ARD MEMBER				
/a\ ni	DDOGE OF LOAN, MODERNA CARTERI					
(C) PU	RPOSE OF LOAN: WORKING CAPITAL					
				Schedule L (Form 99	90) 2023

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

PACIFIC BATTLESHIP CENTER

Employer identification number 26-3934742

(a) (b) Number of contributions or items contributed Form 990, Part VIII, line 1g 1 Art - Works of art 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous								
1 Art - Works of art 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests	:s							
2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests								
3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests								
4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests								
5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests								
6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests								
7 Boats and planes								
8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests								
9 Securities - Publicly traded 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests								
10 Securities - Closely held stock								
11 Securities - Partnership, LLC, or trust interests								
trust interests								
12 Securities inviscend neous								
13 Qualified conservation contribution -								
14 Qualified conservation contribution - Other								
15 Real estate - Residential								
16 Real estate - Commercial								
17 Real estate - Other								
,								
24 Archeological artifacts								
, <u> </u>								
Zi Gilici (
28 Other (MATERIALS) X 1 6,403. FAIR MARKET VALUE 29 Number of Forms 8283 received by the organization during the tax year for contributions								
for which the organization completed Form 8283, Part V, Donee Acknowledgement 29								
Yes								
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it	140							
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for								
exempt purposes for the entire holding period?	х							
b If "Yes," describe the arrangement in Part II.								
24 Deep the experientian have a gift acceptance policy that you was the you into a part and any part and a catalytic time?	х							
31 Does the organization have a girt acceptance policy that requires the review of any nonstandard contributions? 31 32 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
	x							
contributions? b If "Yes," describe in Part II.								
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,								
describe in Part II.								

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

Schedule M (Form 990) 2023

332142 09-11-23 Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

PACIFIC BATTLESHIP CENTER	26-3934742
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 COMPENSATION COMMITTEE, COMPRISED OF BOARD MEMBERS, REVIEWS MARKET	
STUDIES AND COMPARABLE ORGANIZATIONS TO RECOMMEND CEO AND CFO SALARY CHANGE	
FOR FULL BOARD APPROVAL. THE CEO SETS COMPENSATION FOR KEY EMPLOYEES BASED	
ON MARKET STUDIES.	
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	
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC VIA OUR WEBSITE,	
WWW.PACIFICBATTLESHIP.COM.	

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

Schedule O (Form 990) 2023