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Form	Q	90		r n of Orga 501(c), 527, or 494							NNN
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Depar Intern	tment o al Reve	f the Treasury nue Service		Go to www.irs.go							n to Public spection
			ar year, or tax ye		SEP 1, 20		ending A				
	heck if oplicabl		forganization					D Empl	oyer identific	cation numb	er
	Addre	e CTNC	INNATI MU	JSEUM ASSC	CIATION						
	Name chang	e Doing bu	usiness as					31	-05366	53	
]return Final return	953	and street (or P. EDEN PARI	0. box if mail is not d X DRIVE	lelivered to street ad	ldress)	Room/suite		hone number	1-5204	
_	termin ated	City or to		vince, country, and	d ZIP or foreign po	ostal code		G Gross r			86,818.
	_return]Applic	CTIAC	INNATI, (UTC CAMED	ON UTMO			his a group re		
	_tion pendir	F Name a	AS C ABO	ncipal officer: LEN	WIS CAMER	ON KITCI	ATN	110-010-010-010-010	subordinates		/es X No
<u>т</u> т	avex	empt status:) (insert no.)	4947(a)(1)	or 527	1	all subordinates in No," attach a	and the second sec	
				PIARTMUSEU		(a)(1)		1	oup exemption		
			X Corporation		Association	Other 🕨	L Year				al domicile: OH
	rt I	Summary									
ace				n's mission or mos MORE VIBR							
Governance	2	Check this bo	x 🕨 🗌 if the	e organization disc	ontinued its opera	ations or dispos	sed of more	than 25%	of its net ass	ets.	
ove				the governing body							43
				members of the ge							42
Activities &				ployed in calendar							305
iviti				timate if necessary				•••••			201
Act				ue from Part VIII, c							82,513.
_	b	Net unrelated	business taxable	income from Forn	n 990-1, Part I, line	e 11	<u> </u>				52,074.
	8	Contributions	and grants (Part	VIII line 1b)			-	Prior	4,751.		<u>nt Year</u> 99,941.
anu			ce revenue (Part						6,643.		56,700.
Revenue		-		olumn (A), lines 3,					9,206.		51,890.
Re				n (A), lines 5, 6d, 8					6,007.		26,062.
				ugh 11 (must equa				26,13	6,607.		34,593.
	13	Grants and sir	nilar amounts pa	id (Part IX, column	(A), lines 1-3)				0.		0.
				s (Part IX, column (Check of the Check of Check		0.		0.
es				employee benefits				8,24	4,366.	8,1	35,734.
Expense				^p art IX, column (A),	line 11e)	1 040 0			0.		0.
ăxi				rt IX, column (D), li		1,249,3		0 00	7 077	0 1	40 624
				nn (A), lines 11a-11o 7 (must equal Part			······		7,977. 2,343.		<u>49,634.</u> 85,368.
				act line 18 from line		ie 20)			4,264.		49,225.
L Sa		nevenue iess	expenses. oublid	det line to itoin line	512		Be		Current Year		of Year
ets (20	Total assets (F	Part X, line 16)						2,866.		55,323.
Net Assets or Fund Balances	21		(Part X, line 26)						2,960.		64,157.
		Net assets or t	fund balances. S	ubtract line 21 fror	m line 20		2	11,90	9,906.		91,166.
	rt II	Signature									
				e examined this return						knowledge ar	id belief, it is
true,	correc	t, and complete.	Declaration of pre	parer (other than offic	cer) is based on all i	information of wh	nich preparer	has any kn	- 1 - 1 -		
0.		Signature	e of officer						D ate	022	
Sigr				N KITCHIN,	DIRECTOR	Q			Dato		
Here	9		print name and title	A RELEASE,	DIRECTO	N					
		Print/Type prep			Preparer's signat	ture]	Date	Check	PTIN	
Paid			PFEIFER		JANE E.				22 if self-employed		14949
Prep		Firm's name	CLARK,	SCHAEFER,					Firm's EIN		
Use		Firm's address	▶ 1 EAST	4TH STREE	ST						
	e sede			NATI, OH 4				1	Phone no. 51	3-241-3	3111
May	the IF	RS discuss this	return with the	oreparer shown ab	ove? See instruct	ions				X Ye	s No

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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Yes No Form **990** (2020)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2020) CINCINNATI MUSEUM ASSOCIATION t III Statement of Program Service Accomplishments	<u>31-0536653</u> F	age 2
1			<u> </u>
	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: THROUGH THE POWER OF ART, WE CONTRIBUTE TO A MORE VIBRANT		
	BY INSPIRING ITS PEOPLE AND CONNECTING OUR COMMUNITIES.		
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 🛛	Νο
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? . If "Yes," describe these changes on Schedule O.	Yes 🛛	No
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	neasured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	• •	
4 -	revenue, if any, for each program service reported. (Code:) (Expenses \$ 12,479,017. Including grants of \$) (Revenue)	s 1,065,25	3)
	(Code:) (Expenses \$2, 475, 017. including grants of \$) (Revenue (Revenue) (Revenu		<u>,,,</u>)
	PERMANENT EXHIBITS, SPECIAL EXHIBITS AND ONGOING EDUCATIO		
	Million Palar TTT		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	ie \$)
			<u> </u>
	· · · · · · · · · · · · · · · · · · ·		
4c	(Code:) (Expenses \$) (Revenue) (Revenue)	JO \$)
			<u> </u>
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$))	
4e	Total program service expenses ► 12,479,017.	Form 990	(0000)
030000	2 12-23-20	Form 990	(2020)
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Form	990	(2020)	
Deu	1 11 1		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? // "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	[
	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			3000 Q
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	<u>X</u>	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<u>11b</u>		X
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<u>11c</u>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	<u>11d</u>	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<u>11e</u>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		77	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<u>11f</u>	<u>X</u>	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	<u>12a</u>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		w	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4 41.		х
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		45		x
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes."	<u> </u>		
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		******	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х
032003	12-23-20	Form	990	(2020)

032003 12-23-20

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Form 990 (2020)		ASSOCIATION
Part IV Check	ist of Required Schedul	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
ĩ	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u> </u>		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
5	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
2.0	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
27	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		-	
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
~	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			- 112 114 13
a	"Yes, " complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	100		
Ŭ	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	<u> </u>		<u> </u>
00	contributions? // "Yes," complete Schedule M	30	х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
0£	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
04	Part V, line 1	34	Х	
35 a		35a	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	1 <u></u>		<u> </u>
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
00	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
L	Check if Schedule O contains a response or note to any line in this Part V			\square
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 67			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	10	X	1999 (1997) 1997 - State State (1997)

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Form 990 (2020)

032004 12-23-20

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 305 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) 3a X 3b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> 3a X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country loch as a bank account, securities account, or other financial accounts? 4a X b If "Yes," enter the name of the foreign country > 5a X See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a Was the organization a party to a prohibited tax shelter transaction? 5a X 5b X 5a X 5a X 5b X 5a X 5b X 5a X 5b X 5a		990 (2020) CINCINNATI MUSEUM ASSOCIATION 31-0536	653	Р	age 5
gas Enter the number of amployees reported on From W4, Transmittal of Wage and Tax Statements. yag 3015 bit it at beat one is reported on Ine 2a, did the organization file all required federal employment tax numms? 2b. X Note: If the sum of Ines 1a and 2a is greater than 250, you may be required to <i>e</i> , <i>fac</i> give instructions) 2b. X bit 'ho cagnization have method business groups increas display the system of the state of	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		V	
Interface 2a 30.5 b if all lead on the calendary way anding with on within they on covered by this neture 2a X Note: If the sum of lines 1 and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) 3a X St Diff the caganization how unstated business gross in come of 51,000 or mon of Schedule O 3a X St Trixe, "has the d all orm 350.7 for this syd?" Note: If the sum of lines for this syd?" A See instructions for fills requires the account, securities account, or other financial accounts (#EAR). A X See instructions for fills requires that a come 350.0 or the syd? See instructions for fills requires that are or instruction to prohibited tax sheler transaction accounts (#EAR). See instructions for fills requires that are on 500.0 and did the syde account sectification accounts (#EAR). See instruction is account sectification accounts (#EAR). See instructions fills requires that are normally greater than \$100,000, and did the organization hat way or is park way tor a prohibited tax sheles that are normally constructions accounts (#EAR). See instruction is account sectification accounts accounts accounts (#EAR). See instructions that may receive diductable as charitable contributions that are normal property for which it was required to a park way accounts account account accounts accounts account accounts account	0.0	Enter the number of employees reported on Form W/3. Transmittel of Wage and Tay Statemente		Yes	ON
b If a least one is reported on Im 2a, dd the organization fiel all required federal employment far nutures ⁷ 2b X 3a Did the organization have unrelated business goes income of 31, 000 more adving the year? 3b X 3a Did the organization have unrelated business goes income of 31, 000 da an explanation on Schedule O 3b X 3a At any time during the calindre year, dd the organization have an themestik, or a singlanut or other automicity over, a financial account in a foreign contry! 4a X X X b If 'Yes, 'hask liked a foreign contry! Yes, 'hask liked a foreign contry! X X X b If 'Yes, 'hask liked a foreign contry! Yes, 'hask liked a may time during the usy year? 5a X b If any taxabin party notify the organization that it was or is a party to a prichibid tax sholar taxaction? 5a X cline organization have annual gross receipts that an onormally greater than \$100,000, and diff the organization ficked with every solicitation an express statement that such contributions or giffs were on tax deductible a contribution was accepted statule contributions or services provide? 5a X 7 Organization ficked a may the water of the good services provide? 7a X Yes, 'diff the organization ficked and the water of the good services provide? 7a	2a				
Note: If the organization have unstated business grass income of \$1,000 or more during the year? Image: State income of \$1,000 or more during the year? Image: State income of \$1,000 or more during the year? Image: State income of \$1,000 or more during the year? Image: State income of \$1,000 or more during the year? Image: State income of \$1,000 or more during the year? Image: State income of the origin country (such as a beak account, securities account, or other innovial account)? Image: State income of the origin country (such as a beak account, securities account, or other innovial accounts? Image: State income of the origin country (such as a beak account, securities account, or other innovial accounts? Image: State information information information information information information information or more grass information in the origin information information information information or state information information or state information information include with every solicitation an express talement that such contributions or gits were not tax deductable ac charitable contributions? Image: State information information information information information information information include with every solicitation in express talement that such contributions or gits were not tax deductable? Image: State information informatin informatin information informatin information information inform	Ь		2h	Х	
a Old the organization have unrelated business gross income of \$1,000 or more during the yar? gs X b H*Yox, hast filled Form 900-07 to this year? H Yox's tains 30, powels an explanation on Scheckle 0 gb X 4 At any time during the calendar year, did the organization have an histerst in, or a signature or other authority over, a financial account? gb X b H*Yox, intert the name of the torigin occurity (souch as a bank account, securities account, or other financial account)? gs X b B*Yox, intert the name of the torigin occurity (souch as a bank account, a calified account)? gs X b If any taxelia party notify the organization in FinGEN Form 114, Report of Forsign Bank and Financial Accounts (FBAR). Gs X 6a be organization have annual gross receipts that an normally greater than \$100,000, and did the organization notick any contributions that way receive advantable contributions? Gs X b If Yes, 'find the organization inclus way selectation an express atlatement that such contributions or gifts were not tax deductible contributions under section 170(c). Gs X b If Yes, 'findinate than expression advantable contributions? Ta X b If Yes, 'findinate than expression advantable contributions? Ta X b If Yes, 'findinate than expression inclus way selecitation any paretry for which it was requised to the form 820? <td>.,</td> <td></td> <td></td> <td></td> <td></td>	.,				
b If Yon," has it field a form 900-T for this year, <i>fl</i> Yho't for line 3b, provide an explanation on Schedule 0 9b X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other simulate account? 4a X b I'Yon," then the name of the foreign country (both as a bark account, securities account, or other finandal account is for flag rough country. 4a X b I'Yon," then the mane of the foreign country (both as a break account, securities account, or other finandal accounts (FBAR). 5a X 5a Was the organization a party to a prohibibiled tax shelter transaction? 5a X c I'Yon," then the array conclusion of the organization include with every solicitation are express statement that such contributions or gifts 5a X c I'Yon," during the constraint on the state anomaly greater than \$100,000, and did the organization selective acclusible contributions are express statement that such contributions or gifts 5a X b I'Yon," did the organization network apparent in excess 052 made party as a contribution or apparent and such as the area or than \$100,000, and did the organization foreide a grant factor, and applie or as and trable accontrator? 7a X 7 Yan, 'Xait the organization network apparent in excess 052 made party as a contribution or apparent party of the organization netwa party approximant fore foreign apparent pa	3a		3a	х	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (south as a bank account, excurtifes account, or ather financial account)? 4a X bit If 'vss, 'inter the name of the foreign country, is during a signature or other authority to exprise the financial Accounts (FBAR). 5a X bit If 'vss, 'inter the name of the organization have an abult transaction at any time during the tax year? 5a X bit any taxable party notify the organization have around groups receipts that an oromally greater than \$100,000, and dd the organization solicit any contributions that was not tax deductible from 88667 (Pa contributions or gifts were not tax deductible? 6a X bit Yes, 'idid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7a X bit Yes, 'idid the organization neity the donor of the value of the goals or sorkces provided? 7a X bit Yes, 'idid the organization neity the donor of the value of the goals or sorkces provided? 7b X bit He organization neity the donor of the value of the goals or sorkces provided? 7a X bit He organization neity the donor of the value of the goals or sorkces provided? 7b X bit He organization neity the donor of the value of the goals or sorkces provided? 7c X		·			
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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 (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So Was the organization provide to a prohibited to scheder transaction? So X Did any taxable party notify the organization that it was or is a party to a prohibited tax scheder transaction? So X Ge Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization calls of the organization include with were yabilitation an express statement that such contributions or gifts were not tax deductible? Ge X O Organization that may receive deductible contributions under section 170(c). Bit the organization receive a payment in excess of 375 made party as a contribution and partly for goods and services provided 10 the payor? Ta X D If the organization receive a spinnet in excess of 375 made party as a contribution and partly for which it was required to file Form 8282? To X D If the organization notify the doror of the value of the goods or services provided 10 the payor? Ta X D If the organization meaning the yaar, pay memium, directly or pay parsitums on a parscoal banefit contract? Te X D If the organization neceive a party bit of unified, indute, pay parescoal banefit contract? Te			4a		х
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13b b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 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 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	11	Section 501(c)(12) organizations. Enter:			
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13c b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 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 16 X If "Yes," complete Form 4720, Schedule O. 16 X	b				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a 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 13b c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 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 instructions and file Form 4720, Schedule N. 16 X If "Yes," complete Form 4720, Schedule O. 16 X					
13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 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 13b c Enter the amount of reserves on hand 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 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 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X			12a		
a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Image: Description of the sector of the	b				
Note: See the instructions for additional information the organization must report on Schedule O. Image: 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 Image: Imag					
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 13b c Enter the amount of reserves on hand 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X If "Yes," complete Form 4720, Schedule O. 16 X	а		13 a	Angwana	0.000
organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 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 instructions and file Form 4720, Schedule N. 16 X If "Yes," complete Form 4720, Schedule O. 16 X		· · · ·			
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If "Yes," see 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? If "Yes," complete Form 4720, Schedule O.	15		4.4		v
16 X If "Yes," complete Form 4720, Schedule O. If			15		
If "Yes," complete Form 4720, Schedule O.	40		140868	Normalia)	Y
	10				
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Form 990 (2020)

CINCINNATI MUSEUM ASSOCIATION

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

	Check if Schedule O contains a response or note to any line in this Part VI	•••••					X
Sect	ion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		43			
	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		42			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other				
	officer, director, trustee, or key employee?			[2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision	ſ			
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X
6	Did the organization have members or stockholders?			····· [6	X	
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?				7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?				7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
a		-	0		8a	Х	(11)
	The governing body? Each committee with authority to act on behalf of the governing body?				8b	X	
b	• • • • • • • • • • • • • • • • • • • •				-00	- 11	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real				9		x
Sac	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		<u>_</u>
360	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				r
				ſ		Yes	No
	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 ch	apters	, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	~~	<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befor	e filing the form	1?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				<u>Stiller</u>		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	· · · · · · · · · · · · · · ·			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	/es," d	escribe				
	in Schedule O how this was done				12c	Х	L
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14	X	L
15	Did the process for determining compensation of the following persons include a review and approva	l by ind	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	Х	
b	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a				
	taxable entity during the year?				16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	•					
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure			<u></u>	1010		
17	List the states with which a copy of this Form 990 is required to be filed NONE						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, ai	nd 990	T (Section 501	(c)(3)s	only	availa	hle
10	for public inspection. Indicate how you made these available. Check all that apply.		. (00000000000	(0)(0)0	0,,,,,	avana	0.0
	X Own website X Another's website X Upon request Other (explain						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	f interest policy	, and	financ	ial	
	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 boo	oks and	l records 🛛 🕨				
	CAROL EDMONDSON - (513) 721-5204						
	953 EDEN PARK DRIVE, CINCINNATI, OH 45202						
032006	12-23-20				Form	990	(2020)
		-		<i></i>	~~~~	10	

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CINCINNATI MUSEUM ASSOCIATION

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors
	Charle & Cabadula O apartaina a supersona associate to associate in this David VIII

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)			(0	C)		oun	(D)	(E)	(F)
Name and title	Average hours per	(do	not c	heck	more	, than c is both	one	Reportable compensation	Reportable compensation	Estimated amount of
	week	offi	cer an	dad	Frecto	x/trus	tee)	from	from related	other
	(list any	sctor						the	organizations	compensation
	hours for	or dire				ited		organization	(W-2/1099-MISC)	from the
	related	istee I	truste			pensa		(W-2/1099-MISC)		organization
	organizations below	al tru	ional 1		ploye	ee com				and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) LEWIS CAMERON KITCHIN	35.00	<u> </u>	_ <u>_</u>	0	1×	<u></u>	LT.			
DIRECTOR	1.00	x		х				448,887.	0.	10,165.
(2) DAVE LINNENBERG	35.00									· · · ·
CHIEF ADMINISTRATIVE OFFICER		1		Х				220,442.	0.	17,100.
(3) CAROL EDMONDSON	35.00									
CHIEF FINANCIAL OFFICER	1.00	1		Х				151,710.	0.	20,555.
(4) TED FORREST	35.00									
HUMAN RESOURCES DIRECTOR]				Х		119,134.	0.	8,690.
(5) CYNTHIA AMNEUS	35.00									
CHIEF CURATOR						Х		112,982.	0.	14,610.
(6) KIRBY NEUMANN	35.00						l			
DIRECTOR OF PHILANTHROPY						Х		117,357.	0.	8,754.
(7) JULIE ARONSON	35.00	ļ								
CURATOR OF AMERICAN PAINTINGS, SCULP						Х		110,636.	0.	9,804.
(8) KRISTIN SPANGENBERG	35.00	ļ								
CURATOR OF PRINTS	[L	Х		103,813.	0.	3,230.
(9) ANDREW EGAN DEWITT	1.00	ļ								
CHAIRMAN	1.00	X		Х	ļ			0.	0.	0.
(10) AMY HANSON	1.00	ļ								
PRESIDENT		Х		Х				0.	0.	0.
(11) RANCE G. DUKE	1.00									
VICE PRESIDENT		X		X	ļ			0.	0.	0.
(12) BRUCE PETRIE, JR.	1.00									
SECRETARY		X		X	Ļ			0.	0.	0.
(13) CHERYL ROSE	1.00								_	_
TREASURER		X		X	ļ		ļ	0.	0.	0.
(14) ANDREW B. QUINN	1.00									_
BOARD MEMBER		X			ļ			0.	0.	0.
(15) BARBARA WEYAND	1.00									-
BOARD MEMBER		X			<u> </u>	<u> </u>		0.	0.	0.
(16) DAVID SPAULDING	1.00	_							_	-
BOARD MEMBER		X			<u> </u>			0.	0.	0.
(17) DAVID WOLF	1.00									2
BOARD MEMBER	I	Х	L					0.	0.	0.
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Form 990 (2020) CINCINNAT	TI MUSEU	<u>M</u>	AS	SO	CI	AT	IC	N	31-05	366	53 Page 8
Part VII Section A. Officers, Directors, Trus	Section A. Oncera, Directora, Indatees, Rey Employees, and Ingliest Compensated Employees (Complete										
(A)	(B)			_ (C				(D)	(E)		(F)
Name and title	Average	(do	note	Posi heck n	tion	ihan r	mo	Reportable	Reportable		Estimated
	hours per	box	, unle	ss per:	son is	s boih	an	compensation	compensation	1	amount of
	week		cerar I	nd a dir	recto	r/trust	ee)	from	from related		other
	(list any	ector						the	organizations		compensation
	hours for	or dir				ited		organization	(W-2/1099-MIS	C)	from the
	related	stee	trustee		63	pense		(W-2/1099-MISC)			organization
	organizations below	Individual trustee or director	Institutional t		Key employee	Highest compensated employee					and related
	line)	ividu	it nt	Officer	(emj	ploy	Former				organizations
	ļ	Ĕ	ų,	B	Kej	Ц.	ß				
(18) DR. ANU MITRA	1.00										
BOARD MEMBER		Х						0.		0.	0.
(19) EDDIE TYNER	1.00										
BOARD MEMBER		Х						0.		0.	0.
(20) ERIC KEARNEY	1.00										
BOARD MEMBER		X						0.		0.	0.
(21) ESTHER MAST BYRNE	1.00					<u> </u>					
BOARD MEMBER		x						0.		0.	0.
(22) GEORGE H. VINCENT, ESQ.	1.00						_	· · ·		<u> </u>	
BOARD MEMBER	1.00	x						0.		0.	0.
·····	1 00	^	╞					0.		<u>.</u>	
(23) JAKE RAGLAND	1.00										0
BOARD MEMBER		X	<u> </u>			ļ		0.		0.	0.
(24) JAMES W. SOWAR, JR.	1.00										_
BOARD MEMBER		X	Į				L	0.		0.	0.
(25) JOHN CRANLEY	1.00										
BOARD MEMBER		Х						0.		0.	0.
(26) JONATHAN NIEMEYER	1.00		Γ			Γ					
BOARD MEMBER		1x						0.		0.	0.
1b Subtotal								1,384,961.		0.	92,908.
c Total from continuation sheets to Part VI								0.		0.	0.
								1,384,961.		<u>0.</u>	92,908.
d Total (add lines 1b and 1c)									000 - 6		52,500.
2 Total number of individuals (including but n	ot limited to th	lose	liste	ed ab	ove	i) wn	o re	eceived more than \$100,	UUU of reportable		0
compensation from the organization											8
										F	Yes No
Did the organization list any former officer,	director, trust	ee, l	key (empl	oye	e, or	hig	hest compensated emp	loyee on		
line 1a? If "Yes," complete Schedule J for s	uch individual	••••								[_	<u>3 X</u>
4 For any individual listed on line 1a, is the su	im of reportabl	le co	mp	ensai	tion	and	oth	ner compensation from t	he organization		1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 -
and related organizations greater than \$150),000? If "Yes,	" cc	mpl	ete S	Sche	dule	J	for such individual		L	4 X
5 Did any person listed on line 1a receive or a											
rendered to the organization? If "Yes." corr					-			-			5 X
Section B. Independent Contractors		~~ /	0 0		2010	<u>va -</u>					
1 Complete this table for your five highest co	mnensated inc	lone	nde	nt co	ntr	acto	re ti	nat received more than \$	100.000 of comp	encati	on from
the organization. Report compensation for	•	-							•	onsan	on nom
	une calendar y	ear e	a icii	ig w	iuri c	JI WI	u ni				(0)
(A) Name and business	addroca							(B) Description of s	onvicos	0	(C) Impensation
		* * **	CLEA		<u></u>			· · · · · · · · · · · · · · · · · · ·			Inpensation
TURNER CONTRUCTION COMPAN	•			C	UU.	K.T.		CONSTRUCTION	PROJECT	-	
ST., STE 300, CINCINNATI,	OH 452	02						CONTRACTOR		<u> </u>	221,920.
LIGHTING SERVICES, INC.								LIGHTING DIS	TRIBUTOR		
2 HOLT DR, STONY POINT, N	IY 10980							FOR RENOVATI	ONS		474,709.
STRAND ASSOCIATES, INC.								ENGINEERING			
910 WEST WINGRA DR., MADI	SON, WI	5	37	15				CONTRACTOR			423,698.
SIEMENS INDUSTRY, INC, BA								BOILER/AHU S	ERVICE		
FINANCIAL CENTER, CHICAGO								AGREEMENT/RE			171,166.
DONORREACH, LLC DBA IGNIT					v						<u> </u>
								ערוואוז <u>י</u> ם א דמידאימ	CUD Y UP V		171 000
308 E. 8TH ST, 4TH FLOOR,								FUNDRAISING		81(900000) 81	<u>171,000.</u>
2 Total number of independent contractors (i	-	ot lir	nite	d to t		-	ted	above) who received mo	ore than		
\$100,000 of compensation from the organization 14											
SEE PART VII, SECTION	A CONT	ιTV	UA	TT.	ΟŇ	S	НĒ	ETS		F	orm 990 (2020)
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					e .						

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Part VII Section A. Officers, Directors, T	rustees, Key Er	nplo	yee	s, ar	nd F	lighe	est (Compensated Employ	es (continued)	
(A)	(B)	Γ			C)			(D)	(E)	(F)
Name and title	Average			Pos		1		Reportable	Reportable	Estimated
	hours	(c				app	lv)	compensation	compensation	amount of
	per	È					, , , , , , , , , , , , , , , , , , ,	from	from related	other
	week	Ì				ee/		the	organizations	compensation
	(list any	ctor				nploy		organization	(W-2/1099 MISC)	from the
	hours for	r dire				ed er		(W-2/1099-MISC)	. ,	organization
	related	tee o	ustee			ensat				and related
	organizations	trus	lal tr		oyee	0 UD				organizations
	below	Individual trustee or director	nstitutional trustee	ц,	Key employee	Highest compensated employee	1er			
	line)	íbri	Inst	Officer	Key	High	Former			
(27) KATRINA MUNDY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(28) KELLY VANASSE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(29) KEVIN C.M. JONES	1.00				1					
BOARD MEMBER		X				:		0.	0.	0.
(30) KEVIN D. OTT	1.00	1								
BOARD MENBER		x						0.	0.	0.
(31) LAURA MITCHEL	1.00								```	<u></u>
BOARD MEMBER	1.00	X						0.	0.	0.
(32) LISA SAUER	1.00		├	┼───	<u> </u>	·····		0.	0.	0.
	1.00		i i					0.	0	<u>م</u>
BOARD MEMBER	1 00	X	⊢		 	<u> </u>		0.	0.	0.
(33) LIZ GRUBOW	1.00	1								
BOARD MEMBER		Х	<u> </u>					0.	0.	0.
(34) MADELEINE H. GORDON	1.00	Į						_		
BOARD MEMBER		X						0.	0.	0.
(35) MANUEL CHAVEZ III	1.00	1								
BOARD MEMBER	1.00	Х	Ļ					0.	0.	0.
(36) MARCIA JOSEPH	1.00									
BOARD MEMBER		X						0.	0.	0.
(37) MICHAEL J. CHASNOFF	1.00									
BOARD MEMBER		X						0.	0.	0.
(38) MURRAY SINCLAIRE, JR.	1.00	1								
BOARD MEMBER	1.00	X	l					0.	0.	0.
(39) PAUL JANTSCH	1.00									
BOARD MEMBER		x						0.	0.	0.
(40) POLK LAFFOON IV	1.00	11	\vdash		┢			· · ·	 	v .
BOARD MEMBER	1.00	x						0.	0.	0.
(41) RICHARD D. OLIVER	1.00	T A	┢──		├					
BOARD MEMBER	1.00	v						0.	0	0
	1 00	X			_			0.	0.	0.
(42) ROBIN SIBCY SHEAKLEY	1.00	ł.,							0	
BOARD MEMBER	1 00	Х	<u> </u>		<u> </u>			0.	0.	0.
(43) SARAH RAUP JOHNSON	1.00							-	-	
BOARD MEMBER		X	ļ	ļ	ļ	ļ		0.	0.	0.
(44) SHERIE LYNCH MAREK	1.00	1								
BOARD MEMBER		X	 	L	 	<u> </u>		0.	0.	0.
(45) STEWART GOLDMAN	1.00	1								
BOARD MEMBER		X		L.				0.	0.	0.
(46) SUSAN KELLEY-FERNANDEZ	1.00									
BOARD MEMBER		Х						0.	0.	0.
Total to Part VII, Section A, line 1c										
······································						******			.	

032201 04-01-20

Form 990 CINCINNAT									31-053	6653
Part VII Section A. Officers, Directors, Tru		nplo	yee			lighe	est (Compensated Employe	es (continued)	
(A) Name and title	(B) Average hours	(cl	(C) Position (check all that apply)		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of			
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(47) TANU BHATI	1.00							<u>^</u>	<u>^</u>	2
BOARD MEMBER	1 00	X			┣──			0.	0.	0.
(48) TIMOTHY ELSBROCK BOARD MEMBER	1.00	х						0.	0.	0.
(49) TONY ROBERTS	1.00	<u>^</u>						0.	0.	
BOARD MEMBER		х						0.	0.	0.
(50) VADA HILL	1.00				1					
BOARD MEMBER		x						0.	0.	0.
	·									
· · · · · · · · · · · · · · · · · · ·										
					ļ					
										
Total to Part VII, Section A, line 1c										

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		Check if Schedule O	conta	lins a respon	<u>se or note to any line</u>				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 5
2	1 a	Federated campaigns		1a					
Ę		Membership dues			445,208.				
ğ	c	Fundraising events		1c	34,779.				
and Other Similar Amounts	d	Related organizations		1d					
Ē	e	Government grants (contr	ibuti	ons) 1e					
g	f	All other contributions, gifts,	grant	s, and					
릙		similar amounts not included	l abov	re 1f	17,019,954.				
g	g	Noncash contributions included in	lines 1	a-1f 1g \$	1,177,813.				
a	h	Total, Add lines 1a-1f	- <u></u> .			17,499,941.			
					Business Code				
	2 a	·			900099	201,361.	201,361.		
9	b				900099	191,045.	191,045.		
Revenue	С	DEACCESSION INCOME		900099	158,594.	158,594.			
Sev	d	CONSERVATION INCOME		<u> </u>	900099	5,700.	5,700.		
٦	e				- }		l		
	f	All other program service				EEC 700			
┥		Total. Add lines 2a-2f				556,700.			
	3	Investment income (includ				5 ADD 500			5,022,58
	4	other similar amounts)				5,022,588.			5,022,58
	4	Income from investment of		-	a proceeas				
	5	Royalties	<u> </u>	(i) Real	(ii) Personal				
	6.0	Grana ronto	60	191,77					
	6 a เ	•••••••••	6a 6b	79,56					
	b	Expenses Expenses Rental income or (loss)	6c	112,20					
		Net rental income or (loss)				112,205.	104,448.	7,757.	
		Gross amount from sales of	" <u> </u>	(i) Securitie	1			,,,,,,,	
	ı a	assets other than inventory	72	26,114,74	· · · · ·				
	h	Less: cost or other basis		,					
<u>ی</u>	D	and sales expenses	7h	26,085,44	6.				
	~	Gain or (loss)	70	29,30	······				
aniiakau		Net gain or (loss)	1.0			29,302.			29,30
		Gross income from fundraisi	na ev	ents <i>(</i> not					
	0 1	including \$							
		contributions reported on							
		Part IV, line 18			8a 34,328.				
	b	Less: direct expenses			8b 42,998.				
		Net income or (loss) from		•	s 🕨	-8,670.			-8,67
	9 a	Gross income from gamin	ig ac	tivities. See					
		Part IV, line 19			9a				
	b	Less: direct expenses			9b				
	с	Net income or (loss) from	gami	ing activities					
	10 a	Gross sales of inventory,	less r	returns [
		and allowances			10a 1,023,076.				
		Less: cost of goods sold			10b 344,215.				
	c	Net income or (loss) from	sales	s of inventory		678,861.	404,105.	274,756.	
					Business Code				
Revenue	11 a	· · · ·			900099	149,282.			149,28
апцаха	b	BAD DEBT LOSS			900099	-5,616.			-5,61
Ę	С				_			<u> </u>	
۶		All other revenue							
	e	Total. Add lines 11a-11d			🕨	143,666.			
	12	Total revenue. See instruction	ons			24,034,593.	1,065,253.	282,513.	5,186,88

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2020.05090 CINCINNATI MUSEUM ASSOCIA 120424-1

Form 990 (2020) CINCINNATI MU Part IX | Statement of Functional Expenses

CINCINNATI MUSEUM ASSOCIATION

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses (D) Fundraising (A) Total expenses (C) Do not include amounts reported on lines 6b. Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 646,196. 129,561. 93,103. 868,860. trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 5,826,855. 4,355,943. 839,245. 631,667. Other salaries and wages 7 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 94,090. 62,675. 19,788. 11,627. 874,828. 598,867. 219,753. 56,208. Other employee benefits 9 471,101. 319,098. 101,810. 50,193. Payroll taxes 10 Fees for services (nonemployees): 11 a Management b Legal С Accounting 12,000. 12,000. d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees f Other, (If line 11g amount exceeds 10% of line 25, g 249,885. 1,333,121. 713,823. 369,413. column (A) amount, list line 11g expenses on Sch O.) 343,769. 339,769. 4,000. Advertising and promotion 12 199,762. 158,026. 36,750 4,986. Office expenses 13 Information technology 14 15 Royalties 10,604. 929,108. 750,472. 168,032. 16 Occupancy 31,827. 28,462. 3,335. 30. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 130,495. 130,495 20 Interest Payments to affiliates 21 1,367,435. 1,704,181. 322,772. 13,974. Depreciation, depletion, and amortization 22 Insurance 23 _____ Other expenses. Itemize expenses not covered 24 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 O.) ,849,482. 1,849,482. ART PURCHASES а 656,541. 660,799. 2,145. 2,113. SHIPPING, POSTAGE & EXH ь 386,937. 2,761. 314,032. 70,144. c REPAIRS & MAINTENANCE 3,037. 3,037. d UNRELATED BUSINESS INCO 106,176. 565,116. 318.196. 140,744. All other expenses е 557,024. 1,249,327. 16,285,368. 12,479,017. 2. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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Check here 🕨

Form 990 (2020)

if following SOP 98-2 (ASC 958-720)

2020.05090 CINCINNATI MUSEUM ASSOCIA 120424-1

CINCINNATI MUSEUM ASSOCIATION

Form 990 (2020)
Part X Balance Sheet

	L	Check if Schedule O contains a response or note	e to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			5,802,443.	1	6,318,178.
	2	Savings and temporary cash investments			5,424,480.	2	1,857,798.
	3	Pledges and grants receivable, net			11,049,251.	3	13,638,018.
	4	Accounts receivable, net			14,224.	4	129,049.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
\$	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			301,323.	8	249,249.
As	9	B 11 117 12			601,120.	9	346,349.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	79,665,979.			
	b	Less: accumulated depreciation	10b	44,444,702.		10c	
	11	Investments - publicly traded securities	149,829,851.	11	200,744,302.		
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			19,835,760.	15	22,651,103.
	16	Total assets, Add lines 1 through 15 (must equa	al line 3	3)	223,082,866.	16	281,155,323.
	17	Accounts payable and accrued expenses	2,835,072.	17	4,010,334.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
ŝ	22	Loans and other payables to any current or form	er offic	er, director,			
litie		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of thes	e perse	ons		22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	third p	parties	4,529,920.	24	4,537,253.
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D			3,807,968.		3,716,570.
	26	Total liabilities. Add lines 17 through 25			11,172,960.	26	12,264,157.
10		Organizations that follow FASB ASC 958, che	ck her	e 🕨 🔀			
Ces		and complete lines 27, 28, 32, and 33.					
alan	27	Net assets without donor restrictions	64,067,767.	27	79,949,718.		
ä	28	Net assets with donor restrictions	147,842,139.	28	188,941,448.		
oun		Organizations that do not follow FASB ASC 9					
Net Assets or Fund Balances		and complete lines 29 through 33.					
ţ2	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or eq			1	30	<u> </u>
ťΑ	31	Retained earnings, endowment, accumulated inc			211 000 000	31	260 001 165
Ne	32	Total net assets or fund balances			211,909,906.	32	268,891,166.
	33	Total liabilities and net assets/fund balances			223,082,866.	33	281,155,323. Form 990 (2020)

Form 990 (2020)

032011 12-23-20

	990 (2020) CINCINNATI MUSEUM ASSOCIATION	31-	0536653	Pag	_{je} 12	
Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,034			
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,285			
3	Revenue less expenses. Subtract line 2 from line 1	3	7,749			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	211,909			
5	Net unrealized gains (losses) on investments	5	46,366	5,41	<u> 72.</u>	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9	2,865	5,50	<u>53.</u>	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
·	column (B))	10	268,891	1,10	<u>56.</u>	
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				X	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.		Yes	No	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:					
b	Were the organization's financial statements audited by an independent accountant?		<u>2b</u>	X		
c	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,					
4	review, or compilation of its financial statements and selection of an independent accountant?	-	2c	х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Act and OMB Circular A-133?	igle Audi			x	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits					
			Eorm	990	20201	

Form 990 (2020)

SCHED (Form 990 Department of t Internal Revenue) or 990-EZ) the Treasury	Co	mplete if the organ 49	nity Status ar nization is a section 50 147(a)(1) nonexempt cha Attach to Form 990 or v/Form990 for instruct	1(c)(3) orga aritable tru Form 990-	anization - Ist. EZ.	or a section		OMB No. 1545-0047 2020 Open to Public Inspection
Name of th	ne organizatio	n						Employer	identification number
		CINC	INNATI MUS	EUM ASSOCIAT	ION			3	1-0536653
Part I	Reason f	or Public C	Charity Status.	(All organizations must	complete th	nis part.) S	See instruction	ıs.	
The organiz	zation is not a	private founda	ation because it is:	(For lines 1 through 12, o	heck only	one box.)			
1	A church, con	vention of chu	urches, or association	on of churches describe	d in sectio	n 170(b)(*	1)(A)(i).		
2	A school desc	ribed in secti	on 170(b)(1)(A)(ii).	(Attach Schedule E (For	n 990 or 99	90-EZ).)			
······	•	•	• •	anization described in s					
		-	ation operated in co	onjunction with a hospita	l described	in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,
	city, and state	·	with a lage a fit of a set					alt deservite	
5				ollege or university owne	o or operat	eo by a go	overnmental u	Init descript	eain
6	-		complete Part II.)	mental unit described in	caction 1	70/61/41/81	6.0		
			-	antial part of its support				he general i	public described in
	-		omplete Part II.)	and of no oupport	ion a gon			gonora j	
······	•		• •)(1)(A)(vi). (Complete Pa	rt II.)				
9	An agricultura	I research org	anization described	in section 170(b)(1)(A)	(ix) operate	ed in conju	unction with a	land-grant	college
	or university o	r a non-land-g	rant college of agrid	culture (see instructions)	Enter the	name, city	, and state of	the college	e or
	university;								
				than 33 1/3% of its sup					
				ct to certain exceptions;	• •				*
				e (less section 511 tax) fr	om busines	sses acqui	ired by the or	ganization a	after June 30, 1975.
			nplete Part III.)	niuglu to toot for public or	fatu Caa	andian G	001-1141		
	+	+	•	sively to test for public sa sively for the benefit of, t	•			and out the	purposes of ope or
	-	-		ed in section 509(a)(1)				•	
			-	of supporting organization					
a 🗌	1	-		supervised, or controlled				+	giving
	the support	ed organizatio	n(s) the power to re	egularly appoint or elect	a majority c	of the direc	ctors or truste	es of the su	pporting
	organization	. You must c	omplete Part IV, S	ections A and B.					
b	Type II. A si	upporting orga	anization supervise	d or controlled in connec	tion with it	s supporte	ed organizatio	on(s), by hav	/ing
				panization vested in the s	ame perso	ns that co	ntrol or mana	ge the sup	ported
	, ě	.,	•	, Sections A and C.					
с 🗌		-		ng organization operated				lly integrate	ed with,
		•		s). You must complete porting organization operation	,	,	,	where a reason	nation (a)
d 🗌		-		porting organization ope ization generally must sa			• •	•	.,
		,	0 0	mplete Part IV, Section			•		1635
e	1			written determination fro				II. Type III	
		4		onally integrated support					
f Enter	r the number o	f supported o	rganizations						
			about the support						
(1)	Name of suppo organization	rted	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	anization listed ing document?	(v) Amount o support (see i		(vi) Amount of other support (see instructions)
<u></u>	organization			above (see instructions))	Yes	No	adpport (acc)	naudotionaj	support (see mandenona)
<u></u>									
u					1				
					ļ		ļ		
					. Anna anna	September 1997	_		
Total									<u> </u>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	25769539.	9866455.	12172552.	19364751.	17499941.	84673238.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	25769539.	9866455.	12172552.	19364751.	17499941.	84673238.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						21757664.
6	Public support. Subtract line 5 from line 4.						62915574.
	ction B. Total Support				•		•
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	25769539.		12172552.	19364751.	17499941.	84673238.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	3899134.	5253114.	5464381.	4892026.	5214359.	24723014.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	152,141.	210,370.	434,691.	96,984.	53,075.	947,261.
10	Other income. Do not include gain				I		
	or loss from the sale of capital						
	assets (Explain in Part VI.)	-124,933.	67,387.	3,548.	89,179.	143,666.	178,847.
11	Total support. Add lines 7 through 10						110522360
12	Gross receipts from related activities,	etc. (see instructio	ons)	•••••		12 8	,043,878.
13	First 5 years. If the Form 990 is for th	ne organization's fir				01(c)(3)	
	organization, check this box and sto	phere			*****		
Se	ction C. Computation of Publ						
14	Public support percentage for 2020 (line 6, column (f), d	ivided by line 11, o	column (f))		14	56.93 %
15	Public support percentage from 2019	Schedule A, Part I	li, line 14			15	<u>55.20 %</u>
	33 1/3% support test - 2020. If the					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2019. If the	•				•	
	and stop here. The organization qua	lifies as a publicly s	upported organiza	ation			▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not d	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circum	istances test, che	ck this box and s t	t <mark>op here.</mark> Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	▶□
18	Private foundation. If the organization	on did not check a l	box on line 13, 16	a <u>, 16b, 17a, or</u> 17b	, check this box a	nd see instructions	s ►

Schedule A (Form 990 or 990-EZ) 2020

032022 01-25-21

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Schedule A (Form 990 or 990 EZ) 2020 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					,,	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and					<u> </u>	
/ a	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 tha amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					L	
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	ourth, or fifth tax	year as a section 5	i01(c)(3) organizatio	n,
	check this box and stop here			<u></u>			<u></u>
Sec	tion C. Computation of Publ	c Support Per	centage				
15	Public support percentage for 2020 (ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	%
	Public support percentage from 2019					16	%
Sec	ction D. Computation of Inves	stment Income	Percentage				
17	Investment income percentage for 20)20 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2020. If the	organization did n	ot check the box o	on line 14, and line	e 15 is more than 3	3 1/3%, and line 17	is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	ies as a publicly s	supported organiza	tion	
b	33 1/3% support tests - 2019. If the	organization did n	ot check a box on	line 14 or line 19a	ı, and line 16 is mo	ore than 33 1/3%, ar	ıd
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a l	box on line 14, 19a	a, or 19b, check tł	nis box and see ins	tructions	
03202	3 01-25-21				Sch	edule A (Form 990	or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 CINCINNATI MUSEUM ASSOCIATION

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Yes No 1 2 За 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990 EZ) 2020 CINCINNATI MUSEUM ASSOCIATION Part IV Supporting Organizations (continued)

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11a

11b

11c

1

2

Yes

Yes No

No

11 Has the organization accepted a gift or contribution from any of the following persons?

a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?

- b A family member of a person described in line 11a above?
- c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

Section B. Type I Supporting Organizations

1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

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

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. Complete line 3 below.

С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).	

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

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

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

За

Зb

Yes No

Schedule A (Form 990 or 990-EZ) 2020	CINCINNATI	MUSEUM	ASSOCIATION
Part V Type III Non-Functio	nally Integrated	509(a)(3) S	upporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust or	n Nov. 20, 1970 (<i>explain in</i> P	art VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
i	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	з		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
-	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	la		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	10		
	Total (add lines 1a, 1b, and 1c)	1d		· · ·
	Discount claimed for blockage or other factors			
U	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	Ť		
4	see instructions),	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
<u>5</u> 6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7	······	·
		8	<u> </u>	
8	Minimum Asset Amount (add line 7 to line 6)	18		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integra	ted Type III supporting organ	ization (see

Schedule A (Form 990 or 990-EZ) 2020

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instructions).

Schedule A (Form 990 or 990-EZ) 2020 CINCINNATI MUSEUM ASSOCIATION Schedule A (Form 990 or 990-EZ) 2020 CINCINNATI MUSEUM ASSOCIATION Schedule A (Form 990 or 990-EZ) 2020 CINCINNATI MUSEUM ASSOCIATION Schedule A (Form 990 or 990-EZ) 2020 CINCINNATI MUSEUM ASSOCIATION Schedule A (Form 990 or 990-EZ) 2020 CINCINNATI MUSEUM ASSOCIATION Schedule A (Form 990 or 990-EZ) 2020 CINCINNATI MUSEUM ASSOCIATION Schedule A (Form 990 or 990-EZ) 2020 CINCINNATI MUSEUM ASSOCIATION Schedule A (Form 990 or 990-EZ) 2020 CINCINNATI MUSEUM ASSOCIATION Schedule A (Form 990 or 990-EZ) 2020 CINCINNATI MUSEUM ASSOCIATION Schedule A (Form 990 or 990-EZ) 2020 CINCINNATI MUSEUM ASSOCIATION Schedule A (Form 990 or 990-EZ) 2020 CINCINNATI MUSEUM ASSOCIATION Schedule A (Form 990 or 990-EZ) 2020 CINCINNATI MUSEUM ASSOCIATION Schedule A (Form 990 or 990-EZ) 2020 CINCINNATI MUSEUM ASSOCIATION Schedule A (Form 990 or 990-EZ) 2020 CINCINNATI MUSEUM ASSOCIATION Schedule A (Form 990 or 990-EZ) 2020 CINCINNATI MUSEUM ASSOCIATION Schedule A (Form 990 or 990-EZ) 2020 CINCINNATI MUSEUM ASSOCIATION Schedule A (Form 990 or 990-EZ) 2020 CINCINNATI MUSEUM ASSOCIATION Schedule A (Form 990 or 990-EZ) 2020 CINCINNATI MUSEUM ASSOCIATION Schedule A (Form 990 or 990-EZ) 2020 CINCINNATI MUSEUM ASSOCIATION Schedule A (Form 990 or 990-EZ) 2020 CINCINNATI MUSEUM ASSOCIATION Schedule A (Form 990 or 990-EZ) 2020 CINCINNATI MUSEUM ASSOCIATION Schedule A (Form 990 or 990-EZ) 2020 CINCINNATI MUSEUM ASSOCIATION Schedule A (Form 990 or 990-EZ) 2020 CINCINNATI MUSEUM ASSOCIATION Schedule A (Form 990 or 990-EZ) 2020 CINCINNATI MUSEUM ASSOCIATION Schedul

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		(-)(-))-	Contine		
Secti	on D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exer	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions, Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6	···,		9	
10	Line 8 amount divided by line 9 amount		;	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ıs	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
<u>a</u>	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
<u> i </u>	Carryover from 2015 not applied (see instructions)				
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years			animana	
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.			elegene:	
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.		lan kenalakan dari kara kara kara kara kara kara kara k	andres (mer	
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.			aanaaraa Magaala	
8	Breakdown of line 7: Excess from 2016				
	Excess from 2016				
	Excess from 2017 Excess from 2018				
	Excess from 2018 Excess from 2019				
e	Excess from 2020			aannoondig S	 Second and the consection of the second s

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A	(Form 990 or 990-EZ) 2020	CINCINNATI	MUSEUM .	ASSOCIATION	Ň	31-0536653	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, li Section D, lines 5, 6, and 8 (See instructions.)	nation。Provide the 2, 3b, 3c, 4b, 4c, 5a, 6 nes 2 and 3; Part IV, 5	explanations re 5, 9a, 9b, 9c, 1* Section E, lines	quired by Part II, line Ia, 11b, and 11c; Par 1c, 2a, 2b, 3a, and 3	10; Part II, line 17a or t IV, Section B, lines 1 b; Part V, line 1; Part V,	17b; Part III, line 12; and 2; Part IV, Section (Section B, line 1e; Part	с,
						×.	
<u> </u>							
							<u> </u>
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							,

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Schedule A (Form 990 or 990-EZ) 2020

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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service ** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

Name of the organization

CINCINNATI MUSEUM ASSOCIATION

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~			v	0	~	v.	v	-	~

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 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 or 990-EZ), 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 \dots \blacktriangleright \$______

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

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

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

Part I

(a) No.

1

(a) No.

2

(a) No.

3

(a) No.

4

(a) No.

5

(a) No.

6

CINCINNATI MUSEUM ASSOCIATION

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

noncash contributions.)

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

	\$ <u>1,355,250.</u>	Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$500,030.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$1,010,033.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$994,684.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$704,026.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$ 2,000,000.	Person X Payroll Noncash (Complete Part II for

Employer identification number

(d)

Type of contribution

X

٦ **____**

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Person

(c)

Total contributions

24

023452 11-25-20

2020.05090 CINCINNATI MUSEUM ASSOCIA 120424-1

17080228 758050 120424-000

Name of organization

CINCINNATI MUSEUM ASSOCIATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

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	n

2020.05090 CINCINNATI MUSEUM ASSOCIA 120424-1

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$ <u>1,200,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8 -		\$ <u>351,553.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
- <u>9</u> - -		- \$\$400,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 10 </u>		- \$ <u>410,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>11</u> - -		- \$ <u>1,555,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	、 	- \$	Person Payroli Noncash (Complete Part II for noncash contributions.)

Page 2

Employer identification number

31-0536653

023452 11-25-20

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2020)			Page 3
Name of or	rganization		Employ	ver identification number
CINCI	NNATI MUSEUM ASSOCIATION		31	-0536653
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is neede	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
	STOCK CONTRIBUTION			
3				
		\$10,0	33.	01/19/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
1	STOCK CONTRIBUTION			
4		\$893,6	84.	_10/09/20_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		

023453 11-25-20

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

,	orm 990, 990-EZ, or 990-PF) (2020)		Page 4				
Name of organ	2241011		Employer identification number				
	ATI MUSEUM ASSOCIATION		31 - 0536653 ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
(notice), since a start free co	om any one contributor. Complete columns (a)	through (e) and the following line ent haritable, etc., contributions of \$1,000 or 1	ry. For organizations less for the year. (Enter this info. once.) \$				
(a) No. from Part I	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held				
_							
	- /	(e) Transfer of gift					
	Transferee's name, address, an		Relationship of transferor to transferee				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee				
		·····	·····				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift	t				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
	· · ·	[
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee				
023454 11-25-20		I	Schedule B (Form 990, 990-EZ, or 990-PF) (2020)				

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SCHEDULE C	Po	litical Campaign	and Lobbyin	g Activities		OMB No. 1545-0047
(Form 990 or 990-EZ)	Form 990 or 990-EZ)					2020
	For Organizations Exempt From Income Tax Under section 501(c) and section 527					
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection
If the organization answ	wered "Yes," on	Form 990, Part IV, line 3, or Fo	orm 990-EZ, Part V, lin	e 46 (Political Campai	gn Activ	vities), then
 Section 501(c)(3) org 	anizations: Com	plete Parts I-A and B. Do not cor	mplete Part I-C.		-	
 Section 501(c) (other 	r than section 50	1(c)(3)) organizations: Complete	Parts I-A and C below.	Do not complete Part H	8.	
 Section 527 organiza 		-				
		Form 990, Part IV, line 4, or Fo				
		ave filed Form 5768 (election un				
		ave NOT filed Form 5768 (electi	•			•
Tax) (See separate inst		Form 990, Part IV, line 5 (Prox	y Tax) (See separate i	nstructions) of Form 9	90-EZ,	Part V, line 350 (Proxy
	••	ons: Complete Part III.				
Name of organization				E	mploye	r identification number
	CINCINN	ATI MUSEUM ASSOC	IATION		3	31-0536653
Part I-A Compl	ete if the org	anization is exempt unde	er section 501(c) o	or is a section 527	orgar	nization.
1 Provide a description	on of the organiza	ation's direct and indirect politic	al campaign activities i	n Part IV.		
2 Political campaign					▶\$	
3 Volunteer hours for	political campaig	n activities				· · · · · · · · · · · · · · · · · · ·
Part I-B Compl	ete if the ora	anization is exempt und	er section 501/c)/:	2)		
L		ncurred by the organization und)	2	
	•	ncurred by organization manage				
		1 4955 tax, did it file Form 4720				Yes No
4a Was a correction m						Yes No
b If "Yes," describe in	n Part IV.					
Part I-C Comple	ete if the org	anization is exempt und	er section 501(c),	except section 50	1(c)(3)	
		by the filing organization for sec	,		►\$	
		zation's funds contributed to oth	+			
exempt function ac					►\$	
•	•	Add lines 1 and 2. Enter here a			•	
		1120-POL for this year?			►\$	Yes No
		ployer identification number (EI)				
		ion listed, enter the amount paid				
	-	mptly and directly delivered to a				•
political action com	mittee (PAC). If a	dditional space is needed, prov	ide information in Part	IV.		
(a) Name	э	(b) Address	(c) EIN	(d) Amount paid fro	m	(e) Amount of political
				filing organization's		ntributions received and promptly and directly
				funds. If none, enter		delivered to a separate
						political organization.
						If none, enter -0
· · · ·					_	
LHA	ION AUT NOTICE, S	ee the Instructions for Form 9	50 01 330-EZ.	Schedul	e U (F0	rm 990 or 990-EZ) 2020

032041 12-02-20

Schedule C (Form 990 or 990-EZ) 2020	CINCIN	NATI I	MUSEUM ASSO	CIATION	31-0	536653 Page:
Part II-A Complete if the or	ganizatio	n is exen	npt under section	501(c)(3) and file	d Form 5768 (ele	ction under
section 501(h)).	-Alon holong	- to	listed avant (and list is	Dart N/ analy affiliated		
A Check if the filing organiz expenses, and sha			liated group (and list in	Part IV each amiliated	group member's name	e, address, EIN,
			nd "limited control" pro	vicione annlu		
	ation chock		a mined control pro	чысна аррку.	(a) Filing	(b) Affiliated group
	nits on Lobb nditures" me		nditures ints paid or incurred.)		organization's totals	totals
1a Total lobbying expenditures to in	fluence publi	ic opinion (grassroots lobbying)			
b Total lobbying expenditures to in	fluence a leg	islative bod	ly (direct lobbying)			
c Total lobbying expenditures (add	lines 1a and	1b)				
d Other exempt purpose expenditu						
e Total exempt purpose expenditur						
f Lobbying nontaxable amount. En	ter the amou	int from the	e following table in both	n columns.		
If the amount on line 1e, column (a)	or (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000			the amount on line 1e.			
Over \$500,000 but not over \$1,0	·····		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,	· · · · · · · · · · · · · · · · · · ·		00 plus 10% of the exc			
Over \$1,500,000 but not over \$1	7,000,000		0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
		E 10				- 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 199 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999
g Grassroots nontaxable amount (e						
 h Subtract line 1g from line 1a. If ze i Subtract line 1f from line 1c. If ze 	-					
i If there is an amount other than z			line ti did the organiza			L
reporting section 4911 tax for thi	~		inte 11, dia ale organize		1	Yes N
(Some organizations	that made a	4-Year Ave a section 5	eraging Period Under	Section 501(h) have to complete all (
	Lobb	ying Expe	nditures During 4-Yea	ar Averaging Period	Γ.	
Calendar year (or fiscal year beginning in)	(a) 2	2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
- istaliona July on policitation				<u>.</u>		
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditure	s					

Schedule C (Form 990 or 990-EZ) 2020

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31-0536653 Page 3

Schedule C (Form 990 or 990-EZ) 2020 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)).

of the lobbying activity: Yes No Amount 1 During the year, did the filing organization attempt to influence foreign, national, state, or focal legislation, including any attempt to influence public option on a legislative matter Image: State St	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
total logislation, including any attempt to influence public opinion on a legislative matter Image: Construction of the use of: a Volunteers? X b Padd staff or management (include compensation in expenses reported on lines 1: through 1i)? X c Mola advancements? X d Mallings to members, legislatives, or the public? X g Direct contradicat attements? X f Grants to other organizations for lobbying purposes? X g Direct contract with legislators, combands of the organization to be not described in section \$01(e)(3)? X i Other activities in in 1: cause the organization to be not described in section \$01(e)(3)? X 12,000. 2a Did the activities in in 1: cause the organization to be not described in section \$01(e)(3)? X 12,000. 2a Did the activities in in 1: cause the organization is exempt under section \$01(e)(4), section \$01(e)(5), or section \$01(e)(6). 20 501(e)(6) and if orither (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "No" OR (b) Part III-A, line 3, is answered "No" OR (b) Part III-A, line 3, is answered Tow". 2a 2 Did the organization agree to arry own lobbying and policical expension in \$01(e)(4), section \$01(e)(4), section \$01(e)(5), or section \$01(e)(6), are answered "No" OR (b) Part III-A, line 3, is answered "No" OR (b) Part III-A, line 3, is answered "No" OR (b) Part III-A, line 3, is answered Tow". 2a	of the lobbying activity.	Yes	No	Amo	unt
b Paid staff or management (include componentation in expenses reported on lines 1c through 10?	local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		x		
c Media advartisements? d Mailings to members, legislators, or the public? d Mailings to members, legislators, or published or broadcast statements? d Grants to other organization for lobbying purposes? g Direct contact with hegislators, their staff, government officials, or a legislative body? X b Carnots to the organization for lobbying purposes? X 12,000. g Total, Add frees to through 11 b If 'Yes,' enter the amount of any tax incurred under section 4912 b If 'Yes,' enter the amount of any tax incurred under section 4912 c If 'Yes,' enter the amount of any tax incurred under section 4912 c If 'Yes,' enter the amount of any tax incurred under section 4912 c If 'Yes,' enter the amount of any tax incurred under section 4912 c If 'Yes,' enter the amount of any tax incurred under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No 1 Were substantially all (60% or more) dues received nondeductible by members? Lith enginetation incurred to enginetation incurred to enginetation incurred to enginetation incurred to enginetation incurred a cettor 4912 tax, dd if if for mar 200 for this year? Part III-A] Complete If the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No 1 Were substantially all (60% or more) dues received nondeductible by members? Lith the organization is exempt under section 501(c)(4), or section 501(c)(6), or	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
d Mailings to members, legislators, or the public? X f Crants to other organizations for lobbying purposes? X g Direct contact with legislators, their staffs, government of folicits, or a legislative body? X h Railes, demonstrations, sammings, conventions, speeckes, lectures, or any similar means? X i Other activities in line 1 cause the organization to be not described in section 501(c)(3)? X 2 Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? X b H* "yes," enter the amount of any tax incurred by organization managers under section 501(c)(4), section 501(c)(5), or section 501(c)(5), or section 501(c)(6). T Were substantially all 60% or more) dues received nondeductible by members? 1 2 Did the organization make only incluse received nondeductible by members? 1 3 Did the organization and control of 10 Part III-A). Inset 1 and 2, are answered "No" OR (b) Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, lines 3. 4 Induce organization are on the point of and particle and part on the point of political expenditures (do not include amounts of political expenditures (do not include amount on line 3, what portion of the excess of one consorted on administration Part II-A, lines 1 and 2, are answered "No" OR (b) Part III-A, lines 3. 2 Did the organization are one of part 1 and 1 Part II-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line			X		
Publications, or published or broadcast statements? X Grants to other organization for lobbying proposes? X		:	X		
f Grants to other organizations for lobbying purposes? X g Direct contact with legislators, their staffs, government officials, or a legislative body? X i Other activities? X 12,000. 2 Direct contact with legislators, conventions, speeches, lectures, or any similar means? X 12,000. 2 Direct add lines to through 11 12,000. X 12,000. 2 Direct add lines to through 11 12,000. X 12,000. 2 Direct add lines to through 11 12,000. X 12,000. 2 Direct add lines to through 11 12,000. X 12,000. 2 Direct add lines to through 11 12,000. X 12,000. 2 Direct add lines to through 11 12,000. X 12,000. 2 Direct add lines to through 11 12,000. X 12,000. 2 Direct add lines to through 11 12,000. X 1 1 2 Direct add lines other add lines to through 11 1 2,000. 1 1 1 2,000. 1 1 1 2,000. 1			X		,
g Direct contact with legislators, hori ratifs, government officials, or a legislative body? X h Railles, demonstrations, seminars, conventions, speeches, lectures, or any similar means? X i Other activities? X 2 Did the activities in in 1 cause the organization to be not described in section 501(o)(3)? X 2 Did the activities in in 1 cause the organization to be not described in section 501(o)(4)? X 2 Did the activities in in 1 cause the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6), or organization make only inhouse lobbying expenditures of \$2,000 or less? 3 Did the organization make only inhouse lobbying expenditures of \$2,000 or less? 1 4 Dithe influe organization is exempt under section 501(c)(6), section 501(c)(6), or section 501(c)(6), or section 501(c)(6), and ff either (a) BOTH Part III-A, hines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "No" OR (b) Part III-A, line 3, is answered "No" Complete if the section 527(b) tax was paid). 2 Section 162(a) nondeductible lobbying and political exemplain activity expenditures from the prior year? 1 2 Section 162(a) on detuctive lobbying and political expenditures (do not include amounts of political expenses for which the section 503(c)(1)(A) notices of nondeductible baction 162(c) dues 3 1 4 Carrent year 2a 2a 2a			X		
h Ralles, demonstrations, seminars, conventions, speeches, lectures, or any similar means? X 12,000. 1 Other activities? X 12,000. 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? X 12,000. 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? X 12,000. 2b If 'Yes,' enter the amount of any tax incurred by organization managers under section 4312 X 12,000. 2 If 'Yes,' enter the amount of any tax incurred under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No 1 Were substantially all (80% or more) dues received nondeductible by members? 1 1 2 2 Did the organization make only inhouse lobbying and political campaign activity expenditures from the prior year? 3 1 2 Did the organization agree to carry ver following and political campaign activity expenditures of two' No' OR (b) Part III-A, line 3, is answered "Ne" OR (b) Part III-A, line 3, is answered "Yes." 1 1 Dues, assessments and similar amounts from members 2 2 2 2 Corpolete if the organization agree to carry ver tobalical expenditures (do not include amounts of political expenditures ide not include amounts of political expenditures ide not include amounts of political expenditure and similar amounts from members 2 2 2			·		······
i Other activities? X 12,000. j Totak Add lines to through 11 X 12,000. 2a Dd the activities in line 1 cause the organization to be not described in section 501(c)(3)? X 12,000. b If "Yes," enter the amount of any tax incurred under section 4012 X 12,000. c If "Yes," enter the amount of any tax incurred under section 4012 X 12,000. d If the filing organization incurred a section 4012 tax, did file form 4720 for this year? Yes No 1 Wero substantially all (90% or more) dues received nondeductible by members? 1 1 2 3 1 Did the organization agrees to carry over lobbying expenditures of \$2,000 or less? 3 1 1 2 3 3 2 Did the organization agrees to carry over lobbying and political campaign activity expenditures from the piroryear? 3 3 1 1 2 2 3 3 3 Did the organization agrees to carry over lobbying and political expenditures of \$2,000 or less? 3 1 2 2 3 3 4 Urbet filts organization agrees to carry over lobbying and political expenditures of \$2,000 or less? 3 1 2 2 3 3 3 2 2 3<			***************************************	······	. <u> </u>
j Total. Add lines to through 11 12,000. 2a Dd the activities in line 1 cause the organization to be not described in section 501(b(3)? X b If "Yes," enter the amount of any tax incurred under section 4912 X c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 X e If the filling organization is exempt under section 501(b(3), section 501(c)(5), or section 501(c)(6), Yes Part III-A] Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6), and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 1 2 Saction 162(a) nondeductible lobbying and political expenditures (do not include amounts of political expenditures (do not include amounts of political expenditures for ministry and the section 503(a)(1)(A) notices of nondeductible section 162(a) dues 3 3 Carrent year 2 2 4 In dices were sent and the amount on line 2, what portion of the excess dues the amount on line 3, what portion of the excess dues the amount of lobbying and political expenditures (See instructions) 3 <t< td=""><td></td><td>x</td><td></td><td>12</td><td>2.000.</td></t<>		x		12	2.000.
2a Did the activities line 1 cause the organization to be not described in section 501(c)(3)? X b If "Yes," enter the amount of any tx incurred under section 4912 Image: Section 4912 c If "Yes," enter the amount of any tx incurred by organization manages under section 4912 Image: Section 4912 c If "Yes," enter the amount of any tx incurred by organization manages under section 4912 Image: Section 4912 c If "Yes," enter the amount of any tx incurred by organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yees No 1 Vers 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 3 Did the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6), and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 1 2 2 2 3 Current year 2 2 4 Carryover from last year 2 2 5 Total 2 2 4 Indices were sent and the amount on line 20 exceeds the amount on line 3, what portion of the excess d			VSEX 1		
b If "Yes," enter the amount of any tax incurred up organization managers under section 4912 Image: State S	2a Did the activities in line 1 cause the organization to be not described in section 501/c)(3)?		X		
c H*Yes," enter the amount of any tax incurred by organization managers under section 4912 Image: Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 Were substantially all (60% or more) dues received nondeductible by members? 1 2 Did the organization make only inhouse hobbying sepanditures of \$2,000 or less? 2 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6), as eaction 152(c) nondeductible is complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6), as eaction 152(c) nondeductible is complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6), as eaction 152(c) nondeductible is complete if the organization is exempt under section 501(c)(4), section 501(c)(6), or complete if the complete if the organization is exempt under section 501(c)(4), section 501(c)(6), as eaction 152(c) nondeductible is complete if the organization is exempt under section 501(c)(4), section 501(c)(6), as eaction 152(c) nondeductible is complete if the organization is exempt under section 501(c)(4), section 501(c)(6), section 501(c)(6), as eaction 501(c)(6),					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Image: Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 Were substantially all (60% or more) dues received nondeductible by members? 1 2 Image: Did the organization make only in-house lobbying and political campaign activity expenditures from the prior year? 1 2 Image: Did the organization make only in-house lobbying and political campaign activity expenditures from the prior year? 1 2 Image: Did the organization make only in-house lobbying and political campaign activity expenditures from the prior year? 1 2 Image: Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 1 2 Image: Did the organization agree to carry over lobbying and political expenditures (do not include amounts of political expenditures of the prior year?) 1 3 Did the section 527(f) tax was paid). 2 2 3 Current year 2 2 4 Intotices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carry over to the reasonable estimate of nondeductible lobbying and political expenditures (See instructions) 2 2 5 Total 3 3 3					······
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 Yes No 1 Image: Section 501(c)(6). Yes No 1 Image: Section 501(c)(6). Image: Section 501(c)(4), section 501(c)(5), or section 501(c)(6), or section 501(c)(7), section 501(c)(7), section 501(c)(7), or section 527(f) tax was paid). 2 1 1 2a				geneele een	
501(c)(6). Yes No 1 Vere substantially all (80% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house tobbying and political campaign activity expenditures from the prior year? 3 1 3 Did the organization make only in-house tobbying and political campaign activity expenditures from the prior year? 3 1 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 1 Dues, assessments and similar amounts from members 1 2 2 Section 152(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 1 2 Courrent year 2 2 b Carrycover from last year 2 c Total 3 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible lobbying and political expenditure next year? 4 4 If notices amount on line 2 coxcased the amount on line 3, what portion of the excess does the organization agree to carrycover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	Part III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	
1 Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 2 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 3 9 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(5), or section 501(c)(6) answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 1 Dues, assessments and similar amounts from members 2 2 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2 2 a Current year 2 2 2 2 b Carryover from last year 2 2 2 2 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible lobbying and political expenditure set and the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure set year? 3 4 Intotics were sent and the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure set or an			-,,		
1 Were substantially all (80% or more) dues received nondeductible by members? 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 9 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6), or section 527(f) tax was paid). 1 Dues, assessments and similar amounts from members 1 2 Section 162(e) nondeductible lobbying and political expenditures (sec instructions) 2a 2 2 2 3 3 4 fondices were sent and the amount on line 2 exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure nety near?				Yes	No
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Schedule C (Form 990 or 990-EZ) 2020	THE CINCINNATI MUSEUM ASSUCIATION'S BEHALF IN ORDER TO				E71 2020

032043 12-02-20

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SCHEDULE D		Supplemental Financial Statements		OMB No. 1545-0047		
(Form 990)		Complete if the organization answered "Yes" on Form 990.		2020		
•		Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.		Open to Public		
	nent of the Treasury Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information		Inspection		
Nam	e of the organizati	on	Employe	r identification number		
		CINCINNATI MUSEUM ASSOCIATION		1-0536653		
Par	t I Organiza	ations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts.	Complete if the		
	organizatio	n answered "Yes" on Form 990, Part IV, line 6.				
		(a) Donor advised funds	(b) Funds an	d other accounts		
1		nd of year				
2		f contributions to (during year)				
3	Aggregate value o	f grants from (during year)				
4		t end of year				
5	-	on inform all donors and donor advisors in writing that the assets held in donor advised fur				
		on's property, subject to the organization's exclusive legal control?		Yes No		
6	-	on inform all grantees, donors, and donor advisors in writing that grant funds can be used	-			
		boses and not for the benefit of the donor or donor advisor, or for any other purpose confer				
Par	impermissible priv	ate benefit? ation Easements. Complete if the organization answered "Yes" on Form 990, Part IV		Yes No		
L			/, line /.			
1		servation easements held by the organization (check all that apply).				
		n of land for public use (for example, recreation or education)				
		of natural habitat	tified historic	structure		
0		1 of open space				
2		through 2d if the organization held a qualified conservation contribution in the form of a c				
~	day of the tax yea			at the End of the Tax Year		
a b		onservation easements	2a 2b			
u 0		ricted by conservation easements		<u>n</u>		
		vation easements included in (c) acquired after 7/25/06, and not on a historic structure				
u		al Register	2d			
3		vation easements modified, transferred, released, extinguished, or terminated by the organ		a the tax		
v	year >	valor outcomente motimoli, autoiened, reiedede, oxanguiened, er terminatee by the organ	nzation during	g ale tax		
4	· · .	where property subject to conservation easement is located				
5		tion have a written policy regarding the periodic monitoring, inspection, handling of				
		forcement of the conservation easements it holds?		Yes No		
6	Staff and voluntee	r hours devoted to monitoring, inspecting, handling of violations, and enforcing conservati				
	▶			• •		
7	Amount of expense	ment as incurred in monitoring, inspecting, handling of violations, and enforcing conservation e	asements dur	ing the year		
	▶\$			ů ,		
8	Does each conser	vation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	i)(i)			
	and section 170(h)(4)(B)(ii)?		Yes No		
9		be how the organization reports conservation easements in its revenue and expense stater				
	balance sheet, and	d include, if applicable, the text of the footnote to the organization's financial statements th	nat describes	the		
.		ounting for conservation easements.				
Par		ations Maintaining Collections of Art, Historical Treasures, or Other	Similar As	sets.		
	Complete i	f the organization answered "Yes" on Form 990, Part IV, line 8.				
1a	If the organization	elected, as permitted under FASB ASC 958, not to report in its revenue statement and ba	lance sheet w	vorks		
	of art, historical tre	easures, or other similar assets held for public exhibition, education, or research in furthera	nce of public	;		
	service, provide in	Part XIII the text of the footnote to its financial statements that describes these items.				
b	If the organization	elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	e sheet work	s of		
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,					
	•	ing amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1					
	(ii) Assets included in Form 990, Part X					
2						
	the following amounts required to be reported under FASB ASC 958 relating to these items:					
		on Form 990, Part VIII, line 1				
		Form 990, Part X				
	-	eduction Act Notice, see the Instructions for Form 990.	Sche	dule D (Form 990) 2020		
032051	12-01-20	31				
		T C				

Schee		ATI MUSEUM								Page 2
Par	t III Organizations Maintaining C	ollections of Art	t, Histo	rical Tre	asures, o	r Other	[·] Simila	r Asse	ts _{(contin}	ued)
3	Using the organization's acquisition, accession	on, and other records	s, check a	any of the fe	ollowing that	t make si	gnificant	use of its		
	collection items (check all that apply):									
а	X Public exhibition	d	I 🗌 L	oan or excl	hange progra	am				
b	X Scholarly research	ê		Other	515					
c	X Preservation for future generations	·	· · · · · · · · · · · · · · · · · · ·							
4	Provide a description of the organization's co	lections and evolain	how the	w further th	o organizatio	n'e ovon	ant nurne	ee in Pa	+ YIII	
5	During the year, did the organization solicit o							35 111 4	CAR.	
3	to be sold to raise funds rather than to be ma		•		,			Г	Yes	X No
Par	t IV Escrow and Custodial Arrange	·····					Eorm 00			
<u></u>	reported an amount on Form 990, Par	-	sten trie	organizatioi	answereu	Tes on	Fuill 55	o, ran iv	, inte 9, 0i	
	Is the organization an agent, trustee, custodi		ion for o	ontributions	or other ear	noto not i	nokudod		·····	<u> </u>
la	· · · · ·							Г		
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing ta	ibie:				1		
									Amount	
	Beginning balance							 		
	Additions during the year									
е	Distributions during the year							ļ		
f	Ending balance									
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	scrow or cu	stodial acco	unt liabili	ty?	L	Yes	No No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i	f the organization an	swered "	Yes" on Fo	rm 990, Part	t IV, line 1	0.		_	
		(a) Current year	(b) Pi	rior year	(c) Two yea	rs back	(d) Three	years bac	k (e) Four	
1a	Beginning of year balance	160,082,575.	175,	662,442.	160,99	5,863.	157,5	505,333	. 131,	648,423.
b									910,129.	
с	Net investment earnings, gains, and losses 51,387,23910,235,225. 19,137,706. 8,610,587. 12,843,710.							843,710.		
d	Grants or scholarships					ľ				•••••••••••••••••••••••••••••••••••••••
е	Other expenditures for facilities									
	and programs	5,985,871.	5,	969,532.	5,81	1,478.	5,3	368,632	. 4,	896,929.
f	Administrative expenses	·····							-	<u> </u>
g	End of year balance	207,392,998.	160,	082,575.	175,66	2,442.	160.9	95,863	157	505,333.
2	Provide the estimated percentage of the curr			-			•		<u> </u>	
	Board designated or quasi-endowment		%	, oolamin (a)) Hoja 45.					
a b	Permanent endowment ► 42.2400	%	_/0							
	Term endowment > 38.9900									
c	The percentages on lines 2a, 2b, and 2c sho									
Δ.								- 4		
Ja	Are there endowment funds not in the posse	ssion of the organiza	tion that	are neid an	ia administe	rea for th	e organiz	ation	Г	<u>, </u>
	by:									Yes No
	(i) Unrelated organizations									X
	(ii) Related organizations								. <u>3a(ii)</u>	<u> </u>
b	If "Yes" on line 3a(ii), are the related organization				•••••••				. 3 b	
4	Describe in Part XIII the intended uses of the		wment fu	inds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	1	1					r		
	Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value						value			
		basis (investr	nent)	basis	(other)	de	preciation)		
1a	Land									
b	Buildings			70,95	<u>3,633.</u>	40,6	654,6	90.	<u>30,298</u>	<u>,943.</u>
	Leasehold improvements									
	Equipment				6,621.	3,1	790,0	12.		5,609.
	Other			3,75	5,725.				3,755	5,725.
Total	. Add lines 1a through 1e. (Column (d) must e	aual Form 990. Part	X. colum	n (B), Jine 10)c.)				35,221	
		· · · · · · · · · · · · · · · · · · ·						Schedu	le D (Form	990) 2020
									-	-

Part VII Investments - Other Securities. Complete if the organization answered "Yes" of	on Form 990 Part IV line	11b. See Form 990. Part X. line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
1) Financial derivatives			-
2) Closely held equity interests			
(3) Other			
(A)	<u> </u>		
(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"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) BENEFICIAL INTEREST IN TRU			19,104,816.
(2) CASH SURRENDER VALUE OF LI			110,956.
(3) INTEREST AND DIVIDEND RECH	EIVABLE		28,931.
(4) INVESTMENT IN SUBSIDIARY			3,406,400.
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	. 15.)	>	22,651,103.
	on Form 000 David B/ Pro-	11 a av 11f Cap Form 000 Dart V Pro- 00	
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line	The or This See Form 990, Part X, line 25.	(b) Book value
(1) Federal income taxes	0 XND		
(2) CHARITABLE REMAINDER TRUST	I'S AND		216 570
(3) CHARITABLE GIFT ANNUITIES			216,570.
(4) LINE OF CREDIT			3,500,000.
(5)			
<u>(6)</u>			
(7)			
(8)			
(9)			3 716 574
Total, <u>(Column (b) must equal Form 990, Part X, col. (B) line</u> 2. Liability for uncertain tax positions. In Part XIII, provide		>	3,716,570.

CINCINNATI MUSEUM ASSOCIATION

bility for uncertain tax positions. In Part 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

Schedule D (Form 990) 2020

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Schedule D (Form 990) 2020

Sche	dule D (Form 990) 2020 CINCINNATI MUSEUM ASSOC	IATION	31-0536653 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 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:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d			
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Exper	ises per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 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	
с	Other losses	2c	
d		6 6	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
c			4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8,)	
Pa	rt XIII Supplemental Information.	-	

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

PART III, LINE 1A:

THE COLLECTIONS, WHICH WERE ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS
SINCE THE ASSOCIATION'S INCEPTION, ARE NOT RECOGNIZED AS ASSETS 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 III, LINE 4:

THE COLLECTIONS, WHICH WERE ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS

SINCE THE CINCINNATI ART MUSEUM'S INCEPTION, ARE NOT RECOGNIZED AS ASSETS
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 CINCINNATI MUSEUM ASSOCIATION
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 Part XIII
 Supplemental Information (continued)
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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) 2020

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APPROPRIATE BASED ON THE CURRENT FACTS AND CIRCUMSTANCES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN PERPETUAL TRUST

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSE

COST OF GOODS SOLD

FUNDRAISING EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

RENTAL EXPENSES

FUNDRAISING EXPENSES

Schedule D (Form 990) 2020

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SCHEDULE G	Suppleme	ntal Information Regarding	Fund	raisi	ng or Gaming A	ctiv	ities	OMB No	. 1545-0047
(Form 990 or 990-EZ)	Complete if the	organization answered "Yes" on	Form	990, P				20)20
	0	rganization entered more than \$15 Attach to Form 990							J LU to Public
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov/Form990 for instr				on,		Inspe	ction
Name of the organization				-					tion number
Part I Fundrais		ATI MUSEUM ASSOCIA			Earm 000 Dart N/ 1	ine t	31-05		
	complete this part		ieu i	es or	1 FOITH 990, FAILIN, I	ine i	7. rom 990	PCZ mers a	
	•	ed funds through any of the followin	*						
a Mail solicitat	ions email solicitations			-	overnment grants				
b internet and c Phone solici		g Special		-	nment grants events				
d ☐ In-person so		g oposial	landid	lang					
2 a Did the organization	on have a written o	r oral agreement with any individual	(includ	ing of	ficers, directors, trus	tees,	or		
	highest paid indiv	art VII) or entity in connection with p riduals or entities (fundraisers) pursu organization.				ne fui		Yes be] No
			1		1	1.3	A		
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody troliof	(iv) Gross receipts from activity	to (Amount pa or retained t fundraiser ted in col. (i	$(v_i) \neq (v_i) \neq (v_i$	Amount paid retained by) ganization
			Yes	No					
		······································							
			<u> </u>						
			. L						
4.		n is registered or licensed to solicit o			or has been notified	itis	exempt from	a registrati	ion
or licensing.									
· · · · · · · · · · · · · · · · · · ·									
· · · · · · · · · · · · · · · · · · ·									
. <u> </u>									
		· · · · · · · · · · · · · · · · · · ·							
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form S	990 or	990-E	Z. S	Sche	dule G (For	m 990 or 9	990-EZ) 2020

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Schedule G (Form 990 or 990 EZ) 2020 CINCINNATI MUSEUM ASSOCIATION

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

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receip	ts greater than \$5,000.
			(a) Event #1 SIMPLY	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			BRILLIANT LU (event type)	A HAPPENING (event type)	(total number)	col. (c))
Revenue	-	Gross receipts	29,487.	39,620.		69,107.
å	1		25,1071			<u> </u>
	2	Less: Contributions	9,887.	24,892.	,	34,779.
	3	Gross income (line 1 minus line 2)	19,600.	14,728.		34,328.
	4	Cash prizes				
	5	Noncash prizes				
oenses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	2,550.	6,623.		9,173.
	8	Entertainment		4,120.		4,120.
	9	Other direct expenses		20,835.		29,705.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	42,998.
	11	Net income summary. Subtract line 10 from I				-8,670.
Pa	[1:1	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or i	reported more than	
T				(b) Puil tabs/instant		(d) Total gaming (add
an			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
ñ	1	Gross revenue				
es	2	Cash prizes	· · · · · · · · · · · · · · · · · · ·			
xpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	Yes %	Yes%	
	7	Direct expense summary. Add lines 2 throug	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1. column (d)		•	
	-		,			•
	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming a No," explain:	ctivities in each of these s			. Yes No
		ere any of the organization's gaming licenses re			/ear?	Yes No
b	lf "	'Yes," explain:			· · · · · · · · · · · · · · · · · · ·	

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Schedule G (Form 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990 EZ) 2020 CINCINNATI MUSEUM ASSOCIATION 31	-0536	653	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No 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 No
13	Indicate the percentage of gaming activity conducted in:			
a	The organization's facility	. 13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address 🕨			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party > \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address 🕨			
16	Gaming manager information:			
	Name 🕨			
	Gaming manager compensation 🕨 💲			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	1		
	organization's own exempt activities during the tax year 🕨 💲			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lir	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
	·····			
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				<u> </u>
0320	sa 11-25-20 Schedule G (F	orm 990	or 990	-EZ) 2020

chedule G (Form 990 or 990 EZ) CINCINNATI MUSEUM ASSOCIATION Part IV Supplemental Information (continued)	31-0536653 Page 4
	<u>.</u>
	· · · · · · · · · · · · · · · · · · ·
	Schedule G (Form 990 or 990-E

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SCHEDULE J	Comp	pensation Information		OMB No. 1	1545-004	7
(Form 990)	For certain Officers, D	Directors, Trustees, Key Employees, and Highest		20	20	
	Complete if the organiz:	Compensated Employees ation answered "Yes" on Form 990, Part IV, line 23.		20	ΖU	
Department of the Treasury	Complete il tile organiza	Attach to Form 990.		Open to		C
Internal Revenue Service		orm990 for instructions and the latest information.	<u> </u>	Inspe		
Name of the organization			Employer ic			nber
Dout I. Ourochion	CINCINNATI MUSE	SUM ASSOCIATION	31-0	53665	3	
Part I Question	s Regarding Compensation					
					Yes	No
		ed any of the following to or for a person listed on Form	990,			
, , , , , , , , , , , , , , , , , , ,	• •	iny relevant information regarding these items.				
First-class or c		Housing allowance or residence for perso				
Travel for com	•	Payments for business use of personal re				
	cation and gross up payments	X Health or social club dues or initiation fee				
Discretionary	spending account	Personal services (such as maid, chauffe	ur, chef)			
•		ization follow a written policy regarding payment or		1000	33333 37	
		bed above? If "No," complete Part III to explain		<u>1b</u>	X	0.040.0403
		oursing or allowing expenses incurred by all directors,				MEE
trustees, and office	rs, including the CEO/Executive Direc	ctor, regarding the items checked on line 1a?		2	X	
		sed to establish the compensation of the organization's				
		eck any boxes for methods used by a related organizat	ion to			
	ation of the CEO/Executive Director, b					
X Compensation	n committee	Written employment contract				
	compensation consultant	Compensation survey or study				
X Form 990 of c	ther organizations	X Approval by the board or compensation	committee			
4 During the year, did	I any person listed on Form 990, Part	VII, Section A, line 1a, with respect to the filing				
organization or a re	lated organization:			1993		
	ce payment or change of control paym			<u>4a</u>		X
b Participate in or red	ceive payment from a supplemental no	onqualified retirement plan?		<u>4b</u>		X
c Participate in or rec	ceive payment from an equity-based c	compensation arrangement?		<u>4c</u>		X
If "Yes" to any of li	nes 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) organi	izations 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	on			
contingent on the r	evenues of:					
a The organization?			,	5a		X
b Any related organiz	ation?					X
If "Yes" on line 5a	or 5b, describe in Part III.					
6 For persons listed	on Form 990, Part VII, Section A, line 1	1a, did the organization pay or accrue any compensation	on			
contingent on the r	iet earnings of:					
a The organization?				<u>. 6a</u>		X
						X
	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 payment	5			
not described on li	nes 5 and 6? If "Yes," describe in Part	t III		7		X
		or accrued pursuant to a contract that was subject to t				
initial contract exce	ption described in Regulations sectio	n 53.4958·4(a)(3)? If "Yes," describe in Part III		8		<u>X</u>
9 If "Yes" on line 8, c	id the organization also follow the reb	buttable presumption procedure described in				
Regulations section	1 53.4958·6(c)?			. 9		

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

Schedule J (Form 990) 2020

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Schedule J (Form 990) 2020 CINCINNATI MUSEUM ASSOCIATION 31-0536653	NN	ATI MUSEUM	ASSOCIATION	N 100 line during	31-0536653	653 		Page 2
For each individual whose compensation must be reported on Schedule J, Do not list any individuals that aren't listed on Form 990, Part VII.	e rel	ported on Schedule J 390, Part VII.	, report compensatio	on from the organize	ation on row (i) and from	m related organization	report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii)	uctions, on row (ii).
Note: The sum of columns (B)(I)-(iii) for each listed individual must equal the	<u>מ</u>	dividual must equal tr	e total amount of Fo	rm 990, Part VII, 56	iction A, line 1a, applic	able column (U) and (E	total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	lauai.
		(B) Breakdown of W	N-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (R)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LEWIS CAMERON KITCHIN	Ξ	421,294.	•0	27,593.	9,465.	.007	459,052.	0.
DIRECTOR	: (3)		.0	0.	.0	•0		•0
(2) DAVE LINNENBERG	ε	191,282.	0.	29,160.	4,57	12,529.	237,54	0.
CHIEF ADMINISTRATIVE OFFICER	(11)		.0	•0	.0			0
(3) CAROL EDMONDSON	Θ	122,86	•	28,846.	3,224.	17,331.	172,26	.0
CHIEF FINANCIAL OFFICER	€	5	•	•	•	•	• • •	•
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							Schedu	Schedule J (Form 990) 2020

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032112 12-07-20

Schedule J (Form 990) 2020 CINCINNATI MUSEUM ASSOCIATION	31-0536653	Page 3
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	ia, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	
	Schedule J (Form 990) 2020	990) 2020
032113 12-07-20	43	

	HEDULE M prm 990)		Nonc	ash Contr	ibutions		OMB No. 1545-0047
Depar	tment of the Treasury	Attach to Form 990			n Form 990, Part IV, lines 29 the latest information.		2020 Open to Public Inspection
Nam	e of the organization					Employe	r identification number
	CI	NCINNATI M	USEUM	ASSOCIATIO	ON	3	1-0536653
Pa	rt I Types of Prope	erty					
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) d of determining ontribution amounts
1	Art - Works of art		X	431			
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household go						
6	Cars and other vehicles						,
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded		X	8,730	1,177,813.	MARKET C	UOTE
10	Securities - Closely held st			· · · · ·		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	·
11	Securities - Partnership, LL					-	
	trust interests	-					
12	Securities · Miscellaneous						
13	Qualified conservation con			·····			
	Historic structures						
14	Qualified conservation con						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplie						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens		<u> </u>				
24	Archeological artifacts						
25	k)				······	
26)					·
27)					
28	Other ► (, }					<u> </u>
29	Number of Forms 8283 rec	ceived by the organi	zation durine	the tax year for c	ontributions		

Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? х 30a b If "Yes," describe the arrangement in Part II. Х 31 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.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

for which the organization completed Form 8283, Part V, Donee Acknowledgement _____ 29

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

Schedule M (Form 990) 2020

032141 11-23-20

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

SCHEDULE M, LINE 33:

THE COLLECTIONS, WHICH WERE ACQUIRED THROUGH PURCHASES AND

CONTRIBUTIONS SINCE THE ASSOCIATION'S INCEPTION, ARE NOT RECOGNIZED AS

ASSETS 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.

Schedule M (Form 990) 2020

032142 11-23-20

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Employer identification number

OMB No. 1545-0047

Internal Revenue Service Name of the organization

CINCINNATI MUSEUM ASSOCIATION

11-0536653

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

"SHARES". IT SHALL BE THE RESPONSIBILITY OF THE TRUSTEES TO SELECT

APPROPRIATE INDIVIDUALS TO SERVE AS MEMBERS OF THE ASSOCIATION AS PROVIDED

IN THE ARTICLES OF INCORPORATION. A VOTE OF TWO-THIRDS OF THE TRUSTEES

SHALL BE REQUIRED TO SELECT AN INDIVIDUAL TO BECOME 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.

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

THE BOARD OF TRUSTEES NOMINATING COMMITTEE SUGGESTS NOMINEES FOR THE
GOVERNING BODY TO THE MEMBERS WHO THEN VOTE TO ELECT THEM. CURRENTLY, THE
BOARD OF TRUSTEES SHALL CONSIST OF FORTY TRUSTEES PLUS THE NUMBER OF
TRUSTEES EX-OFFICIO WHO MAY BE SERVING HEREINAFTER PROVIDED. OF THIS
NUMBER, 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.

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990 EZ) 2020	Page 2
Name of the organization CINCINNATI MUSEUM ASSOCIATION	Employer identification number 31-0536653
THE 990 IS DISTRIBUTED TO THE TRUSTEES SERVING ON THE FINA	NCE 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 <u>CONDUCTS THE ANNUAL REVIEW OF ALL DEPUTY DIRECTORS AND DETERMINES MERIT</u> <u>INCREASES FOR EACH. THE PRESIDENT OF THE BOARD OF DIRECTORS PREPARES THE</u> <u>ANNUAL REVIEW OF THE DIRECTOR AND DETERMINES THE MERIT INCREASE AND OTHER</u> <u>BENEFITS WHICH THE EXECUTIVE COMMITTEE MUST APPROVE.</u>

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.

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032212 11-20-20

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······································
Form 990 or 990-EZ) 2020
For

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization

CINCINNATI MUSEUM ASSOCIATION

Employer identification number 31-0536653

2,865,563.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN PERPETUAL TRUST

Page 2

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	 Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. 	ions and Unrelated Pal vered "Yes" on Form 990, Part IV, I ► Attach to Form 990. m990 for instructions and the lates	tnerships ne 33, 34, 35b, 3 t information.	3, or 37.	ð Ö	OMB No. 1545-0047 2020 Open to Public Inspection
Name of the organization CINCINNATI MUSEUM ASSO	USEUM ASSOCIATION				Employer identification number 31-0536653	ation number 53
Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	plete if the organization answered "Yes	" on Form 990, Part IV, line 33				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	me End-of-year assets		(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations. organizations during the tax year.		Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	, Part IV, line 34, t	ecause it had one	or more related tax-exer	npt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Soction 512(b)(13) controllod entity? Voc NO
ART MUSEUM SUPPORT CORPORATION - 83-2145659 953 EDEN PARK DR CINCINNATI, OH 45202	9 SUPPORT FOR CINCINNATI MUSEUM ASSOCIATION	ОНГО	501(C)(3)	LINE 12A, I	CINCINNATI MUSEUM ASSOCIATION	-
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	tions for Form 990.				Schedule R (Schedule R (Form 990) 2020

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032161 10-28-20 LHA

Page 2		(k) Percentage ownership			e related	(i) Saction 512(b)(13) controlled entity? Yes No		:		Schedule R (Form 990) 2020
36653 ore related		(j) Genoral or managing partnor? Yes No			one or mor	(h) Percentage ownership				le R (Form
ATTON 31 – 0536653 Complete if the organization answered "Yes" on Form 990 Part IV line 34. because it had one or more related		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	(g) Share of Pe end-of-year o assets				Schedu
34 because		(h) Disproportionate allocations? Yes No			r IV, line 34		 			-
art IV line S		(g) Share of end-of-year assets			rm 990, Par	(f) Share of total income				
on Form 990 P					red "Yes" on Fo	(e) Type of entity (C corp, S corp, or trust)				
"APA"	-	(f) Share of total income		 	tion answe					
zation answ		(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			he organiza	(d) Direct controlling entity				
the organi	202	Predomir (related) excluded fr sections			u omplete if t	(C) Legal domicile (state or foreign country)				50
SOCIATION rshin Complete if		(d) Direct controlling entity			1	(b) Primary activity				-
UM ASS(x year.	(c) Logal domicile (state or foreign country)			is a Corpor g the tax ye	Prime				
CINCINNATI MUSEUM	thership during the ta	(b) Primary activity			anizations Taxable a	7 -				
~	Part III organizations treated as a partnership during the tax year.	(a) Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation or Trust. organizations treated as a corporation or trust during the tax year.	(a) Name, address, and EIN of related organization				032162 10-28-20

Schedule R (Form 990) 2020 CINCINNATI MUSEUM ASSOCIATION		31-053665	36653 Page 3
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	rm 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. 1 During the tax year, did the consultation encare in any of the following transactions with one or more related organizations listed in Parts ILMO	related organizations listed	in Parts ILIV7	Yes No
			1a X
c Gift, grant, or capital contribution from related organization(s)			1c X
			1d X
			1e X
1 Unidends from related organization(s)			4 ₩
Purchase of assets from related organization(s)			
j Lease of facilities, equipment, or other assets to related organization(s)			
k pase of facilities an inment or other assets from related ornanization(s)			14-
Derformance of sensives or membership or fundraising solitore for			
ו ו פוטווומוסס ט ספועוסס טו ווומוווטס טוווט טוווט טוווט אינט אינער אינער אינער אינער אינער אינער אינער אינער א דער אינער אינערען אינער אינערען אינערען אינערען אינערען א			****
reitoriance of services of friendlen in or full and a solution of the service of	,		
Sharing of facilities, equipment, mailing lists, of other assets with related organization(s)			
o sharing of paid employees with related organization(s)			₽
d Keimbursement paid by related organization(s) for expenses			
r Other transfer of cash or property to related organization(s)			۲ X
(s)			1s
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	this line, including covered I	elationships and transaction thresholds.	
(a) (b) Name of related organization Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	involved
(1)			
(3)			
(4)			
(3)			

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Schedule R (Form 990) 2020

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Schedule R (Form 990) 2020 Part VII Supplemental Inf	CINCINNATI	MUSEUM	ASSOCIATION	31-0536653	Page 5
Part VII Supplemental Inf	ormation				
Provide additional info	rmation for responses to c	uestions on S	Schedule R. See instructions.		
L					
, , , , , , , , , , , , , , , , ,	·····				
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Schedule R (Form 990) 2020

032165 10-28-20

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Form 990-T	EXTENDED TO JULY 15, 2022 Exempt Organization Business Income Tax F (and proxy tax under section 6033(e))	leturn		OMB No. 1545-0047
	For calendar year 2020 or other tax year beginning SEP 1, 2020 , and ending AUG 31	2021	۱	2020
			<u>⊢</u> ·	2020
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 		-	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed.	Name of organization (Check box if name changed and see instructions.)		l	over identification number
			2	1 0506650
B Exempt under section	Print CINCINNATI MUSEUM ASSOCIATION			<u>1-0536653</u>
X 501(C)(3) 408(e) 220(e)	Time Manual, succi, and round of solid tio. If a r.o. box, see list uctions.	1		nstructions)
408A 530(a) 529(a) 529S	City or town, state or province, country, and ZIP or foreign postal code CINCINNATI, OH 45202	Ļ	-	
529(a) 529S				Check box if
G Check organization	C Book value of all assets at end of year ▶ 281,155,323. type ▶ X 501(c) corporation 501(c) trust 401(a) trust Other trust		ntiool	an amended return.
H Check if filing only		w [] wb	plicat	he remourance entry
······································				
		<u> </u>		<u></u>
			_	Yes X No
	, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled g name and identifying number of the parent corporation.	roup?	•	
Bitter and a second	are of CAROL EDMONDSON Telephone num	hor N	513) 721-5204
	related Business Taxable Income		515	<u>/ ///=</u>
	business taxable income computed from all unrelated trades or businesses (see	Т		,
			1	53,074.
n 1		1	2	55,074.
)	F I I I I I I I I I I I I I I I I I I I	2	53,074.
		ſ	4	0.
		ſ	4 5	53,074.
		ſ	6	
	t operating loss. See instructions	ŀ	-0	· · · · · · · · · · · · · · · · · · ·
Subtract line 6 fr			7	53,074.
	om line 5 m (generally \$1,000, but see instructions for exceptions)		8	1,000.
	199A deduction. See instructions		<u> </u>	±,0001
		ſ	9 10	1,000.
	s. Add lines 8 and 9 ess taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,	·····	10	
enter zero			11	52,074.
Part II Tax Con		1		00/0/10
	ixable as corporations. Multiply Part I, line 11 by 21% (0.21)		1	10,936.
	t trust rates. See instructions for tax computation. Income tax on the amount on	······ •	<u> </u>	
Part I, line 11 fro			2	
3 Proxy tax. See in			3	
-	ts. See instructions	E CONTRACTOR E CON	4	
	um tax (trusts only)		5	
	bliant facility income. See instructions	F	6	
	3 through 6 to line 1 or 2, whichever applies	Γ	7	10,936.
	Reduction Act Notice, see instructions.			Form 990-T (2020)

023701 02-02-21

1.1.1	90-T (2020)		Page 2
Part		- A-542.5	
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		
b	Other credits (see instructions) 1b		
С	General business credit. Attach Form 3800 (see instructions)		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 1a through 1d	1e	40.000
2	Subtract line 1e from Part II, line 7	2	10,936.
3	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	3	
4	Total tax. Add lines 2 and 3 (see instructions).		
	section 1294. Enter tax amount here	4	10,936.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5	0.
6a	Payments: A 2019 overpayment credited to 2020 6a 12,083.		
b	2020 estimated tax payments. Check if section 643(g) election applies b 6b 3 , 037.		
c	Tax deposited with Form 8868		
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d		
е	Backup withholding (see instructions) 6e		
f	Credit for small employer health insurance premiums (attach Form 8941)		
g	Other credits, adjustments, and payments: Form 2439		
	□ Form 4136 Other Total ► 6g		4 - 4 - 4
7	Total payments. Add lines 6a through 6g	7	15,120.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	4 4 6 4
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	4,184.
<u>11</u>	Enter the amount of line 10 you want: Credited to 2021 estimated tax 4,184. Refunded	11	0.
Part			
1	At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		नेक्स्टोर संस्थितम् जन
_			
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a		
	foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year		1965 19
4a	Did the organization change its method of accounting? (see instructions)	••••••	X
b	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"		and the provide the
Part	explain in Part V		

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign	Under penalties of perjury, I declare that I have examined correct, and complete. Declaration of preparer (other than				włedge	and belief, it is true,
Here	Signature of officer	Date DIREC	TOR		the pr	he IRS discuss this return with eparer shown below (see ctions)? XYes No
	Print/Type preparer's name	Preparer's signature	Date	Check	if	PTIN
Paid	JANE E. PFEIFER	JANE E. PFEIFER	02/28/22	self- employe	ed	P00014949
Preparer Use Only	Firm's name CLARK , SCHAE	FER, HACKETT & CO.	L: •	Firm's EIN	►	31-0800053
-	1 EAST 4TH Firm's address ► CINCINNATI	STREET , OH 45202		Phone no.	51	3-241-3111
				•		E 000T (2000)

Form 990-T (2020)

023711 02-02-21

]	ENT	ITY	1
	IEDULE A Unrelated Busine	محح '	Tavahla Inco	mo		OMB No. 154	5-0047
(For	III 990-1)						
	From an Unrelate	εαπ	rade or Busil	ness		202)U
	► Go to www.irs.gov/Form990T for	r instru	ctions and the latest i	nformation.		202	_U
	ment of the Treasury Revenue Service Do not enter SSN numbers on this form as it					Open to Public In	
A N	lame of the organization			B Employer id	lontifi	501(c)(3) Organiz	ations only
M 10	CINCINNATI MUSEUM ASSOCIATION			31-053			
οι	Inrelated business activity code (see instructions) 🕨 72232	0		D Sequence:		1. of	2
<u>E (</u>	Describe the unrelated trade or business CATERING			· ····		I	
Pa	1 Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) N	et
1a	Gross receipts or sales 310,858.						
b	Less returns and allowances c Balance 🕨	1c	310,858.				
2	Cost of goods sold (Part III, line 8)	2	59,336.				
3	Gross profit. Subtract line 2 from line 1c	3	251,522.			251	<u>,522.</u>
4 a	Capital gain net income (attach Sch D (Form 1041 or Form						
	1120)) (see instructions)	4a				· · · ·	
	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b			ananan Mananan		
	Capital loss deduction for trusts	40			agagan Bistan		
5	Income (loss) from a partnership or an S corporation (attach						
6	statement)	5	11,960.	4,20	าว	7	,757.
6 7	Rent income (Part IV) Unrelated debt-financed income (Part V)	7	11,000.	±,40	55.	,	,157.
, 8	Interest, annuities, royalties, and rents from a controlled						
Ū	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)	l					
Ť	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12					
13	Total. Combine lines 3 through 12	13	263,482.	4,20)3.	259	<u>,279.</u>
Pa	rt II Deductions Not Taken Elsewhere (See instructi	ions fo	or limitations on de	ductions) Dedu	ctior	ns must be	
	directly connected with the unrelated business in			,			
<u> </u>							
1	Compensation of officers, directors, and trustees (Part X)				1	130	,218.
2 3	Salaries and wages				2	100	, 210.
4	Repairs and maintenance Bad debts			1	4		· · · · · ·
5	Interest (attach statement) (see instructions)				5		
6	Taxes and licenses				6	7	,917.
7	Depreciation (attach Form 4562) (see instructions)		7	29,386.			•
8	Less depreciation claimed in Part III and elsewhere on return				8b	29	,386.
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	200	F 0 0
14	Other deductions (attach statement)				14		<u>,509.</u>
15	Total deductions. Add lines 1 through 14				15	414	,030.
16	Unrelated business income before net operating loss deduction. Su		•	·	10	47	,249.
17	column (C) Deduction for net operating loss (see instructions)				<u>16</u> 17		0.

17080228 758050 120424-000

Unrelated business taxable income. Subtract line 17 from line 16

LHA For Paperwork Reduction Act Notice, see instructions.

18

47,249.

Schedule A (Form 990-T) 2020

	ule A (Form 990-T) 2020				Page
Part	III Cost of Goods Sold Enter meth	od of inventory valuation	n ▶ N/A		*
1	Inventory at beginning of year			1	0
2	Purchases			2	59,336
3	Cost of labor				0
4	Additional section 263A costs (attach statement)			4	0
5	Other costs (attach statement)				0
6	Total, Add lines 1 through 5			6	59,336
7	Inventory at end of year				0
8	Cost of goods sold. Subtract line 7 from line 6. Enter h	ere and in Part I, line 2			59,336
9	Do the rules of section 263A (with respect to property p				Yes X No
art	IV Rent Income (From Real Property and	Personal Property	Leased with F	leal Property)	
1	Description of property (property street address, city, st	ate, ZIP code). Check if	a dual-use (see insti	uctions)	
	A DEQUIPMENT RENTAL	953 EDEI	N PARK DR,	CINCINNAT	I, OH 45202
	в 🗔				
	c 🗀				
	D				
		А	В	С	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)	11,960.			
с	Total rents received or accrued by property.				
-	Add lines 2a and 2b, columns A through D	11,960.			
•	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income	Inrough D. Enter here ar	id on Part I, line 6, d	<u>solumin (A)</u>	11,500
4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) <u>STMT</u> 2	4,203.			
3 4 <u>5</u> art	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) <u>STMT</u> 2 Total deductions. Add line 4 columns A through D. Ent Unrelated Debt-Financed Income (se Description of debt-financed property (street address, ci	4,203. er here and on Part I, lin e instructions)	e 6, column (B)		
4 5 art	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) <u>STMT</u> 2 Total deductions. Add line 4 columns A through D. Ent V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, ci A	4,203. er here and on Part I, lin e instructions)	e 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) <u>STMT</u> 2 Total deductions. Add line 4 columns A through D. Ent V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, ci A B	4,203. er here and on Part I, lin e instructions)	e 6, column (B)		
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) <u>STMT 2</u> Total deductions. Add line 4 columns A through D. Ent V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, ci A B C	4,203. er here and on Part I, lin e instructions)	e 6, column (B)		
4 <u>5</u> art	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) <u>STMT</u> 2 Total deductions. Add line 4 columns A through D. Ent V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, ci A B	4,203. er here and on Part I, lin e instructions) ty, state, ZIP code). Che	e 6, column (B) ck if a dual-use (see	e instructions)	4,203
4 <u>5</u> art 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) <u>STMT 2</u> Total deductions. Add line 4 columns A through D. Ent V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, ci A B C D	4,203. er here and on Part I, lin e instructions)	e 6, column (B)		
4 <u>5</u> art	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) <u>STMT 2</u> Total deductions. Add line 4 columns A through D. Ent V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, ci A B C Gross income from or allocable to debt-financed	4,203. er here and on Part I, lin e instructions) ty, state, ZIP code). Che	e 6, column (B) ck if a dual-use (see	e instructions)	4,203
4 <u>5</u> 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) <u>STMT 2</u> Total deductions. Add line 4 columns A through D. Ent V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, ci A B C Gross income from or allocable to debt-financed property	4,203. er here and on Part I, lin e instructions) ty, state, ZIP code). Che	e 6, column (B) ck if a dual-use (see	e instructions)	4,203
4 <u>5</u> art 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) <u>STMT 2</u> Total deductions. Add line 4 columns A through D. Ent V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, ci A	4,203. er here and on Part I, lin e instructions) ty, state, ZIP code). Che	e 6, column (B) ck if a dual-use (see	e instructions)	4,203
4 <u>5</u> 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) <u>STMT 2</u> Total deductions. Add line 4 columns A through D. Ent V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, ci A B C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property	4,203. er here and on Part I, lin e instructions) ty, state, ZIP code). Che	e 6, column (B) ck if a dual-use (see	e instructions)	4,203
4 <u>5</u> 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) <u>STMT 2</u> Total deductions. Add line 4 columns A through D. Ent Unrelated Debt-Financed Income (se Description of debt-financed property (street address, ci A	4,203. er here and on Part I, lin e instructions) ty, state, ZIP code). Che	e 6, column (B) ck if a dual-use (see	e instructions)	4,203
4 <u>5</u> 1 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT 2 Total deductions. Add line 4 columns A through D. Ent Unrelated Debt-Financed Income (se Description of debt-financed property (street address, ci A	4,203. er here and on Part I, lin e instructions) ty, state, ZIP code). Che	e 6, column (B) ck if a dual-use (see	e instructions)	4,203
4 <u>5</u> 1 1 2 3 3	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT 2 Total deductions. Add line 4 columns A through D. Ent V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, ci A	4,203. er here and on Part I, lin e instructions) ty, state, ZIP code). Che	e 6, column (B) ck if a dual-use (see	e instructions)	4,203
4 <u>5</u> art 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) <u>STMT 2</u> Total deductions. Add line 4 columns A through D. Ent V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, ci A	4,203. er here and on Part I, lin e instructions) ty, state, ZIP code). Che	e 6, column (B) ck if a dual-use (see	e instructions)	4,203
4 <u>5</u> art 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) <u>STMT 2</u> Total deductions. Add line 4 columns A through D. Ent V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, ci A	4,203. er here and on Part I, lin e instructions) ty, state, ZIP code). Che	e 6, column (B) ck if a dual-use (see	e instructions)	4,203
4 5 art 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) <u>STMT 2</u> Total deductions. Add line 4 columns A through D. Ent V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, ci A	4,203. er here and on Part I, lin e instructions) ty, state, ZIP code). Che	e 6, column (B) ck if a dual-use (see	e instructions)	4,203
4 <u>5</u> art 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) <u>STMT 2</u> Total deductions. Add line 4 columns A through D. Ent V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, ci A	4,203. er here and on Part I, lin e instructions) ty, state, ZIP code). Che	e 6, column (B) ck if a dual-use (see	e instructions)	4,203
4 5 art 1 2 3 a b c 4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT 2 Total deductions. Add line 4 columns A through D. Ent V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, ci A	4,203. er here and on Part I, lin e instructions) ty, state, ZIP code). Che	e 6, column (B) ck if a dual-use (see	e instructions)	4,203
4 5 1 2 3 a b c 4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT 2 Total deductions. Add line 4 columns A through D. Ent Unrelated Debt-Financed Income (se Description of debt-financed property (street address, ci A	4,203. er here and on Part I, lin e instructions) ty, state, ZIP code). Che	e 6, column (B) ck if a dual-use (see	e instructions)	4,203
4 5 1 2 3 a b c 4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT 2 Total deductions. Add line 4 columns A through D. Ent V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, ci A	4,203. er here and on Part I, lin e instructions) ty, state, ZIP code). Che A	e 6, column (B) eck if a dual-use (see B B	e instructions)	4,203
4 5 1 2 3 a b c 4 5 6 7	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT 2 Total deductions. Add line 4 columns A through D. Ent Unrelated Debt-Financed Income (se Description of debt-financed property (street address, ci A	4,203. er here and on Part I, lin e instructions) ty, state, ZIP code). Che A A %	e 6, column (B) eck if a dual-use (see B B	c	4,203
4 5 1 2 3 a b c 4 5 6 7 8	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT 2 Total deductions. Add line 4 columns A through D. Ent Unrelated Debt-Financed Income (se Description of debt-financed property (street address, ci A	4,203. er here and on Part I, lin e instructions) ty, state, ZIP code). Che A A %	e 6, column (B) eck if a dual-use (see B B	c	
4 5 art 1 2 3 a b c 4 5 6 7 8 9	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT 2 Total deductions. Add line 4 columns A through D. Ent V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, ci A	4 , 203 . er here and on Part I, lin e instructions) ty, state, ZIP code). Che A A A Enter here and on Part I	e 6, column (B) eck if a dual-use (sec B B , line 7, column (A)	c	4,203
4 5 2 3 2 3 a b c 4 5 6	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT 2 Total deductions. Add line 4 columns A through D. Ent V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, ci A	4 , 203 . er here and on Part I, lin e instructions) ty, state, ZIP code). Che A A A Enter here and on Part I wigh D. Enter here and on	e 6, column (B) ck if a dual-use (sec B B , line 7, column (A) n Part I, line 7, colu	c c c mn (B) ▶ _	

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2020.05090 CINCINNATI MUSEUM ASSOCIA 120424-1

Schedu Part	lle A (Form 990-T) 2020 VI Interest, Annu	lities Rr	valties and Re	ents from	n Control	led Or	aanization	5 (5)	e instruct	ional		Page 3
	•F Interoct, Anna		syundos, una ric				Exempt Contro					
	1. Name of controlled organization	d	2. Employer identification number	incon	unrelated ne (loss) structions)	4. Tota	al of specified nents made	5. Pa that is contr	nt of colur included olling orga	nn 4 in the miza-	conn	ctions directly lected with e in column 5
(1)				1					<u>grooo mo</u>			******
(2)				1				1				
(3)								1				
(4)												
			No	nexempt C	Controlled O	rganizati	ons					
7	. Taxable Income	in	Net unrelated come (loss) e instructions)		otal of specif yments mad		10. Part that is inc controlling gross	luded	in the ation's		connect	ons directly ted with column 10
(1)							A	,				
(2)												_*
(3)												
(4)												
							Add colun Enter here line 8, d	and on	Part I,	Ente	r here a	ns 6 and 11. nd on Part I, blumn (B)
Totals Part	VII Investment I	Income	of a Section 50	1(c)(7) (9) or (17)	Organ	jization (oo inot	0.			0.
		cription of i		<u>1(0)(7)) (</u>	2. Amou incor	int of	3. Deducti directly conn (attach state)	ons ected	4, Set- (attach st		t) an	tal deductions d set-asides l cols 3 and 4)
(1)	····				1		1					
(2)						~~~~						
(3)												
(4)												
					Add amor column 2 here and o line 9, colu	. Enter n Part I, umn (A)					col here	d amounts in lumn 5. Enter and on Part I, 9, column (B)
Totals Part	VIII E E E			<u> </u>		0.	Sold Sector Sector	89489793				0.
Linderstation			ctivity Income	, other 1	nan Adve	ertising	g income	(see ins	structions)			
1	Description of exploite							<i></i>				
2	Gross unrelated busine					•				2		
3	Expenses directly con	nected wit	h production of unre	elated busi	ness income	e. Enter I	nere and on Pa	art I,				
,	line 10, column (B)					- 0. 11 -				3		
4	Net income (loss) from					-						
-			a not unrelated busi							4		
5	Gross income from ac									5		
6 7	Expenses attributable Excess exempt expense									6		
1	4. Enter here and on P									7		
		arcu, inte	14					<u></u>		l	A (E	

Schedule A (Form 990-T) 2020

023731 12-23-20

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ENTITY	1
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	lule A (Form 990-T) 2020				Page 4
Part	······································	************			
1	Name(s) of periodical(s). Check box if reportin	ig two or more periodicals on a c	consolidated basis.		
	A [] B []				
	c				
	<u>о</u>	· · · · · · · · · · · · · · · · · · ·			
Enter	amounts for each periodical listed above in the	corresponding column	· · · · ·		
Linton		A	В	С	D
2	Gross advertising income		U		
	Add columns A through D. Enter here and on				0.
а			•••••••••••••••••••••••••••••••••••••••	······································	
3	Direct advertising costs by periodical				
a	Add columns A through D. Enter here and on				0.
					······
4	Advertising gain (loss). Subtract line 3 from lin	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in	n			
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8 \dots				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is les				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain c				
	line 4, enter the lesser of line 4 or line 7		.1		
а	Add line 8, columns A through D. Enter the gr				0.
	Part II, line 13				
Part	X Compensation of Officers, Dir	rectors and Trustees in	no instructions)		U .
Part	X Compensation of Officers, Dir	rectors, and Trustees (s	ee instructions)	r	
Part	X Compensation of Officers, Dir	rectors, and Trustees (st	ee instructions)	3. Percentage	4. Compensation
Part	X Compensation of Officers, Dir 1. Name	rectors, and Trustees (st	ee instructions)	3. Percentage of time devoted	4. Compensation attributable to
	X Compensation of Officers, Dir	rectors, and Trustees (st	ee instructions)	3. Percentage of time devoted to business	4. Compensation
(1)	X Compensation of Officers, Dir	rectors, and Trustees (st	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
(<u>1</u>) (2)	X Compensation of Officers, Dir	rectors, and Trustees (st	ee instructions)	3. Percentage of time devoted to business	4. Compensation attributable to
(1)	X Compensation of Officers, Dir	rectors, and Trustees (st	ee instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
(1) (2) (3)	X Compensation of Officers, Dir	rectors, and Trustees (st	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to
(1) (2) (3) (4)	X Compensation of Officers, Dir 1. Name I. Enter here and on Part II, line 1	rectors, and Trustees (sr 2, Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to
(1) (2) (3) (4)	X Compensation of Officers, Dir 1. Name I. Enter here and on Part II, line 1	rectors, and Trustees (sr 2, Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Compensation of Officers, Dir 1. Name I. Enter here and on Part II, line 1	rectors, and Trustees (sr 2, Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Compensation of Officers, Dir 1. Name I. Enter here and on Part II, line 1	rectors, and Trustees (sr 2, Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Compensation of Officers, Dir 1. Name I. Enter here and on Part II, line 1	rectors, and Trustees (sr 2, Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Compensation of Officers, Dir 1. Name I. Enter here and on Part II, line 1	rectors, and Trustees (sr 2, Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Compensation of Officers, Dir 1. Name I. Enter here and on Part II, line 1	rectors, and Trustees (sr 2, Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Compensation of Officers, Dir 1. Name I. Enter here and on Part II, line 1	rectors, and Trustees (sr 2, Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Compensation of Officers, Dir 1. Name I. Enter here and on Part II, line 1	rectors, and Trustees (sr 2, Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Compensation of Officers, Dir 1. Name I. Enter here and on Part II, line 1	rectors, and Trustees (sr 2, Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Compensation of Officers, Dir 1. Name I. Enter here and on Part II, line 1	rectors, and Trustees (sr 2, Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Compensation of Officers, Dir 1. Name I. Enter here and on Part II, line 1	rectors, and Trustees (sr 2, Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Compensation of Officers, Dir 1. Name I. Enter here and on Part II, line 1	rectors, and Trustees (sr 2, Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Compensation of Officers, Dir 1. Name I. Enter here and on Part II, line 1	rectors, and Trustees (sr 2, Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Compensation of Officers, Dir 1. Name I. Enter here and on Part II, line 1	rectors, and Trustees (sr 2, Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Compensation of Officers, Dir 1. Name I. Enter here and on Part II, line 1	rectors, and Trustees (sr 2, Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business
(1) (2) (3) (4) Total	X Compensation of Officers, Dir 1. Name I. Enter here and on Part II, line 1	rectors, and Trustees (sr 2, Title	ee instructions)	3. Percentage of time devoted to business % %	4. Compensation attributable to unrelated business

Schedule A (Form 990-T) 2020

023732 12-23-20

31-0536653

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
SUPPLIES & EQUIPMENT PROFESSIONAL SERVICES UTILITIES & OCCUPANCY MISCELLANEOUS CREDIT CARD FEES		4,905. 9,930. 9,253. 5,000. 7,421.
TOTAL TO SCHEDULE A, PART II, LI	INE 14	36,509.

FORM 990-T (A)	DEDUCTIONS	CONNECTED	WITH RENTAL	INCOME	STATEMENT 2
DESCRIPTION			ACTIVITY NUMBER	AMOUNT	TOTAL
EQUIPMENT RENTAL EQUIPMENT RENTAL				0. 4,203.	
- x ·		- SUBTOTAL	L – 1	.,	4,203.
TOTAL TO FORM 99	0-T, SCHEDU	LE A, PART	IV, LINE 4		4,203.

						ENT	ITY 2
	IEDULE A	Unrelated Busin	600	Tavahla Ind	nome		OMB No. 1545-0047
(For	m 990-T)						
		From an Unrelate	ed I	rade or Bus	siness		2020
		► Go to www.irs.gov/Form990T fo	or instr	uctions and the late	st information.		2020
	ment of the Treasury I Revenue Service	Do not enter SSN numbers on this form as it				V 3).	Open to Public Inspection for
							501(c)(3) Organizations Only
AN	ame of the organization	m TI MUSEUM ASSOCIATION				er identifie 5366	cation number ちつ
		II HODHOM HODOCLINIION		· · ·		5500	55
cι	Inrelated business	activity code (see instructions) \blacktriangleright 45322	0		D Sequen	ce.	2 of 2
-							
<u>E</u> [escribe the unrelat	ed trade or business ►GIFT SHOP					
Pa	t] Unrelated	Trade or Business Income		(A) Income	(B) Expens	ses	(C) Net
L	J		1				
	Gross receipts or :			41 000			
		owances c Balance >	10	41,022 17,789			
2	Cost of goods sold		2				<u> </u>
3		ract line 2 from line 1c	3	23,233			23,233.
4 a		come (attach Sch D (Form 1041 or Form					
	1120)) (see instruc		<u>4a</u>				
b		rm 4797) (attach Form 4797) (see instructions)	<u>4b</u>	*****			
С		stion for trusts	_4c				
5	Income (loss) from	a partnership or an S corporation (attach					
			5				
6	Rent income (Part	IV)	6				
7	Unrelated debt-fination	anced income (Part V)	7				
8	Interest, annuities,	royalties, and rents from a controlled					
	organization (Part	VI)	8				
9		e of section 501(c)(7), (9), or (17)					
	organizations (Par	t VII)	9				
10		activity income (Part VIII)	10				
11		e (Part IX)	11				
12		instructions; attach statement)	12				
<u>13</u>		es 3 through 12	13	23,233			23,233.
Pai	+ II Deduction	s Not Taken Elsewhere (See instruct	ions f	or limitations on (deductions) De	duction	ns must he
		nnected with the unrelated business in				auonoi	is must be
						1	
1		officers, directors, and trustees (Part X)				1	10.000
2		s				2	13,200.
3	Repairs and maint	enance				3	
4						4	
5	Interest (attach sta	atement) (see instructions)		••••		5	
6		s				6	
7		ch Form 4562) (see instructions)			1,026	•	
8	Less depreciation	claimed in Part III and elsewhere on return		8a		8b	1,026.
9						9	
10	Contributions to d	eferred compensation plans				10	
11		programs				11	
12	Excess exempt ex	penses (Part VIII)				12	
13	Excess readership	costs (Part IX)				13	
14	Other deductions	(attach statement)		SEE STA	ATEMENT 3	14	3,182.
15	Total deductions.	Add lines 1 through 14				15	17,408.
16	Unrelated busines	s income before net operating loss deduction. Se					
						16	5,825.
17	Deduction for net	operating loss (see instructions)				17	0.
<u>18</u>		ss taxable income. Subtract line 17 from line 10					5,825.
LHA	For Paperwork F	eduction Act Notice, see instructions.				Schedu	le A (Form 990-T) 2020

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	ile A (Form 990-T) 2020				Page
Part	Cost of Goods Sold Enter met	hod of inventory valuation	on 🕨 N/A		
1	Inventory at beginning of year				0
2	Purchases				17,789
3	Cost of labor		0		
4	Additional section 263A costs (attach statement)		0		
5	Other costs (attach statement)		0		
6	Total. Add lines 1 through 5		17,789		
7	Inventory at end of year				0
8	Cost of goods sold. Subtract line 7 from line 6. Enter				17,789
9	Do the rules of section 263A (with respect to property				Yes X No
art	V Rent Income (From Real Property and	I Personal Propert	y Leased with Re	eal Property)	
1	Description of property (property street address, city, s	tate, ZIP code). Check i	f a dual-use (see instru	ictions)	
	A 🗔			-	
	в			······································	
	с				
	D				
		A	В	с	D
2	Rent received or accrued				
a	From personal property (if the percentage of				
ŭ	rent for personal property is more than 10%				
	but not more than 50%)				
b					
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)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D			L	
Ŭ	Total rents received or accrued. Add line 2c columns A	through D. Enter nere a	and on Part I, line 6, co T	blumn (A)	0
3 4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, I			
4 5 art	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) <u>Total deductions.</u> Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s	iter here and on Part I, li ee instructions)	ne 6, column (B)	▶	
4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of the statement)	iter here and on Part I, li ee instructions)	ne 6, column (B)	▶	
4 5 art	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, li ee instructions)	ne 6, column (B)	▶	
4 5 art	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, li ee instructions)	ne 6, column (B)	▶	
4 5 'art'	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, li ee instructions)	ne 6, column (B)	▶	0
4 5 art	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, li ee instructions) city, state, ZIP code). Cl	ne 6, column (B) neck if a dual-use (see	instructions)	0
4 <u>5</u> art /	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, or a generation of debt-financed property (street address, or a generation of	iter here and on Part I, li ee instructions)	ne 6, column (B)	▶	
4 <u>5</u> art 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, or A B	iter here and on Part I, li ee instructions) city, state, ZIP code). Cl	ne 6, column (B) neck if a dual-use (see	instructions)	0
4 <u>5</u> art /	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, li ee instructions) city, state, ZIP code). Cl	ne 6, column (B) neck if a dual-use (see	instructions)	0
4 5 art	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, li ee instructions) city, state, ZIP code). Cl	ne 6, column (B) neck if a dual-use (see	instructions)	0
4 <u>5</u> 1 2	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, li ee instructions) city, state, ZIP code). Cl	ne 6, column (B) neck if a dual-use (see	instructions)	0
4 <u>5</u> 1 2	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, li ee instructions) city, state, ZIP code). Cl	ne 6, column (B) neck if a dual-use (see	instructions)	0
4 <u>5</u> <u>art</u> 1 2 3	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, li ee instructions) city, state, ZIP code). Cl	ne 6, column (B) neck if a dual-use (see	instructions)	0
4 <u>5</u> 1 2 3 3	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, li ee instructions) city, state, ZIP code). Cl	ne 6, column (B) neck if a dual-use (see	instructions)	0
4 <u>5</u> 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, li ee instructions) city, state, ZIP code). Cl	ne 6, column (B) neck if a dual-use (see	instructions)	0
4 <u>5</u> 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, li ee instructions) city, state, ZIP code). Cl	ne 6, column (B) neck if a dual-use (see	instructions)	0
4 5 art 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, li ee instructions) city, state, ZIP code). Cl	ne 6, column (B) neck if a dual-use (see	instructions)	0
4 5 art 1 2 3 a b c 4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	iter here and on Part I, li ee instructions) city, state, ZIP code). Cl	ne 6, column (B) neck if a dual-use (see	instructions)	0
4 5 art 1 2 3 a b c 4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	A	ne 6, column (B) neck if a dual-use (see	instructions)	0
4 5 1 2 3 a b c 4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	A	ne 6, column (B) neck if a dual-use (see B	instructions)	0
4 5 1 2 3 a b c 4 5 6	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	A	ne 6, column (B) neck if a dual-use (see	instructions)	0
4 5 1 2 3 a b c 4 5 6 7	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A	A A %	ne 6, column (B) neck if a dual-use (see B B %	instructions)	0
4 5 1 2 3 a b c 4 5 6 7 8	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, or A B	A A %	ne 6, column (B) neck if a dual-use (see B B %	instructions)	D
4 5 art 1 2 3 a b c 4 5 6 7 8 9	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A	A A A A A A A A A A A A A A A A A A A	ne 6, column (B) neck if a dual-use (see B B () () () () () () () () () () () () ()	C	D
4 5 art 1 2 3 a b c 4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, or A B	A A Comparent of the second se	B B B I, line 7, column (A) On Part I, line 7, column	C C % n (B)▶	D

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Schedu Part	ile A (Form 990-T) 2020 VI Interest, Annu	ities, Bo	ovalties, and Be	ents fror	n Control	led Or	ganization	5 (0)	e instruct	iono)	Page 3
			julioo, and ne				Exempt Control	·····		,	
1. Name of controlled organization		8	2. Employer identification number	3. Net unrelated 4. Total of		al of specified 5, Pa nents made contr		5, Part of column 4 hat is included in the controlling organiza- tion's gross income		e connected with	
(1)									5 91000 110	9110	*******
(2)						1					,
(3)			······								
(4)											
			No	nexempt (Controlled O	rganizati	ons				
7	7. Taxable Income 8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income		in the zation's	11. Deductions directly connected with income in column 10			
(1)										· ···	
(2)											
(3)											
(4)											
							Add colum Enter here line 8, c	and or	Part I,	Enter	columns 6 and 11. here and on Part I, e 8, column (B)
Totals									Ο.		0.
Part	VII Investment I	ncome	of a Section 50	1(c)(7), (9). or (17)	Orgar	nization (s	ee inst	ructions)		<u> </u>
		ription of			2. Amou incor	nt of	3. Deduction directly connormal (attach stater	ons ected	4. Set- (attach st		5. Total deductions and set-asides (add cols 3 and 4)
(1)			- · · · ·								
(2)			· · · · ·								
(3)											
(4)											
Totals				•	Add amoi column 2 here and o line 9, colu	. Enter n Part I,					Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0.
Part	VIII Exploited Ex	cempt A	ctivity Income,	Other T	han Adve	ertising	g Income	see in:	structions)		
1	Description of exploite	d activity:									
2	Gross unrelated busine	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	líne 10, colum	n (A)		2	
3	Expenses directly conr line 10, column (B)	ected wit	h production of unre	elated busi	ness income	e. Enter I	here and on Pa	art I,		3	
4	Net income (loss) from lines 5 through 7		trade or business. S							4	
5	Gross income from act	ivity that i	s not unrelated busi	ness incor	ne					5	
6	Expenses attributable I	to income	entered on line 5 \dots			•••••				6	
7	Excess exempt expense	es. Subtra	act line 5 from line 6	i, but do na	ot enter mor	e than th	ne amount on li	ine			
<u></u>	4. Enter here and on Pa	art II, line	12	<u></u>						7	
									Se	chedule	A (Form 990-T) 2020

Sahaa	lub & (Earm 000 T) 2020				ENTITY 2
	lule A (Form 990-T) 2020	· · · · · · · · · · · · · · · · · · ·			Page 4
1	Name(s) of periodical(s). Check box if reporti	na two or more periodica	s on a consolidated bas	sis.	
	Α	5			
	в				
	c 🖂			······	··· ··· ···
	D				
Enter	amounts for each periodical listed above in the	corresponding column.			······
		A	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and or	n Part I, line 11, column (/	Ŋ	►	0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and or	n Part I, line 11, column (E	3)	>	0.
4	Advertising gain (loss). Subtract line 3 from li	ine			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column	in			
	line 4 showing a loss or zero, do not comple	te			
	lines 5 through 7, and enter zero on line 8 $_$				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g				_
in	Part II, line 13			<u> </u>	0.
Part	X Compensation of Officers, Di	rectors, and Truste	es (see instructions)	1	
				3. Percentage	 Compensation
	1. Name	2.	Title	of time devoted	attributable to
		······		to business	unrelated business
<u>(1)</u>				%	
(2)			·····	%	·····
(3)				%	<u> </u>
<u>(4)</u>		I		%_	
7-1- 1	Enterhans and an Dart It. Kno. f				0
Part	. Enter here and on Part II, line 1 XI Supplemental Information (s				0.
Fart	Ale Supplemental mornation (s	ee instructions)			, ,,
·	· · · · · · · · · · · · · · · · · · ·				
	· · · · · · · · · · · · · · · · · · ·				
· · · · · · · · · · · · · · · · · · ·					

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Schedule A (Form 990-T) 2020

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FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
ACCOUNTING OCCUPANCY CREDIT CARD FEES		373. 1,450. 1,359.
TOTAL TO SCHEDULE A, PART I	I, LINE 14	3,182.