# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Form **990** 

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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2022 calendar year, or tax year beginning SEP 1, 2022 and ending AUG 31, 2023

| В            | Check if applicable:       | C Name of organization  |           | D Employer identific         | ation number                |
|--------------|----------------------------|---|-----------|------------------------------|-----------------------------|
|              | Address<br>change          | S CINCINNATI MUSEUM ASSOCIATION   |           |                              |                             |
|              | Name                       |   |           | 31-053669                    | 5.3                         |
|              | change<br>Initial          |   | m/cuito   | E Telephone number           |                             |
|              | return<br>Final            | 953 EDEN PARK DR.   | m/suite   | 513-639-2                    |                             |
|              | return/<br>termin-<br>ated | City or town, state or province, country, and ZIP or foreign postal code  |           | G Gross receipts \$          | 48,173,179.                 |
|              | Amend                      |   |           | H(a) Is this a group re      |                             |
|              | return<br>Applica          |   | J         | for subordinates             |                             |
|              | tion<br>pending            | SAME AS C ABOVE   | •         | H(b) Are all subordinates in |                             |
| <u> </u>     | Tay.e <b>ye</b>            | mpt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or   | 527       |                              | list. See Instructions      |
|              | Website                    |   | 021       | H(c) Group exemption         | tal                         |
|              |                            |   | 1 Year (  |                              | State of legal domicile: OH |
|              |                            | Summary   | L your    | 5, 10,111a.i.d.i. = 5        | Cotato or logal dollions.   |
|              | 1 1                        | Briefly describe the organization's mission or most significant activities: THROUGH   | H TH      | POWER OF A                   | ART, WE                     |
| Governance   | (                          | CONTRIBUTE TO A MORE VIBRANT CINCINNATI BY  | INSP      | IRING ITS P                  | EOPLE AND                   |
| na           | 2                          | Check this box If the organization discontinued its operations or disposed o  | 2000      | Valid Fig.                   |                             |
| ě            | 3 1                        | Number of voting members of the governing body (Part VI, line 1a)   |           | 3                            | 39                          |
| ő            | 4 1                        | Number of independent voting members of the governing body (Part VI, line 1b)   |           | 4                            | 39                          |
| တ္           | 5                          | Total number of individuals employed in calendar year 2022 (Part V, line 2a)  |           | 5                            | 337                         |
| Activities & | 6                          | Total number of volunteers (estimate if necessary)  |           | 6                            | 189                         |
| cţj          | 7 a -                      | Total unrelated business revenue from Part VIII, column (C), line 12  |           | 7a                           | 712,494.                    |
| _            | bl                         | Net unrelated business taxable income from Form 990-T, Part I, line 11  |           | 7b                           | 276,370.                    |
|              |                            |   |           | Prior Year                   | Current Year                |
| ø.           | 8 (                        | Contributions and grants (Part VIII, line 1h)   |           | 16,274,462.                  | <u>17,934,595.</u>          |
| n            | 9 1                        | Program service revenue (Part VIII, line 2g)  |           | 226,023.                     | <u>514,066.</u>             |
| Revenue      | 10                         | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   |           | 7,807,065.                   | 6,527,878.                  |
| α            | 77 (                       | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9o, 10c, and 11e)  |           | 1,662,194.                   | 1,938,865.                  |
|              | 12                         | Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)  |           | 25,969,744.                  | 26,915,404.                 |
|              | 13 (                       | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  |           | 0.                           | 0.                          |
|              |                            | Benefits paid to or for members (Part IX, column (A), line 4)   |           | 0.                           | 0.                          |
| G.           | 15                         | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  1,198,116. |           | 8,893,465.                   | 9,868,415.                  |
| Expenses     | 16a I                      | Professional fundraising fees (Part IX, bolumn (A), line 11e)   |           | 0.                           | 0.                          |
| X            | b b                        | Total fundraising expenses (Part IX, column (D), line 25) 1,198,116   | •_        | 10 545 005                   | 40 044 054                  |
| ш            | 17                         | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  |           | 10,547,237.                  | 13,841,371.                 |
|              |                            | Total expenses. Add lines 13 17 (must equal Part IX, column (A), line 25)   |           | 19,440,702.                  | 23,709,786.                 |
|              |                            | Revenue less expenses. Subtract line 18 from line 12  |           | 6,529,042.                   | 3,205,618.                  |
| ets or       |                            |   |           | ginning of Current Year      | End of Year 263, 461, 111.  |
| SSE          | g 20                       | Total assets (Part X, line 16) Total liabilities (Part X, line 26)  | . –       | 51,362,300.                  |                             |
| Net Asse     | 21                         |   |           | 9,669,152.<br>41,693,148.    | 6,763,752.                  |
|              | 22<br>art II               | Net assets of fund balances. Subtract line 21 from line 20  | 4         | 41,093,140.                  | 230,031,333.                |
|              | - 11 - 14231000            | ties of perjury, I declare that I have examined this return, including accompanying schedules and   | i etatama | inter and to the heet of my  | knowledge and helief it is  |
|              |                            | t, and complete. Declaration of preparer (other than officer) is based on all information of which p  |           |                              | Knowledge and Delier, it is |
| Hut          | , 601166                   | t, and complete. Declaration of proparer (unior than officer) is based on an information of which p   | ρισμαισι  |                              | -2024                       |
| Sig          | ın İ                       | Signature of officer  |           | Date                         |                             |
| He           | ļ                          | LEWIS CAMERON KITCHIN, DIRECTOR   |           |                              |                             |
| 110          |                            | Type or print name and title  |           |                              |                             |
|              |                            | Print/Type preparer's name Preparer's signature   | [         | Date Check                   | PTIN                        |
| Pai          | d l                        | BRIDGET A. BUSH  BRIDGET A. BUSH  | lo        | 4/11/24 if self-employ       |                             |
|              | parer                      | Firm's name CLARK, SCHAEFER, HACKETT & CO.  | I         |                              | 1-0800053                   |
|              | Only                       | Firm's address 1 EAST 4TH STREET  |           |                              |                             |
|              | •                          | CINCINNATI, OH 45202  |           | Phone no.51                  | 3-241-3111                  |
| Ma           | y the IF                   | RS discuss this return with the preparer shown above? See instructions  |           | *************************    | X Yes No                    |
|              |                            |   |           |                              | 000                         |

| Form     | 990 (2022) CINCINNATI MUSEUM ASSOCIATION   | 31-0536653   | Page 2                                |
|----------|--|--|---------------------------------------|
| Par      | t III Statement of Program Service Accomplishments   |  |                                       |
|          |  |  |                                       |
|          | Check if Schedule O contains a response or note to any line in this Part III                                       |  | <u></u>                               |
| 1        | Briefly describe the organization's mission:   |  |                                       |
|          | THROUGH THE POWER OF ART, WE CONTRIBUTE TO A MORE VIBRANT  | CINCINNATI   |                                       |
|          | BY INSPIRING ITS PEOPLE AND CONNECTING OUR COMMUNITIES.  |  |                                       |
|          | DI INDITITIO IID FEOTIE AND COMMECTING OUR COMMONTITED.  |  |                                       |
|          |  |  |                                       |
|          |  |  |                                       |
|          | Did the examination undertake any significant we grow conjugate during the year which were not listed on the       |  |                                       |
| 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.   |  |                                       |
| •        |  |  | V N.                                  |
| 3        | Did the organization cease conducting, or make significant changes in how it conducts, any program services?       | Yes  | [▼] NO                                |
|          | If "Yes," describe these changes on Schedule O.  |  |                                       |
| 4        | Describe the organization's program service accomplishments for each of its three largest program services, as r   | neasured by expenses.  |                                       |
|          | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other | NO. OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM | 1                                     |
|          |  | ine total expenses, ar   | iu                                    |
|          | revenue, if any, for each program service reported.  |  |                                       |
| 4a       | (Code:) (Expenses \$ 19,122,056. including grants of \$ ) (Revenue   | 1,678,   | 813.)                                 |
|          | MAINTAIN AND OPERATE AN ART MUSEUM FOR THE GENERAL PUBLIC  |  | <u> </u>                              |
|          |  |  |                                       |
|          | PERMANENT EXHIBITS, SPECIAL EXHIBITS AND ONGOING EDUCATION   | MAL PROGRAM  | <u>s.</u>                             |
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|          |  |  |                                       |
| 4b       | (Code:) (Expenses \$) (Revenue   | e \$   | 1                                     |
| 40       | (Code:) (Expenses \$   | le \$  | ,                                     |
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|          |  |  |                                       |
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|          |  |  |                                       |
| 4c       | (Code:) (Expenses \$   | ie \$  | )                                     |
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|          |  |  |                                       |
| <br>4d   | Other program services (Describe on Schedule O.)   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |                                       |
| 4d       |  | )  |                                       |
|          | (Expenses \$ including grants of \$ ) (Revenue \$  | )  | · · · · · · · · · · · · · · · · · · · |
| 4d<br>4e |  | )  | 990 (2022)                            |

Form 990 (2022) CINCINNATI MUSEUM ASSOCIATION 31-0536653 Page 3
Part IV Checklist of Required Schedules

|             | ſ   |      | Yes          | No           |
|-------------|---|------|--------------|--------------|
| 1           | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?                               |      | ٠,,          |              |
|             | If "Yes," complete Schedule A   | 1    | X            |              |
| 2           | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions                                   | 2    | Х            |              |
| 3           | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for   |      |              | v            |
|             | public office? If "Yes," complete Schedule C, Part I  | 3    |              | _X_          |
| 4           | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect  |      | х            |              |
| _           | during the tax year? If "Yes," complete Schedule C, Part II   | 4    |              |              |
| 5           | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or      |      |              | Х            |
| •           | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III   | 5    |              |              |
| 6           | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to         | Γ,   | >            | Х            |
| -           | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part        | 6    |              |              |
| 7           | Did the organization receive or hold a conservation easement, including easements to preserve open space,                         | ٠,   |              | Х            |
|             | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                              | 7    |              |              |
| 8           | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete      | 8    | х            |              |
| 0           | Schedule D, Part III  |      |              |              |
| 9           | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?         |      |              |              |
|             |   | 9    |              | Х            |
| 10          | If "Yes," complete Schedule D, Part IV  | 3    |              |              |
| 10          | 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, | 10   |              |              |
| • • •       | as applicable.  |      |              |              |
| а           | Did the organization report an amount for land, buildings, and equipment in Part X, line 103 If "Yes," complete Schedule D,       |      | 80 SEE 14 1- | 5000,000,000 |
| a           | Part VI   | 11a  | x            |              |
| h           | 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            |
| c           | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total       | 112  |              |              |
| ŭ           | 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  | Х            |              |
| е           | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X             | 11e  |              | X            |
| f           | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses           |      |              |              |
|             | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? 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               |      |              |              |
|             | Schedule D, Parts XI and XII  | 12a  |              | X            |
| b           | Was the organization included in consolidated, independent audited financial statements for the tax year?                         |      |              |              |
|             | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional             | 12b  | Х            |              |
| 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  |              | X            |
|             | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,           |      |              |              |
|             | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000        |      |              |              |
|             | or more? If "Yes," complete Schedule F, Parts I and IV  | 14b  |              | X            |
| 15          | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any         |      |              |              |
|             | foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15   |              | X            |
| 16          | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to          |      |              |              |
|             | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16   |              | X            |
| 17          | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,           |      |              |              |
|             | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  | 17   |              | X            |
| 18          | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines      |      |              |              |
|             | 1c and 8a? If "Yes," complete Schedule G, Part II   | 18   | X            | <u> </u>     |
| 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   | ļ            | X            |
| <b>20</b> a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                       | 20a  | ļ            | X            |
| b           | ,   | 20b  | <u> </u>     |              |
| 21          | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or                       |      |              | 1,7          |
|             | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                                 | 21   | 000          | X            |
| 23200       | 3 12-13-22  | Form | 990          | (2022)       |

31-0536653 CINCINNATI MUSEUM ASSOCIATION Page 4 Form 990 (2022) Part IV | Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х 23 Schedule J 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 24a X Schedule K. If "No," go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I ..... 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," X 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule Deart II Х 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes, "complete Schedule L, Part III ....... Х 27 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a c 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M ... X 30 y ...... X Did the organization liquidate, terminate or dissolve and cease operations? If "Yes," complete Schedule N, Part I ...... 31 Did the organization sell, exchange, dispose of, of transfer more than 25% of its net assets? If "Yes," complete Х Schedule N, Part II ..... **▼** Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-32 /r "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X 34 X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity Х within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI ..... 37 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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 91 1a Enter the number reported in box 3 of Form 1096, Enter .0. if not applicable 0 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

Form 990 (2022)

232004 12-13-22

(gambling) winnings to prize winners?

|            |   | _               |          | Yes                                     | No           |
|------------|---|-----------------|----------|---|--------------|
| <b>2</b> a | 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  | 337             |          |   | A SEE SE     |
| b          | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  |                 | 2b       | X                                       |              |
| За         | Did the organization have unrelated business gross income of \$1,000 or more during the year?   |                 | За       | Х                                       |              |
| b          | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O   |                 | 3b       | Х                                       |              |
| 4a         | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over  | r, a            |          |   |              |
|            | financial account in a foreign country (such as a bank account, securities account, or other financial account)?  |                 | 4a       |   | X            |
| b          | If "Yes," enter the name of the foreign country   | ~~~             |          |   |              |
|            | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FB   | 4R). 🥌          | 7        |   |              |
| 5a         | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   |                 | 5a       | >                                       | X            |
| b          | ,   |                 | 5b       |   | X            |
| С          | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | <i></i>         | 5c       |   | <u> </u>     |
| 6a         | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization   | n solicit       |          |   |              |
|            | any contributions that were not tax deductible as charitable contributions?   |                 | 6a       |   | <u>X</u>     |
| b          | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts  |                 |          |   |              |
|            | were not tax deductible?  | <i>[</i> ]      | 6b       | 20120110                                | 200 100 100  |
| 7          | Organizations that may receive deductible contributions under section 170(c).   |                 |          |   |              |
| а          | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provide  | d to the payor? | 7a       | X                                       | ļ            |
| b          |   |                 | 7b       | X                                       |              |
| С          |   |                 |          | , ,                                     |              |
|            | to file Form 8282?  |                 | 7c       | 100000000000000000000000000000000000000 | X_           |
| d          |   |                 |          |   | 37           |
| e          |   |                 | 7e       |   | X            |
| f          | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  |                 | 7f       |   | X            |
| g          | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as  |                 | 7g       | <b></b>                                 |              |
| h          |   | rm 1098-C?      | 7h       |   | 120025       |
| 8          | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the  |                 |          |   | \$41.63 E.54 |
| ^          | sponsoring organization have excess business holdings at any time during the year?  |                 | 8        |   |              |
| 9          | Sponsoring organizations maintaining donor advised funds.   |                 |          |   | Pasana       |
| a<br>h     | Did the second distribution of the state of |                 | 9a<br>9b |   |              |
| b<br>10    |   |                 | 90       |   | 33333        |
| а          | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12  |                 |          |   |              |
| b          |   |                 |          |   |              |
| 11         | Section 501(c)(12) organizations. Enter:  |                 |          |   |              |
|            |   |                 |          |   |              |
| b          |   |                 |          |   |              |
| ~          | amounts due or received from them.)   |                 |          |   |              |
| 12a        | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  |                 | 12a      | -200655                                 |              |
|            | If "Yes," enter the amount of taxexempt interest received or accrued during the year  |                 |          |   |              |
| 13         | Section 501(c)(29) qualified nonprofit health insurance issuers.  |                 |          |   |              |
| а          |   |                 | 13a      |   |              |
|            | Note: See the instructions for additional information the organization must report on Schedule O.   |                 |          |   |              |
| b          | Enter the amount of reserves the organization is required to maintain by the states in which the  |                 |          |   |              |
|            | organization is licensed to issue qualified health plans  |                 |          |   |              |
| C          | Enter the amount of reserves on hand  |                 |          |   |              |
| 14a        |   |                 | 14a      |   | X            |
| b          | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O   |                 | 14b      |   |              |
| 15         | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or   |                 |          |   |              |
|            | excess parachute payment(s) during the year?  |                 | 15       |   | X            |
|            | If "Yes," see the instructions and file Form 4720, Schedule N.  |                 |          |   |              |
| 16         | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?   |                 | 16       |   | X            |
|            | If "Yes," complete Form 4720, Schedule O.   |                 |          |   |              |
| 17         | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities   |                 |          |   |              |
|            | that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  |                 | 17       | 1127-1-5                                | 1            |
|            | If "Yes," complete Form 6069.   |                 |          |   |              |
| 23200      | 05 12-13-22   |                 | Form     | 1990                                    | (2022)       |

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

|            | Check if Schedule O contains a response or note to any line in this Part VI   |          |          | X        |
|------------|---|----------|----------|----------|
| Sect       | tion A. Governing Body and Management   |          |          |          |
|            |   |          | Yes      | No       |
| <b>1</b> a | Enter the number of voting members of the governing body at the end 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 1b 39  | <i>a</i> |          |          |
| 2          | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other          |          |          |          |
|            | officer, director, trustee, or key employee?  | 2        |          | <u>X</u> |
| 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        |          | <u>X</u> |
| 4          | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                  | 4        |          | <u>X</u> |
| 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        | <u>X</u> |          |
| 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       |          | X        |
| 8          | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: |          |          |          |
| а          | The governing body?   | 8a       | X        |          |
| b          | Each committee with authority to act on behalf of the governing body?   | 8b       | Х        |          |
| 9          | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the              |          |          |          |
|            | organization's mailing address? If "Yes," provide the names and addresses on Schedule O   | 9        |          | X        |
| 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      |          | X        |
| 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      | X        |          |
| 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      | _X_      |          |
| b          |   | 12b      | X        |          |
| 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      | X        |          |
| 13         | Did the organization have a written whistleblower policy?   | 13       | X        |          |
| 14         | Did the organization have a written document retention and destruction policy?  | 14       | X        |          |
| 15         | Did the process for determining compensation of the following persons include a review and approval by independent                |          |          |          |
|            | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                 |          |          |          |
| а          | The organization's CEO, Executive Director, or top management official  | 15a      | X        |          |
| b          | Other officers or key employees of the organization   | 15b      | X        |          |
|            | If "Yes" to line 15a or 15b, describe the process 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      |          | X        |
| b          | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation      |          |          |          |
|            | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's                    |          |          |          |
|            | exempt status with respect to such arrangements?  | 16b      |          |          |
| Sec        | tion C. Disclosure  |          |          |          |
| 17         | List the states with which a copy of this Form 990 is required to be filedNONE  |          |          |          |
| 18         | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s  | only)    | availa   | ble      |
|            | for public inspection. Indicate how you made these available. Check all that apply.   |          |          |          |
|            | X Own website X 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   | financ   | cial     |          |
|            | statements available to the public during the tax year.   |          |          |          |
| 20         | State the name, address, and telephone number of the person who possesses the organization's books and records                    |          |          |          |
|            | CAROL EDMONDSON - 513-639-2925  |          |          |          |
|            | 953 EDEN PARK DR., CINCINNATI, OH 45202   |          |          |          |
| 23200      | 6 12-13-22  | Form     | 990      | (2022)   |

# 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.

| Check this box it heither the organization he | i any relateu t   | Jiyai               |                       |                |              |                              | Saic   | d any current officer, u | irector, or trusteer               |                          |
|---|-------------------|---------------------|-----------------------|----------------|--------------|------------------------------|--------|--------------------------|------------------------------------|--------------------------|
| (A)   | (B)               |                     |                       | (C<br>Posi     | <b>)</b>     |                              |        | (D)                      | (E)                                | (F)                      |
| Name and title                                | Average           | (do                 | not c                 | Posi<br>heck r | tion         | than c                       | ne     | Reportable               | Reportable                         | Estimated                |
|   | hours per         | box,                | unles                 | ss per         | son I        | s both                       | an     | compensation             | compensation                       | amount of                |
|   | week              |                     | JCI all               | u a u          | 16610        | 7003                         |        | from                     | from related                       | other                    |
|   | (list any         | trustee or director |                       |                |              |                              |        | the organization         | organizations<br>♦ (W-2/1099-MISC/ | compensation<br>from the |
|   | hours for related | e or d              | tee                   |                |              | sated                        |        | (W-2/1099-MISC/          | 1099-NEC)                          | organization             |
|   | organizations     | ruste               | 1 trus                |                | ee/          | шреп                         |        | 1099-NEC)                | 10001120)                          | and related              |
|   | below             | dual t              | institutional trustee | _              | oldm         | st co                        | h:     | 1.55525)                 |                                    | organizations            |
|   | line)             | Individual t        | ınstit                | Officer        | Key employee | Highest compensated employee | Former |                          |                                    | · ·                      |
| (1) LEWIS CAMERON KITCHIN                     | 40.00             | _                   |                       |                |              |                              |        |                          |                                    |                          |
| DIRECTOR                                      | 1.00              |                     |                       | x              |              |                              |        | 449,604.                 | 0.                                 | 40,838.                  |
| (2) DAVE LINNENBERG                           | 40.00             |                     |                       |                |              |                              | •      |                          |                                    |                          |
| CHIEF ADMINISTRATIVE OFFICER                  |                   |                     |                       | x(             |              |                              | ) ~    | 242,291.                 | 0.                                 | 18,873.                  |
| (3) CAROL EDMONDSON                           | 40.00             |                     |                       |                | 1            |                              | 7      |                          |                                    | 3                        |
| CHIEF FINANCIAL OFFICER                       | 1.00              | _                   |                       | Х              | ۵            |                              |        | 135,627.                 | 0.                                 | 21,889.                  |
| (4) TED FORREST                               | 40.00             |                     | 7                     |                |              |                              |        |                          |                                    | -                        |
| HUMAN RESOURCES DIRECTOR                      |                   |                     |                       | ) `            |              | X                            |        | 120,299.                 | 0.                                 | 9,617.                   |
| (5) KIRBY NEUMANN (TERMED 06/23)              | 40,00             | 1                   |                       |                |              |                              |        |                          |                                    |                          |
| DIRECTOR OF PHILANTHROPY                      |                   | 1))                 |                       |                |              | X                            |        | 116,678.                 | 0.                                 | 9,607.                   |
| (6) CYNTHIA AMNEUS                            | 40.00             | 7                   |                       |                |              |                              |        |                          |                                    |                          |
| CHIEF CURATOR                                 |                   | 1                   |                       |                |              | х                            |        | 102,437.                 | 0.                                 | 15,780.                  |
| (7) AMY HANSON                                | 1.00              |                     |                       |                |              |                              |        |                          |                                    |                          |
| CHAIR   | V                 | X                   |                       | х              |              |                              |        | 0.                       | 0.                                 | 0.                       |
| (8) RANCE DUKE                                | 1.00              |                     |                       |                |              |                              |        |                          |                                    |                          |
| PRESIDENT                                     |                   | X                   |                       | X              |              |                              |        | 0.                       | 0.                                 | 0.                       |
| (9) BRUCE PETRIE, JR.                         | 1.00              |                     |                       |                |              |                              |        |                          |                                    |                          |
| VICE PRESIDENT                                |                   | X                   |                       | X              |              |                              |        | 0.                       | 0.                                 | 0.                       |
| (10) DR. ANU MITRA                            | 1.00              |                     |                       |                |              |                              |        |                          |                                    |                          |
| SECRETARY                                     |                   | X                   |                       | X              |              |                              |        | 0.                       | 0.                                 | 0.                       |
| (11) ANDREW QUINN                             | 1.00              |                     |                       |                |              |                              | Π      |                          |                                    |                          |
| TREASURER                                     |                   | X                   |                       | X              |              |                              |        | 0.                       | 0.                                 | 0.                       |
| (12) AFTAB PUREVAL                            | 1.00              |                     |                       |                |              |                              |        |                          |                                    |                          |
| BOARD MEMBER                                  |                   | X                   |                       |                |              |                              |        | 0.                       | 0.                                 | 0.                       |
| (13) ANN KEBLING                              | 1.00              |                     |                       |                |              |                              |        |                          |                                    |                          |
| BOARD MEMBER                                  |                   | X                   |                       |                |              |                              |        | 0.                       | 0.                                 | 0.                       |
| (14) BARBARA WEYAND                           | 1.00              | Π                   |                       |                |              | Π                            | Γ      |                          |                                    |                          |
| BOARD MEMBER                                  |                   | X                   |                       |                |              |                              |        | 0.                       | 0.                                 | 0.                       |
| (15) CAROLYN FINKELMEIER                      | 1.00              |                     |                       |                |              |                              |        |                          |                                    |                          |
| BOARD MEMBER                                  |                   | X                   | _                     |                |              |                              |        | 0.                       | 0.                                 | 0.                       |
| (16) DAVID WOLF                               | 1.00              |                     |                       |                |              |                              |        |                          |                                    |                          |
| BOARD MEMBER                                  |                   | X                   | L                     | L              | L            | L                            | L      | 0.                       | 0.                                 | 0.                       |
| (17) DICK WILLIAMS                            | 1.00              |                     |                       |                |              |                              |        |                          |                                    |                          |
| BOARD MEMBER                                  |                   | X                   |                       | L              |              |                              | L      | 0.                       | 0.                                 | 0.                       |
| 222007 12 12 22                               |                   |                     |                       |                |              |                              |        |                          |                                    | Form 990 (2022)          |

232007 12-13-22

Form **990** (2022)

| Form 990 (2022) CINCINNA                       | TI MUSEU           | IM.                            | <u> AS</u>            | <u> 80</u> | $\overline{GT}$ | <u>A'I'</u>                     | <u>TO</u>      | N                                      | 31-05366              | <u> </u>             | Page 8          |
|--|--------------------|--------------------------------|-----------------------|------------|-----------------|---------------------------------|----------------|--|-----------------------|----------------------|-----------------|
| Part VII Section A. Officers, Directors, True  | stees, Key Emp     | oloye                          | es,                   | and        | Hig             | ghes                            | t Co           | mpensated Employee                     | s (continued)         |                      |                 |
| (A)  | (B)                |                                |                       | (C         |                 |                                 |                | (D)                                    | (E)                   | (F)                  |                 |
| Name and title                                 | Average            | (do                            | not of                | Posi       | tion            | l<br>than c                     |                | Reportable                             | Reportable            | Estima               | ited            |
|  | hours per          | box.                           | unles                 | s per      | son i           | s both                          | an             | compensation                           | compensation          | amoun                | t of            |
|  | week               | -                              | cer an                | d a di     | recto           | r/trus                          | ee)            | from                                   | from related          | othe                 | er              |
|  | (list any          | ector                          |                       |            |                 |                                 |                | the                                    | organizations         | compens              |                 |
|  | hours for related  | or di                          | 83                    |            |                 | ated                            |                | organization                           | (W-2/1099-MISC/       | from t               |                 |
|  | organizations      | ıstee                          | trust                 |            | a.              | pens                            |                | (W-2/1099-MISC/                        | 1099-NEC)             | organiza<br>and rela |                 |
|  | below              | ual tri                        | ional                 |            | ploye           | t com                           |                | 1099-NEC)                              |                       | organiza             |                 |
|  | line)              | Individual trustee or director | Institutional trustee | Officer    | Key employee    | Highest compensated<br>employee | <b>Г</b> оттег |  |                       | ) I garnze           | 100113          |
| (18) ERIC KEARNEY                              | 1.00               |                                | -                     |            | ×               |                                 |                |  | 4                     | -11                  |                 |
| BOARD MEMBER                                   |                    | X                              |                       |            |                 |                                 |                | 0.                                     | 0                     |                      | 0.              |
| (19) ERIC MUELLER                              | 1.00               |                                |                       |            |                 |                                 |                |  |                       |                      |                 |
| BOARD MEMBER                                   |                    | X                              |                       |            |                 | <u> </u>                        |                | 0.                                     | 0.                    |                      | 0.              |
| (20) GEORGE VINCENT, ESQ.                      | 1.00               |                                |                       |            |                 |                                 |                |  |                       |                      |                 |
| BOARD MEMBER                                   | 4                  | X                              |                       |            | ļ               | ļ                               |                | 0.                                     | 0.                    |                      | 0.              |
| (21) IRANETTA WRIGHT                           | 1.00               | <b>.</b> ,                     |                       |            |                 |                                 |                | 0.                                     | o.                    |                      | 0.              |
| BOARD MEMBER (22) JAKE RAGLAND                 | 1.00               | X                              |                       | -          | -               | -                               | <del> </del>   | <b>1</b>                               | 0.                    |                      | 0.              |
| BOARD MEMBER                                   | 1.00               | x                              |                       |            |                 |                                 |                | <b>6.</b>                              | 0.                    | İ                    | 0.              |
| (23) JAMES SOWAR, JR.                          | 1.00               | 122                            |                       | l          |                 | $\vdash$                        |                |  | ·                     |                      |                 |
| BOARD MEMBER                                   |                    | $\mathbf{x}$                   |                       |            |                 |                                 |                | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | 0.                    |                      | 0.              |
| (24) JOSH LORENTZ                              | 1.00               |                                |                       |            |                 |                                 |                |  |                       |                      |                 |
| BOARD MEMBER                                   |                    | X                              |                       |            |                 |                                 |                | 0.                                     | 0.                    |                      | 0.              |
| (25) JULIE BRISTOW                             | 1.00               |                                |                       |            |                 | 1                               |                |  | _                     |                      |                 |
| BOARD MEMBER                                   |                    | X                              | <u> </u>              | <u> </u>   |                 |                                 |                | 0.                                     | 0.                    | ļ                    | 0.              |
| (26) KATRINA MUNDY                             | 1.00               | ┨                              |                       | ١,         |                 |                                 |                |  |                       | ĺ                    | ^               |
| BOARD MEMBER                                   |                    | X                              |                       |            |                 |                                 | )              | 0.                                     | 0.                    | 110                  | 0.              |
| 1b Subtotal                                    |                    |                                |                       |            |                 |                                 |                | 1,166,936.                             |                       | 116,                 |                 |
| c Total from continuation sheets to Part \     |                    |                                | <b>.</b>              | <i></i>    |                 | ·····                           | ••             | 0.                                     | 0.                    | 110                  | $\frac{0}{604}$ |
| d Total (add lines 1b and 1c)                  |                    | <u> 4</u>                      |                       | 4          | <u> </u>        |                                 | ·              | 1,166,936.                             |                       | 116,                 | 604.            |
| 2 Total number of individuals (including but   | not limited to the | i <b>o</b> se                  | liste                 | d at       | oove            | e) wh                           | o re           | ceived more than \$100                 | ,000 of reportable    |                      | 6               |
| compensation from the organization             |                    | 1                              |                       |            |                 |                                 |                |  |                       | Ye                   |                 |
| 3 Did the organization list any former office  | ur director trust  |                                | leou e                | mn         | lovo            |                                 | hia            | hast companyated omr                   | dayaa an              |                      | 3 110           |
| line 1a? If "Yes," complete Schedule J for     |                    |                                |                       |            |                 |                                 |                | mest compensated emp                   |                       | 3                    | x               |
| 4 For any individual listed on line 1a, is the |                    |                                |                       |            |                 |                                 |                |  |                       |                      |                 |
| and related organizations greater than \$1     |                    |                                |                       |            |                 |                                 |                |  |                       | 4 X                  |                 |
| 5 Did any person listed on line 1a receive 0   |                    |                                |                       |            |                 |                                 |                |  |                       |                      |                 |
| rendered to the organization? If Wes. "co      | mplete Schedu      | le J i                         | for si                | uch        | pers            | son                             |                | ••••••                                 |                       | 5                    | <u> </u>        |
| Section B. Independent Contractors             |                    |                                |                       |            |                 |                                 |                |  |                       |                      |                 |
| 4 Complete this table for your five highest of | ompopoeted in      | done                           | nda                   | nt a       | antr            | anta                            | ro th          | at received more than                  | earnermen to 000 0012 | tion from            |                 |

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

| (A) Name and business address  | (B) Description of services     | <b>(C)</b><br>Compensation |
|--|---------------------------------|----------------------------|
| TURNER CONSTRUCTION COMPANY  | CONSTRUCTION PROJECT            |                            |
| 510 RACE ST, CINCINNATI, OH 45202  | COSTS                           | 1,692,550.                 |
| AMERICAN FEDERATION OF ARTS, 305 EAST 47TH   |                                 |                            |
| ST, FLOOR 10, NEW YORK, NY 10017   | EXHIBITION FEES                 | 685,422.                   |
| EMERSION DESIGN LLC, THE EDGE 310 CULVERT  | ARCHITECT/DESIGN                |                            |
| ST, STE 100, CINCINNATI, OH 45202  | FEES                            | 389,049.                   |
| DEBRA-KUEMPEL  | MECHANICAL BUILDING             |                            |
| PO BOX 701620, CINCINNATI, OH 45270  | REPAIRS                         | 323,819.                   |
| U.S. ART COMPANY, INC.   |                                 |                            |
| 78 PACELLA PARK DR, RANDOLPH, MA 02368   | SHIPPING OF ART                 | 245,774.                   |
| 2 Total number of independent contractors (including but not limited to those listed | d above) who received more than |                            |
| \$100,000 of compensation from the organization 20                                   |                                 |                            |
| CDD DADELLITE CECETON A COMMINITATION CIT  | aama                            | = 000 (sees)               |

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2022)

| Form 990 CINCINNA'                           | LT WOSEO   | M                              | <u> AS</u>            | <u>so</u> | $\overline{GT}$ | A'I'                         | $\overline{10}$ | N                   | 31-053          | 6653          |
|--|--|--------------------------------|-----------------------|-----------|-----------------|------------------------------|-----------------|---------------------|-----------------|---------------|
| Part VII Section A. Officers, Directors, Tru | ıstees, Key En                                   | ıplo                           | yee                   | s, ar     | nd H            | ighe                         | st (            | Compensated Employe | es (continued)  |               |
| (A)  | (B)  |                                |                       | (0        |                 |                              |                 | (D)                 | (E)             | (F)           |
| Name and title                               | Average  |                                |                       | Posi      |                 |                              |                 | Reportable          | Reportable      | Estimated     |
|  | hours  | (cł                            | neck                  | all t     | hat             | appl                         | y)              | compensation        | compensation    | amount of     |
|  | per  |                                |                       |           |                 | Ť                            |                 | from                | from related    | other         |
|  | week   |                                |                       |           |                 | уее                          |                 | the                 | organizations   | compensation  |
|  | (list any  | ector                          |                       |           |                 | oldm                         |                 | organization        | (W-2/1099-MISC) | from the      |
|  | hours for  | or dir                         | a                     |           |                 | ted e                        |                 | (W-2/1099-MISC)     |                 | organization  |
|  | related  | stee                           | ruste                 |           | a)              | suac                         |                 |                     |                 | and related   |
|  | organizations                                    | Individual trustee or director | Institutional trustee |           | Key employee    | Highest compensated employee |                 |                     |                 | organizations |
|  | below  | lyidu                          | if eti                | Officer   | y em            | thest                        | Former          |                     |                 |               |
|  | line)  | Ĕ                              | Ĕ                     | ŏ         | S.              | Ŧ                            | 요               |                     |                 | 1             |
| (27) KELLY VANASSE                           | 1.00   |                                |                       |           |                 |                              |                 |                     |                 |               |
| BOARD MEMBER                                 | 4 00   | X                              |                       |           | <u> </u>        |                              |                 | 0.                  | 0/2             | 0.            |
| (28) KEVIN JONES                             | 1.00   |                                |                       |           |                 |                              |                 |                     |                 |               |
| BOARD MEMBER                                 |  | Х                              |                       |           | <u> </u>        |                              |                 | 0.                  | 0.              | 0.            |
| (29) KEVIN OTT                               | 1.00   |                                |                       |           |                 |                              |                 | _                   |                 |               |
| BOARD MEMBER                                 |  | X                              | <u> </u>              |           |                 |                              |                 | 0.                  | 0.              | 0.            |
| (30) LIZ GRUBOW                              | 1.00   |                                |                       |           |                 |                              |                 |                     |                 |               |
| BOARD MEMBER                                 |  | X                              | ļ                     | L_        | _               |                              |                 | 0,.                 | 0.              | 0.            |
| (31) MARCIA JOSEPH                           | 1.00   | 1                              |                       |           |                 |                              |                 |                     |                 | _             |
| BOARD MEMBER                                 |  | X                              | <u> </u>              |           |                 |                              |                 | 0,                  | 0.              | 0.            |
| (32) MEGAN SELNICK HUBBELL                   | 1.00   |                                |                       |           |                 |                              |                 |                     |                 |               |
| BOARD MEMBER                                 | 1  | X                              | <u> </u>              | <u> </u>  | <u> </u>        |                              | <u> </u>        | 0.                  | 0.              | 0.            |
| (33) MICHAEL CHASNOFF                        | 1.00   | l                              |                       |           |                 |                              |                 |                     |                 |               |
| BOARD MEMBER                                 | 1 00   | X                              | <u> </u>              | ļ         | <u> </u>        | A                            |                 | 0.                  | 0.              | 0.            |
| (34) MURRAY SINCLAIRE, JR.                   | 1.00   | <b>↓</b>                       |                       |           |                 | - A                          |                 |                     |                 |               |
| BOARD MEMBER                                 | 1.00   | X                              | ļ                     | L.,       |                 |                              | \ 💩             | 0.                  | 0.              | 0.            |
| (35) PETER NIEHOFF                           | 1.00   | ļ                              |                       | 1         |                 |                              |                 |                     |                 |               |
| BOARD MEMBER                                 | <del>                                     </del> | X                              |                       | <u> </u>  | -               |                              | <u> </u>        | 0.                  | 0.              | 0.            |
| (36) RICHARD OLIVER                          | 1.00   |                                | - V                   |           |                 |                              |                 |                     |                 |               |
| BOARD MEMBER                                 | 1 00   | X                              | ļ,                    |           |                 | <u> </u>                     | _               | 0.                  | 0.              | 0.            |
| (37) RICO GRANT                              | 1.00   |                                |                       | ₽         |                 |                              |                 |                     |                 |               |
| BOARD MEMBER                                 | 100  | X                              |                       | ┢         |                 | ├                            |                 | 0.                  | 0.              | 0.            |
| (38) ROBIN SIBCY SHEAKLEY                    | 1.00   | 12.                            |                       |           |                 |                              |                 |                     |                 |               |
| BOARD MEMBER                                 | 100  | X                              | —                     |           | -               | H                            | _               | 0.                  | 0.              | 0             |
| (39) SAM HUTTENBAUER                         | 1.00   | ٠,,                            |                       |           |                 |                              |                 |                     |                 | _             |
| BOARD MEMBER  (40) SUSAN KELLEY-FERNANDEZ    | 1.00   | X                              | ┼                     | -         | ╁               | <del> </del>                 | ├               | 0.                  | 0.              | 0.            |
|  | ₩ 1.00   | x                              |                       |           |                 |                              |                 | 0.                  | 0.              | 0             |
|  | 1.00   | ╀≏                             | $\vdash$              | $\vdash$  | ╁               | $\vdash$                     | ╫               | 0.                  | 0.              |               |
| (41) TANU BHATI<br>BOARD MEMBER              | 1.00   | x                              |                       |           |                 |                              |                 | 0.                  | 0.              | 0             |
| (42) TIMOTHY ELSBROCK                        | 1.00   | 1                              | ╁─                    | $\vdash$  | ╁╾              | ļ                            | -               | 0.                  | · · ·           |               |
| BOARD MEMBER                                 | 1.00   | x                              |                       |           |                 |                              |                 | 0.                  | 0.              | 0             |
| (43) TONY ROBERTS                            | 1.00   | <del>  ^</del>                 | -                     | ┪         | ╫               | $\vdash$                     | $\vdash$        | <u> </u>            | <u> </u>        |               |
| BOARD MEMBER                                 | 1.00   | x                              |                       |           |                 |                              |                 | 0.                  | 0.              | 0             |
| (44) VADA HILL                               | 1.00   | 122                            |                       | $\vdash$  | $\vdash$        | ╁                            | -               | · ·                 | 0.              | 1             |
| BOARD MEMBER                                 | 1.00   | $ _{\mathbf{x}}$               |                       |           |                 |                              |                 | 0.                  | 0.              | 0             |
| (45) VALERIO FERME                           | 1.00   | <del>  ^</del> `               | +                     | t         | +               | $\vdash$                     | $\vdash$        | 1                   |                 | 1             |
| BOARD MEMBER                                 | 1.00   | x                              |                       |           |                 |                              |                 | 0.                  | 0.              | 0             |
|  |  | †==                            | 1                     | T         | 1               | 1                            | T               |                     |                 |               |
|  |  | 1                              |                       |           |                 |                              |                 |                     |                 |               |
|  |  | .1                             |                       | ·         | -L              |                              | ·               |                     |                 |               |
| Total to Part VII, Section A, line 1c        |  |                                |                       |           |                 |                              |                 |                     |                 |               |
| Total to Fact vin occion ry into to          |  |                                |                       |           |                 |                              |                 |                     |                 |               |

| 9 a Gross income from gaming activities. See Part IV, line 19 b Less. direct expenses Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  11 a MISCELLANEOUS INCOME  900099  11 a MISCELLANEOUS INCOME  900099  201,286.  201,286.  |          |     |             | Check if Schedule O cont   | tains a     | response c                             | or note to any lin                      | e in this Part VIII                   | ************************* |           |  |
|--|----------|-----|-------------|--|-------------|--|---|---------------------------------------|---------------------------|-----------|--|
| Description      |          |     |             |  |             |  |   | <b>(A)</b><br>Total revenue           | Related or exempt         | Unrelated | Revenue excluded<br>from tax under   |
| 2 a PROGRAM PBES   90099   358,783, 358,783, 40  | र र      | 1 8 | —<br>а      | Federated campaigns  |             | 1a                                     |   |                                       |                           |           |  |
| 2 a PROGRAM PBES   90099   358,783, 358,783, 40  | in di    |     |             | ,  |             |  | 440,305.                                |                                       |                           |           |  |
| 2 a PROGRAM PBES   90099   358,783, 358,783, 40  | @ ह्री   |     |             |  |             | 1c                                     | 367,692.                                |                                       |                           |           |  |
| 2 a PROGRAM PBES   90099   358,783, 358,783, 40  | ifts     |     |             | - · · · · · · · · · · · · · · · · · · ·  |             |  |   |                                       |                           |           |  |
| 2 a PROGRAM PBES   90099   358,783, 358,783, 40  | 양범       |     |             |  | 1,802,153.  |  |   |                                       | 11                        |           |  |
| 2 a PROGRAM PBES   90099   358,783, 358,783, 40  | Sig      |     |             | -  |             |  | *************************************** |                                       |                           | 4         |  |
| 2 a PROGRAM PBES   90099   358,783, 358,783, 40  | Ĕά       |     |             |  |             | 1 1                                    | 15,324,445.                             |                                       |                           |           |  |
| 2 a PROGRAM PBES   90099   358,783, 358,783, 40  | ğξ       | ,   |             |  |             |  |   |                                       |                           |           | *  |
| 2 a PROGRAM PBES   90099   358,783, 358,783, 40  | Sg       |     | _           |  |             |  | <del></del>                             | 17,934,595.                           |                           |           |  |
| B  | <u> </u> |     | -           | 100011111111111111111111111111111111111  |             |  |   | , .                                   |                           |           |  |
| B  | ا به     | 2 : | а           | PROGRAM FEES   |             |  | 900099                                  | 358,783.                              | 358,783                   |           |  |
| Second   S   | Š        |     |             | EXHIBITION INCOME  |             |  | 900099                                  |                                       | <del> </del>              |           |  |
| Second   S   | Ser      |     | ~           |  |             |  |   |                                       | - Was                     |           |  |
| Second   S   | E S      |     |             |  |             |  |   | · · · · · · · · · · · · · · · · · · · |                           |           |  |
| Second   S   | ğď       |     |             | (  |             | ······································ |   |                                       |                           |           |  |
| Second   S   | P.       |     |             | All other program service revi   | enue        |  |   |                                       |                           |           |  |
| 3   Investment income (including dividends, interest, and other similar amounts)   6,464)247.   6440,247.   6440,247.   6464   | 1        |     | a           | , -  | •           |  |   | 514,066,                              |                           |           |  |
| Other similar amounts  |          | 3   | <i>:</i> 2_ |  |             |  |   |                                       |                           |           | The stage of the samples   |
| 10   10   10   10   10   10   10   10  |          | -   |             |  | _           |  |   | 6,464 247.                            |                           |           | 6464247.   |
| The contributions reported to line Loss sincome from gaming activities   See Part IV, line 1g   Se Contributions reported to line Loss of Sec Contributions sec Contributions reported to line Loss of Sec Contributions reported to line Loss of Sec Contributions reported to line Loss of Sec Contributions reported to line Loss of Sec Contributions reported to line Loss of Sec Contributions reported to line Loss of Sec Contributions reported to line Loss of Sec Contributions reported to line Loss of Sec Contributions reported to line Loss of Sec Contributions reported to line Loss of Sec Contributions reported to line Loss of Sec Contributions reported to line Loss of Sec Loss of Sec Contributions reported to line Loss of Sec Loss of Sec Contributions reported to line Loss of Sec Loss of Sec   |          | 4   |             |  |             |  |   |                                       | 7                         |           |  |
| 1990   10   10   10   10   10   10   1   |          |     |             |  |             | •                                      |   |                                       |                           |           |  |
| 6 a Gross rents   6 a 292,739.   6 b 86,308.   6 c 206,431.   189,021.   17,410.   |          | _   |             |  |             |  |   |                                       |                           |           |  |
| D  |          | 6   | а           | Gross rents 6:   |             | <del> </del>                           | .,,,                                    |                                       |                           |           |  |
| C   Rental income or (loss)   Gc   206,431.   206,431.   189,021.   17,410.  |          |     |             |  | -           | <del></del>                            |   |                                       |                           |           |  |
| Table   Tabl   |          |     |             | · · · · · · ·  | <del></del> |  |   |                                       |                           |           |  |
| 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses  |          |     |             | ` ' _  |             |  |   | 206,431.                              | 189,021.                  | 17,410.   | 7, 23, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,  |
| Section   Sect   |          |     |             |  |             |  | (ii) Other                              |                                       |                           |           |  |
| b Less: cost or other basis and sales expenses   |          |     | _           | 1  | a 20,       | 509,440                                |   |                                       |                           |           |  |
| and sales expenses   |          |     | b           | · -  |             | 1                                      |   |                                       |                           |           |  |
| C Gain or (loss) 7c 128,81865,187. d Net gain or (loss) 63,631. 63,    | စ္       |     |             | 1  | b 20,       | 380,622                                | 65,187.                                 |                                       |                           |           |  |
| Contributions reported on line 1c) See   Ba   35,714.  | ent      |     | С           | · ·····  |             |  |   | 1                                     |                           |           |  |
| Contributions reported on line 1c) See   Ba   35,714.  | Şe       |     |             | . ,  | ~~~~        |  |   | 63,631.                               |                           |           | 63,631.  |
| Contributions reported on line 1c) See   Ba   35,714.  | e l      |     |             | • , ,  |             |  |   |                                       |                           |           |  |
| Contributions reported on line 1c) See   Ba   35,714.  | 됩        |     |             |  |             |  |   |                                       |                           |           |  |
| Part IV, line 18   |          |     |             |  |             |  |   |                                       |                           |           |  |
| b Less: direct expenses content from fundraising events -139,662.  9 a Gross income from gaming activities. See Part IV, line 19 9a 9a 9b 9b 9b 9b 9c 9c Net Income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a 2,221,092. b Less: cost of goods sold 10b 550,282. c Net income or (loss) from sales of inventory 1,670,810. 975,726. 695,084.    11 a MISCELLANEOUS INCOME 900099 201,286. 201 | İ        |     |             |  |             |  | 35,714.                                 |                                       |                           |           |  |
| C Net income or (loss) from fundraising events —139,662. |          |     | b           | Less: direct expenses  | *           |  | 175,376.                                |                                       |                           |           |  |
| 9 a Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses  Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold c Net income or (loss) from sales of inventory  1,670,810.  Business Code 900099  201,286.  11 a MISCELLANEOUS INCOME 900099  201,286.  4 All other revenue e Total. Add lines 11a-11d  201,286.  12 Total revenue. See instructions  26,915,404.  1,678,813.  712,494. 6589502.   |          |     |             |  | draisin     | g events                               |   | -139,662.                             |                           |           | -139,662.  |
| Part IV, line 19   |          |     |             |  |             |  |   |                                       |                           |           |  |
| b Less. direct expenses   9b   |          |     |             |  |             |  |   |                                       |                           |           |  |
| Net Income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold c Net income or (loss) from sales of inventory  11 a MISCELLANEOUS INCOME  Business Code  900099  201,286.  4 All other revenue  Total. Add lines 11a-11d  201,286.  12 Total revenue. See instructions  26,915,404.  1,678,813.  712,494.  6589502.   |          |     | b           |  |             |  |   | ]                                     |                           |           | 10 m 10 m 10 m 10 m 10 m 10 m 10 m 10 m  |
| And allowances   10a 2,221,092.  |          | ,   | d           |  |             |  |   |                                       |                           |           |  |
| b Less: cost of goods sold c Net income or (loss) from sales of inventory 1,670,810. 975,726. 695,084.    STOPE   STOP |          | 10  | a           | Gross sales of inventory, less   | s returr    | าร                                     |   |                                       |                           |           |  |
| b Less: cost of goods sold 10b 550,282. c Net income or (loss) from sales of inventory 1,670,810. 975,726. 695,084.    State   |          |     |             | and allowances   |             | 10a                                    | 2,221,092.                              |                                       |                           |           | The first of the second of the |
| 11 a MISCELLANEOUS INCOME   900099   201,286.   201,2   |          |     | b           |  |             |  | 550,282.                                |                                       |                           |           |  |
| 11 a MISCELLANEOUS INCOME   900099   201,286.   201,286.   | -        |     | С           | Net income or (loss) from sal  | es of ir    | ventory                                |   | 1,670,810.                            | 975,726.                  | 695,084.  |  |
| e Total. Add lines 11a-11d     201, 286.       12 Total revenue. See instructions     26,915,404.     1,678,813.     712,494.     6589502.   | ,,       |     |             |  |             |  | Business Code                           |                                       |                           |           |  |
| e Total. Add lines 11a-11d     201, 286.       12 Total revenue. See instructions     26,915,404.     1,678,813.     712,494.     6589502.   | šno «    | 11  | а           | MISCELLANEOUS INCOME   |             |  | 900099                                  | 201,286.                              |                           |           | 201,286.   |
| e Total. Add lines 11a-11d     201, 286.       12 Total revenue. See instructions     26,915,404.     1,678,813.     712,494.     6589502.   | ane      |     | b           | No. of the last of |             |  |   |                                       |                           |           |  |
| e Total. Add lines 11a-11d     201, 286.       12 Total revenue. See instructions     26,915,404.     1,678,813.     712,494.     6589502.   | eve      |     | С           |  |             |  |   |                                       |                           |           |  |
| e Total. Add lines 11a-11d     201, 286.       12 Total revenue. See instructions     26,915,404.     1,678,813.     712,494.     6589502.   | /lisc    |     | d           | All other revenue  |             |  |   |                                       |                           |           |  |
|  |          | L   | e           | Total. Add lines 11a-11d   |             |  |   | 201,286.                              |                           |           |  |
|  |          | 12  |             | Total revenue. See instructions  |             |  |   | 26,915,404.                           | 1,678,813.                | 712,494.  | 6589502.   |

| Section   | on 501(c)(3) and 501(c)(4) organizations must comp<br>Check if Schedule O contains a respon      |   |   | nplete column (A).                  |  |
|-----------|--|---|---|-------------------------------------|--|
|           | ot include amounts reported on lines 6b,<br>3b, 9b, and 10b of Part VIII.                        | (A)<br>Total expenses                   | (B) Program service expenses            | (C) Management and general expenses | ( <b>D)</b> Fundraising expenses               |
| 1         | Grants and other assistance to domestic organizations  |   | <u> </u>                                | , in the second second              |  |
|           | 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  |   |   |                                     | 4  |
|           | individuals. See Part IV, lines 15 and 16  |   |   |                                     | $ \bigcirc                                   $ |
| 4         | Benefits paid to or for members  |   |   |                                     | /  |
| 5         | Compensation of current officers, directors,   |   |   |                                     |  |
|           | trustees, and key employees  | 909,123.                                | 665,277.                                | 161,899.                            | <u>* 81,947</u>                                |
| 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   | 7,251,565.                              | 5,306,539.                              | 1,291,380.                          | 653,646  |
| 8         | Pension plan accruals and contributions (include   |   |   | M                                   |  |
|           | section 401(k) and 403(b) employer contributions)  | 258,319.                                | 189,032                                 | 46,002.                             | 23,285<br>77,300                               |
| 9         | Other employee benefits  | 857,576.                                | 627, \$56.                              | 152,720.                            | 77,300   |
| 10        | Payroll taxes  | 591,832.                                | 433,090.                                | 105,395.                            | 53,347   |
| 11        | Fees for services (nonemployees):  |   |   |                                     |  |
| а         | Management   |   |   |                                     |  |
| b         | Legal  | 49,217.                                 |   | 49,217.                             | ***************************************        |
| С         | Accounting   | 39,800                                  |   | 39,800.                             |  |
| d         | Lobbying   | 12,000.                                 |   |                                     | 12,000   |
| е         | Professional fundraising services. See Part IV, line 17  |   |   |                                     |  |
| f         | Investment management fees   |   | ,                                       |                                     |  |
| g         | Other. (If line 11g amount exceeds 10% of line 25,   |   |   |                                     |  |
|           | column (A), amount, list line 11g expenses on Sch O.)  | 1,440,947.                              | 975,954.                                | 352,903.                            | 112,090  |
| 12        | Advertising and promotion  | 322,758.                                | 318,658.                                |                                     | 4,100  |
| 13        | Office expenses  | 271,718.                                | 211,579.                                | 51,442.                             | <b>8,</b> 697                                  |
| 14        | Information technology   |   |   |                                     |  |
| 15        | Royalties  |   |   |                                     |  |
| 16        | Occupancy  | 970,657.                                | 787,350.                                | 171,037.                            | 12,270   |
| 17        | Travel   | 182,023.                                | 143,066.                                | 31,733.                             | 7,224  |
| 18        | Payments of travel or entertainment expenses   |   |   |                                     |  |
|           | for any federal, state, or local public officials  |   | *************************************** |                                     |  |
| 19        | Conferences, conventions, and meetings   | 4 |   |                                     |  |
| 20        | Interest   | 141,860.                                |   | 141,860.                            |  |
| 21        | Payments to affiliates   | 0 0=2 10=                               | 4 646 455                               |                                     |  |
| 22        | Depreciation, depletion, and amortization  | 2,256,487.                              | 1,810,605.                              | 427,379.                            | <b>18,</b> 503                                 |
| 23        | Insurance  |   |   |                                     |  |
| 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.)   | 4 603 646                               | 4 684 646                               |                                     |  |
| а         | ART PURCHASES  | 4,671,646.                              | 4,671,646.                              |                                     | 4 400  |
| b         | SHIPPING, POSTAGE & EXH  | 1,645,856.                              | 1,643,048.                              | 1,325.                              | 1,483  |
| С         | REPAIRS & MAINTENANCE  | 894,032.                                | 728,522.                                | 158,941.                            | 6,569  |
| d         | PRINTING   | 221,271.                                | 160,703.                                | 2,278.                              | 58,290   |
|           | All other expenses   | 721,099.                                | 449,431.                                | 204,303.                            | 67,365   |
| <u>25</u> | Total functional expenses. Add lines 1 through 24e   | 23,709,786.                             | 19,122,056.                             | 3,389,614.                          | 1,198,116                                      |
| 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)   |   |   |                                     |  |

| Par                         | τΧ  | Balance Sheet  |             |                            |  |              |  |
|-----------------------------|-----|--|-------------|----------------------------|--|--------------|--|
|                             |     | Check if Schedule O contains a response or note  | to any      | line in this Part X        |  | ······       |  |
|                             |     |  |             |                            | (A)<br>Beginning of year   |              | (B)<br>End of year   |
|                             | 1   | Cash - non-interest-bearing  |             |                            | 5,637,454.   | 1            | 5,817,136.   |
|                             | 2   | Savings and temporary cash investments   |             |                            | 3,021,511.   | 2            | 3,824,552.   |
|                             | 3   | Pledges and grants receivable, net   |             |                            | 11,424,119.  | 3            | 8,597,011.   |
|                             | 4   |  |             |                            | 82,111.  | 4            | 38,672.  |
|                             | 5   | Loans and other receivables from any current or  | ormer       | officer, director,         |  |              |  |
|                             |     | trustee, key employee, creator or founder, substa  | ntial c     | ontributor, or 35%         |  |              |  |
|                             |     | controlled entity or family member of any of these   | perso       | ns                         |  | 5            |  |
|                             | 6   | Loans and other receivables from other disqualification  |             |                            |  |              |  |
|                             |     | under section 4958(f)(1)), and persons described   |             | 6                          |  |              |  |
| ts                          | 7   | Notes and loans receivable, net  |             |                            |  | 7            |  |
| Assets                      | 8   | Inventories for sale or use  |             |                            | 254,088.   | 8            | 282,682.   |
| Ř                           | 9   | Prepaid expenses and deferred charges  |             |                            | 407,551.   | 9_           | 656,114.   |
|                             | 10a | Land, buildings, and equipment: cost or other  |             |                            | (  | 1            |  |
|                             |     | basis. Complete Part VI of Schedule D  | 10a         | 89,627,985.<br>48,561,260. |  | /            |  |
|                             | b   | Less: accumulated depreciation   | 40,822,812. |                            |  |              |  |
|                             | 11  | Investments - publicly traded securities   |             | 170,627,046.               | 11   | 183,566,219. |  |
|                             | 12  | Investments - other securities. See Part IV, line 1  |             |                            | 12   |              |  |
|                             | 13  | Investments - program-related. See Part IV, line 1   |             | 13                         |  |              |  |
|                             | 14  | Intangible assets  |             |                            | 14   | 10.510.000   |  |
|                             | 15  | Other assets. See Part IV, line 11   |             |                            | 19,085,608.  | 15           | 19,612,000.  |
|                             | 16  | Total assets. Add lines 1 through 15 (must equa  |             |                            | 251,362,300.   | 16           | 263,461,111.   |
|                             | 17  | Accounts payable and accrued expenses  |             |                            | 1,507,304.   | 17           | 2,211,833.   |
|                             | 18  | Grants payable   |             | 18                         |  |              |  |
|                             | 19  | Deferred revenue   |             | 19                         |  |              |  |
|                             | 20  | Tax-exempt bond liabilities  |             |                            | 20   |              |  |
|                             | 21  | Escrow or custodial account liability. Complete F  | 2000        |                            |  | 21           |  |
| es                          | 22  | Loans and other payables to any current or form  | 183         | Will T                     |  |              |  |
| Ħ                           |     | trustee, key employee, creator or founder, substa  | 59 VIII     |                            |  |              |  |
| Liabilities                 |     | controlled entity or family member of any of tries   | 500000200   |                            |  | 22           |  |
| _                           | 23  | Secured mortgages and notes payable to unrelated<br>Unsecured notes and loans payable to unrelated | 2007        |                            | 4,544,586.   | 23<br>24     | 4,551,919.   |
|                             | 24  | Other liabilities (including federal income tax, pay   |             |                            | 4,344,300.   | 24           | =,331,313.   |
|                             | 25  | parties, and other liabilities not included on lines   |             |                            |  |              |  |
|                             |     |  |             |                            | 3,617,262.   | 25           | 0.   |
|                             | 26  |  |             |                            | 9,669,152.   | 26           |  |
|                             | 20  | Organizations that follow FASB ASC 958, che  |             |                            | 5,005,202.   |              | 0/100//02  |
| S                           |     | and complete lines 27, 28, 32, and 33.   | ok nor      | y L==1                     |  |              |  |
| ğ                           | 27  |  |             |                            | 78,656,969.  | 27           | 89,728,143.  |
| 3ala                        | 28  | Net assets with donor restrictions   |             |                            | 163,036,179.   | 28           | 166,969,216.   |
| ā                           |     | Organizations that do not follow FASB ASC 98   |             |                            |  |              |  |
| μ                           |     | and complete lines 29 through 33.  | , , , , , , |                            |  |              |  |
| ò                           | 29  | Gapital stock or trust principal, or current funds   |             |                            | The second secon | 29           | the state of the s |
| Net Assets or Fund Balances | 304 | Paid-in or capital surplus, or land, building, or eq   |             |                            |  | 30           |  |
| Ass                         | 31  | Retained earnings, endowment, accumulated inc  |             |                            |  | 31           |  |
| let,                        | 32  |  |             |                            | 241,693,148.   | 32           | 256,697,359.   |
| 2                           | 33  | Total liabilities and net assets/fund balances   |             |                            | 251,362,300.   | 33           | T  |
|                             |     |  |             |                            |  |              | Form 990 (2022)  |

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

3b

Form 990 (2022)

#### **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-F7.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization **Employer identification number** CINCINNATI MUSEUM ASSOCIATION 31-0536653 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital s name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 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. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the organization listed in your governing document? (iii) Type of organization (described on lines 1-10 (vi) Amount of other (i) Name of supported (ii) EIN (v) Amount of monetary organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990) 2022 CINCINNATI MUSEUM ASSOCIATION 31-0536653 Page 2

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

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

| Sec   | tion A. Public Support   |                        |                      |                       |                      |                     |                   |  |  |
|-------|--|------------------------|----------------------|-----------------------|----------------------|---------------------|-------------------|--|--|
| Caler | ndar year (or fiscal year beginning in)                                    | (a) 2018               | <b>(b)</b> 2019      | (c) 2020              | (d) 2021             | (e) 2022            | (f) Total         |  |  |
|       | Gifts, grants, contributions, and  |                        |                      |                       |                      |                     |                   |  |  |
|       | membership fees received. (Do not  |                        |                      |                       |                      |                     |                   |  |  |
|       | include any "unusual grants.")   | 12172552.              | 19364751.            | 17499941.             | 16245823.            | 17934595.           | 83217662.         |  |  |
| 2     | Tax revenues levied for the organ-   |                        |                      |                       |                      |                     |                   |  |  |
|       | ization's benefit and either paid to                                       |                        |                      |                       |                      |                     |                   |  |  |
|       | or expended on its behalf  |                        |                      |                       |                      | 4                   |                   |  |  |
| 3     | The value of services or facilities  |                        |                      |                       |                      |                     |                   |  |  |
|       | furnished by a governmental unit to  |                        |                      |                       |                      |                     |                   |  |  |
|       | the organization without charge  |                        |                      |                       |                      |                     |                   |  |  |
| 4     | Total. Add lines 1 through 3   | 12172552.              | 19364751.            | 17499941.             | 16245823.            | 17934595.           | 83217662.         |  |  |
| 5     | The portion of total contributions   |                        |                      |                       |                      |                     |                   |  |  |
|       | by each person (other than a   |                        |                      |                       | (                    | 1                   |                   |  |  |
|       | governmental unit or publicly  |                        |                      |                       |                      |                     |                   |  |  |
|       | supported organization) included   |                        |                      |                       |                      |                     |                   |  |  |
|       | on line 1 that exceeds 2% of the   |                        |                      |                       |                      |                     |                   |  |  |
|       | amount shown on line 11,   |                        |                      |                       | $\Delta M$           |                     |                   |  |  |
|       | column (f)   |                        |                      |                       |                      |                     | 9667348.          |  |  |
| 6     | Public support. Subtract line 5 from line 4.                               |                        |                      |                       |                      |                     | 73550314.         |  |  |
|       | tion B. Total Support  |                        |                      |                       | <i>y</i>             |                     |                   |  |  |
| Cale  | ndar year (or fiscal year beginning in)                                    | (a) 2018               | (b) 2019             | (c) 2020              | (d) 2021             | (e) 2022            | (f) Total         |  |  |
|       | Amounts from line 4  | 12172552.              | 19364751.            | 17499941.             | 16245823.            | 17934595.           | 83217662.         |  |  |
| 8     | Gross income from interest,  |                        |                      |                       |                      |                     |                   |  |  |
|       | dividends, payments received on  |                        | ((                   |                       |                      |                     |                   |  |  |
|       | securities loans, rents, royalties,  |                        |                      |                       |                      |                     |                   |  |  |
|       | and income from similar sources  | 5464381.               | 4892026.             | 5214359.              | 7867224.             | 6464247.            | 29902237.         |  |  |
| 9     | Net income from unrelated business   |                        |                      |                       |                      |                     |                   |  |  |
|       | activities, whether or not the   |                        |                      |                       |                      |                     |                   |  |  |
|       | business is regularly carried on   | 434,691.               | 96,984.              | 53,075.               | 251,561.             | 277,370.            | 1113681.          |  |  |
| 10    | Other income. Do not include gain  |                        | ))                   |                       |                      |                     |                   |  |  |
|       | or loss from the sale of capital   |                        |                      |                       |                      |                     |                   |  |  |
|       | assets (Explain in Part VI.)   | 3,548                  | 89,179.              | 143,666.              |                      | 201,286.            | 437,679.          |  |  |
| 11    | Total support. Add lines 7 through 10                                      |                        |                      |                       |                      |                     | <b>11467</b> 1259 |  |  |
| 12    | Gross receipts from related activities                                     | etc. (see instruction  | ons)                 |                       |                      | 12 7                | ,883,198.         |  |  |
| 13    | First 5 years. If the Form 990 is for the                                  | he ofganization's fi   | rst, second, third,  | fourth, or fifth tax  | year as a section 5  | i01(c)(3)           |                   |  |  |
|       | organization, check this box and sto                                       | phere                  |                      |                       |                      |                     |                   |  |  |
|       | ction C. Computation of Publ   |                        |                      |                       |                      |                     |                   |  |  |
| 14    | Public support percentage for 2022 (                                       | line 6, column (f), d  | livided by line 11,  | column (f))           |                      | 14                  | 64.14 %           |  |  |
| 15    | Public support percentage from 202   | l Schedule A, Part     | II, line 14          |                       | *******              | 15                  | <u>66.56 %</u>    |  |  |
| 16a   | 33 1/3% support test - 2022. If the  | organization did no    | ot check the box o   | n line 13, and line   | 14 is 33 1/3% or m   | nore, check this bo |                   |  |  |
|       | stop here. The organization qualifies as a publicly supported organization |                        |                      |                       |                      |                     |                   |  |  |
| k     | 33 1/3% support test - 2021. If the  | organization did no    | ot check a box on    | line 13 or 16a, and   | l line 15 is 33 1/3% | or more, check th   | nis box           |  |  |
|       | and stop here. The organization qua  | lifies as a publicly : | supported organiz    | ation                 |                      |                     |                   |  |  |
| 17a   | 10% -facts-and-circumstances tes   |                        |                      |                       |                      |                     |                   |  |  |
|       | and if the organization meets the fac                                      | ts-and-circumstanc     | es test, check this  | box and stop he       | ere. Explain in Part | VI how the organi   | zation            |  |  |
|       | meets the facts-and-circumstances to                                       | est. The organization  | on qualifies as a pu | ublicly supported o   | organization         |                     |                   |  |  |
| k     | 10% -facts-and-circumstances tes   | t - 2021. If the org   | ganization did not   | check a box on lin    | e 13, 16a, 16b, or   | 17a, and line 15 is | 10% or            |  |  |
|       | more, and if the organization meets t                                      | he facts-and-circur    | nstances test, che   | ck this box and s     | top here. Explain    | in Part VI how the  |                   |  |  |
|       | organization meets the facts-and-circ                                      | umstances test. Th     | ne organization qu   | alifies as a publicly | y supported organi   | zation              |                   |  |  |
| 18    | Private foundation. If the organization                                    | on did not check a     | box on line 13, 16   | a, 16b, 17a, or 17l   | b, check this box a  | and see instruction | s                 |  |  |
|       |  |                        |                      |                       |                      | Schedule A          | (Form 990) 2022   |  |  |

Schedule A (Form 990) 2022 CINCINNATI MUSEUM ASSOCIATION

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.)

| Sec   | tion A. Public Support   |                      |                      |  |                     |   |                   |
|-------|--|----------------------|----------------------|--|---------------------|---|-------------------|
| Caler | dar year (or fiscal year beginning in)   | (a) 2018             | <b>(b)</b> 2019      | (c) 2020                               | (d) 2021            | (e) 2022                                | (f) Total         |
| 1     | Gifts, grants, contributions, and  |                      |                      |  |                     |   |                   |
|       | membership fees received. (Do not  |                      |                      |  |                     |   |                   |
|       | include any "unusual grants.")   |                      |                      |  |                     |   |                   |
|       | Gross receipts from admissions,  |                      |                      |  |                     |   |                   |
|       | merchandise sold or services per-  |                      |                      |  |                     |   |                   |
|       | formed, or facilities furnished in   |                      |                      |  |                     |   |                   |
|       | any activity that is related to the organization's tax-exempt purpose                |                      |                      |  |                     |   |                   |
| 2     | Gross receipts from activities that  |                      |                      | ************************************** |                     |   | <u> </u>          |
| J     | are not an unrelated trade or bus-   |                      |                      |  |                     |   |                   |
|       | iness under section 513  |                      |                      |  |                     |   |                   |
| 4     | ***************************************  |                      |                      |  |                     | - \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |                   |
| 4     | Tax revenues levied for the organ-   |                      |                      |  |                     |   |                   |
|       | ization's benefit and either paid to   |                      |                      |  |                     | ))                                      |                   |
| _     | or expended on its behalf  |                      |                      |  | <i></i> `           |   |                   |
| 5     | The value of services or facilities  |                      |                      |  |                     |   |                   |
|       | furnished by a governmental unit to  |                      |                      |  |                     |   |                   |
|       | the organization without charge  | -                    |                      | <del></del>                            |                     |   | :                 |
|       | Total. Add lines 1 through 5   |                      |                      |  | <del></del>         |   |                   |
| 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   |                      | $\mathcal{A}$        |  |                     |   |                   |
| C     | Add lines 7a and 7b  |                      |                      | ))                                     |                     |   |                   |
|       | Public support. (Subtract line 7c from line 6.)                                      |                      |                      |  |                     |   |                   |
| Sec   | ction B. Total Support   |                      |                      | <b>&gt;</b>                            | ·1                  |   | ·                 |
|       | ndar year (or fiscal year beginning in)  | (a) 2018             | (b) 2019             | (c) 2020                               | (d) 2021            | (e) 2022                                | (f) Total         |
| 9     | Amounts from line 6  |                      |                      |  |                     |   |                   |
| 10a   | Gross income from interest,  |                      |                      |  |                     |   |                   |
|       | dividends, payments received on securities loans, rents, royalties,                  |                      |                      |  |                     |   |                   |
|       | and income from similar sources  |                      |                      |  |                     |   |                   |
| b     | Unrelated business taxable income  |                      |                      |  |                     |   |                   |
|       | (less section 511 taxes) from businesses   |                      |                      |  |                     |   |                   |
|       | acquired after June 30, 1975   | <b>1</b> 7           |                      |  |                     |   |                   |
| (     | Add lines 10a and 10b  | 1                    |                      |  |                     |   |                   |
|       | Net income from unrelated business   |                      |                      |  |                     |   |                   |
|       | activities not included on line 10b,   |                      |                      |  |                     |   |                   |
|       | whether or not the business is regularly carried on                                  |                      |                      |  |                     |   |                   |
| 12    | Other income. Do not include gain  |                      |                      |  |                     |   |                   |
|       | or loss from the sale of capital   |                      |                      | 1                                      |                     |   |                   |
| 13    | assets (Explain in Part VI.)   |                      |                      |  |                     |   |                   |
|       | First 5 years. If the Form 990 is for t  | he organization's fi | rst second third     | fourth, or fifth tax                   | vear as a section 5 | 01(c)(3) organizatio                    | on.               |
|       | check this box and stop here   |                      |                      |  |                     |   |                   |
| Se    | ction C. Computation of Publ   |                      |                      |  |                     |   |                   |
| -     | Public support percentage for 2022 (   |                      |                      | column (f))                            |                     | 15                                      | %                 |
| 16    | Public support percentage from 202   |                      |                      |  |                     | 16                                      | %                 |
|       | ction D. Computation of Inve   |                      |                      |  |                     |   |                   |
| 17    | Investment income percentage for 2   | 022 (line 10c, colur | mn (f), divided by l | ine 13, column (f))                    |                     | 17                                      | %                 |
| 18    | Investment income percentage from  | •                    | • • •                |  |                     | 18                                      | %                 |
|       | a 33 1/3% support tests - 2022. If the   |                      |                      |  |                     | 3 1/3%, and line 1                      |                   |
|       | more than 33 1/3%, check this box a  |                      |                      |  |                     |   |                   |
|       | 33 1/3% support tests - 2021. If the   |                      |                      |  |                     |   |                   |
| •     | line 18 is not more than 33 1/3%, che  |                      |                      |  |                     |   |                   |
| 20    | Private foundation. If the organization  |                      |                      |  |                     |   |                   |
|       | 23 12-09-22  |                      | ,,,,,,,,             |  |                     |   | A (Form 990) 2022 |

Part IV Supporting Organizations

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

#### 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.
- 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)(8) 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?
- 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  |
|----------|--|---|
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| 5a<br>5b |  |   |
| 5c       |  |   |
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|          |  |   |
| 9c       | Yelsel                                 |   |
| 10a      |  |   |
| , ,      |  | V. S  |
|          | 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b | 1, 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 8 9a 9b |

232024 12-09-22

232025 12-09-22

| 3b | | | Schedule A (Form 990) 2022

За

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

| Scher | lule A | (Form | 990) | 2022 |
|-------|--------|-------|------|------|

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2022

a Excess from 2018
b Excess from 2019
c Excess from 2020
d Excess from 2021
e Excess from 2022

### Schedule B

(Form 990)

Department of the Treasury nternal Revenue Service

# Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

Name of the organization CINCINNATI MUSEUM ASSOCIATION 31-0536653 Organization type (check one): Section: Filers of: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Employer identification number

# CINCINNATI MUSEUM ASSOCIATION

31-0536653

| Part I      | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed.           |   |
|-------------|---|----------------------------|---|
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 1           |   | \$ 1,329,750.              | Person X Payroll  |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d)<br>Type of contribution   |
| 2           |   | \$ 378,000.                | Person X Payroll Noncash (Complete Part II for noncash contributions.)                                |
| (a)<br>No.  | (b) Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 3           |   | \$ <u>964,443.</u>         | Person X Payroll  Noncash X (Complete Part II for noncash contributions.)                             |
| (a)<br>No.  | (b) Name, address, and ZIP + 4)   | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 4           |   | \$1,700,000.               | Person X Payroll Noncash (Complete Part II for noncash contributions.)                                |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
| <u>5</u>    |   | \$ <u>1,490,861.</u>       | Person X Payroll  |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution  |
| 223452 11-1 |   | \$641,540.                 | Person X Payroll  Noncash (Complete Part II for noncash contributions.)  Schedule B (Form 990) (2022) |

Name of organization

Employer identification number

# CINCINNATI MUSEUM ASSOCIATION

31-0536653

| Part I      | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed.           |  |
|-------------|---|----------------------------|--|
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 7           |   | \$ 6,208,507.              | Person X Payroll   |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|             |   | \$                         | Person Payroll Oncash (Complete Part II for noncash contributions.)  |
| (a)<br>No.  | (b) Name, address, and ZIP + 4  | (c) Total contributions    | (d) Type of contribution   |
|             |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No.  | (b) Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
|             |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
|             |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|             |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| 223452 11-1 | 15.22   |                            | Schedule B (Form 990) (2022)   |

Name of organization

Employer identification number

# CINCINNATI MUSEUM ASSOCIATION

31-0536653

| Part II                      | Noncash Property (see instructions). Use duplicate copies of Part II if ac | Iditional space is needed.                      |                             |
|------------------------------|--|---|-----------------------------|
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                               | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received        |
|                              | 4600 SHARES OF LOW   |   |                             |
| 3                            |  | \$874,943.                                      | 10/20/22                    |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                               | (c) FMV (or estimate) (See instructions.)       | (d)<br>Date received        |
|                              |  | 3   |                             |
| (a)<br>No.<br>from<br>Part I | (b) Description of noncash property given                                  | (c) FMV (or estimate) (See instructions.)       | (d)<br>Date received        |
|                              |  | \$  |                             |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                                 | (c) FMV (or estimate) (See instructions.)       | (d)<br>Date received        |
|                              |  | \$  |                             |
| (a)<br>No.<br>from<br>Part I | (b) Description of noncash property given                                  | (c) FMV (or estimate) (See instructions.)       | (d)<br>Date received        |
|                              |  | \$  |                             |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                                 | (c) FMV (or estimate) (See instructions.)       | (d)<br>Date received        |
|                              |  | \$  |                             |
| 223453 11-1                  | 5-22   | 11-   | Schedule B (Form 990) (2022 |

Employer identification number

| ame of orgar              | nization   |  |  | Employer identification number  |  |  |  |
|---------------------------|--|--|--|---|--|--|--|
| TNCTNN                    | ATI MUSEUM ASSOCIATION   |  |  | 31-0536653  |  |  |  |
| art III E                 | xclusively religious, charitable, etc., contribution   | ns to organizations described  | l in section 501(c)(7), (8), or (1   | (0) that total more than \$1,000 for the year   |  |  |  |
| fr                        | om any one contributor. Complete columns (a) the completing Part III, enter the total of exclusively religious, characteristics.   | hrough <b>(e) and</b> the following the<br>aritable, etc., contributions of <b>\$1,0</b> 6 | ne entry. For organizations<br><b>00 or less</b> for the year. (Enter this | info, once.) \$   |  |  |  |
| U                         | lse duplicate copies of Part III if additional sp  | ace is needed.   | · · · · · · · · · · · · · · · · · · ·                                      |   |  |  |  |
| a) No.<br>from            | (b) Purpose of gift  | (c) Use of gift  | (4) [  | Description of how gift is held   |  |  |  |
| Part I                    | (b) Purpose of gift  | (c) Ose of gift  | (0)  | Seasonphon of new gire of note  |  |  |  |
|                           |  |  |  |   |  |  |  |
|                           |  |  |  |   |  |  |  |
| _                         |  |  |  |   |  |  |  |
|                           |  |  |  |   |  |  |  |
|                           |  | (e) Transfer   | of gift  |   |  |  |  |
|                           | **************************************   | 4 71D . 4  | Dalatianahin a   | of transferor to transferee   |  |  |  |
|                           | Transferee's name, address, an   |  | <u>Relationship o</u>  | i transferor to transferee  |  |  |  |
| -                         | 4.4444444  |  |  |   |  |  |  |
| -                         |  |  |  |   |  |  |  |
| -                         |  |  | 7.   |   |  |  |  |
| (a) No.                   |  |  |  |   |  |  |  |
| from<br>Part I            | (b) Purpose of gift  | (c) Use of gift  | (d)  | Description of how gift is held   |  |  |  |
|                           |  |  |  |   |  |  |  |
| _                         |  |  |  |   |  |  |  |
|                           |  |  |  |   |  |  |  |
|                           |  |  |  |   |  |  |  |
|                           | (e) Transfer of gift)  |  |  |   |  |  |  |
|                           |  |  |  |   |  |  |  |
| <u></u>                   | Transferee's name, address, an   | d ZIP + 4  | Relationship o   | of transferor to transferee   |  |  |  |
| -                         |  |  | ,  |   |  |  |  |
| -                         | Language Control of the Control of t |  |  |   |  |  |  |
| -                         |  |  |  |   |  |  |  |
| (a) No.                   |  |  |  |   |  |  |  |
| from Part I               | (b) Purpose of gift  | (c) Use of gif   | t (d)  | Description of how gift is held   |  |  |  |
|                           |  |  |  |   |  |  |  |
|                           |  |  |  |   |  |  |  |
| _                         |  |  |  |   |  |  |  |
| ļ                         |  |  |  |   |  |  |  |
|                           |  | (e) Transfer   | of gift  |   |  |  |  |
|                           |  |  | B 1 11 11  | et a company de la company de |  |  |  |
|                           | Transferee's name, address, ar   | id ZIP + 4   | Helationship (   | of transferor to transferee   |  |  |  |
| -                         |  |  |  |   |  |  |  |
| -                         |  |  |  |   |  |  |  |
| -                         |  |  |  |   |  |  |  |
| (a) No.                   |  |  |  |   |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use of gif   | t (a)  | Description of how gift is held   |  |  |  |
|                           |  |  |  |   |  |  |  |
|                           |  | ,  |  |   |  |  |  |
|                           |  |  |  |   |  |  |  |
|                           |  |  |  |   |  |  |  |
|                           |  | (e) Transfe  | r of gift  |   |  |  |  |
|                           |  | LTUD   | B 1 11 11  | ad Anguadanan ka Anguadana  |  |  |  |
| -                         | Transferee's name, address, a  | na ZIP + 4   | Helationship   | of transferor to transferee   |  |  |  |
| -                         |  |  |  |   |  |  |  |
| 1.                        |  |  |  |   |  |  |  |
| .                         |  |  |  |   |  |  |  |
| 1                         |  |  |  |   |  |  |  |

# SCHEDULE C

(Form 990)

Department of the Treasury

# **Political Campaign and Lobbying Activities**

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.

OMB No. 1545-0047

2022

Open to Public Inspection

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.

|   | or (o)(o) organizations that  |  | •   |   | ,. complete / m   |   |
|---|---|--|---|---|---|---|
|   | ation answered "Yes," or<br>parate instructions), then  |  | ne 5 (Proxy Tax)  | (See separate in  | nstructions) or Form 990-E  | Z, Part V, line 35c (Proxy  |
| • • •   | 01(c)(4), (5), or (6) organiza  |  | ì   |   |   |   |
| Name of organ   |   | ations. Complete Fair III  |   |   | Emplo   | oyer identification number  |
|   |   | NATI MUSEUM  | ASSOCIAT:   | ION   |   | 31-0536653  |
| Part I-A  | Complete if the org   | ganization is exen   | npt under se  | ction 501(c) o  | r is a section 527 org  |   |
| 1 Provide a 2 Political a 3 Voluntee  Part I-B 1 Enter the 2 Enter the 3 If the org 4a Was a co b If "Yes,"  Part I-C 1 Enter the exempt a 3 Total exempt a 4 Did the a 5 Enter the | a description of the organicampaign activity expendier hours for political campaer hours for political campaer hours for political campaer amount of any excise taxes amount of any excise taxes amount of any excise taxes amount of any excise taxes amount of any excise taxes amount of any excise taxes amount of any excise taxes amount of the filling organization activities empt function expenditure filling organization file Former amounts, addresses and expenditures. | ization's direct and indiritures aign activities  ganization is exent ix incurred by the organication and the second and the s | mpt under section managers unform 4720 for this mpt under section for section for section for section for managers under here and on managers under here and on mumber (EIN) of a | ction 501(c)(ction 4955<br>der section 4955<br>s year?<br>ction 501(c),<br>27 exempt function<br>ganizations for se | except section 501(c) on activities \$ ction 527                    | Yes No Yes No Yes No the filing organization  |
|   | itions received that were p<br>action committee (PAC).  |  |   |   | ınization, such as a separat∈<br>Ⅳ.                                 | e segregated tund or a  |
| ровиса  | (a) Name  | (b) Addres   |   | (c) EIN   | (d) Amount paid from filing organization's funds. If none, enter -0 | (e) Amount of political contributions received and promptly and directly 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) 2022

LHA

232041 11-08-22

| Schedule C (Form 990) 2022 CIN                 | CINNATI :        | MUSEUM ASSOC   | CIATION                 | 31-0                      | 536653 Page 2                  |
|--|------------------|--|-------------------------|---------------------------|--------------------------------|
| Part II-A Complete if the organiz              | ation is exen    | npt under section  | 501(c)(3) and file      | ed Form 5/68 (ele         | ection under                   |
| section 501(h)).                               |                  |  |                         |                           |                                |
| A Check if the filing organization b           |                  |  | Part IV each affiliated | group member's name       | e, address, EIN,               |
| expenses, and share of e                       | , 0              | '  |                         |                           |                                |
| B Check if the filing organization of          | hecked box A ar  | nd "limited control" pro   | visions apply.          | / \ FIV                   | 1 (1.) A (((() - 1)            |
| Limits on                                      | Lobbying Expe    | nditures   |                         | (a) Filing organization's | (b) Affiliated group<br>totals |
| (The term "expenditure                         | s" means amou    | ints paid or incurred.)  |                         | totals                    | 101410                         |
| 1a Total lobbying expenditures to influence    | public opinion ( | graeeroote Johnving)   |                         |                           |                                |
| b Total lobbying expenditures to influence     |                  |  |                         |                           | Ó                              |
| c Total lobbying expenditures (add lines 1     | -                |  |                         |                           |                                |
|  |                  |  |                         |                           |                                |
| e Total exempt purpose expenditures (add       |                  |  |                         | 4                         | 7                              |
| f Lobbying nontaxable amount. Enter the        |                  |  |                         |                           |                                |
| If the amount on line 1e, column (a) or (b) i  | ı                | bying nontaxable am  | l l                     |                           | Y                              |
| 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 exce  | ess over \$500,000.     |                           |                                |
| Over \$1,000,000 but not over \$1,500,00       | 00 \$175,00      | 00 plus 10% of the exce  | ess over \$1,000,000.   |                           |                                |
| Over \$1,500,000 but not over \$17,000,0       | 000 \$225,00     | 00 plus 5% of the exces  | ss over \$1,500,000     |                           |                                |
| Over \$17,000,000                              | \$1,000          | 000.   |                         |                           |                                |
|  |                  |  |                         | <b>/</b>                  |                                |
| g Grassroots nontaxable amount (enter 2        | 5% of line 1f)   |  |                         | 7                         |                                |
| h Subtract line 1g from line 1a. If zero or l  | •                |  |                         |                           |                                |
| i Subtract line 1f from line 1c. If zero or le |                  |  |                         |                           |                                |
| j If there is an amount other than zero on     |                  |  |                         |                           |                                |
| reporting section 4911 tax for this year?      |                  | eraging Period Under   |                         |                           | Yes No                         |
| (Some organizations that n                     |                  |  |                         | of the five columns b     | elow.                          |
| (Como organizacióno mach                       |                  | ate instructions for lin   |                         | 2,                        |                                |
| - I I I I I I I I I I I I I I I I I I I        | Lobbying Expe    | nditures During 4-Yea  | r Averaging Period      |                           |                                |
|  |                  |  |                         |                           |                                |
| Calendar year<br>(or fiscal year beginning in) | (a) 2019         | <b>(b)</b> 2020  | (c) 2021                | (d) 2022                  | (e) Total                      |
| (or lisear year beginning in)                  |                  |  |                         |                           |                                |
|  |                  | 1))  |                         |                           |                                |
| 2a Lobbying nontaxable amount                  |                  |  |                         |                           |                                |
| b Lobbying ceiling amount                      |                  |  |                         |                           |                                |
| (150% of line 2a, column(e))                   |                  |  |                         |                           |                                |
|  |                  |  |                         |                           |                                |
| c Total lobbying expenditures                  |                  |  |                         |                           |                                |
| d Grassroots nontaxable amount                 |                  |  |                         |                           |                                |
| e Grassroots ceiling amount                    |                  |  |                         |                           |                                |
| (150% of line 2d, column (e))                  |                  |  |                         |                           |                                |
|  |                  | to the state of th |                         |                           |                                |
| f Grassroots lobbying expenditures             |                  |  |                         |                           |                                |
|  |                  |  |                         | Sched                     | lule C (Form 990) 2022         |
|  |                  |  |                         |                           |                                |

Schedule C (Form 990) 2022 CINCINNATI MUSEUM ASSOCIATION 31-05366

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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description   |   | (a)             |             | (b)           |  |
|---|---|-----------------|-------------|---------------|--|
| of the lobbying activity.   | Yes                                     | No              | Amo         | unt           |  |
| 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:  Volunteers?                     |   | X               | 1           |               |  |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?  | Х                                       | X 🕢             |             |               |  |
| d Mailings to members, legislators, or the public?  | *************************************** | X               |             |               |  |
| e Publications, or published or broadcast statements?   |   | X               |             |               |  |
| f Grants to other organizations for lobbying purposes?  |   | ( x             | •           |               |  |
| g Direct contact with legislators, their staffs, government officials, or a legislative body?   |   | $\mathbf{x}$    |             |               |  |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?   |   | ηX              |             |               |  |
| i Other activities?   | X                                       |                 | 12          | ,000.         |  |
| j Total. Add lines 1c through 1i  |   |                 |             | ,000.         |  |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |   | X               |             |               |  |
| b If "Yes," enter the amount of any tax incurred under section 4912   |   |                 |             |               |  |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  | <b>V</b>                                |                 |             |               |  |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  |   |                 |             |               |  |
| Part III-A Complete if the organization is exempt under section 501(c)(4) section   | n 501(c)(                               | (5), or sec     | tion        |               |  |
| 501(c)(6).  |   |                 |             |               |  |
|   |   |                 | Yes         | No            |  |
| 1 Were substantially all (90% or more) dues received nondeductible by members?  |   |                 |             |               |  |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?   |   |                 |             |               |  |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the   | e prior yea                             | r? 3            | <u> </u>    |               |  |
| Part III-B Complete if the organization is exempt under section 501(c)(4), section  |   |                 |             | 0 :-          |  |
| 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered  | 'No" OH                                 | (b) Part        | III-A, IIne | <b>3</b> , IS |  |
| answered "Yes."   |   | <u> </u>        | I           |               |  |
| Dues, assessments and similar amounts from members  |   | 1               |             |               |  |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)   | cal                                     |                 |             |               |  |
| expenses for which the section 527(f) tax was paid).  |   |                 |             |               |  |
| a Current year  |   | 1 01            |             |               |  |
| b Carryover from last year  |   | 1               |             |               |  |
| c Total   |   | 1 -             |             |               |  |
| - 1939  |   | 3               |             |               |  |
| If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc  |   |                 |             |               |  |
| does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and providing a part used   |   | A               |             |               |  |
| expenditures next year?  5 Taxable amount of lobbying and political expenditures. See instructions  |   | 5               |             |               |  |
| Part IV Supplemental Information  |   | 5               | <u> </u>    |               |  |
| Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information.  PART II-B, LINE 1, LOBBYING ACTIVITIES: | list); Part I                           | II-A, lines 1 a | and 2 (See  |               |  |
| THE CINCINNATI ART MUSEUM EMPLOYS ONE INDIVIDUAL WHO S  | PENDS                                   |                 |             |               |  |
| APPROXIMATELY 2% OF HIS TIME LOBBYING ON BEHALF OF THE  | ORGA                                    | NIZATI          | ON. IN      | 1             |  |
| ADDITION, THE CINCINNATI ART MUSEUM CONTRACTS WITH GOV  | /ERNME                                  | NT              |             |               |  |
| STRATEGIES GROUPS TO PROVIDE DIRECT LOCAL AND STATE LO  | BBYIN                                   | G EFFC          | RTS ON      | <u> </u>      |  |
| THE CINCINNATI MUSEUM ASSOCIATION'S BEHALF IN ORDER TO  | OBTA                                    | IN FUN          | DING.       |               |  |
|   |   | Sched           | ule C (Form | 990) 2022     |  |

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CINCINNATI MUSEUM ASSOCIATION

Employer identification number 31-0536653

| Par      | Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the                                |   |  |  |  |  |  |  |  |
|----------|---|---|--|--|--|--|--|--|--|
|          | organization answered "Yes" on Form 990, Part IV, line  |   |  |  |  |  |  |  |  |
|          |   | (a) Donor advised funds                     | (b) Funds and other accounts             |  |  |  |  |  |  |
| 1        | Total number at end of year   |   |  |  |  |  |  |  |  |
| 2        | Aggregate value of contributions to (during year)   |   |  |  |  |  |  |  |  |
| 3        | Aggregate value of grants from (during year)  |   |  |  |  |  |  |  |  |
| 4        | Aggregate value at end of year  |   |  |  |  |  |  |  |  |
| 5        | Did the organization inform all donors and donor advisors in v  | writing that the assets held in donor advis | sed funds                                |  |  |  |  |  |  |
|          | are the organization's property, subject to the organization's exclusive legal control?   |   |  |  |  |  |  |  |  |
| 6        | Did the organization inform all grantees, donors, and donor a   |   |  |  |  |  |  |  |  |
|          | for charitable purposes and not for the benefit of the donor o  |   |  |  |  |  |  |  |  |
|          | impermissible private benefit? Yes No   |   |  |  |  |  |  |  |  |
| Par      |   |   |  |  |  |  |  |  |  |
| 1        | Purpose(s) of conservation easements held by the organization   | on (check all that apply).                  | <b>A</b>                                 |  |  |  |  |  |  |
|          | Preservation of land for public use (for example, recrea  | tion or education) Preservation             | f a historically important land area     |  |  |  |  |  |  |
|          | Protection of natural habitat   |   | certified historic structure             |  |  |  |  |  |  |
|          | Preservation of open space  |   | *  |  |  |  |  |  |  |
| 2        | Complete lines 2a through 2d if the organization held a qualit  | fied conservation contribution in the form  | of a conservation easement on the last   |  |  |  |  |  |  |
|          | day of the tax year.  |   | Held at the End of the Tax Year          |  |  |  |  |  |  |
| а        | Total number of conservation easements  |   | 2a                                       |  |  |  |  |  |  |
| b        | Total acreage restricted by conservation easements  |   | 2b                                       |  |  |  |  |  |  |
| С        | Number of conservation easements on a certified historic str  |   | 2c                                       |  |  |  |  |  |  |
| d        | Number of conservation easements included in (c) acquired a   | after July 25,2006, and not on a            |  |  |  |  |  |  |  |
|          | historic structure listed in the National Register  |   | 2d                                       |  |  |  |  |  |  |
| 3        | Number of conservation easements modified, transferred, re  | leased, extinguished, or terminated by the  | e organization during the tax            |  |  |  |  |  |  |
|          | year  |   |  |  |  |  |  |  |  |
| 4        | Number of states where property subject to conservation ea  |   | -  |  |  |  |  |  |  |
| 5        | Does the organization have a written policy regarding the pel   |   | <u></u>                                  |  |  |  |  |  |  |
|          | violations, and enforcement of the conservation easements   | t holds?                                    |  |  |  |  |  |  |  |
| 6        | Staff and volunteer hours devoted to monitoring, Inspecting,  | handling of violations, and enforcing con   | servation easements during the year      |  |  |  |  |  |  |
|          |   |   |  |  |  |  |  |  |  |
| 7        | Amount of expenses incurred in monitoring, inspecting, hand   | dling of violations, and enforcing conserva | ation easements during the year          |  |  |  |  |  |  |
|          |   |   | . A. A. A. A. A. A. A. A. A. A. A. A. A. |  |  |  |  |  |  |
| 8        | Does each conservation easement reported on line 2(d) above   | ve satisfy the requirements of section 170  |  |  |  |  |  |  |  |
|          | ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )   |   | ***************************************  |  |  |  |  |  |  |
| 9        | In Part XIII, describe how the organization reports conservati  |   |  |  |  |  |  |  |  |
|          | balance sheet, and include, if applicable, the text of the footi  | note to the organization's financial staten | nents that describes the                 |  |  |  |  |  |  |
| Da       | organization's accounting for conservation easements.  rt III   Organizations Maintaining Collections or                                | f Art Historical Treasures or O             | ther Similar Assets                      |  |  |  |  |  |  |
| Га       | Complete if the organization answered "Yes" on Form   |   | Aller Chillia Addeto.                    |  |  |  |  |  |  |
|          | If the organization elected, as permitted under FASB ASC 95   |   | and balance cheet works                  |  |  |  |  |  |  |
| 1a       |   |   |  |  |  |  |  |  |  |
|          | of art, historical treasures, or other similar assets held for pu<br>service, provide in Part XIII the text of the footnote to its fina |   |  |  |  |  |  |  |  |
|          | If the organization elected, as permitted under FASB ASC 95   |   |  |  |  |  |  |  |  |
| b        | art, historical treasures, or other similar assets held for public  |   |  |  |  |  |  |  |  |
|          |   | c exhibition, education, or research in fur | merance 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 tre                             |   |  |  |  |  |  |  |  |
| 2        | the following amounts required to be reported under FASB A  |   | ai gairi, provide                        |  |  |  |  |  |  |
| _        |   | <del>-</del>                                | \$                                       |  |  |  |  |  |  |
| a<br>h   | Revenue included on Form 990, Part VIII, line 1  Assets included in Form 990, Part X  |   |  |  |  |  |  |  |  |
| <u> </u> |   |   | Schedule D (Form 990) 2022               |  |  |  |  |  |  |

|            |   | TI MUSEUM              |               |               |               | <u> </u>  |                     | <u>53665</u> |             | age <b>2</b> |
|------------|---|------------------------|---------------|---------------|---------------|-----------|---------------------|--------------|-------------|--------------|
|            | Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)  |                        |               |               |               |           |                     |              |             |              |
| 3          | Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its   |                        |               |               |               |           |                     |              |             |              |
|            | collection items (check all that apply):  |                        |               |               |               |           |                     |              |             |              |
| а          | X Public exhibition d Loan or exchange program  |                        |               |               |               |           |                     |              |             |              |
| b          | X Scholarly research  | е                      |               | ther          |               |           |                     |              |             | <del></del>  |
| С          | X Preservation for future generations   |                        |               |               |               |           |                     |              |             |              |
| 4          | Provide a description of the organization's col   | lections and explain   | how the       | y further the | e organizatio | n's exen  | npt purpose in Pa   | rt XIII.     |             |              |
| 5          | During the year, did the organization solicit or  | receive donations o    | f art, hist   | orical treas  | ures, or othe | ' similar | assets              |              |             | -            |
|            | to be sold to raise funds rather than to be mai   |                        |               |               |               |           |                     | Yes          |             | No           |
| Par        | Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9 or reported an amount on Form 990, Part X, line 21. |                        |               |               |               |           |                     |              |             |              |
| 1a         | Is the organization an agent, trustee, custodia   | n or other intermedi   | ary for co    | ontributions  | or other ass  | ets not i | ncluded             |              | <b>&gt;</b> |              |
|            | on Form 990, Part X?  |                        | -             |               |               |           | <i>M</i> =          | Yes          |             | No           |
| b          | If "Yes," explain the arrangement in Part XIII a  |                        |               |               |               |           |                     |              |             |              |
|            |   |                        |               |               |               |           |                     | Amour        | it          |              |
| С          | Beginning balance   |                        |               |               |               |           | 1c                  |              |             |              |
|            | Additions during the year   |                        |               |               |               |           |                     |              |             |              |
|            | Distributions during the year   |                        |               |               |               |           | 1e                  |              |             |              |
| f          | Ending balance  |                        |               |               |               | 637       | 1f                  |              |             |              |
| 2a         | Did the organization include an amount on Fo  |                        |               |               |               |           | ity?                | Yes          |             | No           |
| b          | If "Yes," explain the arrangement in Part XIII.   | Check here if the ex   | planation     | has been p    | provided on F | Part XIII |                     |              |             | ]            |
| Par        | t V Endowment Funds. Complete if  | the organization an    | swered "      | Yes" on Fo    | rm 990, Part  | W line    | 10.                 |              |             |              |
|            |   | (a) Current year       | <b>(b)</b> Pr | ior year      | (c) Two year  |           | (d) Three years bad | k (e) Fou    | r years     | back         |
| <b>1</b> a | Beginning of year balance   | 174,867,849.           | 207,          | 392,998       | 160,082       | ,575.     | 175,662,442         | 160          | ,995,       | 863.         |
| b          | Contributions   | 4,251,110.             |               | 192,228.      | 1,909         | ,055.     | 624,890             | ). 1         | ,340,       | 351.         |
| С          | Net investment earnings, gains, and losses  | 15,571,767.            | -26,          | 683,221.      | 51,387        | ,239.     | -10,235,22          | 5. 19        | ,137,       | 706.         |
| d          | Grants or scholarships  |                        |               |               | ?<br>         |           |                     |              |             |              |
|            | Other expenditures for facilities   |                        |               |               |               |           |                     |              |             |              |
|            | and programs  | 6,157,896.             | 6,            | 034,156.      | 5,985         | ,871.     | 5,969,53            | 2. 5         | ,811,       | 478.         |
| f          | Administrative expenses   |                        |               |               |               |           |                     |              |             |              |
| g          | End of year balance   | 188,532 830.           | 114,          | 867,849.      | 207,392       | ,998.     | 160,082,57          | 5. 175       | ,662,       | 442.         |
| 2          | Provide the estimated percentage of the curre   | ent year end balance   | line 1g,      | , column (a)  | ) held as:    |           |                     |              |             |              |
| а          | Board designated or quasi-endowment   | 20/9131                | _%            |               |               |           |                     |              |             |              |
| b          | Permanent endowment 41.1251   | <b>%</b>               |               |               |               |           |                     |              |             |              |
| С          | Term endowment 37.9617  | 16                     |               |               |               |           |                     |              |             |              |
|            | The percentages on lines 2a, 2b, and 2c shou  | ıld equal 100%.        |               |               |               |           |                     |              |             |              |
| За         | Are there endowment funds not in the posses   | sion of the organiza   | ition that    | are held an   | d administer  | ed for th | ne                  |              |             |              |
|            | organization by:  |                        |               |               |               |           |                     | No           |             |              |
|            | (i) Unrelated organizations   |                        |               |               |               |           | •••••               | 3a(i)        | X           |              |
|            | (ii) Related organizations  |                        |               |               |               |           |                     | 3a(ii)       |             | X            |
| b          | If "Yes" on line 3a(ii), are the related organiza   | tions listed as requir | ed on Sc      | hedule R?     |               |           |                     | 3b           |             |              |
| 4          | Describe in Part XIII the intended uses of the  | organization's endo    | wment fu      | ınds.         |               |           |                     |              |             |              |
| Pai        | Part VI Land, Buildings, and Equipment.   |                        |               |               |               |           |                     |              |             |              |
|            | Complete If the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  |                        |               |               |               |           |                     |              |             |              |
|            | Description of property   | (a) Cost or o          | ther          | (b) Cost      | or other      | (c) A     | ccumulated          | (d) Bo       | ok valu     | e            |
|            |   | basis (investr         | nent)         | basis         | (other)       | de        | preciation          |              |             |              |
| 1a         | Land  | .,                     |               |               |               |           |                     |              |             |              |
| b          | Buildings   |                        |               | 82,15         | 4,717.        | 44,       | 358,759.            | 37,79        | <b>5,</b> 9 | 58.          |
| С          | Leasehold improvements  |                        |               |               |               |           |                     |              |             |              |
| d          | Equipment   |                        |               |               | 0,387.        | 4,        | 202,501.            | 2,25         |             |              |
|            | Other   | i i                    |               | 1,01          | 2,881.        |           |                     | 1,01         |             |              |
| T-4-       | Add lines to through to (O-1 (-1)t  |                        | V 1           | - (D) II 4    | 0 - 1         |           |                     | 41 06        | 6 7         | 25.          |

Schedule D (Form 990) 2022

|  | MUSEUM ASSOCI               | ATION  | 31-0536653 Page <b>3</b> |
|--|-----------------------------|--|--------------------------|
| Part VII Investments - Other Securities.                             |                             |  |                          |
| Complete if the organization answered "Yes"                          |                             |  |                          |
| (a) Description of security or category (including name of security) | (b) Book value              | (c) Method of valuation: Cost or   | end-of-year market value |
| (1) Financial derivatives  |                             |  |                          |
| (2) Closely held equity interests                                    |                             |  |                          |
| (3) Other  |                             |  |                          |
| (A)  |                             |  |                          |
| (B)  |                             |  |                          |
| (C)  |                             |  |                          |
| (D)  |                             |  |                          |
| (E)  |                             |  |                          |
| (F)  |                             |  |                          |
| (G)  |                             |  |                          |
| (H)  |                             |  |                          |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)     |                             |  |                          |
| Part VIII Investments - Program Related.                             |                             |  |                          |
| Complete if the organization answered "Yes"                          | on Form 990, Part IV, line  | 11c. See Form 990, Part X, Ine 13.   |                          |
| (a) Description of investment  | (b) Book value              | (c) Method of valuation. Cost of   | end-of-year market value |
| (1)  |                             |  |                          |
| (2)  |                             |  |                          |
| (3)  |                             |  |                          |
| (4)  |                             |  |                          |
| (5)  |                             |  |                          |
| (6)  |                             |  |                          |
|  |                             |  |                          |
| (7)  |                             |  |                          |
| (8)  |                             |  |                          |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)     |                             |  |                          |
| Part IX Other Assets.  |                             |  |                          |
| Complete if the organization answered "Yes"                          | on Form 990 Part IV line    | 11d. See Form 990. Part X. line 15.  |                          |
|  | Description                 |  | (b) Book value           |
| DESTRUCTAT TRUEDERON TRE   |                             |  | 16,107,992.              |
| AS ASS ASSESSED TO THE STATE OF TAXABLE                              |                             |  | 32,944.                  |
| TITTE OF AND DIVILED DES   |                             |  | 64,664.                  |
| TANKS CONTROLLED THE CONTROLLED TANKS                                | AT AUDID                    | La Annual Control of the Control of  | 3,406,400.               |
|  |                             |  | 3,100,100.               |
| (5)  | <b>V</b>                    |  |                          |
| (6)  |                             | ALL CONTRACTOR OF THE PROPERTY |                          |
| (7)  |                             |  |                          |
| (8)  |                             |  |                          |
| (9)  | 45)                         |  | 19,612,000.              |
| Total. (Column (b) must equal Form 990, Part X, col. (B) lin         | ne 15.)                     |  | 19,012,000.              |
|  | I am Farms 000 Dark IV line | a 11 a av 11f Can Form 000 Dort V line   | . 05                     |
| Complete if the organization answered "Yes"                          | on Form 990, Part IV, int   | e He of Th. See Form 990, Fart A, Ille   | (b) Book value           |
| 1. (a) Description of liability                                      |                             |  | (b) Book value           |
| (1) Federal income taxes   |                             |  |                          |
| (2)  |                             |  |                          |
| (3)  |                             |  |                          |
| (4)  |                             |  |                          |
| (5)  |                             |  |                          |
| (6)  |                             |  |                          |
| (7)  |                             |  |                          |
| (8)  |                             |  |                          |
| (9)  |                             |  |                          |
| Total. (Column (b) must equal Form 990, Part X, col. (B) lii         | ne 25.)                     |  |                          |

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Schedule D (Form 990) 2022

| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. |   |  |   |  |  |  |  |
|---|---|--|---|--|--|--|--|
|   | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.                           |  |   |  |  |  |  |
| 1   | Total revenue, gains, and other support per audited financial statements                              | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | 1                                       |  |  |  |  |
| 2   | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                   |  | A 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 |  |  |  |  |
| а   | Net unrealized gains (losses) on investments  | 2a   |   |  |  |  |  |
| b   | Donated services and use of facilities  | 2b   |   |  |  |  |  |
| С   | Recoveries of prior year grants   | 2c   |   |  |  |  |  |
| d   | Other (Describe in Part XIII.)  | 2d   |   |  |  |  |  |
| е   | Add lines 2a through 2d   |  | 2e                                      |  |  |  |  |
| 3   | Subtract line 2e from line 1  | ***************************************  | 3                                       |  |  |  |  |
| 4   | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                  |  |   |  |  |  |  |
| a   | Investment expenses not included on Form 990, Part VIII, line 7b                                      | 4a   |   |  |  |  |  |
| b   | Other (Describe in Part XIII.)  | 4b   |   |  |  |  |  |
| С   | Add lines 4a and 4b   |  | 4c                                      |  |  |  |  |
| 5   | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)                       |  | ( 5 )                                   |  |  |  |  |
| Pai   | t XII Reconciliation of Expenses per Audited Financial Statemer                                       | nts With Expenses per  | Return.                                 |  |  |  |  |
| ,   | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.                           |  |   |  |  |  |  |
| 1   | Total expenses and losses per audited financial statements  |  | 1                                       |  |  |  |  |
| 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   | _                                       |  |  |  |  |
| C   | Other losses  | 2c   | _                                       |  |  |  |  |
| d   | Other (Describe in Part XIII.)  |  | _                                       |  |  |  |  |
| е   | Add lines 2a through 2d   | <b></b>  | 2e                                      |  |  |  |  |
| 3   | Subtract line 2e from line 1  |  | 3                                       |  |  |  |  |
| 4   | Amounts included on Form 990, Part IX, line 25, but not on line 1:                                    | )  |   |  |  |  |  |
| a   | Investment expenses not included on Form 990, Part VIII, line 7b                                      | 4a   | -                                       |  |  |  |  |
| b   | Other (Describe in Part XIII.)  | 4b   |   |  |  |  |  |
| С   | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |  | 4c                                      |  |  |  |  |
| 5   | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)                      |  | <u> </u>                                |  |  |  |  |
|   | rt XIII Supplemental Information.   | / Para dia and Obs David V. Pina   | A. Dest V. Bee O. Dest VI               |  |  |  |  |
|   | ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV       |  | 4; Part X, line 2; Part XI,             |  |  |  |  |
| lines   | 2d and 4b; and Part XII, lines 2d and 4b. Also compete this part to provide any additi                | onal information.  |   |  |  |  |  |
|   |   | ALL CONTRACTOR OF THE PROPERTY |   |  |  |  |  |
| וגרו  | OM TIT I TNE 13.  |  |   |  |  |  |  |
| PA  | RT III, LINE 1A:  |  |   |  |  |  |  |
| ФHI   | E COLLECTIONS, WHICH WERE ACQUIRED THROUGH  | PURCHASES AND C  | ONTRIBUTIONS                            |  |  |  |  |
| 111.  | COMMETTER WILL HOST INTO CO.  | LORIOZIO IZID  |   |  |  |  |  |
| STI   | NCE THE ASSOCIATION'S INCEPTION, ARE NOT RE   | COGNIZED AS ASS  | ETS ON THE                              |  |  |  |  |
| 21.   | ACT THE MADOCINIZATION PARTIES AND THE MADE WAS   |  |   |  |  |  |  |
| ST  | ATEMENT OF FINANCIAL POSITION. PURCHASES OF   | COLLECTION ITE   | MS ARE                                  |  |  |  |  |
|   |   | The second secon |   |  |  |  |  |
| RE  | CORDED AS DECREASES IN UNRESTRICTED NET ASS   | ETS IN THE YEAR  | IN WHICH THE                            |  |  |  |  |
|   |   |  |   |  |  |  |  |
| IT  | EMS ARE ACQUIRED. CONTRIBUTED COLLECTION IT   | EMS ARE NOT REF  | LECTED ON THE                           |  |  |  |  |
|   |   |  |   |  |  |  |  |
| FINANCIAL STATEMENTS. PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES                    |   |  |   |  |  |  |  |
|   |   |  |   |  |  |  |  |
| ARE REFLECTED AS INCREASES IN TEMPORARILY RESTRICTED NET ASSETS.                            |   |  |   |  |  |  |  |
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| PA  | RT III, LINE 4:   |  |   |  |  |  |  |
|   | B COLLEGETONG MILLON MEDE LOOMINED EVENING  | חווח מווא מווים אינה מ   |   |  |  |  |  |
| <u>'I'H</u>   | E COLLECTIONS, WHICH WERE ACQUIRED THROUGH  | PURCHASES AND C  | OMIKTROLIONS                            |  |  |  |  |
| ат  | NOTE MUTE CINCINNAMI ADM MITCEIMIC INCEDMION  | אספ אוחי ספיניחניים  | ZED AG AGGEMG                           |  |  |  |  |
|   | NCE THE CINCINNATI ART MUSEUM'S INCEPTION,  | WYTH MOT VECORNT   | Schedule D (Form 990) 2022              |  |  |  |  |
| 2320  | 64 09-01-22   |  |   |  |  |  |  |

ON THE STATEMENT OF FINANCIAL POSITION. PURCHASES OF COLLECTION ITEMS ARE

RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE

ITEMS ARE ACQUIRED. CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED ON THE

FINANCIAL STATEMENTS. PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES

ARE REFLECTED AS INCREASES IN TEMPORARILY RESTRICTED NET ASSETS.

PART V, LINE 4:

THE ENDOWMENT'S INTENDED USE IS FOR THE PURCHASE OF ART AND GENERAL OPERATING PURPOSES SUCH AS FREE ADMISSION, EDUCATION PROGRAMS, AND EXPENDITURES TO CARE AND PRESERVE THE ART COLLECTIONS.

PART X, LINE 2:

THE ASSOCIATION EVALUATES THE INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN INCOME TAX RETURNS FILED BY THE ASSOCIATION TO DETERMINE WHETHER A LIABILITY FOR UNCERTAIN TAX POSITIONS EXIST AND WHETHER A LIABILITY FOR SUCH UNCERTAIN POSITIONS SHOULD BE RECOGNIZED. THE ASSOCIATION IS EXEMPT FROM INCOME TAXES AND MANAGEMENT BELIEVES THE ASSOCIATION HAS NOT ENGAGED IN ANY ACTIVITIES THAT WOULD DISQUALIFY THEM FROM TAX-EXEMPT STATUS. REVENUES DERIVED FROM CERTAIN CATERING SERVICES PROVIDED BY THE ASSOCIATION AND CERTAIN MUSEUM SHOP SALES THAT ARE NOT SUBSTANTIALLY RELATED TO FURTHERING THE ASSOCIATION'S MISSION ARE CONSIDERED UNRELATED BUSINESS INCOME. TAXES ON UNRELATED BUSINESS INCOME ARE PAID IN ACCORDANCE WITH THE INTERNAL REVENUE CODE. NO ACCRUAL HAS BEEN PROVIDED BECAUSE THE AMOUNT OF TAX DUE IS IMMATERIAL. THE ASSOCIATION'S POLICY WITH REGARDS TO INTEREST AND PENALTIES IS TO RECOGNIZE INTEREST THROUGH INTEREST EXPENSE AND PENALTIES THROUGH OTHER EXPENSE. IN EVALUATING THE ASSOCIATION'S TAX PROVISION AND TAX-EXEMPT STATUS, INTERPRETATIONS AND TAX PLANNING STRATEGIES WERE CONSIDERED. THE ASSOCIATION BELIEVES ITS ESTIMATES ARE Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

## SCHEDULE G (Form 990)

## **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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Employer identification number

|  | ATI MUSEUM ASSOCIA:  |  |  | 31-0536  |   |
|--|--|--|--|--|---|
| Part I Fundraising Activities. required to complete this part. | Complete if the organization answe   | red "Yes" or   | n Form 990, Part IV, li  | ne 17. Form 990-EZ   | filers are not  |
| <ul> <li>1 Indicate whether the organization raise a</li></ul> | e Solicitat f Solicitat g Special r oral agreement with any individual art VII) or entity in connection with priduals or entities (fundraisers) pursua | ion of non-gion of gover<br>fundralsing<br>(including o                    | povernment grants rnment grants events  fficers, directors, trust undralsing services? | (  ) Yes   | ,   |
| (i) Name and address of individual or entity (fundralser)      | (ii) Activity  | (iii) Did<br>fundralser<br>have custody<br>or control of<br>contributions? | (iv) Gross receipts from activity  | (v) Amount paid<br>to (or retained by)<br>fundraiser<br>listed in col. (i) | (vi) Amount paid<br>to (or retained by)<br>organization |
|  |  | Yes No   |  |  |   |
|  |  |  |  |  |   |
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|  | )  |  |  |  |   |
| Total  |  |  |  |  |   |
| List all states in which the organization or licensing.        | n is registered or licensed to solicit   | contribution   | s or has been notified   | it is exempt from re   | gistration<br>  |
|  |  |  |  |  |   |
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| LHA For Paperwork Reduction Act Not                            | ice, see the Instructions for Form   | 990 or 990-  | EZ.  | Schedul  | e G (Form 990) 2022                                     |

232081 10-27-22

| Pa:         |        |   | ATI MUSEUM .e organization answer |           |  |   | 0536653 Page 2<br>more than \$15,000             |
|-------------|--------|---|-----------------------------------|-----------|--|---|--|
|             |        | of fundraising event contributions and gro  |                                   |           |  |   |  |
|             |        |   | (a) Event #1                      |           | <b>(b)</b> Event #2                              | (c) Other events NONE                   | (d) Total events<br>(add col. (a) through        |
|             |        |   | ANNUAL GALA                       | . 7       |  |   | col. <b>(c)</b> )                                |
| 0)          |        |   | (event type)                      |           | (event type)                                     | (total number)                          |  |
| Revenue     | 1      | Gross receipts  | 334,224                           |           | 69,182.  |   | 403,406.   |
|             | 2      | Less: Contributions   | 312,594                           |           | 55,098.  |   | 67,692.  |
|             | 3      | Gross income (line 1 minus line 2)  | 21,630                            | •         | 14,084.  |   | 35,714.  |
|             | 4      | Cash prizes   |                                   |           |  |   |  |
|             |        | Noncash prizes  |                                   |           |  |   |  |
| Expenses    |        | Rent/facility costs   |                                   |           |  |   |  |
| Direct Expe |        | Food and beverages  | 52,710                            |           | 15,555.  |   | 68,265.  |
| ģ           | 8      | Entertainment   | 3,351                             |           | 3,,500.  |   | 6,851.   |
|             | 9      | Other direct expenses   | 77,047                            | <u>'•</u> | 23,213.  |   | 100,260.   |
|             | 10     | Direct expense summary. Add lines 4 through   | 9 in column (d)                   |           | (  |   | 175,376.   |
|             | 11     |   |                                   |           |  |   | -139,662.  |
| Ра          | rt I   | <b>Gaming.</b> Complete if the organization a \$15,000 on Form 990-EZ, line 6a.                                       | answered "Yes" on Fo              | orm :     | 990, Part IV line 19, or                         | reported more than                      |  |
| enne        |        |   | (a) Bingo                         |           | (b) Pull tabs/instant<br>bingo/progressive bingo | (c) Other gaming                        | (d) Total gaming (add col. (a) through col. (c)) |
| Revenue     | 1      | Gross revenue   |                                   |           |  |   |  |
| ses         | 2      | Cash prizes   |                                   |           |  |   |  |
| Expenses    | 3      | Noncash prizes  |                                   |           |  | *************************************** |  |
| Direct E    | 4      | Rent/facility costs   |                                   |           |  |   |  |
|             | 5      | Other direct expenses   |                                   |           |  |   |  |
|             | 6      | Volunteer labor   | Yes<br>No                         | %         | Yes % No   |   |  |
|             | 7      |   |                                   |           | · · · · · · · · · · · · · · · · · · ·            |   |  |
|             | 8      | Net gaming income summary. Subtract line 7  |                                   |           |  |   | <u> </u>   |
|             | ı İs i | the the state(s) in which the organization conduct<br>the organization licensed to conduct gaming a<br>"No," explain: | ctivities in each of the          |           | states?  |   | . Yes No   |
|             |        |   |                                   |           |  |   |  |

Schedule G (Form 990) 2022

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

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| Sch | edule G (Form 990) 2022 CINCINNATI MUSEUM ASSOCIATION 3.   | L-0536653 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:   |                               |
|     | a The organization's facility  | 13a %                         |
|     | o An outside facility  |                               |
| 14  | Enter the name and address of the person who prepares the organization's gaming/special events books and records:            |                               |
| 14  | Litter the hame and address of the person who prepares the organization's gaming/special events books and records.           |                               |
|     | Nama   |                               |
|     | Name   |                               |
|     |  |                               |
|     | Address  |                               |
|     |  | Was DNa                       |
| 15  | a Does the organization have a contract with a third party from whom the organization receives gaming revenue?               | Yes No                        |
|     |  |                               |
| ١   | o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amoun                                 | nt )                          |
|     | 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:  |                               |
|     |  |                               |
|     | Name   |                               |
|     |  |                               |
|     | Gaming manager compensation \$   |                               |
|     | darling manager compensation   |                               |
|     | Description of services provided   |                               |
|     | Description of services provided   |                               |
|     |  |                               |
|     |  |                               |
|     |  |                               |
|     | Director/officer Employee Independent contractor   |                               |
|     |  |                               |
| 17  |  |                               |
|     | a Is the organization required under state law to make charitable distributions from the gaming proceeds to                  | П., П.,                       |
|     | retain the state gaming license?   |                               |
|     | b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | ne                            |
| _   | organization's own exempt activities during the tax year \$  |                               |
| P   | art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); are            | d Part III, lines 9, 9b, 10b, |
|     | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.                             |                               |
|     |  |                               |
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Schedule G (Form 990)

### **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

OMB No. 1545-0047

Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

CINCINNATI MUSEUM ASSOCIATION

31-0536653

Employer identification number

| Pa  | rt I Questions Regarding Compensation  |         |       |        |
|-----|--|---------|-------|--------|
|     |  |         | Yes   | No     |
| 1a  | 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 personal use  | = 1     |       |        |
|     | Travel for companions Payments for business use of personal residence  |         | ,     |        |
|     | Tax indemnification and gross-up payments  X Health or social club dues or initiation fees                             |         |       |        |
|     | Discretionary spending account Personal services (such as maid, chauffeur, chef)                                       |         |       |        |
|     |  |         |       |        |
| b   | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or          |         |       |        |
|     | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain               | 1b      | X     |        |
| 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 127                  | 2       | Χ_    |        |
|     |  |         |       |        |
| 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 to     |         |       |        |
|     | establish compensation of the CEO/Executive Director, but explain in Part III.   |         |       |        |
|     | X Compensation committee X Written employment contract   |         |       |        |
|     | Independent compensation consultant  X Compensation survey or study  |         |       |        |
|     | X Approval by the poard or compensation committee  |         |       |        |
|     |  |         |       |        |
| 4   | During the year, did any person listed on Form 990, Part VII, Section A line 1a, with respect to the filing            |         |       |        |
|     | organization or a related organization:  |         |       |        |
| а   | Receive a severance payment or change-of-control payment?  | 4a      |       | Х      |
| b   | Participate in or receive payment from a supplemental nonqualified retirement plan?                                    | 4b      | Х     |        |
| С   | Participate in or receive payment from an equity-based compensation arrangement?                                       | 4c      |       | Х      |
|     | If "Yes" to any of lines 4a.c, list the persons and provide the applicable amounts for each item in Part III.          |         |       |        |
|     |  |         |       |        |
|     | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.                               |         |       |        |
| 5   | For persons listed on Form 990, Part VII, Section A line 1a, did the organization pay or accrue any compensation       |         |       |        |
|     | contingent on the revenues of:   |         |       |        |
| а   | The organization?  | 5a      |       | X      |
| b   | Any related organization?  | 5b      |       | Х      |
|     | If "Yes" on line 5a or 5b, describe in Part III.   |         |       |        |
| 6   | For persons listed on Form 990, Rart VII, Section A, line 1a, did the organization pay or accrue any compensation      |         |       |        |
|     | contingent on the net earnings of  |         |       |        |
| а   | The organization?  | 6a      |       | X      |
| b   |  | 6b      |       | Х      |
|     | If "Yes" on line 6a or 6b, describe in Part III.   |         |       |        |
| 7   | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments       |         |       |        |
|     | not described on lines 5 and 6? If "Yes," describe in Part III   | 7       |       | Х      |
| 8   | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the        |         |       |        |
|     | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III            | 8       |       | X      |
| 9   | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in                 |         |       |        |
|     | Regulations section 53,4958-6(c)?  | 9       |       |        |
| LHA | For Paperwork Reduction Act Notice, see the Instructions for Form 990.  Schedule                                       | J (Forr | n 990 | ) 2022 |

Schedule J (Form 990) 2022

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

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.

|                           |            |  |                                     |                                     |                                   | 2200                    |                                 |  |
|---------------------------|------------|--|-------------------------------------|-------------------------------------|-----------------------------------|-------------------------|---------------------------------|--|
|                           |            | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | -2 and/or 1099-MISC<br>compensation |                                     | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B)   |
| (A) Name and Title        |            | (i) Base<br>compensation   | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation                      |                         |                                 | reported as deferred<br>on prior Form 990  |
| (1) LEWIS CAMERON KITCHIN | E          | 448,554.   | 1,050.                              | 0                                   | 39,478.                           | 1,360.                  | 490,442.                        | 0  |
| S                         |            |  | 0                                   | 0                                   | <i>≪</i> ≫.                       |                         | 1                               | 0  |
| (2) DAVE LINNENBERG       | Ξ          | 201,24   | 1,050.                              | 40,000.                             | 5,009.                            | 13,864.                 | 261,164.                        | 0.   |
| 뛿                         |            |  |                                     | 0                                   | W 10.                             | 1                       |                                 | • 0  |
| (3) CAROL EDMONDSON       | Ξ          | 134,577.   | 1,050.                              | 0.                                  | 2,907.                            | 18,982.                 | 157,516.                        | 0  |
| CHIEF FINANCIAL OFFICER   | : E        |  | 0.                                  | 0                                   | .0                                | 0.                      | 0.                              | 0  |
|                           | Ξ          |  |                                     |                                     |                                   |                         |                                 |  |
|                           |            |  |                                     |                                     | )                                 |                         |                                 |  |
|                           | 18         |  |                                     | )                                   |                                   |                         |                                 |  |
|                           | <u> </u>   |  |                                     |                                     |                                   |                         |                                 |  |
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|                           | 15         |  |                                     |                                     |                                   |                         |                                 |  |
|                           | <u> </u>   |  |                                     |                                     |                                   |                         |                                 |  |
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|                           | : <u>E</u> |  |                                     |                                     |                                   |                         |                                 |  |
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|                           | ⊞          | J)   |                                     |                                     |                                   |                         |                                 |  |
|                           | <b>A</b>   |  |                                     |                                     |                                   |                         |                                 |  |
|                           | (iii)      |  |                                     |                                     |                                   |                         |                                 |  |
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|                           | E          |  |                                     |                                     |                                   |                         |                                 |  |
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| •                         | ▣          |  |                                     |                                     |                                   |                         |                                 |  |
|                           |            |  |                                     |                                     |                                   |                         | Schedu                          | Schedule J (Form 990) 2022   |

Schedule J (Form 990) 2022

Part III | Supplemental Information

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|  | FAKT 1, LINE 45:<br>LEWIS CAMERON KITCHIN PARTICIPATES IN A 457(F) SUPPLEMENTAL NONQUALIFIED | 1 ASSOC.             | THE CINCINNATI MUSEUM ASSOCIATION CONTRIBUTED \$10,000 TO THIS | 2022. |  |  |  |  |  |  |  | Schedule J (Form 990) 2022   |
|--|--|----------------------|--|-------|--|--|--|--|--|--|--|--|
|  | FAKI I, LINE 4B:   | RETIREMENT PLAN OF T | ART MUSEUM. THE CIN  | ~     |  |  |  |  |  |  |  | A CONTRACTOR OF THE CONTRACTOR |

### **SCHEDULE M** (Form 990)

Department of the Treasury

Internal Revenue Service

**Noncash Contributions** 

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.

OMB No. 1545-0047

Inspection

Name of the organization

CINCINNATI MUSEUM ASSOCIATION

Employer identification number

31-0536653 Part I Types of Property (c) Noncash contribution (d) (a) (b) Check if Number of Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g 263 Art - Works of art Art - Historical treasures Art - Fractional interests ..... Books and publications ..... Clothing and household goods ..... Cars and other vehicles ..... 6 Boats and planes ..... 7 Intellectual property 1,679,096, MARKET QUOTE Х 23 9 Securities - Publicly traded ..... Securities - Closely held stock ..... 10 Securities · Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures ..... 14 Qualified conservation contribution - Other Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles ..... Food inventory 19 Drugs and medical supplies ..... 20 21 Taxidermy ..... Historical artifacts 22 Scientific specimens ..... 23 Archeological artifacts 24 25 Other 26 Other 27 Other 28 Number of Forms 8283 received by the organization during the tax year for contributions Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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? 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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

Schedule M (Form 990) 2022

describe in Part II.

232142 09-09-22

### SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

CINCINNATI MUSEUM ASSOCIATION

Employer identification number 31-0536653

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

CONNECTING OUR COMMUNITIES.

FORM 990, PART VI, SECTION A, LINE 6:

THE MEMBERSHIP INTEREST OF THE CINCINNATI MUSEUM ASSOCIATION CONSISTS OF NOT FEWER THAN 150 BUT NOT MORE THAN 300 INDIVIDUALS WHOSE MEMBERSHIP INTEREST SHALL BE EVIDENCED BY CERTIFICATES WHICH SHALL BE REFERRED TO AS IT SHALL BE THE RESPONSIBILITY OF THE TRUSTEES TO SELECT APPROPRIATE INDIVIDUALS TO SERVE AS MEMBERS OF THE ASSOCIATION AS PROVIDED A VOTE OF TWO THIRDS OF THE TRUSTEES IN THE ARTICLES OF INCORPORATION. SHALL BE REQUIRED TO SELECT AN INDIVIDUAL TO SECOME A MEMBER, AND THEREAFTER, ONE MEMBER SHARE SHALL BE AWARDED TO EACH SUCH PERSON. ADDITIONALLY, THE BOARD OF TRUSTEES NOMINATING COMMITTEE SUGGESTS NOMINEES FOR THE GOVERNING BODY TO THE MEMBERS WHO ELECT THEM.

SECTION FORM 990, PART VI. LINE 7A:

THE BOARD OF TRUSTEES NOMINATING COMMITTEE SUGGESTS NOMINEES FOR THE GOVERNING BODY TO THE MEMBERS WHO THEN VOTE TO ELECT THEM. CURRENTLY, BOARD OF TRUSTEES SHALL CONSIST OF FORTY TRUSTEES PLUS THE NUMBER OF EX OFFICIO WHO MAY BE SERVING HEREINAFTER PROVIDED. OF THIS THIRTY SIX TRUSTEES SHALL BE ELECTED BY THE MEMBERS. OF THE REMAINING FOUR TRUSTEES, THE MAYOR OF THE CITY OF CINCINNATI SHALL SERVE AS A TRUSTEE, TOGETHER WITH THREE ADDITIONAL TRUSTEES APPOINTED BY THE MAYOR WITH THE CONSENT OF CITY COUNCIL.

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

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

Schedule O (Form 990) 2022

CINCINNATI MUSEUM ASSOCIATION

Employer identification number 31-0536653

THE 990 IS DISTRIBUTED TO THE TRUSTEES SERVING ON THE FINANCE AND BUDGET

COMMITTEE FOR REVIEW BEFORE FILING. ADDITIONALLY, A COPY OF THE 990 IS

PROVIDED TO EACH BOARD MEMBER PRIOR TO FILING.

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

THE HUMAN RESOURCES DEPARTMENT REGULARLY AND CONSISTENTLY MONITORS THE

CONFLICT OF INTEREST DISCLOSURE PROCESS BY ENSURING THAT ALL EMPLOYEES

COMPLETE DISCLOSURE FORMS AS A NEW HIRE AND ON AN ANNUAL BASIS IN

SEPTEMBER. ALL EMPLOYEES ARE REQUIRED TO COMPLETE THE FORM AND DISCLOSE IF

THERE ARE ANY PERSONAL INTERESTS THAT COULD CONFLICT WITH THEIR EMPLOYMENT

AT THE ART MUSEUM. SHOULD ANY CONFLICTS BE DISCLOSED, IT IS REVIEWED BY

SENIOR MANAGEMENT. THE SECRETARY TO THE BOARD OF TRUSTEES IS RESPONSIBLE

FOR HAVING TRUSTEES AND OFFICERS COMPLETE THE FORM AND DISCLOSE ANY

CONFLICT OF INTEREST.

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

WITH THE APPROVAL OF THE EXECUTIVE COMMITTEE, THE EXECUTIVE DIRECTOR

CONDUCTS THE ANNUAL REVIEW OF ALL DEPUTY DIRECTORS AND DETERMINES MERIT

INCREASES FOR EACH. THE PRESIDENT OF THE BOARD OF DIRECTORS PREPARES THE

ANNUAL REVIEW OF THE DIRECTOR AND DETERMINES THE MERIT INCREASE AND OTHER

BENEFITS WHICH THE EXECUTIVE COMMITTEE MUST APPROVE.

FORM 990, PART VI, SECTION C, LINE 19:

THE FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC VIA THE CINCINNATI

MUSEUM ASSOCIATION'S WEBSITE. THE ANNUAL REPORT IS ON THE WEBSITE WHICH

INCLUDES THE FINANCIAL STATEMENTS. ON THE CINCINNATI MUSEUM ASSOCIATION'S

WEBSITE, THERE IS ALSO A LINK TO A COPY OF THE 990.

(g) Section 512(b)(13) controlled Employer identification number 31-0536653ŝ Open to Public Inspection OMB No. 1545-0047 2022 entity? Direct controlling Yes M entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. INCINNATI MUSEUM Direct controlling ASSOCIATION End-of-year assets <u>@</u> status (if section Public charity 501(c)(3)) LINE 12A, Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. (d) Total income Exempt Code section Go to www.irs.gov/Form990 for instructions and the latest information. 501(C)(3) ਉ Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) Attach to Form 990. OHIO SUPPORT FOR CINCINNATI CINCINNATI MUSEUM ASSOCIATION Primary activity Primary activity <u>a</u> ART MUSEUM SUPPORT CORPORATION - 83-2145659 Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity CINCINNATI, OH 45202 Name of the organization EDEN PARK DR Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part II Parti 953

Schedule R (Form 990) 2022

Page 2 31-0536653

CINCINNATI MUSEUM ASSOCIATION

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 General or Percentage managing ownership Section 512(b)(13) controlled entity? Yes No Identification of Related Organizations Taxable as a Corporation or Trust, Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. 乏 Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Percentage ownership Yes No Œ Code V-UBI amount in box 20 of Schedule L K-1 (Form 1065) Share of end-of-year assets <u>6</u> (h) Disproportionate Ves No allocations? Share of total income £ Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) e Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Ē Legal domicile (state or foreign country) 0 (d)
Direct controlling
entity Primary activity <u>@</u> (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 232162 09-14-22 PartIII Part IV

Page 3

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

| Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  | in the second se | CVIII opto IIIV                              | 1)<br>(1)<br>(2)<br>(3)    | Yes      | ટ્ર         |
|--|--|--|----------------------------|----------|-------------|
| During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?    | ne or more related organizations list  | ed in Parts II-IV?                           | ç                          |          | . I .       |
| Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity  |  |  | 7                          |          | <b>4 ≻</b>  |
| Gift, grant, or capital contribution to related organization(s)  |  |  | 2                          | 1        | 9 1         |
| Gift. grant. or capital contribution from related organization(s)  |  |  | 2                          |          | 세.          |
| oans or loan quarantees to or for related organization(s)  |  |  | 19                         | ×        | ١           |
| Loans or loan quarantees by related organization(s)  |  | ).   | <b>1</b>                   |          | ×           |
|  | •  |  | *                          |          | ×           |
| Dividends from related organization(s)   |  | )  |                            |          | 1 P         |
| Sale of assets to related organization(s)  |  |  | 19                         |          | <b>4 </b> ; |
| ation(s)   |  |  | 두                          |          | ×           |
|  |  | >  | ij                         |          | ×Ι          |
| l ease of facilities, equipment, or other assets to related organization(s)  |  |  | F                          |          | ×I          |
|  |  |  |                            |          |             |
| l ease of facilities equipment or other assets from related organization(s)  |  |  | ¥                          |          | M           |
| Deformance of services or membership or fundraising solicitations for related organization(s)  |  |  | =                          |          | M           |
| Pellolliance of services of membership of fundraising solicitations by related organization(s)   |  |  | 111                        |          | ×           |
| Perioring of facilities on immost mailing lists or other assets with related organization(s)   |  |  | 두                          |          | ×           |
| olialing of racintees, equipment, maining uses, or once associa minimated organization (s).<br>Obsigns of raid omployees with related organization (s) |  |  | 10                         |          | ×           |
| Sicyces will related cigalization(2)   | )  |  |                            |          |             |
| Reimbursement paid to related organization(s) for expenses   |  |  | 10                         |          | M           |
|  | >  |  | -5                         |          | ×           |
|  |  |  | •                          |          | Þ           |
| Other transfer of cash or property to related organization(s)  |  |  | - ¥                        | $\vdash$ | ∜∣⊳         |
| Uther transfer of cash or property from related organization(s)  | who mist complete this line including covered  | ed relationships and transaction thresholds. |                            |          |             |
|  | (c)<br>mount inv   |  | involved                   |          |             |
|  |  |  |                            |          | l           |
|  |  |  |                            |          | ı           |
|  |  |  |                            |          | l           |
|  |  |  |                            |          | ı           |
|  |  |  |                            |          | l           |
|  |  |  |                            |          | I           |
|  | С<br>Ц   | Schec  | Schedule R (Form 990) 2022 | 2 (066 1 | ×           |
|  |  |  |                            |          |             |

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

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

|   | (E)      | Disproportionate   | Yes No (Form 1065)                      |  |  |  |          |             |  |   |          |      |   |   |  |        |   |  |  |   |                   | CCCC (000 cm; T) a cliff of c |
|---|----------|--|---|--|--|--|----------|-------------|--|---|----------|------|---|---|--|--------|---|--|--|---|-------------------|-------------------------------|
|   |          | parties at. Share of Share of 501(6)(3) +0+21 end-of-vea | income                                  |  |  |  |          |             |  |   |          |      |   |   |  |        |   |  |  |   |                   |                               |
| Tvesument partificiallys.   | <b>©</b> | Predominant income (related, unrelated,                  | excluded from tax und sections 512-514) |  |  |  |          | (           |  | ) | <b>\</b> |      |   | ) |  |        |   |  |  |   | <br>              |                               |
| Iusion for certain i  | (O)      | Legal domicile   | (state of Toreig                        |  |  |  | <br>     |             |  |   |          | <br> |   |   |  | ><br>7 |   |  |  |   | <br>************* |                               |
| structions regarding exci   | (q)      | Primary activity   |   |  |  |  | <b>-</b> | *********** |  |   |          |      | - |   |  |        | • |  |  | > | l                 |                               |
| that was not a related organization. See instructions regarding excition for certain investment parties in by | (a)      | Name, address, and EIN                                   | of entity                               |  |  |  |          |             |  |   |          |      |   |   |  |        |   |  |  |   |                   |                               |

EXTENDED TO JULY 15, 2024 **Exempt Organization Business Income Tax Return** Form 990-T OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2022 or other tax year beginning  $\overline{SEP}$  1,  $\overline{2022}$ , and ending  $\overline{AUG}$  31,  $\overline{2023}$ Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Check box if Name of organization ( Check box if name changed and see instructions.) address changed. CINCINNATI MUSEUM ASSOCIATION B Exempt under section Print 31-0536653 EGroup exemption number X = 501(c)(3)10 Number, street, and room or suite no. If a P.O. box, see instructions. Type 408(e) 220(e) 953 EDEN PARK DR. 408A \_\_530(a) City or town, state or province, country, and ZIP or foreign postal code CINCINNATI, OH 45202 529(a) 529A Check box if 263,461,111. C Book value of all assets at end of year ... an amended return. X 501(c) corporation 501(c) trust 401(a) trust Other trust State college/university G Check organization type H Check if filing only to Claim credit from Form 8941 Claim a refund shown on Form 2439 Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation J Enter the number of attached Schedules A (Form 990-T) ..... During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? X No Yes If "Yes," enter the name and identifying number of the parent corporation. Telephone number CAROL EDMONDSON 513-639-2925 The books are in care of **Total Unrelated Business Taxable Income** Part I Total of unrelated business taxable income computed from all unrelated trades or businesses (see 277,370. instructions) 2 Reserved 2 Add lines 1 and 2 277.370. 3 3 Charitable contributions (see instructions for limitation rules) 4 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 5 Deduction for net operating loss. See instructions 6 6 Total of unrelated business taxable income before specific deduction and section 199A deduction. 277,370. Subtract line 6 from line 5 1,000. 8 Specific deduction (generally \$1,000, but see instructions for exceptions) 8 Trusts. Section 199A deduction. See instructions ..... 9 9 1,000. Total deductions. Add lines 8 and 9 10 10 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero 11 **276,**370. Part II Tax Computation Organizations taxable as corporations Multiply Part I, line 11 by 21% (0.21) 58,038. 1 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041) 2 Proxy tax. See instructions 3 3 Other tax amounts. See instructions 4 Alternative minimum tax (trusts only) 5 Tax on noncompliant facility income. See instructions 6 Total. Add lines 3 through 6 to line 1 or 2, whichever applies **58,**038 7 LHA For Paperwork Reduction Act Notice, see instructions. Form 990-T (2022)

223711 01-16-23

## SCHEDULE A (Form 990-T)

# **Unrelated Business Taxable Income From an Unrelated Trade or Business**

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

| ra INC   | ame of the organization CINCINNATI MUSEUM ASSOCIATION  |        |                       | B Employer i                                    |   |  |
|--|--|--------|-----------------------|---|---|--|
| <b>C</b> U   | nrelated business activity code (see instructions) 72232   | 0      |                       | <b>D</b> Sequence                               | : 1   | of 2   |
| E D  | escribe the unrelated trade or business CATERING & Ed  | QUII   | PMENT RENTAL          |   |   |  |
| Par  | Unrelated Trade or Business Income   |        | (A) Income            | (B) Expense:                                    | s 🗸   | (C) Net  |
| 1 a  | Gross receipts or sales 833,226.   |        |                       |   | <b>A</b>                                    |  |
| b  | Less returns and allowances c Balance  | 1c     | 833,226.              |   |   | · ·  |
|  | Cost of goods sold (Part III, line 8)  | 2      | 171,225.              |   |   |  |
| 3  | Gross profit. Subtract line 2 from line 1c   | 3      | 662,001.              | ( )   |   | 662,001.   |
| 4 a  | Capital gain net income (attach Schedule D (Form 1041 or Form  |        |                       |   |   |  |
|  | 1120)). See instructions   | 4a     |                       | <u>/ .                                     </u> |   |  |
| b  | Net gain (loss) (Form 4797) (attach Form 4797). See instructions)  | 4b     |                       | <u> </u>  |   |  |
| С  | Capital loss deduction for trusts  | 4c     |                       | <u> </u>  |   |  |
| 5  | Income (loss) from a partnership or an S corporation (attach   | _      |                       |   |   |  |
|  | statement)   | 5      | 28,714.               | 11,3  | 0.4   | 17,410.  |
|  | Rent income (Part IV)  | 6      | 20,714.               | 11,3  | 04.   | 17,410.  |
|  | Unrelated debt-financed income (Part V)  | 7      |                       |   |   |  |
|  | Interest, annuities, royalties, and rents from a controlled organization (Part VI)   | 8/     |                       |   |   |  |
| 9  | Investment income of section 501(c)(7), (9), or (17)   |        |                       |   |   |  |
|  | organizations (Part VII)   | 9      |                       |   |   |  |
| 10   | Exploited exempt activity income (Part VIII)   | 10_    |                       |   |   |  |
|  | Advertising income (Part IX)   | M      |                       |   |   |  |
| 12   | Other income (see instructions; attach statement)  | 12     |                       |   |   |  |
| 13   | Other income (see instructions; attach statement)  Total. Combine lines 3 through 12   | 13     | 690,715.              | 11,3  | 04.   | 679 <u>,</u> 411.  |
| Par  | t II Deductions Not Taken Elsewhere See instructi  |        | or limitations on dec | luctions. Dedu                                  | ictions                                     | must be  |
| ,  | directly connected with the unrelated business in  |        | <del></del>           |   |   |  |
| 1  | directly connected with the unrelated business in  Compensation of officers, directors, and trustees (Part X)  |        |                       |   | 1   |  |
| 1 2  | directly connected with the unrelated business in  Compensation of officers, directors, and trustees (Part X)  Salaries and wages  |        | •                     | ********  |   | 234,870.   |
|  | directly connected with the unrelated business in  Compensation of officers, directors, and trustees (Part X)  Salaries and wages  Repairs and maintenance   |        | •                     | ********  | 1 2 3                                       |  |
| 2  | directly connected with the unrelated business in  Compensation of officers, directors, and trustees (Part X)  Salaries and wages  Repairs and maintenance  Bad debts  |        |                       |   | 1<br>2<br>3<br>4                            |  |
| 2<br>3   | directly connected with the unrelated business in  Compensation of officers, directors, and trustees (Part X)  Salaries and wages  Repairs and maintenance  Bad debts  Interest (attach statement). See instructions   |        |                       |   | 1<br>2<br>3<br>4<br>5                       | 234,870.   |
| 2<br>3<br>4  | directly connected with the unrelated business in  Compensation of officers, directors, and trustees (Part X)  Salaries and wages  Repairs and maintenance  Bad debts  Interest (attach statement). See instructions  Taxes and licenses   |        |                       |   | 1<br>2<br>3<br>4<br>5<br>6                  |  |
| 2<br>3<br>4<br>5<br>6<br>7   | directly connected with the unrelated business in  Compensation of officers, directors, and trustees (Part X)  Salaries and wages  Repairs and maintenance  Bad debts  Interest (attach statement). See instructions  Taxes and licenses  Depreciation (attach Form 4562). See instructions  |        | 7                     |   | 1<br>2<br>3<br>4<br>5<br>6                  | 234,870.   |
| 2<br>3<br>4<br>5<br>6  | directly connected with the unrelated business in  Compensation of officers, directors, and trustees (Part X)  Salaries and wages  Repairs and maintenance  Bad debts  Interest (attach statement). See instructions  Taxes and licenses  Depreciation (attach Form 4562). See instructions  Less depreciation claimed in Part III and elsewhere on return   |        | 7 88                  | 39,630.   | 1 2 3 4 5 6 8b                              | 234,870.   |
| 2<br>3<br>4<br>5<br>6<br>7<br>8<br>9   | directly connected with the unrelated business in  Compensation of officers, directors, and trustees (Part X)  Salaries and wages  Repairs and maintenance  Bad debts  Interest (attach statement). See instructions  Taxes and licenses  Depreciation (attach Form 4562). See instructions  Less depreciation claimed in Part III and elsewhere on return  Depletion  |        | 7<br>8a               | 39,630.   | 1 2 3 4 5 6 8b 9                            | 234,870.   |
| 2<br>3<br>4<br>5<br>6<br>7<br>8<br>9   | directly connected with the unrelated business in  Compensation of officers, directors, and trustees (Part X)  Salaries and wages  Repairs and maintenance  Bad debts  Interest (attach statement). See instructions  Taxes and licenses  Depreciation (attach Form 4562). See Instructions  Less depreciation claimed in Part III and elsewhere on return  Depletion  Contributions to deferred compensation plans  |        | 7<br>8a               | 39,630.   | 1<br>2<br>3<br>4<br>5<br>6                  | 234,870.   |
| 2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10                                     | directly connected with the unrelated business in  Compensation of officers, directors, and trustees (Part X)  Salaries and wages  Repairs and maintenance  Bad debts  Interest (attach statement). See instructions  Taxes and licenses  Depreciation (attach Form 4562). See instructions  Less depreciation claimed in Part III and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs   |        | 7 8a                  | 39,630.   | 1<br>2<br>3<br>4<br>5<br>6<br>8b<br>9<br>10 | 234,870.   |
| 2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11                               | directly connected with the unrelated business in  Compensation of officers, directors, and trustees (Part X)  Salaries and wages  Repairs and maintenance  Bad debts  Interest (attach statement). See instructions  Taxes and licenses  Depreciation (attach Form 4562). See Instructions  Less depreciation claimed in Part III and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Part VIII)   |        | 7 8a                  | 39,630.   | 1 2 3 4 5 6 8b 9 10 11 12                   | 234,870.   |
| 2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12                         | directly connected with the unrelated business in  Compensation of officers, directors, and trustees (Part X)  Salaries and wages  Repairs and maintenance  Bad debts  Interest (attach statement). See instructions  Taxes and licenses  Depreciation (attach Form 4562). See Instructions  Less depreciation claimed in Part III and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Part VIII)  Excess readership costs (Part IX)  |        | 7 8a                  | 39,630.   | 1 2 3 4 5 6 8b 9 10 11 12 13                | 234,870.<br>18,554.<br>39,630.                               |
| 2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13                   | directly connected with the unrelated business in  Compensation of officers, directors, and trustees (Part X)  Salaries and wages  Repairs and maintenance  Bad debts  Interest (attach statement). See instructions  Taxes and licenses  Depreciation (attach Form 4562). See instructions  Less depreciation claimed in Part III and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Part VIII)  Excess readership costs (Part IX)  Other deductions (attach statement)   |        | 7 8a SEE STAT         | 39,630.   | 1 2 3 4 5 6 8b 9 10 11 12 13 14             | 234,870.<br>18,554.<br>39,630.                               |
| 2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>15       | directly connected with the unrelated business in  Compensation of officers, directors, and trustees (Part X)  Salaries and wages  Repairs and maintenance  Bad debts Interest (attach statement). See instructions  Taxes and licenses  Depreciation (attach Form 4562). See instructions  Less depreciation claimed in Part III and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Part VIII)  Excess readership costs (Part IX)  Other deductions (attach statement)  Total deductions. Add lines 1 through 14  |        | 7<br>8a<br>SEE STAT   | 39,630.   | 1 2 3 4 5 6 8b 9 10 11 12 13                | 234,870.<br>18,554.<br>39,630.                               |
| 2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14             | directly connected with the unrelated business in  Compensation of officers, directors, and trustees (Part X)  Salaries and wages  Repairs and maintenance  Bad debts  Interest (attach statement). See instructions  Taxes and licenses  Depreciation (attach Form 4562). See instructions  Less depreciation claimed in Part III and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Part VIII)  Excess readership costs (Part IX)  Other deductions (attach statement)  Total deductions. Add lines 1 through 14  Unrelated business income before net operating loss deduction. S   | ubtrac | SEE STAT              | 39,630.<br>'EMENT 1                             | 1 2 3 4 5 6 8b 9 10 11 12 13 14 15          | 18,554.<br>39,630.<br>122,016.<br>415,070.                   |
| 2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>15<br>16 | directly connected with the unrelated business in  Compensation of officers, directors, and trustees (Part X)  Salaries and wages  Repairs and maintenance  Bad debts  Interest (attach statement). See instructions  Taxes and licenses  Depreciation (attach Form 4562). See instructions  Less depreciation claimed in Part III and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Part VIII)  Excess readership costs (Part IX)  Other deductions (attach statement)  Total deductions. Add lines 1 through 14  Unrelated business income before net operating loss deduction. S  column (C)   | ubtrac | SEE STAT              | 39,630.   | 1 2 3 4 5 6 8b 9 10 11 12 13 14 15 16       | 18,554.<br>39,630.<br>122,016.<br>415,070.<br>264,341.       |
| 2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>15<br>16 | directly connected with the unrelated business in  Compensation of officers, directors, and trustees (Part X)  Salaries and wages  Repairs and maintenance  Bad debts  Interest (attach statement). See instructions  Taxes and licenses  Depreciation (attach Form 4562). See instructions  Less depreciation claimed in Part III and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Part VIII)  Excess readership costs (Part IX)  Other deductions (attach statement)  Total deductions. Add lines 1 through 14  Unrelated business income before net operating loss deduction. S  column (C)  Deduction for net operating loss. See instructions | ubtrac | SEE STAT              | 39,630.<br>PEMENT 1                             | 1 2 3 4 5 6 8b 9 10 11 12 13 14 15 16 17    | 18,554.<br>39,630.<br>122,016.<br>415,070.<br>264,341.<br>0. |
| 2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>15<br>16 | directly connected with the unrelated business in  Compensation of officers, directors, and trustees (Part X)  Salaries and wages  Repairs and maintenance  Bad debts  Interest (attach statement). See instructions  Taxes and licenses  Depreciation (attach Form 4562). See instructions  Less depreciation claimed in Part III and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Part VIII)  Excess readership costs (Part IX)  Other deductions (attach statement)  Total deductions. Add lines 1 through 14  Unrelated business income before net operating loss deduction. S  column (C)   | ubtrac | SEE STAT              | 39,630.   | 1 2 3 4 5 6 8b 9 10 11 12 13 14 15 16 17 18 | 18,554.<br>39,630.<br>122,016.<br>415,070.<br>264,341.       |

|        | lle A (Form 990-T) 2022   |                           | 77./7  |                                | Page 2                |
|--------|---|---------------------------|--|--------------------------------|-----------------------|
| Part I | III Cost of Goods Sold Enter meth   | od of inventory valuati   | on N/A   |                                |                       |
| 1      | Inventory at beginning of year  |                           |  | 1                              | 0.                    |
| 2      | Purchases   |                           |  | 2                              | 171,225.              |
| 3      | Cost of labor   |                           |  | 3                              | 0.                    |
| 4      | Additional section 263A costs (attach statement)                                      |                           | **,***   | 4                              | 0.                    |
| 5      | Other costs (attach statement)  |                           |  | i i                            | 0.                    |
| 6      | Total. Add lines 1 through 5  |                           |  |                                | 171,225.              |
| 7      | Inventory at end of year  |                           |  | 1 1                            | 0.                    |
| 8      | Cost of goods sold. Subtract line 7 from line 6. Enter h                              |                           |  |                                | 171,225.              |
| 9      | Do the rules of section 263A (with respect to property p                              |                           |  |                                | Yes X No              |
| Part   |   |                           |  |                                |                       |
| 1      | Description of property (property street address, city, st A EQUIPMENT RENTAL 953 EDE | tate, ZIP code). Check    | if a dual-use. See inst                          | ructions.                      |                       |
|        | В   |                           |  |                                | <del>\</del>          |
|        | С   |                           |  |                                |                       |
|        | D   |                           |  |                                | T                     |
|        |   | Α                         | <u>B</u>   | C                              | D                     |
| 2      | Rent received or accrued  |                           |  |                                |                       |
| а      | From personal property (if the percentage of  |                           |  |                                |                       |
|        | rent for personal property is more than 10%   |                           |  |                                |                       |
|        | but not more than 50%)  | 0.                        |  |                                |                       |
| b      | From real and personal property (if the   |                           |  |                                |                       |
| ~      | percentage of rent for personal property exceeds                                      |                           |  |                                |                       |
|        | 50% or if the rent is based on profit or income)                                      | 28,714.                   |  |                                |                       |
|        | Total rents received or accrued by property.  |                           |  |                                |                       |
| С      | Add lines 2a and 2b, columns A through D  | 28,714                    |  |                                |                       |
|        | Add lines 2a and 2b, columns A through b  | 20,7130                   |  | <u></u>                        |                       |
|        | The state of the state of Addition On addition A                                      |                           | Double Brack                                     | - ali (A)                      | 28,714.               |
| 3      | Total rents received or accrued. Add line 2c columns A                                | through D. Enter nere     | and on Part I, line 6, t                         | T                              | 1 20,714.             |
|        | Deductions directly connected with the income   | 11 204                    |  |                                |                       |
| 4      | in lines 2(a) and 2(b) (attach statement) STMT 2                                      | 11,304.                   |  | <u></u>                        |                       |
|        |   |                           |  |                                | 11 201                |
| 5      | Total deductions. Add line 4 columns A through D. En                                  | nter here and on Part I,  | line 6, column (B)                               | ****************************** | 11,304.               |
| Part   |   | 200                       | ANALYSIS AND AND AND AND AND AND AND AND AND AND |                                |                       |
| 1      | Description of debt-financed property (street address, or                             | city, state, ZIP code). C | Check if a dual-use. Se                          | e instructions.                |                       |
|        | A   |                           |  |                                |                       |
|        | В   |                           |  |                                |                       |
|        | c 🗆   |                           |  |                                |                       |
|        | D   |                           |  |                                |                       |
|        |   | Α                         | В  | С                              | D                     |
| 2      | Gross income from or allocable to debt-financed                                       |                           |  |                                |                       |
|        | property  |                           |  |                                |                       |
| 3      | Deductions directly connected with or allocable                                       |                           |  |                                |                       |
| -      | to debt-financed property   |                           |  |                                |                       |
|        | Straight line depreciation (attach statement)   |                           |  |                                |                       |
| a<br>h | Other deductions (attach statement)   |                           |  |                                |                       |
| b      |   |                           |  |                                |                       |
| С      | Total deductions (add lines 3a and 3b, columns A through D)                           |                           |  |                                |                       |
| 4      | Amount of average acquisition debt on or allocable                                    |                           |  |                                |                       |
|        | to debt-financed property (attach statement)  |                           |  |                                |                       |
| 5      | Average adjusted basis of or allocable to debt-                                       |                           |  |                                |                       |
|        | financed property (attach statement)  |                           |  |                                |                       |
| 6      | Divide line 4 by line 5   | %                         | 9  | 6 9                            | 6 %                   |
| 7      | Gross income reportable. Multiply line 2 by line 6                                    |                           |  | <u> </u>                       | ,                     |
|        | Total gross income (add line 7, columns A through D)                                  | ) Enter here and on Dr    | art I line 7 column (A)                          | I                              | 0.                    |
| 8      | Total gross income (add line 7, columns A through D                                   | , Litter here and on Pa   | , 11115 /, COIUIIIII (A)                         |                                | J.                    |
| ^      | Allocable deductions. Multiply line 3c by line 6                                      |                           |  | 1                              | T                     |
| 9      | Total allocable deductions. Add line 9, columns A th                                  | rough D. Enter have an    | d on Part Lling 7 col                            | ımn (B)                        | 0.                    |
| 10     |   | -                         |  |                                | 0.                    |
| 11     | Total dividends-received deductions included in line                                  | <del>5 10</del>           |  |                                | ·····                 |
| 223721 | 01-16-23  |                           |  | Schedul                        | e A (Form 990-T) 2022 |

1

| Part | VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)               |   |  |
|------|---|---|--|
| 1    | Description of exploited activity:  |   |  |
| 2    | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 2 |  |
| 3    | Expenses directly connected with production of unrelated business income. Enter here and on Part I,   |   |  |
|      | line 10, column (B)   | 3 |  |
| 4    | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete  |   |  |
|      | lines 5 through 7   | 4 |  |
| 5    | Gross income from activity that is not unrelated business income                                      | 5 |  |
| 6    | Expenses attributable to income entered on line 5   | 6 |  |
| 7    | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line    |   |  |
|      | 4. Enter here and on Part II, line 12   | 7 |  |

| CHICHIANTI HOBBOTI HBBOCH           |                   |                    |             |                     |
|-------------------------------------|-------------------|--------------------|-------------|---------------------|
| FORM 990-T (A)                      | OTHER DEI         | DUCTIONS           |             | STATEMENT 1         |
| DESCRIPTION                         |                   |                    |             | AMOUNT              |
| SUPPLIES & EQUIPMENT                |                   |                    | <del></del> | 13,891.             |
| PROFESSIONAL SERVICES               |                   |                    |             | 69,051              |
| UTILITIES & OCCUPANCY MISCELLANEOUS |                   |                    |             | 10,676.<br>4 9,863. |
| CREDIT CARD FEES                    |                   |                    |             | 18,535              |
|                                     |                   |                    |             |                     |
| TOTAL TO SCHEDULE A, PART           | PII, LINE 14      |                    |             | 122,016.            |
|                                     |                   |                    |             |                     |
| FORM 990-T (A) DEDUCTION            | ONS CONNECTED WIT | TH RENTAL INC      | OME         | STATEMENT 2         |
|                                     |                   |                    |             |                     |
| DESCRIPTION                         |                   | ACTIVITY<br>NUMBER | AMOUNT      | TOTAL               |
| EQUIPMENT RENTAL EXPENSE            |                   |                    | 4,726.      |                     |
| EQUIPMENT RENTAL SALARY             | GIIDMOMAT /       |                    | 6,578.      | 11 204              |
|                                     | - SUBTOTAL        |                    |             | 11,304              |
| TOTAL TO FORM 990-T, SCHI           | EDULE A, PART IV  | , LINE 4           |             | 11,304              |
|                                     |                   |                    |             |                     |

### **SCHEDULE A** (Form 990-T)

### **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

| <b>A</b> N | ame of the organization CINCINNATI MUSEUM ASSOCIATION   |                   | B Employer identification number 31-0536653 |                |             |                       |  |
|------------|---|-------------------|---|----------------|-------------|-----------------------|--|
| <u>c</u> u | nrelated business activity code (see instructions) 45942  | <b>D</b> Sequence | : 2   | of 2           |             |                       |  |
| <b>E</b> D | escribe the unrelated trade or business GIFT SHOP   | -110-1            |   |                |             |                       |  |
| Par        | t I Unrelated Trade or Business Income  |                   | (A) Income                                  | (B) Expenses   | •           | (C) Net               |  |
| 1a         | Gross receipts or sales 58,577.   |                   |   |                |             |                       |  |
| b          | Less returns and allowances c Balance   | 1c                | 58,577.                                     | (              | 1           | <b>Y</b>              |  |
| 2          | Cost of goods sold (Part III, line 8)   | 2                 | 25,494.                                     |                |             |                       |  |
| 3          | Gross profit. Subtract line 2 from line 1c  | 3                 | 33,083.                                     |                |             | 33,083.               |  |
|            | Capital gain net income (attach Schedule D (Form 1041 or Form                                     |                   | 7   |                |             |                       |  |
|            | 1120)). See instructions  | 4a                |   |                |             |                       |  |
| b          | Net gain (loss) (Form 4797) (attach Form 4797). See instructions)                                 | 4b                |   |                |             |                       |  |
| c          | Capital loss deduction for trusts   | 4c                |   |                |             |                       |  |
| 5          | Income (loss) from a partnership or an S corporation (attach                                      |                   | . < //                                      |                |             |                       |  |
| Ū          | statement)  | 5                 |   |                |             |                       |  |
| 6          | Rent income (Part IV)   | 6                 |   |                |             |                       |  |
| 7          | Unrelated debt-financed income (Part V)   | 7                 |   |                | <u> </u> -  |                       |  |
| 8          | Interest, annuities, royalties, and rents from a controlled                                       | <u> </u>          |   |                |             |                       |  |
| Ü          | organization (Part VI)  | 8                 |   |                |             |                       |  |
| 9          | Investment income of section 501(c)(7), (9), or (17)  |                   |   |                |             |                       |  |
| 3          | organizations (Part VII)  | 9                 |   |                |             |                       |  |
| 10         | organizations (Part VII)  Exploited exempt activity income (Part VIII)                            | 10 4              |   |                |             |                       |  |
| 11         | Advertising income (Part IX)  | 10                |   |                |             |                       |  |
| 12         | Other income (see instructions; attach statement)   | 12                |   |                |             |                       |  |
|            | Total. Combine lines 3 through 12   | 13                | 33,083.                                     |                |             | 33,083.               |  |
| 13         |   | •                 |   | 1              |             |                       |  |
| Pai        | Deductions Not Taken Elsewhere See instructions directly connected with the unrelated business in | ons fo            | or limitations on dec<br>e                  | ductions. Dedu | ctions      | must be               |  |
| 1          | Compensation of officers, directors, and trustees (Part X)  |                   |   |                | 1           | 388.                  |  |
| 2          | Salaries and wages  |                   |   |                | 2           | 14,532.               |  |
| 3          | Repairs and maintenance   |                   |   |                | 3           |                       |  |
| 4          | Repairs and maintenance Bad debts   |                   |   |                | 4           |                       |  |
| 5          |   |                   |   |                | 5           |                       |  |
| 6          | Taxes and licenses  |                   |   |                | 6           |                       |  |
| 7          |   |                   | 7   | 1,207.         | e e e e e e |                       |  |
| 8          | Less depreciation claimed in Part III and elsewhere on return                                     |                   | 8a  |                | 8b          | 1,207.                |  |
| 9          | Depletion   |                   |   |                | 9           |                       |  |
| 10         | Contributions to deferred compensation plans  |                   |   |                | 10          |                       |  |
| 11         | Employee benefit programs   |                   |   |                | 11          |                       |  |
| 12         | Excess exempt expenses (Part VIII)  |                   |   |                | 12          |                       |  |
| 13         | Excess readership costs (Part IX)   |                   |   |                | 13          |                       |  |
| 14         | Other deductions (attach statement)   |                   | SEE STAT                                    | EMENT 3        | 14          | 3,927.                |  |
| 15         |   |                   |   |                | 15          | 20,054.               |  |
| 16         | Unrelated business income before net operating loss deduction. S                                  |                   |   |                |             |                       |  |
|            | column (C)  |                   |   |                | 16          | 13,029.               |  |
| 17         | Deduction for net operating loss. See instructions  |                   |   |                | 17          | 0.                    |  |
| 18         | Unrelated business taxable income. Subtract line 17 from line 1                                   |                   |   |                | 18          | 13,029.               |  |
| LHA        |   |                   |   |                |             | e A (Form 990-T) 2022 |  |
|            | •   |                   |   |                |             |                       |  |

9

10

Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)

Allocable deductions, Multiply line 3c by line 6

Total dividends-received deductions included in line 10

| Part | VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instruction                 | ns)              |             |
|------|---|------------------|-------------|
| 1    | Description of exploited activity:  | _                |             |
| 2    | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 2                |             |
| 3    | Expenses directly connected with production of unrelated business income. Enter here and on Part I,   |                  |             |
|      | line 10, column (B)   | 3                |             |
| 4    | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete  |                  |             |
|      | lines 5 through 7   | 4                |             |
| 5    | Gross income from activity that is not unrelated business income                                      | . 5              |             |
| 6    | Expenses attributable to income entered on line 5   | . 6              |             |
| 7    | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line    |                  |             |
|      | 4. Enter here and on Part II, line 12   | . 7              |             |
|      |   | Schedule A (Form | 990-T) 2022 |

line 9, column (A)

0.

line 9, column (B)

0.

| CHICHIANTI HOBBON NBBOC                     |                  |                       |
|---|------------------|-----------------------|
| FORM 990-T (A)                              | OTHER DEDUCTIONS | STATEMENT 3           |
| DESCRIPTION                                 |                  | AMOUNT                |
| ACCOUNTING<br>OCCUPANCY<br>CREDIT CARD FEES |                  | 543<br>1,459<br>1,925 |
| TOTAL TO SCHEDULE A, PA                     | ART II, LINE 14  | 3,927                 |
|   |                  |                       |
|   |                  |                       |
|   |                  |                       |
|   |                  |                       |
|   |                  |                       |
|   |                  |                       |
|   |                  |                       |
|   |                  |                       |
|   |                  |                       |

### **Underpayment of Estimated Tax by Corporations**

Attach to the corporation's tax return.

FORM 990-T

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form2220 for instructions and the latest information.

Name

### CINCINNATI MUSEUM ASSOCIATION

Employer identification number 31-0536653

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

| Part I Required Annual Payment   |         |                              |                           |   |          |
|--|---------|------------------------------|---------------------------|---|----------|
|  |         |                              |                           |   | 4        |
| 1 Total tax (see instructions)   |         |                              |                           |   | 58,038.  |
| 0.5  | 00)     |                              | 2a                        |   |          |
| 2 a Personal holding company tax (Schedule PH (Form 1120), line  |         | <b>(1)</b>                   |                           |   |          |
| b Look-back interest included on line 1 under section 460(b)(2)<br>contracts or section 167(g) for depreciation under the income |         |                              |                           |   |          |
| contracts of section 107(g) for depreciation under the income  | iorei   | cast method                  | 2b                        | -                                       | <b>\</b> |
| c Credit for federal tax paid on fuels (see instructions)  |         |                              |                           |   |          |
| d Total. Add lines 2a through 2c   |         |                              |                           |   |          |
| 3 Subtract line 2d from line 1. If the result is less than \$500, do   |         |                              |                           |   |          |
| does not owe the penalty   |         | · ·                          |                           | , 3                                     | 58,038.  |
| 4 Enter the tax shown on the corporation's 2021 income tax reti  |         |                              |                           | • · · · · · · · · · · · · · · · · · · · |          |
| or the tax year was for less than 12 months, skip this line and  |         |                              | artin. VIII               | 4                                       | 52,618.  |
| ,  |         |                              |                           |   |          |
| 5 Required annual payment. Enter the smaller of line 3 or line   | 4. If   | the corporation is require   | d to skip line 4,         |   |          |
| enter the amount from line 3   |         |                              |                           | 5                                       | 52,618.  |
| Part II Reasons for Filing - Check the boxes belo  | w tha   | at apply. If any boxes are t | checked, the corporation  | must file Form 2220                     |          |
| even if it does not owe a penalty. See instructions.   |         |                              |                           |   |          |
| 6 The corporation is using the adjusted seasonal installa  |         | EF VOA                       |                           |   |          |
| 7 The corporation is using the annualized income install   |         |                              |                           |   |          |
| 8 The corporation is a "large corporation" figuring its first  | st rec  | uired installment based o    | n the prior year's tax.   |   |          |
| Part III Figuring the Underpayment   |         |                              | ·······                   |   |          |
|  |         | (a)/                         | (b)                       | (c)                                     | (d)      |
| 9 Installment due dates. Enter in columns (a) through (d) the  |         |                              |                           |   |          |
| 15th day of the 4th (Form 990-PF filers: Use 5th month),   |         | 01/15/23                     | 00/15/00                  | 05/15/00                                | 00/15/00 |
| 6th, 9th, and 12th months of the corporation's tax year  | 9       | 01/13/23                     | 02/15/23                  | 05/15/23                                | 08/15/23 |
| 10 Required installments. If the box on line 6 and/or line 7   |         |                              |                           |   |          |
| above is checked, enter the amounts from Sch Azline 38. If<br>the box on line 8 (but not 6 or 7) is checked, see instructions    | ľ       |                              |                           |   |          |
| for the amounts to enter. If none of these boxes are checked,  |         |                              |                           |   |          |
| enter 25% (0.25) of line 5 above in each column  | 10      | 13,155.                      | 13,154.                   | 13,155.                                 | 13,154.  |
| 11 Estimated tax paid or credited for each period for  | 10      | 13,133.                      | 10,1040                   | 10,100                                  | 13,134.  |
| column (a) only, enter the amount from line 11 on line 15.   |         |                              |                           |   |          |
| Contractions   | 11      | 11,555.                      | 14,765.                   | 13,160.                                 | 19,000.  |
| Complete lines 12 through 18 of one column   | Ë       |                              |                           |   | 25,000   |
| before going to the next column.   |         |                              |                           |   |          |
| 12 Enter amount, if any, from line 18 of the preceding column  | 12      |                              |                           | 11.                                     | . 16.    |
| 13 Add lines 11 and 12   | 13      |                              | 14,765.                   | 13,171                                  |          |
| 14 Add amounts on lines 16 and 17 of the preceding column  | 14      |                              | 1,600.                    |   |          |
| 15 Subtract line 14 from line 13. If zero or less, enter -0-   | 15      | 11,555.                      | 13,165.                   | 13,171.                                 | 19,016.  |
| 16 If the amount on line 15 is zero, subtract line 13 from line  |         |                              |                           |   |          |
| 14. Otherwise, enter -0-   | 16      |                              | 0.                        | 0.                                      |          |
| 17 Underpayment. If line 15 is less than or equal to line 10,  |         |                              |                           |   |          |
| subtract line 15 from line 10. Then go to line 12 of the next  |         |                              |                           |   |          |
| column. Otherwise, go to line 18   | 17      | 1,600.                       |                           |   |          |
| 18 Overpayment. If line 10 is less than line 15, subtract line 10  |         | ,                            |                           |   |          |
| from line 15. Then go to line 12 of the next column  | 18      |                              | 11.                       | 16.                                     |          |
| Go to Part IV on page 2 to figure the penalty. Do not go to Part I'  | V if tl | nere are no entries on lin   | e 17 - no penalty is owed | l,                                      |          |

For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2022)

### Part IV Figuring the Penalty

|    |  |        | (a)                                     | (b)                      | (c)      | (d)    |
|----|--|--------|---|--------------------------|----------|--------|
| 19 | Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations; Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers; Use 5th month instead of 4th month.) See instructions | 19     |   | ·                        |          |        |
| 20 | Number of days from due date of installment on line 9 to the date shown on line 19   | 20     |   |                          |          | 1      |
| 21 | Number of days on line 20 after 4/15/2022 and before 7/1/2022  | 21     |   |                          |          |        |
| 22 | Underpayment on line 17 x Number of days on line 21 x 4% (0.04)  | 22     | \$                                      | \$                       | \$       | \$     |
| 23 | Number of days on line 20 after 6/30/2022 and before 10/1/2022   | 23     | *************************************** |                          |          |        |
| 24 | Underpayment on line 17 x Number of days on line 23 x 5% (0.05)  | 24     | \$                                      | \$                       | \$       | \$     |
| 25 | Number of days on line 20 after 9/30/2022 and before 1/1/2023  | 25     |   |                          |          |        |
| 26 | Underpayment on line 17 x Number of days on line 25 x 6% (0.06)  | 26     | \$                                      | \$                       | \$       | \$     |
| 27 | Number of days on line 20 after 12/31/2022 and before 4/1/2023   | 27     | SEE                                     | ATTACHED W               | DRKSHEET |        |
| 28 | Underpayment on line 17 x Number of days on line 27 x 7% (0.07)  | 28     | \$                                      | \$                       | \$       | \$     |
| 29 | Number of days on line 20 after 3/31/2023 and before 7/1/2023  | 29     |   |                          |          |        |
| 30 | Underpayment on line 17 x Number of days on line 29 x *%   | 30     | \$                                      | \$                       | \$       | \$     |
| 31 | Number of days on line 20 after 6/30/2023 and before 10/1/2023   | 31     |   |                          |          |        |
| 32 | Underpayment on line 17 x Number of days on line 31 x *%   | 32     | \$                                      | \$                       | \$       | \$     |
| 33 | Number of days on line 20 after 9/30/2023 and before 1/1/2024  | 33     |   |                          |          |        |
| 34 | Underpayment on line 17 x Number of days on Jine 38 x '%   | 34     | \$                                      | \$                       | \$       | \$     |
| 35 | Number of days on line 20 after 12/31/2023 and before 3/16/2024  | 35     |   |                          |          | 444444 |
| 36 | Underpayment on line 17 x Number of days on line 35 x '%   | 36     | \$                                      | \$                       | \$       | \$     |
| 37 | Add lines 22, 24, 26, 28, 30, 32, 34, and 36   | 37     | \$                                      | \$                       | \$       | \$     |
| 38 | Penalty. Add columns (a) through (d) of line 37. Enter the to  | otal h | ere and on Form 1120, lir               | ne 34; or the comparable | 38       | \$ 10. |

<sup>\*</sup> Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter.

These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form 2220 (2022)

## $\begin{array}{cc} & \text{FORM} & 990-\text{T} \\ \textbf{UNDERPAYMENT OF ESTIMATED TAX WORKSHEET} \end{array}$

| Name(s)                |              |                                |                                   | Identifying N                | umber          |
|------------------------|--------------|--------------------------------|-----------------------------------|------------------------------|----------------|
| CINCINNATI             | MUSEUM ASSOC | CIATION                        |                                   | 31-05                        | 36653          |
| (A) (B) *Date Amount   |              | (C)<br>Adjusted<br>Balance Due | (D)<br>Number Days<br>Balance Due | (E)<br>Daily<br>Penalty Rate | (F)<br>Penalty |
|                        |              | -0-                            |                                   |                              |                |
| 01/15/23               | 13,155.      | 13,155.                        |                                   | 6                            |                |
| 01/15/23               | -7,000.      | 6,155.                         |                                   |                              |                |
| 01/15/23               | -4,555.      | 1,600.                         | 31                                | .000191781                   | 10             |
| 02/15/23               | 13,154.      | 14,754.                        |                                   |                              |                |
| 02/15/23               | -14,765.     | -11.                           |                                   |                              |                |
| 05/15/23               | 13,155.      | 13,144.                        |                                   |                              |                |
| 05/15/23               | -13,160.     | -16.                           |                                   |                              |                |
| 08/15/23               | 13,154.      | 13,138.                        |                                   |                              |                |
| 08/15/23               | -19,000.     | -5,862.                        |                                   |                              |                |
| 09/30/23               | 0.           | -5,862                         | 92                                | .000219178                   |                |
| 12/31/23               | 0.           | -5,862                         | 15                                | .000218579                   |                |
|                        |              |                                |                                   |                              |                |
|                        |              |                                |                                   |                              |                |
|                        |              | )                              |                                   |                              |                |
|                        |              |                                |                                   |                              |                |
| •                      |              |                                |                                   |                              |                |
|                        |              |                                |                                   |                              |                |
|                        |              |                                |                                   |                              |                |
| •                      |              |                                |                                   |                              |                |
|                        |              |                                |                                   |                              |                |
| enalty Due (Sum of Col | umn F).      |                                |                                   |                              | 10             |

<sup>\*</sup> Date of estimated tax payment, withholding credit date or installment due date.

212511 04-01-22

# **Depreciation and Amortization** (Including Information on Listed Property)

A PG1

Attach to your tax return.

OMB No. 1545-0172

1

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form4562 for instructions and the latest information.

| Name(s) shown on return                           |   |   | Business or activity to which | this form relates                       |             | Identifying number                                |
|---|---|---|-------------------------------|---|-------------|---|
|   |   | k   | CATERING &                    | EQUIPME                                 | ENT         |   |
| CINCINNATI MUSEUM A                               | SSOCIATION                              | Į:  | RENTAL                        |   |             | 31-0536653  |
| Part   Election To Expense Certain F              | Property Under Section 179              | Note: If you have a                         | ny listed property, co        | mplete Part \                           | / before yo | ou complete Part I.                               |
| 1 Maximum amount (see instruction                 |   |   |                               |   | 4           | 1,080,000.  |
| 2 Total cost of section 179 property              |   |   |                               |   | 2           |   |
| 3 Threshold cost of section 179 pro               |   |   |                               |   |             | 2,00,000.   |
| 4 Reduction in limitation. Subtract li            | •                                       |   |                               |   | [           |   |
|   |   |   |                               |   | _           |   |
| 435 14  | on of property                          |   | (business use only)           | (c) Elected c                           |             | <del>( ))                                  </del> |
| 6 (a) Description                                 | л от ргорогу                            | (5) 000.                                    | (Submission and army)         | (0) 2.00.00                             |             | V   |
|   |   |   |                               |   |             |   |
|   | *************************************** |   |                               |   | _           | ))  |
|   |   |   |                               |   |             | (   |
|   |   |   |                               |   |             |   |
| 7 Listed property. Enter the amount               |   |   |                               |   | -4          |   |
| 8 Total elected cost of section 179               |   |   |                               | W 1887                                  | 8           |   |
| 9 Tentative deduction. Enter the sn               |   |   |                               | <i></i>                                 | 9           |   |
| 10 Carryover of disallowed deduction              |   |   |                               |   | 10          |   |
| 11 Business income limitation. Enter              | the smaller of business in              | ncome (not less tha                         | n zero) or line 5 🦯 🦲         |   | 11          |   |
| 12 Section 179 expense deduction.                 | Add lines 9 and 10, but d               | on't enter more tha                         | n line 11                     |   | 12          |   |
| 13 Carryover of disallowed deduction              | n to 2023. Add lines 9 and              | d 10, less line 12                          | 13                            |   |             |   |
| Note: Don't use Part II or Part III belo          | w for listed property. Inst             | ead, use Part V.                            |                               |   |             |   |
| Part II Special Depreciation A                    | llowance and Other Dep                  | reciation (Don't in                         | nclude listed property        | /. <b>)</b>                             |             |   |
| 14 Special depreciation allowance for             |   |   | 404                           |   |             |   |
| ·   |   |   |                               | J                                       | 14          |   |
| 15 Property subject to section 168(f)             |   |   |                               | *************************************** | 15          |   |
| 16 Other depreciation (including ACF              |   |   |                               |   | 16          |   |
|   | Don't include listed prop               |   |                               |   | . 1.0       |   |
| WAONO Depresanti                                  | Bott ( molado notos prop                | Section A                                   | 10.7                          |   |             |   |
| 17 MACRS deductions for assets pla                | and in conting in takung                |   | 2022                          |   | 17          | 39,630.   |
| 18 If you are electing to group any assets placed | W 100                                   |   |                               |   | ij H        | 3370301   |
|   | ssets Placed in Service                 | 20  | <del></del>                   | rol Donrocia                            | tion Systa  | <b>—</b>  |
| Section B - A                                     | (b) Month and                           | (c) Basis for depreciat                     | ion                           | l al Deprecia                           | lion dyste  | 111   |
| (a) Classification of property                    | year placed<br>in service               | (business/investment only - see instruction | ise (d) Recovery              | (e) Convention                          | (f) Method  | (g) Depreciation deduction                        |
|   | - Control                               |   | ~,                            |   |             |   |
| 19a 3-year property                               |   |   |                               | <del> </del>                            |             |   |
| b 5-year property                                 |   |   |                               |   |             |   |
| c 7-year property                                 |   |   |                               |   |             |   |
| d 10-year property                                |   | ·····                                       |                               |   |             |   |
| e 15-year property                                | <u> </u>                                |   |                               |   |             |   |
| f 20-year property                                |   |   |                               |   |             |   |
| g 25-year property                                |   |   | 25 yrs.                       |   | S/L         |   |
| Deside Siel was beverante                         | /                                       |   | 27.5 yrs.                     | MM                                      | S/L         |   |
| h Residential rental property                     | 1                                       |   | 27.5 yrs.                     | MM                                      | S/L         |   |
|   | /                                       |   | 39 yrs.                       | MM                                      | S/L         |   |
| i Nonresidential real property                    | /                                       |   |                               | MM                                      | S/L         |   |
| Section C - As                                    | sets Placed in Service D                | Ouring 2022 Tax Ye                          | ear Using the Alterna         | ative Deprec                            | iation Syst | tem   |
| 20a Class life                                    |   |   |                               |   | S/L         |   |
| b 12-year   |   |   | 12 yrs.                       |   | S/L         |   |
|   | ,                                       |   | 30 yrs.                       | MM                                      | S/L         |   |
|   |   |   | 40 yrs.                       | MM                                      | S/L         |   |
| d 40-year Part IV Summary (See instruction        | ione \                                  |   | I - JO yldi                   | 1 141141                                | 1 0/1       | <u> </u>  |
|   |   |   |                               |   | T ~~        |   |
| 21 Listed property. Enter amount fro              |   |   |                               |   | 21          |   |
| 22 Total. Add amounts from line 12                |   |   |                               |   |             | 20 620  |
| Enter here and on the appropriat                  |   |   |                               |   | 22          | 39,630.   |
| 23 For assets shown above and place               | ced in service during the               | current year, enter t                       | the                           |   |             |   |

portion of the basis attributable to section 263A costs

31-0536653 Page 2 CINCINNATI MUSEUM ASSOCIATION Form 4562 (2022) Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for Part V entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes 24b If "Yes," is the evidence written? No (b) (c) (e) (f) (a) (a)
Type of property
(list vehicles first) (h) (d) Date Elected Business Basis for depreciation Depreciation Cost or Recovery Method/ (business/investment section 179 placed in investment period Convention deduction other basis use percentage use only) service 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use: % % 27 Property used 50% or less in a qualified business use % S/L % S/L % 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle Vehicle<sup>(</sup> **Nehicle** Vehicle Vehicle Vehicle year (don't include commuting miles) 31 Total commuting miles driven during the year ... 32 Total other personal (noncommuting) miles driven\_\_\_\_\_ 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use Yes Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes Nο employees? ...... 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use?

| Part VI Amortization                             | y rea, don't de              | Simpleto Coulon B 101 tr     | o dovered verneled.    |                                    |    |   |
|--|------------------------------|------------------------------|------------------------|------------------------------------|----|---|
| (a) Description of costs                         | (b) Date amortization begins | (C)<br>Amortizable<br>amount | (d)<br>Code<br>section | (e)<br>Amortizat<br>period or pero |    | <b>(f)</b><br>Amortization<br>for this year |
| 42 Amortization of costs that begins during your | 2022 tax year:               |                              |                        |                                    |    |   |
|  | : :                          |                              |                        |                                    |    |   |
|  | : :                          |                              |                        |                                    |    |   |
| 43 Amortization of costs that began before your  | 2022 tax year                |                              |                        |                                    | 43 |   |
| 44 Total. Add amounts in column (f). See the ins | tructions for wh             | ere to report                |                        |                                    | 44 |   |
|  |                              |                              |                        |                                    |    | Form 4562 (2022)                            |

216252 12-08-22

# **Depreciation and Amortization** (Including Information on Listed Property)

A PG1

Attach to your tax return.

OMB No. 1545-0172

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Identifying number

2

| ヘザエんつつ  | INNATI MUSEUM ASSC  | CIATION  | GI   | FT SHOP  |   |   | 31-0536653   |
|---|---|--|--|--|---|---|--|
| Part I  | Election To Expense Certain Proper  | ty Under Section 179   | Note: If you have any  | listed proper  | y, complete Part  | V before y  | ou complete Part I.  |
| 1 Maxi  | imum amount (see instructions)  |  |  |  |   | 1   | 1,080,000.   |
| 2 Total   | l cost of section 179 property place  | ed in service (see ir  | structions) ,  |  |   | 2   |  |
| 3 Thres   | shold cost of section 179 property  | before reduction in  | limitation   |  |   | 3   | 2,00,000.  |
| 4 Redu  | uction in limitation. Subtract line 3 t   | from line 2. If zero   | or less, enter -0  |  |   | 4   |  |
| 5 Dollar  | limitation for tax year. Subtract line 4 from line  | 1. If zero or less, enter -0-  | . If married filing separately, se   | e instructions   |   | 5   |  |
| 6   | (a) Description of pro  | operty   | (b) Cost (bu   | siness use only)   | (c) Elected   | cost  |  |
|   |   |  |  |  |   |   |  |
|   |   |  |  |  | ļ   |   |  |
|   |   |  |  |  | -   |   |  |
|   |   |  | <u> </u>   |  | <u> </u>  |   |  |
|   | ed property. Enter the amount from  |  |  |  |   | $\checkmark$  |  |
|   | l elected cost of section 179 prope   |  |  |  |   | 8   |  |
|   | ative deduction. Enter the smaller  |  |  |  |   | 9   |  |
|   | yover of disallowed deduction from  |  |  |  | ))\\/   | 10  |  |
|   | iness income limitation. Enter the s  |  | •  | . 69 4   | <u> </u>  | 11  |  |
|   | tion 179 expense deduction. Add li  |  |  | A 569  |   | 12  |  |
|   | yover of disallowed deduction to 2  |  |  | 13   | <u>)                                    </u>  |   |  |
| Part I  | on't use Part II or Part III below for  |  |  | ude ficebad mus  | norty 1   |   |  |
|   |   |  |  | M  |   | <u> </u>  | 1  |
|   | cial depreciation allowance for qua   |  |  | pi <b>ace</b> d in serv  | rice auring   |   |  |
|   | tax year  |  |  | )  |   | 14  |  |
| •   | perty subject to section 168(f)(1) ele  | ***************************************  |  |  |   | 15  |  |
| Part I  |   | include listed pror  |  | **************************************   | ***************************************   | 10  | 1  |
| 1,010   | WAONS Depreciation (Don't   | molade listed proj   | Section A  | !  | ····  |   |  |
|   | CRS deductions for assets placed i  | n service in takves  |  | 22   |   | 17  | 1,207.   |
|   | are electing to group any assets placed in serv   | W. ~   |  |  |   | ï h   |  |
| 10 1. 700   |   | 7005   |  |  |   |   | 2000 - CONTROL OF THE PROPERTY |
|   |   | Placed in Service  | PUULING ZUZZ TAK TEC   | r Using the (  | Seneral Deprecia  | ation Syste   | em   |
|   |   | (b) Month and  | (c) Basis for depreciation   |  | Reneral Deprecia  |   |  |
|   | (a) Classification of property  |  |  | (d) Recovering   | ery (e) Convention  |   | (g) Depreciation deduction   |
| 19a   |   | (b) Month and year placed  | (c) Basis for depreciation (business/investment use  | (d) Recov  | ery (e) Convention  |   |  |
|   | (a) Classification of property  | (b) Month and year placed  | (c) Basis for depreciation (business/investment use  | (d) Recov  | ery (e) Convention  |   |  |
| b   | (a) Classification of property  3-year property   | (b) Month and year placed  | (c) Basis for depreciation (business/investment use  | (d) Recov  | ery (e) Convention  |   |  |
| b<br>c  | (a) Classification of property  3-year property  5-year property  | (b) Month and year placed  | (c) Basis for depreciation (business/investment use  | (d) Recov  | ery (e) Convention  |   |  |
| b<br>c<br>d   | (a) Classification of property  3-year property  5-year property  7-year property   | (b) Month and year placed  | (c) Basis for depreciation (business/investment use  | (d) Recov  | ery (e) Convention  |   |  |
| b<br>c<br>d   | (a) Classification of property  3-year property  5-year property  7-year property  10-year property   | (b) Month and year placed  | (c) Basis for depreciation (business/investment use  | (d) Recov  | ery (e) Convention  |   |  |
| b<br>c<br>d<br>e<br>f                                 | (a) Classification of property  3-year property  5-year property  7-year property  10-year property  15-year property   | (b) Month and year placed  | (c) Basis for depreciation (business/investment use  | (d) Recov  | (e) Convention  |   |  |
| b c d e f g   | (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property  | (b) Month and year placed  | (c) Basis for depreciation (business/investment use  | (d) Recovering   | (e) Convention  | (f) Method  |  |
| b c d e f g   | (a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property   | (b) Month and year placed  | (c) Basis for depreciation (business/investment use  | (d) Recorder period  | (e) Convention  | (f) Method  |  |
| b<br>c<br>d<br>e<br>f<br>g                            | (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property  Residential rental property   | (b) Month and year placed in service   | (c) Basis for depreciation (business/investment use  | (d) Recorder (d) Period (d) Perio | (e) Convention  S. MM rs. MM  | S/L<br>S/L<br>S/L<br>S/L  |  |
| b<br>c<br>d<br>e<br>f<br>g                            | (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property  Residential rental property   | (b) Month and year placet in service   | (c) Basis for depreciation (business/investment use only - see instructions)   | 25 yrs<br>27.5 y<br>27.5 y<br>39 yrs   | (e) Convention  S.  TS. MM  TS. MM  S. MM  MM   | S/L S/L S/L S/L S/L S/L   | (g) Depreciation deduction   |
| b<br>c<br>d<br>e<br>f<br>g                            | (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property  Residential rental property   | (b) Month and year placet in service   | (c) Basis for depreciation (business/investment use  | 25 yrs<br>27.5 y<br>27.5 y<br>39 yrs   | (e) Convention  S.  TS. MM  TS. MM  S. MM  MM   | S/L S/L S/L S/L S/L S/L   | (g) Depreciation deduction   |
| b c d e f g h   | (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property  Residential rental property   | (b) Month and year placet in service   | (c) Basis for depreciation (business/investment use only - see instructions)   | 25 yr: 27.5 y 27.5 y 39 yr:  | G. (e) Convention  G. MM  rs. MM  G. MM  ternative Deprec   | S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L   | (g) Depreciation deduction   |
| b c d e f g h   | (a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets  | (b) Month and year placet in service   | (c) Basis for depreciation (business/investment use only - see instructions)   | 25 yr: 27.5 y 27.5 y 39 yr: Using the Al   | Gery (e) Convention  Gery (e) | S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L   | (g) Depreciation deduction   |
| b c d e f g h i                                       | (a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets I  | (b) Month and year placet in service   | (c) Basis for depreciation (business/investment use only - see instructions)   | 25 yrs<br>27.5 y<br>27.5 y<br>39 yrs<br>Using the Al   | (e) Convention  So.  TS. MM  TS. MM  So. MM  MM  ternative Deprect  So.  MM  MM   | S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L   | (g) Depreciation deduction   |
| b c d e f g h i 20a b c d                             | (a) Classification of property  3-year property  5-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets I  Class life  12-year  30-year   | (b) Month and year placed in service   | (c) Basis for depreciation (business/investment use only - see instructions)   | 25 yr: 27.5 y 27.5 y 39 yr: Using the Al   | (e) Convention  So.  TS. MM  TS. MM  So. MM  MM  ternative Deprect  So.  MM  MM   | S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L   | (g) Depreciation deduction   |
| b c d e f g h i                                       | (a) Classification of property  3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property  Section C - Assets I Class life 12-year 30-year 40-year  V Summary (See instructions.)   | (b) Month and year placed in service   | (c) Basis for depreciation (business/investment use only - see instructions)   | 25 yrs<br>27.5 y<br>27.5 y<br>39 yrs<br>Using the Al   | (e) Convention  So.  TS. MM  TS. MM  So. MM  MM  ternative Deprect  So.  MM  MM   | S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L   | (g) Depreciation deduction   |
| b c d e f g h i 20a b c d Part I                      | (a) Classification of property  3-year property 5-year property 10-year property 20-year property 25-year property 25-year property Residential rental property  Nonresidential real property  Section C - Assets I Class life 12-year 30-year  IV Summary (See instructions.)  | (b) Month and year placed in service   | (c) Basis for depreciation (business/investment use only - see instructions)   | 25 yrs<br>27.5 y<br>27.5 y<br>39 yrs<br>Using the Al<br>12 yr<br>30 yr<br>40 yr  | Gery (e) Convention  Gery (e) | S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L   | (g) Depreciation deduction   |
| b c d e f g h i  20a b c d Part I 21 List 22 Tota     | (a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets I  Class life  12-year  30-year  40-year  IV Summary (See instructions.)  red property. Enter amount from linal. Add amounts from line 12, lines                                       | (b) Month and year placed in service  // // // // Placed in Service  // / / e 28  14 through 17, line  | (c) Basis for depreciation (business/investment use only - see instructions)  During 2022 Tax Year   | 25 yr. 27.5 y 27.5 y 39 yr.  Using the Al 12 yr 30 yr 40 yr  | icery (e) Convention  | S/L   S/L | (g) Depreciation deduction   |
| b c d e f g h i 20a b c d Part I 21 List Ente         | (a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets I  Class life  12-year  30-year  40-year  V Summary (See instructions.)  ted property. Enter amount from line al. Add amounts from line 12, lines er here and on the appropriate lines | (b) Month and year placed in service  // // // // // // // Placed in Service  // // / / / / e 28 14 through 17, lines of your return. Page 19 10 10 10 10 10 10 10 10 10 10 10 10 10 | (c) Basis for depreciation (business/investment use only - see instructions)  During 2022 Tax Year  es 19 and 20 in column rtnerships and S corpo                        | 25 yr: 27.5 y 27.5 y 39 yr:  Using the Al  12 yr 30 yr 40 yr   | icery (e) Convention  | S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L   | (g) Depreciation deduction   |
| b c d e f g h i  20a b c d Part I 21 List Ente 23 For | (a) Classification of property  3-year property  5-year property  7-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets I  Class life  12-year  30-year  40-year  IV Summary (See instructions.)  red property. Enter amount from linal. Add amounts from line 12, lines                                       | (b) Month and year placed in service  // // // // Placed in Service  // // // / e 28  14 through 17, lines of your return. Para service during the                                   | c) Basis for depreciation (business/investment use only - see instructions)  During 2022 Tax Year  es 19 and 20 in column rtnerships and S corpo current year, enter the | 25 yr: 27.5 y 27.5 y 39 yr:  Using the Al  12 yr 30 yr 40 yr   | (e) Convention  S. (TS. MM  SS. MM  SS. MM  SS. MM  AMM  AMM  AMM  AMM  AMM  AMM  AMM   | S/L   S/L | (g) Depreciation deduction   |

| Pai   | rt V Listed Propert                     |                |                        |                            | er vehicl  | les, certa        | ain aircra                   | aft, an      | d property      | used for    | •                       |              |                  |                             | ·                |
|---|---|----------------|------------------------|----------------------------|------------|-------------------|------------------------------|--------------|-----------------|-------------|-------------------------|--------------|------------------|-----------------------------|------------------|
|   | entertainment, Note: For any            |                |                        |                            | standard   | d milean          | e rate or                    | dedu         | ctina lease     | evnens      | e comp                  | lete on      | lu 24a           |                             |                  |
|   | 24b, columns (                          |                |                        |                            |            |                   |                              |              |                 | Схропа      | c, comp                 | 1010 011     | iy 2-7α,         |                             |                  |
|   | Section A -                             | Depreciation   | n and Other            | Informat                   | ion (Cau   | ution: S          | See the ir                   | nstruc       | tions for lir   | nits for p  | asseng                  | er auton     | nobiles.)        | )                           |                  |
| 24a   | Do you have evidence to s               | upport the bu  | siness/investm         | ent use cla                | imed?      | Y                 | es 🗀                         | No           | 24b If "Y       | es," is th  | e evider                | nce writt    | en? 🗀            | ] Yes [                     | No               |
|   | (a)                                     | (b)            | (c)                    |                            | (d)        |                   | (e)                          |              | (f)             | (           | g)                      | (            | h)               |                             | (i)              |
|   | Type of property                        | Date placed in | Business,<br>investmen |                            | Cost or    |                   | is for depre<br>siness/inve: |              | Recovery        | Met         | hod/                    |              | ciation          |                             | cted<br>on 179   |
|   | (list vehicles first)                   | service        | use percenta           |                            | her basis  | (50.              | use only                     |              | period          | Conv        | ention                  | dedi         | uction           |                             | ost              |
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and |   |                |                        |                            |            |                   |                              |              |                 |             |                         |              |                  |                             |                  |
| used more than 50% in a qualified business use  |   |                |                        |                            |            |                   |                              |              |                 |             |                         |              | 1                |                             |                  |
|   | Property used more that                 |                |                        |                            | *******    | *********         |                              |              | *******         |             | 1 23                    |              |                  | 1                           |                  |
| 20  | roperty used more than                  |                | dalined busin          |                            |            |                   |                              |              | T               | 1           |                         | I            |                  |                             |                  |
|   |   | <u> </u>       |                        | %                          |            |                   |                              |              |                 |             |                         |              | <del>- ))-</del> | - W                         |                  |
|   |   | <u> </u>       |                        | %                          |            |                   |                              |              |                 |             |                         |              | <del>\</del>     | ļ                           |                  |
|   |   | <u> </u>       | I                      | %                          |            |                   |                              |              | L               | <u> </u>    |                         |              | - E              | <u> </u>                    |                  |
| <u>27</u> F   | Property used 50% or le                 | ss in a quali  | fied business          | use:                       |            |                   |                              |              |                 | r           |                         | (            | )                | • missi Salasaniaasa        | 4 (5) (5)        |
|   |   | 1 :            |                        | %                          |            |                   |                              |              |                 | S/L·        |                         |              |                  | 1                           |                  |
|   |   | 1 1            |                        | %                          |            |                   |                              |              |                 | S/L -       |                         | 10           |                  |                             |                  |
|   |   | 1 :            |                        | %                          |            |                   |                              |              |                 | S/L·        |                         |              |                  |                             |                  |
| 28 /  | Add <mark>amounts in colum</mark> n     | (h), lines 25  | through 27. I          | Enter here                 | and on     | line 21,          | page 1                       |              |                 | <i>[</i> ]  | 28                      |              |                  |                             |                  |
|   | Add amounts in column                   |                |                        |                            |            |                   |                              |              |                 |             |                         |              | 29               |                             |                  |
|   |   | V//            |                        | Section E                  |            |                   |                              |              |                 |             | 7                       |              |                  | ·                           |                  |
| Com   | plete this section for ve               | hiclas usad    |                        |                            |            |                   |                              |              |                 | related     | narean                  | If you n     | rovided s        | vehicles                    |                  |
|   | our employees, first ans                |                |                        |                            |            |                   |                              |              |                 |             |                         |              |                  |                             |                  |
| to yo   | our employees, first ans                | wer the ques   | stions in Sect         | ion C to s                 | ее п уос   | ı meet a          | n excep                      | HOII LO      | combien         | ig triis se | CHOI IO                 | i mose v     | venicies.        |                             |                  |
|   |   |                |                        | T .                        |            | Ι .               |                              | <del>L</del> |                 | Π.          |                         | г .          |                  | T                           |                  |
|   |   |                |                        | 1 .                        | a)         | 1 '               | b)                           |              | (c)             | 1           | d)                      |              | e)               | i .                         | f)               |
|   | Total business/investment               |                | -                      |                            | Vehicle    |                   | hicle                        |              | /ehicle         | Ver         | icle                    | Vel          | Vehicle          |                             | nicle            |
|   | year <mark>(don't include com</mark> mu |                |                        |                            |            |                   |                              |              |                 | <u> </u>    |                         |              |                  |                             |                  |
| 31  | Total commuting miles                   | driven during  | the year 👑             |                            |            |                   |                              | <u> </u>     |                 |             |                         |              |                  |                             |                  |
| 32  | Total <mark>other personal (no</mark>   | ncommuting     | j) miles               |                            |            |                   |                              |              |                 |             |                         |              |                  |                             |                  |
|   | driven                                  |                |                        |                            |            | <b>k</b> ,        | •                            |              |                 |             |                         |              |                  |                             |                  |
|   | Total miles driven durin                |                |                        |                            |            |                   | ,                            |              |                 |             |                         |              |                  |                             |                  |
|   | Add lines 30 through 32                 |                |                        |                            |            | (I)) *            |                              |              |                 |             |                         |              |                  |                             |                  |
|   | Was the vehicle availab                 |                |                        | Yes                        | No         | Yes               | No                           | Ye           | s No            | Yes         | No                      | Yes          | No               | Yes                         | No               |
|   |   | •              |                        |                            | 110        | 163               | NO                           | 10.          | 110             | 103         | 140                     | 103          | 110              | 103                         | 110              |
|   | during off-duty hours?                  |                |                        | 1                          |            | ł                 | <b>+</b>                     | $\vdash$     | _               | 1           | <u> </u>                | <b></b>      |                  | <del> </del>                |                  |
|   | Was the vehicle used p                  |                | more                   |                            |            |                   |                              |              |                 |             |                         |              |                  |                             |                  |
|   | than 5% owner or relate                 | •              |                        | 1                          | <b></b>    | <b> </b>          | -                            |              |                 | <u> </u>    |                         | <del> </del> | <b></b>          |                             | <u> </u>         |
|   | Is another vehicle availa               |                |                        | N                          |            |                   |                              |              |                 |             |                         |              |                  |                             |                  |
|   | use?                                    | ·····          | <u>.</u>               | <u> </u>                   | <u> </u>   | 1                 | <u> </u>                     |              |                 | 1           | L                       | <u> </u>     | <u></u>          | <u></u>                     |                  |
|   |   | Section C      | - Questions            | for Empl                   | loyers W   | Vho Pro           | vide Vel                     | iicles       | for Use by      | y Their E   | mploye                  | es           |                  |                             |                  |
| Ans   | wer these questions to                  | determine if   | you meet an            | exception                  | to com     | pleting S         | Section E                    | 3 for v      | ehicles use     | ed by em    | ployees                 | who a        | ren't            |                             |                  |
| more  | e than 5% owners or rel                 | ated person    | §.                     |                            |            |                   |                              |              |                 |             |                         |              |                  |                             |                  |
| 37  | Do you maintain a writte                | en policy sta  | tement that p          | rohibits a                 | ıll persor | nal use c         | of vehicle                   | es, inc      | luding con      | nmuting,    | by your                 |              |                  | Yes                         | No               |
|   | employees?                              |                | ·                      |                            | •          |                   |                              |              |                 | _           |                         |              |                  |                             |                  |
|   | Do you maintain a writt                 | en policy sta  |                        |                            |            |                   |                              |              |                 |             |                         |              |                  |                             |                  |
|   | employees? See the ins                  |                |                        |                            |            |                   |                              |              |                 |             |                         |              |                  |                             |                  |
|   | Do you treat all use of v               |                |                        | -                          |            |                   |                              |              |                 |             |                         |              | •••••••          | .                           |                  |
|   | Do you provide more th                  |                |                        |                            |            |                   |                              |              |                 |             |                         | *********    |                  |                             | +                |
|   | VSS 483                                 |                |                        |                            |            |                   |                              |              |                 |             |                         |              |                  |                             |                  |
|   | the use of the vehicles,                |                |                        |                            |            |                   |                              |              |                 |             |                         |              |                  | -                           |                  |
|   | Do you meet the require                 |                |                        |                            |            |                   |                              |              |                 |             |                         |              |                  |                             | Person President |
|   | Note: If your answer to                 | 37, 38, 39, 4  | 10, or 41 is "Y        | 'es," don'                 | t comple   | ete Sect          | ion B for                    | the c        | overed vel      | nicles.     |                         |              |                  |                             |                  |
| Pa  | art VI Amortization                     |                |                        |                            |            |                   |                              |              | <del></del>     |             |                         |              |                  |                             |                  |
|   | (a)                                     |                |                        | (b)                        |            | (c)               | 4-1-                         |              | (d)             |             | (e)                     |              |                  | (f)                         |                  |
|   | Description of                          | , USIS         |                        | ate amortization<br>begins | <u></u>    | Amortiza<br>amoun | it                           | $\perp$      | Code<br>section |             | Amortiz<br>period or pe |              | f                | mortizatior<br>or this year | ·                |
| 42  | Amortization of costs th                | nat begins du  | uring your 20          | 22 tax yea                 | ar:        |                   |                              |              |                 |             |                         |              |                  |                             |                  |
|   |   | <del></del>    |                        | : :                        | I          |                   |                              | T            |                 |             |                         |              |                  |                             |                  |
|   |   |                |                        | : :                        |            |                   |                              |              |                 |             |                         |              |                  |                             |                  |
| 43  | Amortization of costs the               | nat hegan he   | fore your 200          | <del> </del>               | r          |                   |                              |              |                 | I           |                         | 43           |                  |                             |                  |
|   | Total Add amounts in                    | <del>-</del>   | -                      | -                          |            |                   |                              |              |                 |             |                         | 44           |                  |                             |                  |

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