			TODETC DIDCHODORE COLT	lu a a un a Tana	OMP No. 1545 0047
	00	חנ	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
Form	9	JU			2023
Depar	tment of	the Treasury		State and strategies and s	Open to Public
					Inspection
					tion number
D C ap	plicable		i organization		tion number
		S CINC	INNATI MUSEUM ASSOCIATION		All and the second
	Name			31-053665	3
	Initial return	Number	r and street (or P.O. box if mail is not delivered to street address) Room/sui	te E Telephone number	
	Final return/		EDEN PARK DR.	513-639-2	
	ated	City or t		G Gross receipts \$	
	return	CINC			
	tion				
		SAME		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	124
				A	
					State of legal dofinence. OII
				HE POWER OF AN	RT, WE
JCe	Do not enter social security numbers on this form as it may be made public. One not exclusion/promotion of number social security numbers on this form as it may be made public. One not exclusion/promotion of number social security numbers of the 2023 calendar year, or tax year beginning Security of the 2023 calendar year, or tax year beginning Security of the 2023 calendar year, or tax year beginning Security of the 2023 calendar year, or tax year beginning Security of the 2023 calendar year, or tax year beginning Security of the 2023 calendar year, or tax year beginning Security of the 2023 calendar year, or tax year beginning Security of the 2023 calendar year, or tax year beginning Security of the 2023 calendar year, or tax year beginning Security of the 2023 calendar year, or tax year beginning Security of the 2023 calendar year, or tax year beginning Security of the 2023 calendar year, or tax year beginning Security of the 2023 calendar year, or tax year beginning Security of the 2023 calendar year, or tax year beginning Security of the 2023 calendar year, or tax year beginning Security of the 2023 cale of the 2023 cale of tax year tax year beginning Security of tax year begin tax year beginning				
Bergenergenergenergenergenergenergenerge					
ovel	3	Number of vo		5. VD.	38
Ğ					
es &					
iviti	6	Total number	of volunteers (estimate if necessary)		
Act					
	b	Net unrelated	I business taxable income from Form 990-T, Part I, line 11		
		Contributions	and grants (Part)/III line 1h)		
ani					
ver					
Re					
			ANY Y YOURSENSE	0.	
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		
Se	15				
ense	16a			0.	0.
				12 041 271	12 471 007
ш	1				
20		Revenue less			
ets o	20	Total assets	(Part X line 16)		
Ass	21				
Net	22				
Pa	art II	Signatur	re Block		
Und	ler pena	alties of perjury	, I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of my l	knowledge and belief, it is
true	, correc	t, and complet	e. Declaration of preparer (other than officer) is based on all information of which prepa	rer has any knowledge.	1.010
		Constitute of	affinar	A col 4	1,2025
122		101		Date	/
Hei	re				
				Date Check	PTIN
Pai	d			14	
				Phone no. 513	8-241-3111
Ma	y the I	RS discuss th	is return with the preparer shown above? See instructions		
LH	A For	Paperwork	Reduction Act Notice, see the separate instructions. 332001 12-21-23		Form 990 (2023)

LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	31-0536653	Page 2
		[]
	T CINCINNATI	
Did the organization undertake any significant program services during the year which were not listed on the		
	Yes	X No
1		
	Yes	X No
	measured by expenses.	
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	ers, the total expenses, an	d
revenue, if any, for each program service reported.		
(Code:) (Expenses \$18,541,957. including grants of \$) (Reve		354.
PERMANENT EXHIBITS, SPECIAL EXHIBITS AND ONGOING EDUCATI	ONAL PROGRAM	5.
(Code:) (Expenses \$ including grants of \$) (Reve	nue\$	
(Code:) (Expenses \$ including grants of \$) (Reve	nue\$	
Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$		
	IIII Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Diefly describe the organization's mission: THROUGH THE POWER OF ART, WE CONTRIBUTE TO A MORE VIBRAN BY INSPIRING ITS PEOPLE AND CONNECTING OUR COMMUNITIES. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services, as Section 501c(93) and 501(b)(4) organizations are required to report the amount of grants and allocations to othe revenue, if any, for each program service reported. (Code:	III Statement of Program Service Accomplishments Check if Schedule Q contains a response or note to any line in this Part III III Didthy describe the organization simision: THROUGH THE POWER OF ART, WE CONTRIBUTE TO A MORE VIBRANT CINCINNATI BY INSPIRING ITS PEOPLE AND CONNECTING OUR COMMUNITIES.

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Form 990 (ASSOCIATION
Part IV	Che	ecklist of Required Schedul	es	

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	N
	-		х	
-	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
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		Z
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Σ
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		Σ
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		Σ
0		-		-
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		v	
_	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
h	Part VI			
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		2
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		- 2
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			τ.
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Σ
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Σ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Σ
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_	Х
	Did the second in the second is a second s	14a		ž
14a ⊾		144		
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		v	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
0	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
0	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	<u> </u>		
		1		Σ
		10		
19	complete Schedule G, Part III	19		v
19 20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
19 20a b	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			X
	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X

332003 12-21-23

Form	990	(2023)
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 Form 990 (2023)
 CINCINNATI MUSEUM ASSOCIATION

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			77
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete</i>			
	Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			`
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Þ
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
~~	Schedule L, Part I	25b		<u>X</u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	0		Х
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
21	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash 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			
	contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		x	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	354	- 23	
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
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			
	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 on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 98	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
332004	12-21-23	Form	990 (2023)

Form	990 (2023) CINCINNATI MUSEUM ASSOCIATION		31-0536	653	Р	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	317			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	•	2b	Х	
				3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a			0.0		<u> </u>
Tu	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		x
h		iccour		та		
D	If "Yes," enter the name of the foreign country					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b	<u> </u>	A
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	inization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices p	rovided to the pavor?	7a	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
v	to file Form 8282?			7c		x
А	If "Yes," indicate the number of Forms 8282 filed during the year	7d		10		
			•	70		X
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or			7e		X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fc			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	<u> </u>	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
100	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		່ າ	120		
			:	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40		
а	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.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı.	1			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
				14a	'	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		x
	If "Yes," complete Form 4720, Schedule O.			.0		
17		+;,,;+;,,-				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.			_	000	(00000)
332005	12-21-23			Form	9 90	(2023)

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	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 1a 38			
	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 38			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			1
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			1
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	•		
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finano	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	CAROL EDMONDSON - 513-639-2925			
	953 EDEN PARK DR., CINCINNATI, OH 45202			
332006	12-21-23	Form	9 90	(2023)
	6			,
704	04 758050 120424000 2023.05070 CINCINNATI MUSEUM ASS	OCIA	. 12	042

CINCINNATI MUSEUM ASSOCIATION

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.

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Form 990 (2023)

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<u>31-0536653</u> Page 6

Employees, and Independer	nt Contract	ors								
Check if Schedule O contains a resp	onse or note to	o any	/ line	e in t	his I	Part	VII			
Section A. Officers, Directors, Trustees, Key										
 1a Complete this table for all persons required to List all of the organization's current officer Enter -0- in columns (D), (E), and (F) if no compension 	s, directors, tru sation was paid	ustee d.	es (w	/heth	her i	ndiv	ridua	ls or organizations), reg	ardless of amount of co	
 List all of the organization's current key en List the organization's five current highest of who received reportable compensation (box 5 of 	compensated e Form W-2, box	mplo	oyee	es (of	ther	tha	n an	officer, director, trustee	, or key employee)	0
 \$100,000 from the organization and any related or List all of the organization's former officers reportable compensation from the organization a List all of the organization's former director 	, key employee nd any related	orga	aniza	ation	IS.					
more than \$10,000 of reportable compensation finds see the instructions for the order in which to list	rom the organiz	zatio	n ar							
Check this box if neither the organization n	1	orga	niza			nper	nsate		rector, or trustee.	
(A)	(B)			(C Pos	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle cer ar	heck ss pei	more rson i	than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any	ector						the	organizations	compensatior
	hours for	Individual trustee or director	e			ited		organization	(W-2/1099-MISC/	from the
	related	istee (truste		÷	pensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	tional		ploye	t com	_	1099-NEC)		and related organizations
	line)	ndivid	In stitutional trustee	Officer	Key employee	Highest compensated emplovee	Former			organizations
(1) LEWIS CAMERON KITCHEN	35.00	-	-		-	1- 0				
DIRECTOR	1.00	1		x				473,536.	0.	43,560
(2) DAVE LINNENBERG	35.00									
CHIEF ADMINISTRATIVE OFFICER		1		X				213,743.	0.	15,635
(3) CAROL EDMONDSON	35.00									
CHIEF FINANCIAL OFFICER	1.00			Х				147,535.	0.	18,383
(4) TED FORREST	35.00					1				
HUMAN RESOURCES DIRECTOR					r	X		131,257.	0.	10,733
(5) CYNTHIA AMNEUS	35.00									
CHIEF CURATOR						X		111,908.	0.	9,170
(6) JULIE ARONSON	35.00							105 005		0 0 0 0
CURATOR OF AMERICAN ART	25.00					X		105,225.	0.	9,067
(7) HOU-MEI SUNG	35.00	-						102 206	0.	2 2 2 5
CURATOR OF EAST ASISAN ART	1.00	-				X	-	102,386.	0.	3,325
(8) AFTAB PUREVAL BOARD MEMBER	1.00	x						0.	0.	0
(9) ANN KEELING	1.00					\vdash			0.	0
BOARD MEMBER	1.00	x						0.	0.	0
(10) ANU MITRA, PH.D.	1.00									0
BOARD MEMBER		x						0.	0.	0
(11) CHERIE SILVERSTEIN	1.00									
BOARD MEMBER		х						0.	0.	0
(12) DAN SCHIMBERG	1.00									
BOARD MEMBER		Х						0.	0.	0
(13) DAVID WOLF	1.00									
BOARD MEMBER		Х						0.	0.	0
(14) DICK WILLIAMS	1.00									
BOARD MEMBER		Х						0.	0.	0
(15) ERIC MUELLER	1.00						1	_		-
BOARD MEMBER		х				<u> </u>	<u> </u>	0.	0.	0
(16) IRANETTA WRIGHT	1.00									•
BOARD MEMBER	1 00	X	-		-	_	_	0.	0.	0
(17) JAKE RAGLAND	1.00	1	1	1	I I	1	1	1		
BOARD MEMBER		х						0.	0.	0

 Form 990 (2023)
 CINCINNATI MUSEUM ASSOCIATION
 31-0

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

12270404 758050 120424000

2023.05070 CINCINNATI MUSEUM ASSOCIA 12042401

31-0536653

Page 7

Form 990 (2023) CINCINNA	FI MUSEU	JM	AS	so	CI	AT	10	N	31-05	3665	3 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)		
(A)	(B)			(0	C)			(D)	(E)		(F)
Name and title	Average	(do	not cł		ition		ne	Reportable	Reportable		Estimated
	hours per	box	, unles	ss per	son is	s both	n an	compensation	compensation	-	amount of
	week		cer an	d a di	rector	r/trus I	tee)	from	from related		other
	(list any	director						the	organizations		mpensation
	hours for	or dir	æ			ted		organization	(W-2/1099-MISC		from the
	related	stee	truste			pensa		(W-2/1099-MISC/	1099-NEC)		rganization
	organizations below	al tru	onal t		loyee	com se		1099-NEC)			and related
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			or	ganizations
(18) JAMES SOWAR, JR.	1.00	=	_ <u></u>	Ó	ž	Ξ	F				
BOARD MEMBER		х						0.		0.	0.
(19) JEFF BERDING	1.00										
BOARD MEMBER		х						0.		0.	0.
(20) JOSH LORENTZ	1.00										
BOARD MEMBER		х						0.		0.	0.
(21) JULIE BRISTOW	1.00									<u> </u>	
BOARD MEMBER	1.00	x						0.		0.	0.
(22) JUTTA LAFLEY	1.00							0.		· -	
BOARD MEMBER	1.00	x						0.		0.	0.
(23) KATRINA MUNDY	1.00										
BOARD MEMBER		х						0.	(0.	0.
(24) KELLY VANASSE	1.00										
BOARD MEMBER		Х						0.	(0.	Ο.
(25) KEVIN JONES	1.00										
BOARD MEMBER		х						0.	(0.	0.
(26) LAUREN HANNAN SHAFER	1.00										
BOARD MEMBER		х						0.	(0.	0.
1b Subtotal								1,285,590.		0. 1	09,873.
c Total from continuation sheets to Part V								0.		0.	0.
_d Total (add lines 1b and 1c)								1,285,590.		0.1	09,873.
2 Total number of individuals (including but r					ove)) wh	o re	ceived more than \$100.0	000 of reportable	•	
compensation from the organization					,	,		· · · · · · · · · · · · · · · · · · ·	1		7
· · · · ·											Yes No
3 Did the organization list any former officer	director, trust	ee, k	key e	mpl	ovee	e, or	hig	hest compensated empl	oyee on		
line 1a? If "Yes," complete Schedule J for s										3	X
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$15										4	X
5 Did any person listed on line 1a receive or a	· · · · · · · · · · · · · · · · · · ·		'							– •	
rendered to the organization? If "Yes." con											X
Section B. Independent Contractors	ipiele Schedul	2 J 10	or su	CTL	Jerso	011 .			<u></u>	U	
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	rs th	at received more than \$	100.000 of compe	nsation	from
the organization. Report compensation for	-										
(A)				<u>g</u>				(B)			(C)
Name and business	address							Description of se	ervices		pensation
TRIVERSITY CONSTRUCTION C		Τ.Τ.	С					•			
921 CURTIS STREET, CINCIN				20	6		T T	RENOVATIONS		2.9	67,281.
DEBRA-KUEMPEL			10		<u> </u>		_	MECHANICAL BU		275	0772010
PO BOX 701620, CINCINNATI	- OH 15	27	<u>م</u> _ ۱	16	20			REPAIRS		6	47,799.
AMERICAN FEDERATION OF AF						דם		AT AT A		0	±/,/))•
	-	Ľ	AS	т,	¥/.	п			ידים	2	72 500
ST FLOOR 10, NEW YORK, NY ST. LOUIS ART MUSEUM, RIC		M	тм.	QD.	יאד	г.	┦	EXHIBITION FI	קיוי	3	72,500.
LIBRARY 1 FINE ARTS DR, S						Ц		EXHIBITION FI		2	15,000.
			ວ,	M	<u> </u>		_			5	15,000.
LIVIA DRUSILLA S.R.L, LOC			мт	ית ז	лт			RENTAL FEE FO		2	03 303
FACCENDINA, 26027 RIVOLTA								VENICE BUILD		3	03,383.
2 Total number of independent contractors (i	-	ot lin	nitec	to t			ted	above) who received mo	re than		
SEE PART VII, SECTION		ידאדי	יעדד	ͲΤ	$\frac{24}{0N}$		고고	ਸ਼ਾਹ		г.	m 990 (2023)
-	A CONT	ти	0A	т Т,		ъ.		010		Forr	11 330 (2023)
332008 12-21-23											

Part VII Section A. Officers, Directors, Tru (A)	(B)		-	(C				(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(cl	heck	k all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	'n				lo yee		the	organizations	compensation
	(list any hours for	direct				d emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	ee or	stee			nsate		(W 2/1000 WIGO)		and related
	organizations	l trust	nal tru		oyee	ompe				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
(27) LIZ GRUBOW	1.00									
BOARD MEMBER		Х						0.	0.	0
(28) MARCIA JOSEPH	1.00									
BOARD MEMBER		Х						0.	0.	0
(29) MICHAEL CHASNOFF	1.00									
BOARD MEMBER		Х						0.	0.	0
(30) MISSY BYRNE	1.00									1
BOARD MEMBER		Х						0.	0.	0
(31) MURRAY SINCLAIRE, JR.	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0
(32) PETER NIEHOFF	1.00								•	
BOARD MEMBER	1 00	Х		-				0.	0.	0
(33) RACHAEL MAGOWAN	1.00								0	
BOARD MEMBER	1 00	Х		\vdash				0.	0.	0
(34) RICO GRANT	1.00	x						0.	0	0
BOARD MEMBER (35) ROBIN SIBCY SHEAKLEY	1.00	Δ		\square	_			- 0.	0.	0
BOARD MEMBER	1.00	x						0.	0.	0
(36) SAM HUTTENBAUER	1.00	^		\vdash				0.	0.	0
BOARD MEMBER	1.00	X						0.	0.	0
(37) TANU BHATI	1.00				-					
BOARD MEMBER	1.00	x						0.	0.	0
(38) TIMOTHY ELSBROCK	1.00									u
BOARD MEMBER		х						0.	0.	0
(39) TONY ROBERTS	1.00									
BOARD MEMBER		х						0.	0.	0
(40) VALERIO FERME	1.00			\square						
BOARD MEMBER		Х						0.	0.	0
(41) RANCE DUKE	1.00									
CHAIR		Х		х				0.	0.	0
(42) BRUCE PETRIE, JR.	1.00									
PRESIDENT		Х		Х				0.	0.	0
(43) ERIC KEARNEY	1.00									
SECRETARY		Х		X				0.	0.	0
(44) ANDREW QUINN	1.00							_		_
VICE PRESIDENT		Х		Х				0.	0.	0
(45) SUSAN KELLEY-FERNANDEZ	1.00								_	-
TREASURER		Х		X				0.	0.	0

332201 04-01-23

orm 99		2023) CINCINNATI MU	SEUM ASSO	DCIATION		31-0536	653 Page 9
Part	VIII						
		Check if Schedule O contains a response of	or note to any lin	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
and Other Similar Amounts	b c d e f	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and similar amounts not included above1fNoncash contributions included in lines 1a-1f1g \$	443,212. 406,840. 630,861. 13,023,843. 1,262,842. Business Code	14,504,756.			
Revenue	2a b c d	PROGRAM FEES EXHIBITION INCOME CONSERVATION INCOME	900099 900099 900099	262,133. 16,881. 14,390.	262,133. 16,881. 14,390.		
	e f <u>g</u> 3	All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest		293,404.		×	
5		other similar amounts) Income from investment of tax-exempt bond pr Royalties Gross rents Less: rental expenses 6b 114,165.	roceeds	7,034,844.		7,266.	7027578.
	c d 7 a	Rental income or (loss)6c188,607.Net rental income or (loss)	(ii) Other 364.	188,607.	169,200.	19,407.	
8	d	Gain or (loss) 7c 84,960. Net gain or (loss)		84,596.			84,596.
ç	с	Part IV, line 18 8a Less: direct expenses 8b Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 9a	52,939. 251,536.	-198,597.			-198,597.
10	c D a	Less: direct expenses 9b Net income or (loss) from gaming activities Gross sales of inventory, less returns	2,286,808. 541,909.				
11 Hevenue	c 1 a b	Net income or (loss) from sales of inventory MISCELLANEOUS	Business Code 900099	1,744,899.	965,750.	779,149.	12,034.
AB B 12	е	All other revenue Total. Add lines 11a-11d Total revenue. See instructions		12,034. 23,664,543.	1,428,354.	805,822.	6925611.

CINCINNATI MUSEUM ASSOCIATION Part IX Statement of Functional Expenses

	Check if Schedule O contains a response ot include amounts reported on lines 6b,	ine in <u>(A)</u> (A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
,	Bb, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members Compensation of current officers, directors,				
		912,392.	663,129.	167,648.	81,615
	trustees, and key employees Compensation not included above to disqualified	512,552.	005,125.	107,040	01,015
0	persons (as defined under section 4958(f)(1)) and				
	1050(-)(0)(D)				
7		7,795,122.	5,665,519.	1,432,317.	697,286
	Other salaries and wages Pension plan accruals and contributions (include	.,		-,,	55,7200
	section 401(k) and 403(b) employer contributions)	106,027.	77,061.	19,482.	9.484
	Other employee benefits	907,116.	659,295.	166,678.	81,143
	Payroll taxes	194,213.	141,154.	35,686.	9,484 81,143 17,373
1	Fees for services (nonemployees):				
	Management				
	Legal				
	Accounting	103,736.		103,736.	
	Lobbying	12,500.		12,500.	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A), amount, list line 11g expenses on Sch O.)	2,229,816.	1,712,136.	431,958.	85,722
2	Advertising and promotion	379,207.	366,907.		12,300
	Office expenses	281,422.	208,834.	64,229.	85,722 12,300 8,359
	Information technology				
	Royalties				
6	Occupancy	924,361.	748,660.	163,841.	11,860
7	Travel	177,831.	126,971.	39,865.	10,995
в	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest	71,801.		71,801.	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	2,287,129.	1,835,192.	433,183.	18,754
3	Insurance				
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	ART PURCHASES	2,573,333.	2,573,333.		
	SHIPPING & EXHIBITION F	2,202,757.	2,202,687.	42.	28
	MAINTANCE & REPAIRS	1,199,964.	956,058.	234,676.	9,230
	UBI TAXES PAID	61,098.		61,098.	
	All other expenses	966,952.	605,021.	257,378.	104,553
;	Total functional expenses. Add lines 1 through 24e	23,386,777.	18,541,957.	3,696,118.	1,148,702
;	Joint costs . Complete this line only if the organization				,,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

11

12270404 758050 120424000

	<u>1 990 (</u> rt X	2023) CINCINNATI MUSEUM ASSOCIATION Balance Sheet		31-	0536653 Page 11
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	5,817,136.	1	5,235,737.
	2	Savings and temporary cash investments	3,824,552.	2	2,888,552.
	3	Pledges and grants receivable, net	8,597,011.	3	5,515,303.
	4	Accounts receivable, net	38,672.	4	0.
	5	Loans and other receivables from any current or former officer, director,			
	ľ	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
<i>(</i> 0	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	282,682.		258,340.
As	9	Prepaid expenses and deferred charges	656,114.	9	616,107.
		Land, buildings, and equipment: cost or other		-	
		basis. Complete Part VI of Schedule D 10a 95, 302, 857.			
	b	basis. Complete Part VI of Schedule D10a95,302,857.Less: accumulated depreciation10b50,793,836.	41,066,725.	10c	44,509,021.
	11	Investments - publicly traded securities	183,566,219.	11	<u>44,509,021.</u> 219,863,338.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	19,612,000.	15	21,642,034.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	263,461,111.	16	300,528,432.
	17	Accounts payable and accrued expenses	2,211,833.	17	3,421,992.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	4,551,919.	24	4,559,252.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
	00	of Schedule D	6,763,752.	25	7,981,244.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X	0,703,752.	26	7,901,244.
ŝ					
nce	27	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	89 728 143	27	100 384 719
ala	27		89,728,143. 166,969,216.	27	100,384,719. 192,162,469.
Б	20	Organizations that do not follow FASB ASC 958, check here	200,505,210.	20	
Fun		and complete lines 29 through 33.			
p	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	256,697,359.		292,547,188.
Z	33	Total liabilities and net assets/fund balances	263,461,111.	33	300,528,432.

Form **990** (2023)

A econciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI tal revenue (must equal Part VIII, column (A), line 12) tal expenses (must equal Part IX, column (A), line 25) venue less expenses. Subtract line 2 from line 1 ta assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) ta unrealized gains (losses) on investments or period adjustments her changes in net assets or fund balances (explain on Schedule O) ta assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, lumn (B)) Ti Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII counting method used to prepare the Form 990: Cash X Accrual Other	1 2 2 2 2 2 2 2 2 2 2 2 2 2		23,66 23,38 27 56,69 33,62 1,94 292,54	4,5 6,7 7,7 7,3 5,7 6,2	77. 66. 59. 75. 88. 88.
tal revenue (must equal Part VIII, column (A), line 12) tal expenses (must equal Part IX, column (A), line 25) venue less expenses. Subtract line 2 from line 1 t assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) t unrealized gains (losses) on investments inated services and use of facilities restment expenses or period adjustments her changes in net assets or fund balances (explain on Schedule O) t assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, lumn (B)) Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII counting method used to prepare the Form 990: Cash X Accrual Other he organization changed its method of accounting from a prior year or checked "Other," explain on sere the organization's financial statements compiled or reviewed by an independent accountant? Yes," check a box below to indicate whether the financial statements for the year were compiled or parate basis, consolidated basis, or both: Separate basis Consolidated basis Consolidated basis Separate basis Consolidated basis Consol	1 2 2 2 2 2 2 2 2 2 2 2 2 2		23,66 23,38 27 56,69 33,62 1,94 292,54	4,5 6,7 7,3 5,7 6,2 7,1	43. 77. 66. 59. 75. 88. 88.
tal expenses (must equal Part IX, column (A), line 25) venue less expenses. Subtract line 2 from line 1 tt assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) tt unrealized gains (losses) on investments inated services and use of facilities restment expenses or period adjustments her changes in net assets or fund balances (explain on Schedule O) tt assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, lumn (B)) Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII counting method used to prepare the Form 990: Cash X Accrual Other the organization changed its method of accounting from a prior year or checked "Other," explain on Sere the organization's financial statements compiled or reviewed by an independent accountant? Yes," check a box below to indicate whether the financial statements for the year were compiled or parate basis, consolidated basis, or both: Separate basis Consolidated basis Consolidated basis Both consolidated and separate basis	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		23,38 27 56,69 33,62 1,94 292,54	6,7 7,7 7,3 5,7 6,2 7,1	77. 66. 59. 75. 88. 88.
tal expenses (must equal Part IX, column (A), line 25) venue less expenses. Subtract line 2 from line 1 tt assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) tt unrealized gains (losses) on investments inated services and use of facilities restment expenses or period adjustments her changes in net assets or fund balances (explain on Schedule O) tt assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, lumn (B)) Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII counting method used to prepare the Form 990: Cash X Accrual Other the organization changed its method of accounting from a prior year or checked "Other," explain on Sere the organization's financial statements compiled or reviewed by an independent accountant? Yes," check a box below to indicate whether the financial statements for the year were compiled or parate basis, consolidated basis, or both: Separate basis Consolidated basis Consolidated basis Both consolidated and separate basis	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		23,38 27 56,69 33,62 1,94 292,54	6,7 7,7 7,3 5,7 6,2 7,1	77. 66. 59. 75. 88. 88.
venue less expenses. Subtract line 2 from line 1 et assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) et unrealized gains (losses) on investments inated services and use of facilities vestment expenses or period adjustments her changes in net assets or fund balances (explain on Schedule O) et assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, lumn (B)) Image: Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII counting method used to prepare the Form 990: Cash X Accrual Other he organization changed its method of accounting from a prior year or checked "Other," explain on sere the organization's financial statements compiled or reviewed by an independent accountant? Yes," check a box below to indicate whether the financial statements for the year were compiled or parate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		27 56,69 33,62 1,94	7,7 7,3 5,7 6,2 7,1	66. 59. 75. 88. 88.
assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) at unrealized gains (losses) on investments anated services and use of facilities restment expenses or period adjustments her changes in net assets or fund balances (explain on Schedule O) assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, lumn (B)) Image: Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII counting method used to prepare the Form 990: Cash X Accrual Other he organization changed its method of accounting from a prior year or checked "Other," explain on sere the organization's financial statements compiled or reviewed by an independent accountant? Yes," check a box below to indicate whether the financial statements for the year were compiled or parate basis, consolidated basis, or both: Separate basis	24 25 26 77 26 27 26 27 26 27 26 27 26 27 26 27 26 27 26 27 26 27 26 27 26 27 26 27 26 26 27 26 26 26 27 26 26 26 26 26 26 26 26 26 26		256,69 33,62 1,94 92,54	7,3 5,7 6,2 7,1	59. 75. 88. 88.
at unrealized gains (losses) on investments inated services and use of facilities restment expenses or period adjustments her changes in net assets or fund balances (explain on Schedule O) at assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, lumn (B)) Imancial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII counting method used to prepare the Form 990: Cash X Accrual Other he organization changed its method of accounting from a prior year or checked "Other," explain on sere the organization's financial statements compiled or reviewed by an independent accountant? Yes," check a box below to indicate whether the financial statements for the year were compiled or parate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	33,62 1,94 92,54	5,7 6,2 7,1	75. 88. 88.
In ated services and use of facilities Investment expenses In period adjustments Inter changes in net assets or fund balances (explain on Schedule O) Int assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, lumn (B)) Imancial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Counting method used to prepare the Form 990: Cash X Accrual Other Other In organization changed its method of accounting from a prior year or checked "Other," explain on sere the organization's financial statements compiled or reviewed by an independent accountant? Yes," check a box below to indicate whether the financial statements for the year were compiled or parate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	1,94 192,54	6,2 7,1	88. 88.
estment expenses	Chedule O.		92,54	7,1	88. X
or period adjustments her changes in net assets or fund balances (explain on Schedule O) tt assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, lumn (B))	Chedule O.	0 2	92,54	7,1	88. X
 her changes in net assets or fund balances (explain on Schedule O) tassets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, lumn (B)) Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII counting method used to prepare the Form 990: Cash X Accrual Other he organization changed its method of accounting from a prior year or checked "Other," explain on sere the organization's financial statements compiled or reviewed by an independent accountant? Yes," check a box below to indicate whether the financial statements for the year were compiled or parate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 	chedule O.	0 2	92,54	7,1	88. X
t assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, lumn (B)) Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII counting method used to prepare the Form 990: Cash X Accrual Other he organization changed its method of accounting from a prior year or checked "Other," explain on sere the organization's financial statements compiled or reviewed by an independent accountant? Yes," check a box below to indicate whether the financial statements for the year were compiled or parate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		0 2	92,54	7,1	88. X
Lumn (B)) Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII counting method used to prepare the Form 990: Cash X Accrual Other the organization changed its method of accounting from a prior year or checked "Other," explain on sere the organization's financial statements compiled or reviewed by an independent accountant? Yes," check a box below to indicate whether the financial statements for the year were compiled or parate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	chedule O.				X
Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII counting method used to prepare the Form 990: Cash X Accrual Other the organization changed its method of accounting from a prior year or checked "Other," explain on sere the organization's financial statements compiled or reviewed by an independent accountant? Yes," check a box below to indicate whether the financial statements for the year were compiled or parate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	chedule O.				X
Check if Schedule O contains a response or note to any line in this Part XII	Schedule O.		-	Yes	T
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he organization changed its method of accounting from a prior year or checked "Other," explain on sere the organization's financial statements compiled or reviewed by an independent accountant? Yes," check a box below to indicate whether the financial statements for the year were compiled or parate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			-	Yes	NO
he organization changed its method of accounting from a prior year or checked "Other," explain on sere the organization's financial statements compiled or reviewed by an independent accountant? Yes," check a box below to indicate whether the financial statements for the year were compiled or parate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			-		
ere the organization's financial statements compiled or reviewed by an independent accountant? Yes," check a box below to indicate whether the financial statements for the year were compiled or parate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis					
Yes," check a box below to indicate whether the financial statements for the year were compiled or parate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis					
parate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	eviewed on		2 a		X
Separate basis Consolidated basis Both consolidated and separate basis		a			
we the event instants for an sight statements evolted by an independent event and					
ere the organization's financial statements audited by an independent accountant?			2b	Х	
Yes," check a box below to indicate whether the financial statements for the year were audited on a	separate ba	sis,			
nsolidated basis, or both:					
Separate basis X Consolidated basis Both consolidated and separate basis					
Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig	ht of the au	dit,			
view, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
he organization changed either its oversight process or selection process during the tax year, explain	on Schedu	e O.			
a result of a federal award, was the organization required to undergo an audit or audits as set forth i	n the				
					X
			3b		
				990	(202:
			Form	330	(2
t s	the organization changed either its oversight process or selection process during the tax year, explain a result of a federal award, was the organization required to undergo an audit or audits as set forth in hiform Guidance, 2 C.F.R. Part 200, Subpart F? "Yes," did the organization undergo the required audit or audits? If the organization did not undergo t	the organization changed either its oversight process or selection process during the tax year, explain on Schedul a result of a federal award, was the organization required to undergo an audit or audits as set forth in the hiform Guidance, 2 C.F.R. Part 200, Subpart F? "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required a	the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. a result of a federal award, was the organization required to undergo an audit or audits as set forth in the hiform Guidance, 2 C.F.R. Part 200, Subpart F? "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. a result of a federal award, was the organization required to undergo an audit or audits as set forth in the hiform Guidance, 2 C.F.R. Part 200, Subpart F? "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit audits, explain why on Schedule O and describe any steps taken to undergo such audits	the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. a result of a federal award, was the organization required to undergo an audit or audits as set forth in the hiform Guidance, 2 C.F.R. Part 200, Subpart F? "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

332012 12-21-23

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047	
2023	

Open to Public Inspection

Name of the	organization
-------------	--------------

Nam	e of t	he organization							identification number
_				EUM ASSOCIAT					1-0536653
Par	tl	Reason for Public C	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The c	organi	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	ו 990).)				
3		A hospital or a cooperative	hospital service orga	inization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for section 170(b)(1)(A)(iv). (C		lege or university owned	l or operat	ed by a go	vernmental ur	nit describe	ed in
~						70/1-1/41/41	(.)		
6	v	A federal, state, or local gov	-						a de l'acteria de la colta de la fra
7	X	An organization that normal section 170(b)(1)(A)(vi). (Co		itial part of its support fr	om a gove	ernmental (unit or from tr	ie general p	Dudiic described in
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a	land-grant	college
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the i	name, city,	, and state of	the college	or
		university:							
10		An organization that normal	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support fr	om gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acquir	red by the org	anization a	fter June 30, 1975.
		See section 509(a)(2). (Cor					, ,		
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50)9(a)(4).		
12		An organization organized a						rry out the	purposes of one or
		more publicly supported or	anizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section &	509(a)(3). C	heck the box on
		lines 12a through 12d that of							
а		Type I. A supporting orga	• •					-	aivina
		the supported organizatio							
		organization. You must c							
b		Type II. A supporting orga			ion with it	s sunnorte	d organizatio	n(s) by hav	ina
~	·	control or management of					-		-
		organization(s). You must						jo ino oupp	
с		Type III functionally integ			in connect	tion with a	and functional	lv integrate	d with
Ŭ		its supported organization						ly integrate	a widi,
d		Type III non-functionally		-				tod organiz	ration(a)
u								•	
		that is not functionally into			•		-	anallenin	eness
		requirement (see instructi		•					
е		Check this box if the orga					Type I, Type I	ii, Type iii	
	-	functionally integrated, or	<i></i>	ally integrated supporting	ng organiz	ation.			
		er the number of supported o		d arganization(a)					
<u> </u>		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other
	,	organization	((described on lines 1-10	in your governi		support (see in	-	support (see instructions)
	-			above (see instructions))	Yes	No			
-		-							
*									
Total									·

CINCINNATI MUSEUM ASSOCIATION

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						4
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	19364751.	17499941.	16245823.	17934595.	14504756.	85549866.
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	19364751.	17499941.	16245823.	<u>17934595.</u>	14504756.	85549866.
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)						9497122.
	Public support. Subtract line 5 from line 4.						76052744.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	19364751.	17499941.	16245823.	17934595.	14504756.	85549866.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	400000	5011050		C. C. C. A. D. T.		
	and income from similar sources	4892026.	5214359.	7867224.	6464247.	7027578.	31465434.
9	Net income from unrelated business		\sim				
	activities, whether or not the	0.004					1010000
	business is regularly carried on	96,984.	53,075.	251,561.	277,370.	333,272.	1012262.
10	Other income. Do not include gain						
	or loss from the sale of capital	00 170	143,666.		201,286.	12 024	146 16F
	assets (Explain in Part VI.)	09,179.	143,000.		201,200.	12,034.	<u>446,165.</u> 118473727
	Total support. Add lines 7 through 10						,530,749.
12	Gross receipts from related activities, First 5 years. If the Form 990 is for the						, , , , , , , , , , , , , , , , , , , ,
13							
Sec	organization, check this box and sto ction C. Computation of Publ	ic Support Per	centage				
	Public support percentage for 2023 (-	column (f))		14	64.19 %
	Public support percentage from 2022					15	64.14 %
	33 1/3% support test - 2023. If the						
	stop here. The organization qualifies						v
b	33 1/3% support test - 2022. If the		•				
	and stop here. The organization qua						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization	~ · · · · · · · · · · · · · · · · · · ·	
b	10% -facts-and-circumstances test	-			•		
	more, and if the organization meets the						
	organization meets the facts-and-circ						
18	Private foundation. If the organization		•				s
						Schedule A	(Form 990) 2023

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.)

Section A. Public Support						
alendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per-						X
formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge			•			
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
ection B. Total Support	1			1	1	l
alendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
IOa Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	C					
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
1 Net income from unrelated business activities not included on line 10b,						
whether or not the business is regularly carried on						
regularly carried on2 Other income. Do not include gain or loss from the sale of capital						
 regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 						
 regularly carried on 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.) 	1e organization's fi	rst, second, third. f	ourth, or fifth tax v	rear as a section 5	01(c)(3) organizatic)n,
 regularly carried on 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.) First 5 years. If the Form 990 is for the form 100 part of th	0	,	, ,			·
 regularly carried on 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.) First 5 years. If the Form 990 is for th check this box and stop here 			, ,			·
 regularly carried on 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for th check this box and stop here section C. Computation of Public 	ic Support Per	centage				·
 regularly carried on 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.) First 5 years. If the Form 990 is for th check this box and stop here Gection C. Computation of Public Public support percentage for 2023 (Interpret to the store of the store of	ic Support Per line 8, column (f), d	centage livided by line 13, c	:olumn (f))		15	9
 regularly carried on 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for th check this box and stop here ection C. Computation of Public 5 Public support percentage for 2023 (I 6 Public support percentage from 2022 	ic Support Per line 8, column (f), d Schedule A, Part	centage livided by line 13, c III, line 15				·
 regularly carried on 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for th check this box and stop here ection C. Computation of Public 5 Public support percentage for 2023 (Incomposition of Lower 2022) ection D. Computation of Investion 	ic Support Per line 8, column (f), d Schedule A, Part Stment Income	ivided by line 13, c III, line 15 Percentage	:olumn (f))		15 16	9
 regularly carried on 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for th check this box and stop here ection C. Computation of Public 5 Public support percentage for 2023 (I Public support percentage from 2022 ection D. Computation of Invest 7 Investment income percentage for 2023 	ic Support Per line 8, column (f), d 2 Schedule A, Part 5tment Income 023 (line 10c, colur	rcentage livided by line 13, c III, line 15 Percentage mn (f), divided by lir	:olumn (f))		15 16 17	9 9 9
 regularly carried on 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for th check this box and stop here ection C. Computation of Public 5 Public support percentage for 2023 (I 6 Public support percentage from 2022 ection D. Computation of Invest 7 Investment income percentage from 	ic Support Per line 8, column (f), d 2 Schedule A, Part 5tment Income 023 (line 10c, colur 2022 Schedule A,	rcentage livided by line 13, c III, line 15 Percentage mn (f), divided by lir Part III, line 17	olumn (f))	·····	15 16 17 18	
 regularly carried on 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for th check this box and stop here ection C. Computation of Public 5 Public support percentage for 2023 (I 6 Public support percentage from 2022 ection D. Computation of Invest 7 Investment income percentage from 9a 33 1/3% support tests - 2023. If the 	ic Support Per line 8, column (f), d 2 Schedule A, Part 5tment Income 2023 (line 10c, colur 2022 Schedule A, 9 organization did n	rcentage livided by line 13, c III, line 15 Percentage mn (f), divided by lir Part III, line 17 not check the box c	ne 13, column (f))	15 is more than 3	15 16 17 18 3 1/3%, and line 17	7 is not
 regularly carried on 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for th check this box and stop here 5 Public support percentage for 2023 (I 6 Public support percentage from 2022 7 Investment income percentage for 20 8 Investment income percentage from 9a 33 1/3% support tests - 2023. If the more than 33 1/3%, check this box and 	ic Support Per line 8, column (f), d Schedule A, Part Stment Income 2023 (line 10c, colur 2022 Schedule A, e organization did n nd stop here. The	rcentage livided by line 13, c III, line 15 Percentage mn (f), divided by lin Part III, line 17 not check the box c organization qualif	olumn (f)) ne 13, column (f)) on line 14, and line fies as a publicly s	15 is more than 3 upported organiza	15 16 17 18 3 1/3%, and line 17 tion	7 is not
 regularly carried on 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.) First 5 years. If the Form 990 is for the check this box and stop here Cection C. Computation of Public Public support percentage for 2023 (Incomputation of Investigation D. Computation of Investigation D. Computation of Investigation 11, and 12.) Investment income percentage for 2023. If the more than 33 1/3%, check this box and b 33 1/3% support tests - 2022. If the 	ic Support Per line 8, column (f), d Schedule A, Part Stment Income 2023 (line 10c, colur 2022 Schedule A, organization did n and stop here. The organization did n	rcentage livided by line 13, c III, line 15 Percentage mn (f), divided by lin Part III, line 17 not check the box c organization qualif not check a box on	ne 13, column (f)) no 13, column (f)) on line 14, and line fies as a publicly si line 14 or line 19a	15 is more than 3 upported organiza , and line 16 is mo	15 16 17 18 3 1/3%, and line 17 tion re than 33 1/3%, a	7 is not
 regularly carried on 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.) First 5 years. If the Form 990 is for th check this box and stop here Section C. Computation of Public Public support percentage for 2023 (Information of Investigation D. Computation of Investigation D. Computation of Investigation 11 (1998) Investment income percentage for 2023. If the more than 33 1/3%, check this box and 	ic Support Per line 8, column (f), d Schedule A, Part Stment Income 2023 (line 10c, colur 2022 Schedule A, e organization did n nd stop here. The e organization did n eck this box and st	ivided by line 13, c III, line 15 Percentage mn (f), divided by lin Part III, line 17 not check the box c organization qualif not check a box on cop here. The organ	column (f)) ne 13, column (f)) on line 14, and line fies as a publicly so line 14 or line 19a nization qualifies a	15 is more than 3 upported organiza , and line 16 is mo s a publicly suppo	15 16 17 18 3 1/3%, and line 17 tion re than 33 1/3%, a rted organization	9 9 9 7 is not

CINCINNATI MUSEUM ASSOCIATION

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2023

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Sche	edule A (Form 990) 2023 CINCINNATI MUSEUM ASSOCIATION 3	1-053665	3 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offi 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 suppor organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among	cers, orted		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	I		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
~	the organization maintained a close allo continuous working relationship within the supported organization(s).			

3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a
	significant voice in the organization's investment policies and in directing the use of the organization's
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's

supported organizations played in this regard. 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	t during the year (see instruction	s).
-			

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

с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	s).	
	Activities Test. Answer lines 2a and 2b below.	Yes	

- Activities Test. Answer lines 2a and 2b below. 2
- 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. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,
- one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below.
- 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.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 332025 12-21-23

3b Schedule A (Form 990) 2023

2a

2b

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Schedule A	(Form 990)) 2023 (CII	NCINNATI	MUSEU	M ASSOC	IATION	
Part V	Type III	l Non-	-Functionally	y Integrated	509(a)(3)	Supporting	y Organiza	tions

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

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions)

Schedule A (Form 990) 2023

332026 12-21-23

CINCINNATI MUSEUM ASSOCIATION

31 - 0536653 Base 7

Sche Par		SEUM ASSOCIATIO			1-0536653 Page 7
		(a)(s) Supporting Orga	nizations (continu	ied)	
Sect	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	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 - prior	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	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	s	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
	From 2021				
	From 2022				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A (Forr Part VI Su Par line Sec (Se	pplemental Information. t IV, Section A, lines 1, 2, 3b, 3c e 1; Part IV, Section D, lines 2 and ction D, lines 5, 6, and 8; and Par e instructions.)	Provide the explanations 4b, 4c, 5a, 6, 9a, 9b, 9c, 3; Part IV, Section E, line t V, Section E, lines 2, 5,	s required by Part II, line 10; Pa , 11a, 11b, and 11c; Part IV, S es 1c, 2a, 2b, 3a, and 3b; Parl and 6. Also complete this par	31-0536653 Page art II, line 17a or 17b; Part III, line 12; ection B, lines 1 and 2; Part IV, Section C, t V, line 1; Part V, Section B, line 1e; Part V, t for any additional information.
Se((Se	e instructions.)	t V, Section E, lines 2, 5,	and 6. Also complete this par	
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** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

OMB No. 1545-0047

Department of the T	Freasury
Internal Revenue Se	ervice
Nome of the o	rachization

Schedule B

(Form 990) Department of the Treasury Internal Revenue Service	Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.	2023	
Name of the organization		Employer identification number	
CI	NCINNATI MUSEUM ASSOCIATION	31-0536653	
Organization type (check o	ne):		
Filers of:	Section:		
Form 990 or 990-EZ	\fbox{X} 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	C	
	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		
Note: Only a section 501(c) General Rule	7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.	
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's		
Special Rules			
sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support te and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) F line 1. Complete Parts I and II.	that received from any one	
contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a the year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, sci- nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (er instead of the contributor name and address), II, and III.	entific,	
	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled mo		

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$_____\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	1
(a)	(b)	(c) Total contribution	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contribution	Person Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
2		\$	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
3		\$1,267,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
4		\$1,185,32	Person X Payroll Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
5		\$1,700,00) () . Person X Payroll Payroll Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
6		\$366,82	26. Person Payroll Noncash (Complete Part II for noncash contributions.)

23

2023.05070 CINCINNATI MUSEUM ASSOCIA 12042401

Name of organization

Employer identification number

lame of or	rganization		Employer identification number
INCI	NNATI MUSEUM ASSOCIATION		31-0536653
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
7		\$344,08	B1. Person X Payroll C Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
8		\$	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
9		\$630,80	51. Person X Noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
10		\$378,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
<u>11</u>		\$1,260,00	DO. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
12		\$480,00	Person X Payroll

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12270404 758050 120424000

24 2023.05070 CINCINNATI MUSEUM ASSOCIA 12042401

Name of organization

Schedule B (Form 990) (2023)

	3 (Form 990) (2023) ganization		Page 3
<u>INCI</u> N	NATI MUSEUM ASSOCIATION		31-0536653
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	i.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
1	SEE STATEMENT 1	\$ 381,9	46. 02/06/24
(a) No.	(b)	\$381,9 (c) FMV (or estimate	
from Part I	Description of noncash property given	(See instructions	
6	428 SHARES NVDA	\$366,8	<u>26.</u> <u>03/12/24</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	Listo received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	

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nedule B (Forr me of organiza			Employer identification number
ne or organiz			
	TI MUSEUM ASSOCIATIO		31-0536653
from	any one contributor. Complete columns (a) through (a) and the following line entry	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year
comp	oleting Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	ss for the year. (Enter this info. once.)
Use) No.	e duplicate copies of Part III if additional	space is needed.	
rom 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,	and 7I D + 4	Relationship of transferor to transferee
) No			
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
uiti			
		(e) Transfer of gift	
	Transferee's name, address,		Relationship of transferor to transferee
	Transferee's name, address,		Relationship of transferor to transferee
	Transferee's name, address,		Relationship of transferor to transferee
	Transferee's name, address,		Relationship of transferor to transferee
) No.		and ZIP + 4	
) No. rom art I	Transferee's name, address, s		Relationship of transferor to transferee (d) Description of how gift is held
) No. rom art I		and ZIP + 4	
) No. rom art I		and ZIP + 4	
) No. rom art I		and ZIP + 4	
) No. rom art I		and ZIP + 4	
) No. rom art I	(b) Purpose of gift	and ZIP + 4 (c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
) No. rom art I		and ZIP + 4 (c) Use of gift (e) Transfer of gift	
) No. rom art I	(b) Purpose of gift	and ZIP + 4 (c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
) No. rom art I	(b) Purpose of gift	and ZIP + 4 (c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
art I	(b) Purpose of gift	and ZIP + 4 (c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
art I	(b) Purpose of gift Transferee's name, address,	and ZIP + 4	(d) Description of how gift is held
art I	(b) Purpose of gift	and ZIP + 4 (c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
art I	(b) Purpose of gift Transferee's name, address,	and ZIP + 4 (c) Use of gift (e) Transfer of gift and ZIP + 4 (e) Transfer of gift	(d) Description of how gift is held
art I	(b) Purpose of gift Transferee's name, address,	and ZIP + 4 (c) Use of gift (e) Transfer of gift and ZIP + 4 (e) Transfer of gift	(d) Description of how gift is held
art I	(b) Purpose of gift Transferee's name, address,	and ZIP + 4	(d) Description of how gift is held
art I	(b) Purpose of gift Transferee's name, address,	and ZIP + 4 (c) Use of gift (e) Transfer of gift and ZIP + 4 (e) Transfer of gift	(d) Description of how gift is held
art I	(b) Purpose of gift Transferee's name, address, i (b) Purpose of gift	and ZIP + 4 (c) Use of gift (e) Transfer of gift (c) Use of gift	(d) Description of how gift is held
) No.	(b) Purpose of gift Transferee's name, address,	and ZIP + 4 (c) Use of gift (e) Transfer of gift (c) Use of gift	(d) Description of how gift is held
) No. rom art I	(b) Purpose of gift Transferee's name, address, i (b) Purpose of gift	and ZIP + 4 (c) Use of gift (e) Transfer of gift (c) Use of gift	(d) Description of how gift is held

Schedule B (Form 990) (2023)

12270404 758050 120424000

SCH B PG 3	STATEMEN	NT 1
1,225 SHARES XOM 1/30/24, 160 SHARES ATEYY, 17 SHARES NFLX, 2	1 SHARES BLI	DR, 24
SHARES XPO, 29 SHARES MHO (ROUNDED), 300 SHARES MLM 1/30/24,	4 SHARES DEC	СК, 49
SHARES PDD, 50 SHARES META, 53 SHARES SKYW, 55 SHARES NVDA (F	OUNDED), 7 S	SHARES
FSLY (ROUNDED), 72 SHARES RMBS, 76 SHARES ELPC, 785 SHARES RY	CEY	

(Form 990)	For Orga	anizations Exempt From Income	Tax Under Section 5	501(c) and Section 5	27	202	23
Department of the Treasury		e if the organization is described			-EZ.	Open to P	
Internal Revenue Service		o to www.irs.gov/Form990 for ins				Inspect	ion
		Form 990, Part IV, line 3, or Form		e 46 (Political Camp	aign Activi	ities), then:	
	•	plete Parts I-A and B. Do not com					
		01(c)(3)) organizations: Complete P	arts I-A and C below.	Do not complete Par	τ I-В.		
Section 527 organiz	•	•		<i></i>			
		Form 990, Part IV, line 4, or Form					
	•	nave filed Form 5768 (election und		•			
	•	nave NOT filed Form 5768 (election	()	<i>"</i>			
Tax) (see separate inst		Form 990, Part IV, line 5 (Proxy	i ax) (see separate in	structions) or Form	990-EZ, P	art v, line 350	(Proxy
		ions: Complete Part III.					
Name of organization	,, or (o) organizat				Employer	r identification	number
5	CINCINN	ATI MUSEUM ASSOCI	ΑΤΤΟΝ			31-05366	
Part I-A Compl		anization is exempt under		or is a section 52			
•		•	()				
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities in	n Part IV.			
2 Political campaign					\$		
3 Volunteer hours for	, ,						
Part I-B Compl	ete if the org	anization is exempt under	section 501(c)(3	8).			
1 Enter the amount o	f any excise tax i	incurred by the organization under	section 4955		\$		
2 Enter the amount o	f any excise tax	incurred by organization managers	s under section 4955		\$		
3 If the organization i	ncurred a section	n 4955 tax, did it file Form 4720 fo	r this year?			Yes	No No
4a Was a correction m	ade?					Yes	No No
b If "Yes," describe ir	n Part IV.						
Part I-C Compl	ete if the org	anization is exempt under	section 501(c),	except section {	501(c)(3)	•	
1 Enter the amount d	lirectly expended	by the filing organization for secti	on 527 exempt functi	on activities	\$		
2 Enter the amount o	f the filing organi	ization's funds contributed to othe	r organizations for se	ction 527			
exempt function ac	tivities		· · · · · · · · · · · · · · · · · · ·		\$		
•	•	. Add lines 1 and 2. Enter here and					
line 17b					\$		
4 Did the filing organ	ization file Form	1120-POL for this year?				Yes	No
		nployer identification number (EIN)		-			
	Ű	tion listed, enter the amount paid f	0 0			•	
		omptly and directly delivered to a s			eparate seç	gregated fund c	or a
		additional space is needed, provid	T				
(a) Name	e	(b) Address	(c) EIN	(d) Amount paid		(e) Amount of p	
				filing organization funds. If none, ent		ntributions rece promptly and d	
						delivered to a se	
						political organiz	
						If none, enter	-0

Political Campaign and Lobbying Activities

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

Schedule C (Form 990) 2023

OMB No. 1545-0047

LHA 332041 11-06-23

SCHEDULE C

	expenses, and shar	e of excess lob	an affiliated group (and list ir bying expenditures). ox A and "limited control" pro		group member's nam	e, address, EIN,
	Limit	s on Lobbying	g Expenditures amounts paid or incurred.		(a) Filing organization's totals	(b) Affiliated gro totals
1a ⁻	Total lobbying expenditures to influ	ence public op	pinion (grassroots lobbying)			
b [·]	Total lobbying expenditures to influ	ience a legislat	ive body (direct lobbying)			
c	Total lobbying expenditures (add lir	nes 1a and 1b)				
	Other exempt purpose expenditure					
	Total exempt purpose expenditures					
	Lobbying nontaxable amount. Ente			11		
	If the amount on line 1e, column (a) of		The lobbying nontaxable am			
	not over \$500,000,		20% of the amount on line 1e.			
	<u>over \$500,000 but not over \$1,000</u> over \$1,000,000 but not over \$1,50		6100,000 plus 15% of the exc 6175,000 plus 10% of the exc			
	over \$1,500,000 but not over \$1,50		6225,000 plus 5% of the exce			
	over \$17,000,000,		61,000,000.	<u>33 0ver ψ1,300,000.</u>		
	Grassroots nontaxable amount (en					
-	Subtract line 1g from line 1a. If zero		,			
	Subtract line 1f from line 1c. If zero	,			-	
jI	If there is an amount other than zer	o on either line				
I	reporting section 4911 tax for this	/ear?			[Yes
	Calendar year	(-) 0000	(1) 0001	(-) 0000	(-1) 0000	
	Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a	(or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a b	(or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a b	(or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a b 	(or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
b (c	(or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
_2a b 	(or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
b (c - c - c -	(or fiscal year beginning in) <u>Lobbying nontaxable amount</u> Lobbying ceiling amount (150% of line 2a, column(e)) <u>Total lobbying expenditures</u> <u>Grassroots nontaxable amount</u> Grassroots ceiling amount (150% of line 2d, column (e))	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
b (c - c - c -	(or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount	(a) 2020	(b) 2021	(c) 2022		(e) Total

CINCINNATI MUSEUM ASSOCIATION

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(4	a)	(b)
of the lobbying activity.	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or			
local legislation, including any attempt to influence public opinion on a legislative matter			
or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	10 500
i Other activities?			12,500.
j Total. Add lines 1c through 1i			12,500.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), sec		 5) or oo/	ation
501(c)(6).		5), OF SEC	
			Yes No
1 Mars substantially all (00% as mars) dues reasined pendeductible by members?			
 Were substantially all (90% or more) dues received nondeductible by members? Did the americation racks arbitration even although a super difference of \$2,000 and even although a super difference of \$3,000 and even although a super dif			
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), sec	tion 501(c)	<u>/</u> 3 5). or sec	ction
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere			
answered "Yes."		()	
1 Dues, assessments and similar amounts from members		1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)			
expenses for which the section 527(f) tax was paid).			
a Current year		2a	
b Carryover from last year			
c Total			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying an			
expenditures next year?		4	
5 Taxable amount of lobbying and political expenditures. See instructions		5	
Part IV Supplemental Information			<u>.</u>
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gr	oup list); Part II-	A, lines 1 a	and 2 (see
instructions); and Part II-B, line 1. Also, complete this part for any additional information.			
PART II-B, LINE 1, LOBBYING ACTIVITIES:			
THE CINCINNATI ART MUSEUM EMPLOYS ONE INDIVIDUAL WHO	SPENDS		
APPROXIMATELY 2% OF HIS TIME LOBBYING ON BEHALF OF T	HE ORGAN	NIZATI	ON. IN
ADDITION, THE CINCINNATI ART MUSEUM CONTRACTS WITH G	OVERNMEN	T	
STRATEGIES GROUPS TO PROVIDE DIRECT LOCAL AND STATE	LOBBYING	<u>G EFFO</u>	RTS ON
THE CINCINNATI MUSEUM ASSOCIATION'S BEHALF IN ORDER	TO OBTAI	IN FUN	DING.
		<u> </u>	

332043 11-06-23

Schedule C (Form 990) 2023

SCHEDULE D Form 990)	Complete if the organ	al Financial Statement nization answered "Yes" on Form 990,		омв №. 1545-0047 2023
Department of the Treasury nternal Revenue Service	A	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12 ttach to Form 990. D for instructions and the latest informa		Open to Public Inspection
Name of the organizat	ion CINCINNATI MUSEUM A	ASSOCIATION	Employ	ver identification number 31-0536653
	ations Maintaining Donor Advised		or Accounts	Complete if the
organizatio	on answered "Yes" on Form 990, Part IV, line		(h) Euroda	
		(a) Donor advised funds	(D) Funas	and other accounts
	nd of year			
	of contributions to (during year)			
	of grants from (during year)			
	It end of year			
0	on inform all donors and donor advisors in v	8		
	on's property, subject to the organization's			🗋 Yes 📃 No
-	on inform all grantees, donors, and donor a			
	boses and not for the benefit of the donor of	, , , , ,	Ŭ	
impermissible priv				Yes N
	vation Easements. Complete if the org		Part IV, line 7.	
 Purpose(s) of con- 	servation easements held by the organization	on (check all that apply).		
Preservation	n of land for public use (for example, recreat	tion or education)	f a historically imp	
Preservation	n of land for public use (for example, recreat of natural habitat	tion or education)	f a historically imp f a certified histor	
Preservation Protection of Preservation	n of land for public use (for example, recreat of natural habitat n of open space	tion or education) Preservation o	f a certified histor	ic structure
Preservation Protection of Preservation Complete lines 2a	n of land for public use (for example, recreat of natural habitat n of open space 1 through 2d if the organization held a qualif	tion or education) Preservation o	f a certified histor of a conservation	ic structure easement on the last
 Preservation Protection of Preservation Preservation Complete lines 2a day of the tax year 	n of land for public use (for example, recreat of natural habitat n of open space 1 through 2d if the organization held a qualif r.	tion or education) Preservation o	f a certified histor of a conservation He	ic structure easement on the last
 Preservation Protection of Preservation Preservation Complete lines 2a day of the tax year a Total number of c 	n of land for public use (for example, recreat of natural habitat n of open space 1 through 2d if the organization held a qualif r. onservation easements	tion or education) Preservation o	f a certified histor of a conservatior He	ic structure easement on the last
 Preservation Protection of Proservation Preservation Complete lines 2a day of the tax yea a Total number of c b Total acreage rest 	n of land for public use (for example, recreated of natural habitat n of open space through 2d if the organization held a qualif r. onservation easements	tion or education) Preservation o	f a certified histor of a conservation He 2a 2b	ic structure easement on the last
 Preservation Protection of Proservation Preservation Complete lines 2a day of the tax year a Total number of c b Total acreage rest c Number of conservation 	n of land for public use (for example, recreated of natural habitat n of open space through 2d if the organization held a qualif r. onservation easements tricted by conservation easements	tion or education) Preservation o Preservation o ied conservation contribution in the form	f a certified histor of a conservatior He	ic structure easement on the last
 Preservation Protection of Protection of Preservation Complete lines 2a day of the tax year a Total number of c b Total acreage rest c Number of conser d Number of conser 	n of land for public use (for example, recreated of natural habitat n of open space through 2d if the organization held a qualif r. onservation easements tricted by conservation easements vation easements on a certified historic stru- vation easements included on line 2c acqui	tion or education) Preservation o Preservation o ied conservation contribution in the form ucture included on line 2a red after July 25, 2006, and not	f a certified histor of a conservation He 2a 2b 2c	ic structure easement on the last
 Preservation Protection of Protection of Preservation Complete lines 2a day of the tax year a Total number of c b Total acreage rest c Number of conser d Number of conser on a historic struct 	n of land for public use (for example, recreated of natural habitat n of open space through 2d if the organization held a qualif r. onservation easements tricted by conservation easements vation easements on a certified historic stru- vation easements included on line 2c acqui ture listed in the National Register	tion or education) Preservation o Preservation o ied conservation contribution in the form ucture included on line 2a red after July 25, 2006, and not	f a certified histor of a conservation 2a 2b 2c 2d	ic structure easement on the last Id at the End of the Tax Yea
 Preservation Protection of Protection of Preservation Complete lines 2a day of the tax yea a Total number of c b Total acreage rest c Number of conser d Number of conser on a historic struct 3 Number of conser 	n of land for public use (for example, recreated of natural habitat n of open space through 2d if the organization held a qualif r. onservation easements tricted by conservation easements vation easements on a certified historic stru- vation easements included on line 2c acqui	tion or education) Preservation o Preservation o ied conservation contribution in the form ucture included on line 2a red after July 25, 2006, and not	f a certified histor of a conservation 2a 2b 2c 2d	ic structure easement on the last Id at the End of the Tax Yea
 Preservation Protection of Protection of Protection of Preservation Complete lines 2a day of the tax year a Total number of c b Total acreage rest c Number of conser d Number of conser on a historic struct 3 Number of conser year 	n of land for public use (for example, recreated of natural habitat n of open space a through 2d if the organization held a qualif r. onservation easements vation easements on a certified historic stru- vation easements included on line 2c acqui sture listed in the National Register	tion or education) Preservation o Preservation o ied conservation contribution in the form ucture included on line 2a red after July 25, 2006, and not eased, extinguished, or terminated by the	f a certified histor of a conservation 2a 2b 2c 2d	ic structure easement on the last Id at the End of the Tax Yea
 Preservation Protection of Protection of Preservation Preservation Complete lines 2a day of the tax year a Total number of c b Total acreage rest c Number of conser d Number of conser on a historic struct 3 Number of conser year 4 Number of states 	n of land for public use (for example, recreated of natural habitat n of open space through 2d if the organization held a qualif r. onservation easements tricted by conservation easements vation easements on a certified historic stru- vation easements included on line 2c acqui ture listed in the National Register	tion or education) Preservation o Preservation o ied conservation contribution in the form ucture included on line 2a red after July 25, 2006, and not eased, extinguished, or terminated by the eement is located	f a certified histor of a conservation 2a 2b 2c 2d	ic structure easement on the last Id at the End of the Tax Yea

6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the	Am	' ,	7	Amount of expenses incurred in n	nonitoring, inspecting	, handling of violations,	, and enforcing conservation	n easements during the	yea
--	----	-----	---	----------------------------------	------------------------	---------------------------	------------------------------	------------------------	-----

8	Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?	es	10
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and		

	inzation's accounting for conservation easements.
Part III	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet	works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of pu	blic service,
	provide the following amounts relating to these items.	
	(i) Revenue included on Form 990. Part VIII, line 1	\$

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2023
b	Assets included in Form 990, Part X	\$
а	Revenue included on Form 990, Part VIII, line 1	\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provid	e
	(ii) Assets included in Form 990, Part X	\$
·		Ψ

332051 09-28-23

31 2023.05070 CINCINNATI MUSEUM ASSOCIA 12042401

Pa	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or O	ther Similar Ass	ets (continued)
3	Using the organization's acquisition, accessing	on, and other record	s, check any of the f	following that ma	ke significant use of	its
	collection items (check all that apply).					
а	X Public exhibition	d	Loan or exc	hange program		
b	X Scholarly research	е	Other			
с	77 -					
4	Provide a description of the organization's co	ollections and explair	how they further th	e organization's	exempt purpose in F	Part XIII.
5	During the year, did the organization solicit o					
·	to be sold to raise funds rather than to be ma					Yes X
Pa	rt IV Escrow and Custodial Arran					
	reported an amount on Form 990, Pa		te il the organization	ranswered res	0111 0111 990, 1 art 1	v, ine s, or
12	Is the organization an agent, trustee, custodi		lian, for contribution	e or other assets	not included	
Ia			-			Yes
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII					
b	If Yes, explain the arrangement in Part All	and complete the loi	lowing table.			Amount
	B · · · · ·					Amount
	Beginning balance					
	Additions during the year					
е	Distributions during the year					
f	Ending balance				1f	
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cu	ustodial account l	liability?	Yes
b	If "Yes," explain the arrangement in Part XIII.					
Pa	rt V Endowment Funds Complete if	the organization and	wered "Yes" on For	m 990, Part IV, li	ne 10.	
		(a) Current year	(b) Prior year	(c) Two years ba	ick (d) Three years b	ack (e) Four years ba
1a	Beginning of year balance	188,532,830.	174,867,849.	207,392,99	98. 160,082,57	75. 175,662,44
	Contributions	2,675,684.	4,251,110.	192,22	28. 1,909,05	55. 624,89
	Net investment earnings, gains, and losses	39,126,408.	15,571,767.			
	Grants or scholarships	, ,			, ,	
е	Other expenditures for facilities	6,093,554.	6,157,896.	6,034,15	56. 5,985,85	71. 5,969,53
	and programs	0,000,004.	0,137,030.	0,054,15	5,505,0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
т	Administrative expenses	224,241,368.	100 522 020	174 067 04		
g	•		188,532,830.	, ,	19. 207,392,99	98. 160,082,57
2	Provide the estimated percentage of the curr)) held as:		
а		14.7000	_%			
b	Permanent endowment 44.3600	%				
С	Term endowment 40.9400	%				
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.				
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered f	or the	
	organization by:	-				Yes N
	(i) Unrelated organizations?					3a(i) X
	(ii) Related organizations?					
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?			3b
4	Describe in Part XIII the intended uses of the					
<u> </u>	rt VI Land, Buildings, and Equipm					
_	Complete if the organization answere		. Part IV. line 11a. S	ee Form 990. Pa	rt X. line 10.	
	Description of property	(a) Cost or o			c) Accumulated	(d) Book value
	Description of property	basis (investr	• • •	(other)	depreciation	
~	Land		00 00	2 025 4	6 251 002	26 271 12
1a			04,04	3,035. 4	6,251,902.	36,371,133
b	Buildings					
b c	Leasehold improvements				1	0 0 1 1 -
b c					4,541,934.	2,361,07
b c d	Leasehold improvements			3,005. 6,817.	4,541,934.	2,361,072 5,776,81 44,509,022

(2) INTEREST AND DIVIDEND RECEIVABLE 1 (3) INVESTMENT IN SUBSIDIARY 3,4 (4) (4) (5) (6) (6) (7) (8) (9)	53 _{Page} 3
(a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year mar (b) Closely held equity interests (c) Method of valuation: Cost or end-of-year mar (c) Closely held equity interests (c) (d) (c) (e) (c) (f) (c) (g) Description of investment (b) Book value (e) Description of investment (b) Book value (f) (c) Method of valuation: Cost or end-of-year mar (f) (c) Method of valuation: Cost or end-of-year mar (g) (c) Method of valuation: Cost or end-of-year mar (g) (c) Method of valuation: Cost or end-of-year mar (g) (c) Method of valuation: Cost or end-of-year mar (g) (c) Method of valuation: Cost or end-of-year mar (g) (c) Method of valuation: Cost or end-of-year mar (g) (c) Method of valuation: Cost or end-of-year mar (g) (c) Me	
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Part X Other Liabilities	
	42,034.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability (b) Bo	ok value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(9)	
tal. (Column (b) must equal Form 990, Part X, line 25, col. (B))	
Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part	

Schedule D (Form 990) 2023

332053 09-28-23

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	dule D (Form 990) 2023 CINCINNATI MUSEUM ASSOCIA			0536653 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Rever	ue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		
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:			4
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
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			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	
Pa	t XII Reconciliation of Expenses per Audited Financial Stater	nents With Expe	nses per Retu	'n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		
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	Other (Describe in Part XIII.)	2d		
е	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.)	4b		
с	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			
Pa	t 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 332054 09-28-23
Schedule D (Form 990) 2023 34

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31-0536653 Page 5 CINCINNATI MUSEUM ASSOCIATION Schedule D (Form 990) 2023 Part XIII Supplemental Information (continued) 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) 2023

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332055 09-28-23

Schedule	D (For	m 990)	2023

CINCINNATI MUSEUM ASSOCIATION

Part XIII Supplemental Information (continued)

APPROPRIATE BASED ON THE CURRENT FACTS AND CIRCUMSTANCES.

Schedule D (Form 990) 2023

332055 09-28-23

SCHEDULE F	Stateme	nt of Acti	ivities Outside the Un	ited Sta	ites –	OMB No. 1545-0047
(Form 990)	Complete if the	organization a	nswered "Yes" on Form 990, Part IV,	line 14b, 15, c	or 16.	2023
Department of the Treasury	Coto	····· ··· / / ···· ·/	Attach to Form 990. 1990 for instructions and the latest in	nformation		en to Public spection
Internal Revenue Service Name of the organization	Go to w	ww.irs.gov/Form		mormation.		tification number
Name of the organization					Employer iden	
CINCINNATI MUSE	UM ASSOC	LATION			31-05366	553
		ctivities Out	side the United States. Comple	ete if the organ	ization answered	"Yes" on
Form 990, Part I						
=	-		ds to substantiate the amount of its gra he selection criteria used to award the		· · · · ·	Yes 🗌 No
2 For grantmakers. Deso United States.	cribe in Part V the	e organization's p	procedures for monitoring the use of its	s grants and ot	her assistance ou	utside the
3 Activities per Region. (T	he following Part		n be duplicated if additional space is n		1	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	 (d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region) 	is a pro describe	vity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING		0		DECERTIN		1 217 600
ICELAND & GREENLAND)	0	0	ART EXHIBIT	PROGRAM		1,317,680.
			5			
		\sim				
3 a Subtotal	0	0				1,317,680.
b Total from continuation						_
sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	0	0				1,317,680.

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

Schedule F (Form 990) 2023

LHA 332071 11-29-23

Schedule F (Form 990) 2023

CINCINNATI MUSEUM ASSOCIATION

31-0536653

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
					~			
				C	\mathcal{O}^{*}			
				$\mathbf{\hat{b}}$				
			SCV					
			9					
		\mathbf{C}						
		Ņ						

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ______

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023

Schedule	F	(Form	990)	2023

CINCINNATI MUSEUM ASSOCIATION

31-0536653

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
				0			
		C	0				
	5						
						Sched	ule F (Form 990) 2023

Page 3

Schedule F (Form 990) 2023 CINCINNATI MUSEUM ASSOCIATION Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	Yes X No	
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes 🛣 No	
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 5471, <i>Information Return of U.S. Persons With Respect to Certain Foreign Corporations</i> (see the Instructions for Form 5471)	Yes 🔀 No	
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund</i> (see the Instructions for Form 8621)	Yes 🔀 No	
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If "Yes,"</i> the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes 🔀 No	
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)</i>	Yes X No	

Schedule F (Form 990) 2023	CINCINNATI	MUSEUM	ASSOCIATION
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Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Part V

SCHEDULE G Form 990)	Complete if the	ntal Information Regardin e organization answered "Yes" o	- n Form 990, P	art IV, line 17, 18, o		OMB No. 1545-0047
	C	organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.				
epartment of the Treasury ternal Revenue Service	Go t	Attach to Form 990 o www.irs.gov/Form990 for instr			n.	Open to Public Inspection
ame of the organizatior	ו				Employer i	identification numbe
		ATI MUSEUM ASSOCI.			31-053	
	complete this part	Complete if the organization answ	wered "Yes" or	n Form 990, Part IV, I	ine 17. Form 990-	EZ filers are not
1 Indicate whether the a Aai Mail solicitat	e organization rais ions email solicitations tations	ed funds through any of the follow e Solici f Solici	•	overnment grants	C	0
key employees list b If "Yes," list the 10	ed in Form 990, Pa highest paid indiv	r oral agreement with any individu art VII) or entity in connection with riduals or entities (fundraisers) pure	professional fu	undraising services?	́Г Г Ү	Yes No
compensated at le	ast \$5,000 by the	organization.				
(i) Name and addres or entity (func		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by fundraiser listed in col. (i)	y) to (or retained by
			Yes No	\mathbf{O}		
		(
		5				
otal						
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solici	t contributions	or has been notified	it is exempt from	registration
V						

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

CINCINNATI MUSEUM ASSOCIATION

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

		of fundraising event contributions and gro			•	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ANNIIAT, GALA	ART IN BLOOM	1	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue						
eve	1	Gross receipts	293,655.	129,555.	36,569.	459,779.
	2	Less: Contributions	272,026.	108,370.	26,444.	406,840.
	3	Gross income (line 1 minus line 2)	21,629.	21,185.	10,125.	52,939.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
ect Exp	7	Food and beverages	57,933.	25,187.	10,060.	93,180.
Ī	8	Entertainment	7,950.	6,640. 57,574.	4,210.	<u>18,800.</u> 139,556.
	9	Other direct expenses			10,886.	139,556.
	10	Direct expense summary. Add lines 4 through				251,536.
	<u>11</u> rt	Net income summary. Subtract line 10 from li Gaming. Complete if the organization a			enorted more than	-198,597.
		\$15,000 on Form 990-EZ, line 6a.				
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Hevenue				bingo/progressive bingo		col. (a) through col. (c)
-	1	Gross revenue				
es	2	Cash prizes				
Ulrect Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
1		Volunteer labor	Yes %	└── Yes %	☐ Yes %	
		Direct expense summary. Add lines 2 through				

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

9 Enter the state(s) in which the organization conducts gaming activities:
a Is the organization licensed to conduct gaming activities in each of these states?
b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes b If "Yes," explain: _____

332082 09-13-23

Schedule G (Form 990) 2023

Yes

No

No

Schedule G (Form 990) 2023	CINCINNATI MUSEUM ASSOCIATION	31-0536653 Page 3
	luct gaming activities with nonmembers?	Yes No
	r, beneficiary or trustee of a trust, or a member of a partnership or other entity for	
	ning?	
	gaming activity conducted in:	
		13a %
	s of the person who prepares the organization's gaming/special events books a	
Name		
Address		
15a Does the organization have	a contract with a third party from whom the organization receives gaming rever	nue? Yes No
b If "Yes," enter the amount c	of gaming revenue received by the organization \$	nd the amount
	by the third party \$	
c If "Yes," enter name and ad		
Name		
Address		
Address		
G Coming monogor information		
6 Gaming manager informatic	л.	
Name		
Gaming manager compensa	ation \$	
Description of services prov	/ided	
Director/officer	Employee	
17 Mandatory distributions:		
	under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming licer		Yes No
	utions required under state law to be distributed to other exempt organizations	
	activities during the tax year \$	
	Information. Provide the explanations required by Part I, line 2b, columns (i	iii) and (v): and Part III, lines 9, 9b, 10b.
	7b, as applicable. Also provide any additional information. See instructions.	.,,,,,,,
100, 100, 10, 414 1		
	*	
/hV		
7		
20002 00 10 02		Sobodula C (Earm 000) 0000
32083 09-13-23		Schedule G (Form 990) 2023

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	G (Form 990)
Part IV	Supplem

CINCINNATI MUSEUM ASSOCIATION Supplemental Information (continued)

Schedule	G (Form 990)

332084 04-01-23

SCHEDULE (Form 990)		mpensation Information		lo. 1545-004	_
(101111990)	For certain Office	ers, Directors, Trustees, Key Employees, and Highest Compensated Employees	2	023	ł
	Complete if the org	anization answered "Yes" on Form 990, Part IV, line 23.			
Department of the T		Attach to Form 990. v/Form990 for instructions and the latest information.		n to Publ	
nternal Revenue Se Name of the or	· · · · · · · · · · · · · · · · · · ·	v/rorm990 for instructions and the latest information.	Employer identifica	•	
	•	USEUM ASSOCIATION	31-05366		
Part I Q	uestions Regarding Compensati				-
	· · · ·			Yes	Ì
1a Check the	appropriate box(es) if the organization pro	ovided any of the following to or for a person listed on Form	990,		1
Part VII, S	ection A, line 1a. Complete Part III to prov	ide any relevant information regarding these items.			l
First	class or charter travel	Housing allowance or residence for person	naluse		l
Trav	el for companions	Payments for business use of personal res	sidence		l
Tax Tax	ndemnification and gross-up payments	X Health or social club dues or initiation fees	3		l
	retionary spending account	Personal services (such as maid, chauffeu	r, chef)		l
					1
b If any of t	ne boxes on line 1a are checked, did the o	rganization follow a written policy regarding payment or			1
		escribed above? If "No," complete Part III to explain	11	b X	I
	• •	eimbursing or allowing expenses incurred by all directors,			t
		Director, regarding the items checked on line 1a?	2	2 X	1
			,		t
3 Indicate v	hich, if any, of the following the organizati	on used to establish the compensation of the organization's			1
		ot check any boxes for methods used by a related organization			1
	compensation of the CEO/Executive Direc				1
	pensation committee	X Written employment contract			I
	pendent compensation consultant	X Compensation survey or study			l
	990 of other organizations	X Approval by the board or compensation of	ommittee		l
					l
4 Durina the	e vear. did anv person listed on Form 990.	Part VII, Section A, line 1a, with respect to the filing			l
	on or a related organization:				l
-	severance payment or change-of-control p	payment?	48	а	I
	e in or receive payment from a supplement		4		t
	e in or receive payment from an equity-bas		40		t
	., .,	vide the applicable amounts for each item in Part III.		-	t
1 100 10					1
Only sect	ion 501(c)(3), 501(c)(4), and 501(c)(29) or	rganizations must complete lines 5-9.			l
		line 1a, did the organization pay or accrue any compensatio	n l		1
	t on the revenues of:				1
0			54	а	1
b Any relate	d organization?		5		†
	n line 5a or 5b, describe in Part III.				t
		line 1a, did the organization pay or accrue any compensatio	n		1
-	t on the net earnings of:				1
-	-		68	a	I
					†
	n line 6a or 6b, describe in Part III.			-	t
		line 1a, did the organization provide any nonfixed payments			1
		Part III		,	1
		part in		-	+
				,	
		ection 53.4958-4(a)(3)? If "Yes," describe in Part III		,	ł
		e rebuttable presumption procedure described in			ſ
	ns section 53.4958-6(c)?			/ I	1

LHA 332111 11-06-23

Schedule J (Form 990) 2023

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

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

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

	(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LEWIS CAMERON KITCHEN (i)	471,386.	2,150.	0.	42,127.	1,433.	517,096.	0.
DIRECTOR (ii		0.	0.	0.	0.	0.	0.
(2) DAVE LINNENBERG (i)		2,150.	0.	4,418.	11,217.	229,378.	0.
CHIEF ADMINISTRATIVE OFFICER (ii) 0.	0.	0.	0.	0.	0.	0.
(3) CAROL EDMONDSON (i)		2,150.	0.	3,111.	15,272.	165,918.	0.
CHIEF FINANCIAL OFFICER (ii		0.	0.	0.	0.	0.	0.
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
(i)							
(ii							
(i)							
(ii							
10							
(ii							
(i)							
(ii							
6							
(ii							
(1)							
(ii							

Schedule J (Form 990) 2023

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 4B:
LEWIS CAMERON KITCHIN PARTICIPATES IN A 457(F) SUPPLEMENTAL NONQUALIFIED
RETIREMENT PLAN OF THE CINCINNATI MUSEUM ASSOCIATION D/B/A THE CINCINNATI
ART MUSEUM. THE CINCINNATI MUSEUM ASSOCIATION CONTRIBUTED \$10,000 TO THIS
PLAN DURING 2023.
Schedule J (Form 990) 2023
332113 11-06-23 48
40

Schedule J (Form 990) 2023 CINCINNATI MUSEUM ASSOCIATION

31-0536653

Page 3

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Inspection

ſ ΖU **Open to Public**

Employer identification number

31-0536653

23

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

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

Name of the organization

CINCINNATI MUSEUM ASSOCIATION

Par	rt I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of deter		
		applicable		Form 990, Part VIII, line 1g	noncash contribution	n aniount	5
1	Art - Works of art	Х	327				•
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	Х	51	1,262,842.	MARKET QUOTE		
10	Securities - Closely held stock				~ ~ ~		
11	Securities - Partnership, LLC, or						
••	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (
26	Other (
27	Other (
28	Other (
29	Number of Forms 8283 received by the organiza	ation during	the tax vear for co	ontributions			
	for which the organization completed Form 828	-	•				
		o,: a.: , _	eneer termeng			Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28. that it		
	must hold for at least 3 years from the date of th						
	exempt purposes for the entire holding period?					Da	Х
b	If "Yes," describe the arrangement in Part II.					54	
31	Does the organization have a gift acceptance po	olicy that re	auires the review a	of any nonstandard contribut	ions?	1 X	
32a	Does the organization hire or use third parties o						
5-6	contributions?		-	· ·	34	2a	x
h	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	ked		
	describe in Part II.						
_							

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

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.
332142 09-11-23 Schedule M (Form 99

Schedule M (Form 990) 2023 CINCINNATI MUSEUM ASSOCIATION Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization Part II 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:

990) 2023

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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



CINCINNATI MUSEUM ASSOCIATION

31-0536653

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

CONNECTING OUR COMMUNITIES.

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

THE MEMBERSHIP INTEREST OF THE CINCINNATI MUSEUM ASSOCIATION CONSISTS OF

NOT FEWER THAN 150 BUT NOT MORE THAN 300 INDIVIDUALS WHOSE MEMBERSHIP

INTEREST SHALL BE EVIDENCED BY CERTIFICATES WHICH SHALL BE REFERRED TO AS

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

APPROPRIATE INDIVIDUALS TO SERVE AS MEMBERS OF THE ASSOCIATION AS PROVIDED

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

SHALL BE REQUIRED TO SELECT AN INDIVIDUAL TO BECOME A MEMBER, AND

ONE MEMBER SHARE SHALL BE AWARDED TO EACH SUCH PERSON. THEREAFTER,

THE BOARD OF TRUSTEES NOMINATING COMMITTEE SUGGESTS NOMINEES ADDITIONALLY. FOR THE GOVERNING BODY TO THE MEMBERS WHO ELECT THEM.

SECTION A, FORM 990, PART VI, LINE7A:

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 TRUSTEE, TOGETHER WITH THREE ADDITIONAL TRUSTEES APPOINTED BY THE MAYOR WITH THE CONSENT OF CITY COUNCIL.

FORM 990, PART VI, SECTION B, LINE 11B: For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

LHA 332211 11-14-23

2023.05070 CINCINNATI MUSEUM ASSOCIA 12042401

Schedule O (Form 990) 2023 Name of the organization

CINCINNATI MUSEUM ASSOCIATION

THE 990 IS DISTRIBUTED TO THE TRUSTEES SERVING ON THE FINANCE AND BUDGET COMMITTEE FOR REVIEW BEFORE FILING. ADDITIONALLY, A COPY OF THE 990 IS PROVIDED TO EACH BOARD MEMBER PRIOR TO FILING.

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

THE HUMAN RESOURCES DEPARTMENT REGULARLY AND CONSISTENTLY MONITORS THE CONFLICT OF INTEREST DISCLOSURE PROCESS BY ENSURING THAT ALL EMPLOYEES COMPLETE DISCLOSURE FORMS AS A NEW HIRE AND ON AN ANNUAL BASIS IN SEPTEMBER. ALL EMPLOYEES ARE REQUIRED TO COMPLETE THE FORM AND DISCLOSE IF THERE ARE ANY PERSONAL INTERESTS THAT COULD CONFLICT WITH THEIR EMPLOYMENT AT THE ART MUSEUM. SHOULD ANY CONFLICTS BE DISCLOSED, IT IS REVIEWED BY SENIOR MANAGEMENT. THE SECRETARY TO THE BOARD OF TRUSTEES IS RESPONSIBLE FOR HAVING TRUSTEES AND OFFICERS COMPLETE THE FORM AND DISCLOSE ANY CONFLICT OF INTEREST.

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

WITH THE APPROVAL OF THE EXECUTIVE COMMITTEE, THE EXECUTIVE DIRECTOR CONDUCTS THE ANNUAL REVIEW OF ALL DEPUTY DIRECTORS AND DETERMINES MERIT INCREASES FOR EACH. THE PRESIDENT OF THE BOARD OF DIRECTORS PREPARES THE ANNUAL REVIEW OF THE DIRECTOR AND DETERMINES THE MERIT INCREASE AND OTHER BENEFITS WHICH THE EXECUTIVE COMMITTEE MUST APPROVE.

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

THE ORGANIZATION MAKES AVAILABLE ALL DOCUMENTS REQUIRED BY LAW.

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

CHANGE IN PERPETUAL TRUST

CASH SURRENDER VALUE

332212 11-14-23

1,979,596.

Schedule O (Form 990) 2023 Name of the organization		Page Employer identification number
	INNATI MUSEUM ASSOCIATION	31-0536653
COTAL TO FORM 990,	PART XI, LINE 9	1,946,288.
ORM 990, PART XII,	LINE 2C	
HE OVERSIGHT PROCH	ESS HAS NOT CHANGED FROM THE PRI	OR YEAR.
		\sim
	5	
C		
\mathbf{N}		

SCHEDULE R

(Form 990)

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.

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number

31-0536653

Department of the Treasury Internal Revenue Service

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

Name of the organization

CINCINNATI MUSEUM ASSOCIATION

Part I Identification of Disregarded Entities. Complete 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	(e) End-of-year assets	(f) Direct controlling entity
		3			

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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	(f) Direct controlling entity	Section 5 contr enti	olled
				501(c)(3))		Yes	No
ART MUSEUM SUPPORT CORPORATION - 83-2145659							
953 EDEN PARK DR	SUPPORT FOR CINCINNATI				CINCINNATI MUSEUM		
CINCINNATI, OH 45202	MUSEUM ASSOCIATION	оніо	501(C)(3)	LINE 12A, I	ASSOCIATION	Х	
	7						
	1						

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

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 CINCINNATI MUSEUM ASSOCIATION

31-0536653 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate		amount in box 20 of Schedule	General o managin partner?	Percenta 9 ownerst
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<u>م</u>
	-										
	-				R						
	-			C	$\mathbf{\mathcal{O}}$						
	-			0							

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) (b) (c) (d) (e) (f) (g) (g) (h) (f) Name, address, and EIN of related organization Primary activity legal dirate or treign country Income Share of total income Share of total income Share of total income Share of total income Percentage entity Status										
			(c)	(d)	(e)	(f)	(g)	(h)	(i	i)
	Name, address, and EIN	Primary activity	Legal domicile (state or	Direct controlling	Type of entity	Share of total		Percentage	512(b contr	o)(13) olled
Image: country Image: countr	of folded ofganization		foreign	onary	or trust)				enti	ity?
			country)						Yes	No

332162 09-28-23

Schedule R (Form 990) 2023 CINCINNATI MUSEUM ASSOCIATION

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Part V	Transactions With Related Organizations.	Complete if the organ	nization answered "Yes"	on Form 990, F	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.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions wi	ith one or more re	elated organizations listed in F	Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		-		1a		Х
					1b		Х
с	Gift, grant, or capital contribution from related organization(s)				1c		Х
					1d	Х	
е	Loans or loan guarantees by related organization(s)				1e		Х
	UUUUUUUUUUUUU						
f	Dividends from related organization(s)				1f		Х
	Sale of assets to related organization(s)				1g		Х
	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
i	Lease of facilities, equipment, or other assets to related organization(s)				1i		Х
,							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		х
i	Performance of services or membership or fundraising solicitations for related organization				11		X
m	Performance of services or membership or fundraising solicitations by related organization				1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(e)			1n		X
	Sharing of paid employees with related organization(s)				10		X
U					10		
р	Reimbursement paid to related organization(s) for expenses				1p		Х
					1q		x
ч	Reimbursement paid by related organization(s) for expenses				-14		
	Other transfer of cash or property to related organization(s)				1r		х
	Other transfer of cash or property from related organization(s)				1s		X
	If the answer to any of the above is "Yes," see the instructions for information on who			tionships and transaction thrasholds	15		- 23
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount inv	olved		
		type (a-s)	Amount involved	Method of determining amount int	liveu		
(1)							
<u>()</u>							
(2)							
(2)							
(0)							
(3)							
(4)							
<u>(4)</u>							
(5)							
(5)			<u>├</u>				
(0)							
(6)			I	0.7	D (F		0000
332163	09-28-23	56		Schedule	R (FOU	n 990)	2023

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Schedule R (Form 990) 2023 CINCINNATI MUSEUM ASSOCIATION

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

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

(a)	(b)		(d)	(0)	(f)		(h)	(i)	(3)	(k)
(a) Name, address, and EIN		(c)	(u) Dredominant income	(e) Are all		(g) Share of			(j) General o	(N)
of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners sec. 501(c)(3) orgs.?	total	end-of-year	Disprop tional allocatio	or- amount in box 20 of Schedule K-1 (Form 1065)	managing	ownershin
or on they		country)	excluded from tax under	orgs.? Yes No	income	assets	Yes I	of Schedule K-1	Yes NO	
			30010113 3 12 3 14)	Yes No			Yes		Yes NO	
							$\left \right $		+ $+$	<u> </u>
							$\left \right $		+ $+$	<u> </u>
							$\left \right $		+ $+$	<u> </u>
										
		•							+	
								Schedule	R (Fori	n 990) 2023

CINCINNATI MUSEUM ASSOCIATION

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

*

332165 09-28-23

000 -	EXTENDED TO JULY 1		- 1
Form 990-T	Exempt Organization Business		OMB No. 1545-0047
	(and proxy tax under sect		0000
	For calendar year 2023 or other tax year beginning $\underline{\text{SEP 1}}$, 2023	3, and ending AUG 31 , 202	<u>24</u> 2023
Department of the Treasury	Go to www.irs.gov/Form990T for instructions		Open to Public Inspection
nternal Revenue Service	Do not enter SSN numbers on this form as it may be made p		Open to Public Inspection 501(c)(3) Organizations O
A Check box if address changed	Name of organization (Check box if name changed an	nd see instructions.)	D Employer identification numb
B Exempt under section	Print CINCINNATI MUSEUM ASSOCIATI	ON	31-0536653
\mathbf{X} 501(c)(3)	or Number, street, and room or suite no. If a P.O. box, see instr		E Group exemption number
408(e) 220(e			(see instructions)
408A 530(a		oostal code	
529(a) 529A	CINCINNATI, OH 45202		F Check box if
	C Book value of all assets at end of year	300,528,432.	an amended retu
G Check organization	n type 🛛 501(c) corporation 🗌 501(c) trust 📃 40	01(a) trust 📃 Other trust 📃	State college/university
	6417(d)(1)(A) Applicable entity		
H Check if filing only	to claim Credit from Form 8941 Refund shown	on Form 2439 Elective payme	ent amount from Form 380
Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleho	olding corporation	
J Enter the number	of attached Schedules A (Form 990-T)		
	r, was the corporation a subsidiary in an affiliated group or a par	rent-subsidiary controlled group?	Yes X No
	name and identifying number of the parent corporation		
	are of CAROL EDMONDSON	Telephone number	513-639-2925
	related Business Taxable Income		
1 Total of unrelated	ed business taxable income computed from all unrelated trades	s or businesses (see instructions)	1 333,272
			2
3 Add lines 1 and	2	0771477 2	3 333,272
	ributions (see instructions for limitation rules) STMT 2		4 63
	business taxable income before net operating losses. Subtract		5 333,209
	et operating loss. See instructions		6
	ed business taxable income before specific deduction and secti		7 333,209
Subtract line 6	ion (generally \$1,000, but see instructions for exceptions)		7 333,209 8 1,000
	199A deduction. See instructions		9
	ns. Add lines 8 and 9		10 1,000
	ness taxable income. Subtract line 10 from line 7. If line 10 is		11 332,209
	nputation		
1 Organizations	taxable as corporations. Multiply Part I, line 11 by 21% (0.21)		1 69,764
2 Trusts taxable	at trust rates. See instructions for tax computation. Income ta	ax on the amount on	
Part I, line 11, f	rom: Tax rate schedule or Schedule D (Form 10	041)	2
3 Proxy tax. See	instructions		3
	nts. See instructions		4
	mum tax		5
	npliant facility income. See instructions		6
	3 through 6 to line 1 or 2, whichever applies		7 69,764
	B Payments		
	dit (corporations attach Form 1118; trusts attach Form 1116)		
b Other credits (s	· · · · · · · · · · · · · · · · · · ·		
	ss credit. Attach Form 3800 (see instructions)		
	/ear minimum tax (attach Form 8801 or 8827) \dd lines 1a through 1d		10
	Add lines 1a through 1d		1e 2 69,764
3a Amount due fro	E (055		2 05,70
b Amount due fro		0	
	F 0007		
c Amount due fro			-
c Amount due fro			1
d Amount due fro	due (see instructions)	3e	
d Amount due froe Other amounts	due (see instructions) due. Add lines 3a through 3e		3f (
d Amount due frome Other amountsf Total amounts	due. Add lines 3a through 3e		3f (
 d Amount due fro e Other amounts f Total amounts 4 Total tax. Add 		viously deferred under	3f (

60 2023.05070 CINCINNATI MUSEUM ASSOCIA 12042401

orm 990-T (P	age 2
Part III	Tax and Payments (continued)								
6 a Payn	nents: Preceding year's overpayment credited	d to the current year	6a		432.				
b Curre	ent year's estimated tax payments. Check if s	ection 643(g) election	_						
	es		<u>6b</u>		51,098				
c Tax of	deposited with Form 8868		6c		40,861.				
d Fore	ign organizations: Tax paid or withheld at sou	Irce (see instructions)	6d						
e Back	up withholding (see instructions)		6e						
	lit for small employer health insurance premiu						1		
g Elect	tive payment election amount from Form 380	0	6g						
	nent from Form 2439						-		
	lit from Form 4136								
	er (see instructions)						6. J.		
	I payments. Add lines 6a through 6j					7	102,	3	91
	nated tax penalty (see instructions). Check if				X	8	16		89
	due. If line 7 is smaller than the total of lines					9	1		
	rpayment. If line 7 is larger than the total of li					10	32	2	38
	r the amount of line 10 you want: Credited to				Refunded	11			0
art IV	Statements Regarding Certain Ac					. <u></u>		-	-
	ny time during the 2023 calendar year, did the			-	-		V	es	No
	a financial account (bank, securities, or othe	•	-					<u>c</u> 3	TNU
	EN Form 114, Report of Foreign Bank and Fi	, , , ,		100 AL					
		nancial Accounts. If Tes, enter t	ne name	of the lon	eign country				x
here								-	
	ng the tax year, did the organization receive a			- MI					
forei	gn trust?							-	X
	es," see instructions for other forms the organ						13		
	er the amount of tax-exempt interest received							24	
	r available pre-2018 NOL carryovers here				2017 NOL ca		1.11		
	wn on Schedule A (Form 990-1). Don't reduce						6.		
	t-2017 NOL carryovers. Enter the Business Ac			-			12		
the	amounts shown below by any NOL claimed o	n any Schedule A, Part II, line 17							
	Business Activity Code		Av	ailable po	ost-2017 NOL	carry	over	1	
		14	\$						
		the little	\$					1	
	(/)		\$				1.1		
			\$						
6 a Res	erved for future use	ý							
b Res	ACCURATE AND A DESCRIPTION OF A DESCRIPR	·····							
Part V	Supplemental Information								
ovide anv	additional information. See instructions,								
ornao any									
								-	
	Under penalties of perjury, I declare that I have examined this					edge and	belief, it is true,	-	_
ign 🛛	correct, and complete. Declaration of preparer (other than tax	(payer) is based on all information of which pro	eparer has an	y knowledge).				
ere	1015	Apr 4,2025 DIREC	שחשי				RS discuss this ret		∕ith
	Signature of officer	Date DIREC	TOK			he prepai nstruction	rer shown below (s ns)? X Yes	60	No
				T					INC
	Print/Type preparer's name P	reparer's signature	Date		Check	if PT	IN		
aid			04/0		self-employed				
reparer		ATOSHA CARR	04/04	4/25			012253	_	
se Only		ER, HACKETT & CO.			Firm's EIN	3	81-0800	05	3
Sec. 1	1 EAST 4TH								
March	Firm's address CINCINNATI,	OH 45202			Phone no.	513-	241-31	11	

323711 11-20-23

12270404 758050 120424000

DESCRIPTION/KIND OF PROPERTY CHARITABLE CONTRIBUTIONS - FORT WASHINGTON PRIVATE EQUITY INVESTORS IX, L.P. TOTAL TO FORM 990-T, PART I, LINE 4 AMOUNT 63. 63.	DESCRIPTION/KIND OF PROPERTY CHARITABLE CONTRIBUTIONS - FORT WASHINGTON PRIVATE EQUITY INVESTORS IX, L.P. TOTAL TO FORM 990-T, PART I, LINE 4 AMOUNT 63. 63.	CINCINNATI MUSEUM ASSOCIATION		
CHARITABLE CONTRIBUTIONS - N/A FORT WASHINGTON PRIVATE EQUITY INVESTORS IX, L.P. TOTAL TO FORM 990-T, PART I, LINE 4	CHARITABLE CONTRIBUTIONS - N/A FORT WASHINGTON PRIVATE EQUITY INVESTORS IX, L.P. TOTAL TO FORM 990-T, PART I, LINE 4	FORM 990-T	CONTRIBUTIONS	STATEMENT 2
FORT WASHINGTON PRIVATE EQUITY INVESTORS IX, L.P. TOTAL TO FORM 990-T, PART I, LINE 4	FORT WASHINGTON PRIVATE EQUITY INVESTORS IX, L.P. TOTAL TO FORM 990-T, PART I, LINE 4	DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
		FORT WASHINGTON PRIVATE EQUITY	N/A	63.
		TOTAL TO FORM 990-T, PART I, LI	NE 4	63.

FORM 990-T	CONTE	IBUTIONS	SUMMARY		STATEMENT 3
~	CONTRIBUTIONS SUBJECT CONTRIBUTIONS SUBJECT				
FOR TAX FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED YEAR 2018 YEAR 2019 YEAR 2020 YEAR 2021 YEAR 2022	CONTRIBU	JTIONS		8
TOTAL CARE TOTAL CURE	YOVER ENT YEAR 10% CONTRIBU	TIONS		63)
	TRIBUTIONS AVAILABLE NCOME LIMITATION AS AD	JUSTED	-	63 33,227	
EXCESS 100	VTRIBUTIONS)% CONTRIBUTIONS ESS CONTRIBUTIONS		-		-
ALLOWABLE	CONTRIBUTIONS DEDUCTI	ON			63
TOTAL CONT	TRIBUTION DEDUCTION		5		63
	S				
S					

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

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

2023

3

Open to Public Inspection
501(c)(3) Organizations Or

of

Name of the organization Α CINCINNATI MUSEUM ASSOCIATION

С Unrelated business activity code (see instructions)

722320

31-0536653 1

B Employer identification number

D Sequence:

CATERING & EQUIPMENT RENTAL Describe the unrelated trade or business Ε

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
b	Gross receipts or sales 917,898. Less returns and allowances c Balance	1c	917,898.		
2 3	Cost of goods sold (Part III, line 8) Gross profit. Subtract line 2 from line 1c	2 3	170,489. 747,409.		747,409.
4a	1120)). See instructions	4a 4b			
с	Net gain (loss) (Form 4797) (attach Form 4797). See instructions) Capital loss deduction for trusts	40 4c			
5	Income (loss) from a partnership or an S corporation (attach statement)	5	30,711.	11,304.	19,407.
6 7	Rent income (Part IV)	6 7	30,7117	11,304.	19,407.
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 11	Exploited exempt activity income (Part VIII)	10 11			
12 <u>13</u>	Other income (see instructions; attach statement) Total. Combine lines 3 through 12	12 13	778,120.	11,304.	766,816.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)			1	
2					254,587.
3	Salaries and wages			3	
4	Bad debts			4	
5	Interest (attach statement). See instructions			5	
6	Taxes and licenses			6	19,285.
7	Depreciation (attach Form 4562). See instructions	7	41,374	•	
8	Less depreciation claimed in Part III and elsewhere on return			8b	41,374.
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement)	ΕE	STATEMENT 4	14	135,015.
15	Total deductions. Add lines 1 through 14			15	450,261.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from				
	column (C)			16	316,555.
17	Deduction for net operating loss. See instructions			17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16			18	316,555.
For F	Paperwork Reduction Act Notice, see instructions.			Schedu	le A (Form 990-T) 2023

LHA 323741 01-19-24

12270404 758050 120424000

1 OMB No. 1545-0047

-	III Cost of Goods Sold Enter met	thod of inventory valua	tion N/A			F
1					1	
2	Purchases				2	170,4
3	Cost of labor				3	, -
4	Additional section 263A costs (attach statement)				4	
5	Other costs (attach statement)				5	
6	Total. Add lines 1 through 5				6	170,4
7					7	17071
8	Inventory at end of year Cost of goods sold. Subtract line 7 from line 6. Enter				8	170,4
о 9	Do the rules of section 263A (with respect to property			····· _	•	Yes X
Part					/)	
1	Description of property (property street address, city, s	state, ZIP code). Check	t if a dual-use. See inst	ructions.		
	A EQUIPMENT RENTAL 953 ED	EN PARK DR,	CINCINNATI	OH 452	02	
	В					
	c 🔄					
	D	1	1			
		Α	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)	30,711.				
с	Total rents received or accrued by property.	(
	Add lines 2a and 2b, columns A through D	30,711.				
4	Deductions directly connected with the income in lines 2a and 2b (attach statement) <u>STMT 5</u>	11,304.				
4 <u>5</u> Part 1	in lines 2a and 2b (attach statement) <u>STMT</u> 5 Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address,	Enter here and on Part see instructions)				11,3
5 Part	in lines 2a and 2b (attach statement) <u>STMT 5</u> Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A	Enter here and on Part see instructions)				11,3
5 Part	in lines 2a and 2b (attach statement) STMT 5 Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B B C B C B C C C C C C C C C C C C C	Enter here and on Part see instructions)				11,3
5 Part	in lines 2a and 2b (attach statement) STMT 5 Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B C C	Enter here and on Part see instructions)				11,3
5 Part	in lines 2a and 2b (attach statement) STMT 5 Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B B C B C B C C C C C C C C C C C C C	Enter here and on Part see instructions) city, state, ZIP code). (Check if a dual-use. Se	e instructions.		
5 Part 1	in lines 2a and 2b (attach statement) STMT 5 Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B C D D D	Enter here and on Part see instructions)				11,3
5 Part	in lines 2a and 2b (attach statement) STMT 5 Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income B Description of debt-financed property (street address, A B C D Gross income from or allocable to debt-financed	Enter here and on Part see instructions) city, state, ZIP code). (Check if a dual-use. Se	e instructions.		
5 Part 1	in lines 2a and 2b (attach statement) STMT 5 Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income B Description of debt-financed property (street address, A B C G Gross income from or allocable to debt-financed property	Enter here and on Part see instructions) city, state, ZIP code). (Check if a dual-use. Se	e instructions.		
5 Part 1	in lines 2a and 2b (attach statement) STMT 5 Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable	Enter here and on Part see instructions) city, state, ZIP code). (Check if a dual-use. Se	e instructions.		
5 Part 1	in lines 2a and 2b (attach statement) STMT 5 Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property	Enter here and on Part see instructions) city, state, ZIP code). (Check if a dual-use. Se	e instructions.		
5 Part 1 2 3 a	in lines 2a and 2b (attach statement) STMT 5 Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement)	Enter here and on Part see instructions) city, state, ZIP code). (Check if a dual-use. Se	e instructions.		
5 Part 1 2 3	in lines 2a and 2b (attach statement) STMT 5 Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B C C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement)	Enter here and on Part see instructions) city, state, ZIP code). (Check if a dual-use. Se	e instructions.		
5 Part 1 2 3 a	in lines 2a and 2b (attach statement) STMT 5 Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A		Check if a dual-use. Se	e instructions.		
5 Part 1 2 3 a b	in lines 2a and 2b (attach statement) STMT 5 Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income Description of debt-financed property (street address, A B C C C C C C C C C C C C C C C C C C		Check if a dual-use. Se	e instructions.		
5 Part 1 2 3 a b	in lines 2a and 2b (attach statement) STMT 5 Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income Description of debt-financed property (street address, A B C C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable		Check if a dual-use. Se	e instructions.		
5 Part 1 2 3 a b	in lines 2a and 2b (attach statement) STMT 5 Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income Description of debt-financed property (street address, A B C C C C C C C C C C C C C C C C C C		Check if a dual-use. Se	e instructions.		
5 Part 1 2 3 a b	in lines 2a and 2b (attach statement) STMT 5 Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (atdach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-		Check if a dual-use. Se	e instructions.		
5 Part 1 2 3 a b	in lines 2a and 2b (attach statement) STMT 5 Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (atdach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement)		Check if a dual-use. Se	e instructions.		
5 Part 1 2 3 a b	in lines 2a and 2b (attach statement) STMT 5 Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (atdach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-		Check if a dual-use. Se	e instructions.	%	
5 Part 1 2 3 a b c 4 5	in lines 2a and 2b (attach statement) STMT 5 Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B C C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement)	A	Check if a dual-use. Se	e instructions.		
5 Part 1 2 3 a b c 4 5 6	in lines 2a and 2b (attach statement) STMT 5 Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income Description of debt-financed property (street address, A B C C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5	A	B B	e instructions.	%	
5 Part 1 2 3 a b c 4 5 6 7	in lines 2a and 2b (attach statement) STMT 5 Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income Description of debt-financed property (street address, B C C C C C C C C C C C C C C C C C C	A	B B	e instructions.	%	
5 Part 1 2 3 a b c 4 5 6 7 8	in lines 2a and 2b (attach statement) STMT 5 Total deductions. Add line 4, columns A through D. E Unrelated Debt-Financed Income (s Description of debt-financed property (street address, B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (atdach statement) Total deductions (attach statement) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D)		B B y y wrt I, line 7, column (A)	e instructions.	%	D

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1. Name of controllec organization	I 2. Employer identification number	incon	unrelated ne (loss) tructions)	4. Tota	xempt Contro I of specified nents made	led Organizatio 5. Part of colu that is included controlling org tion's gross in	umn 4 1 in the Janiza-	6. Deductions dire connected with income in column
(1)								
(2)								
(3)								
<u>(4)</u>	Na		antrollad Or	aonizati				
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. To	controlled Or tal of specif /ments mad	ed	10. Part of that is inclusion controlling	of column 9 luded in the organization's income		Deductions directl connected with come in column 10
(1)					grooo			
(2)								
(3)								
(4)								
					Enter here	ns 5 and 10. and on Part I, olumn (A).	Ent	d columns 6 and 11 er here and on Part line 8, column (B).
Totals						0.		
	ncome of a Section 50)1(c)(7), (ee instructions)		
1. Desc	ription of income		2. Amou incon		3. Deduction directly connormal (attach stater	ected (attach s	t-asides stateme	
(1)								
(2)								
(3)								
<u>(4)</u>		C	Add amou column 2. here and or line 9, colu	Enter n Part I, mn (A).				Add amounts column 5. En here and on Pa line 9, column
Totals Part VIII Exploited Fx	empt Activity Income.	Othor T	ban Adve	0.				
1 Description of exploited		, Other I		rusing	j income (see instructions	5) 	
	ess income from trade or busi	iness. Enter	here and or	Part I	line 10. colum	ר (A)	2	
3 Expenses directly conr	ected with production of unre	elated busi	ness income	. Enter h	nere and on Pa	ırt I,	3	
	unrelated trade or business.			-				
							4	
	ivity that is not unrelated bus						5	
	o income entered on line 5						6	
	art II, line 12	-					7	
								le A (Form 990-T) 2
, Ser								

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	ule A (Form 990-T) 2023				Page 4
Part	U				
1	Name(s) of periodical(s). Check box if reporting tw	wo or more periodicals on a o	consolidated basis		
	A				
	В				
	c 🔄				
	D				
Enter a	mounts for each periodical listed above in the corr	responding column.			
		Α	В	C	D
2	Gross advertising income				
	Add columns A through D. Enter here and on Par	rt I, line 11, column (A)			0.
а					
3	Direct advertising costs by periodical				0.
а	Add columns A through D. Enter here and on Par	rt I, line 11, column (B)			<u> </u>
				_	
4	Advertising gain (loss). Subtract line 3 from line				
	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 complete lines 5 through 7, and enter -0- on line 8				
5					
6	Readership costs Circulation income				
7	Excess readership costs. If line 6 is less than				
•	line 5, subtract line 6 from line 5. If line 5 is less				
	than line 6, enter -0-				
8	Excess readership costs allowed as a				
•	deduction. For each column showing a gain on				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the great		al or -0- here and o	n	
	Part II, line 13				0.
Part		tors, and Trustees (s	ee instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
<u>(1)</u>				%	
(2)				%	
(3)				%	
(4)				%	
					•
	Enter here and on Part II, line 1				0.
Part	XI Supplemental Information (see in	structions)			
r					

1

FORM 990-T (A)	OTHER	DEDUCTIONS		STATEMENT 4
DESCRIPTION				AMOUNT
SUPPLIES & EQUIPMENT			-	13,699
PROFESSIONAL SERVICES				69,485
UTILITIES & OCCUPANCY				9,815
MISCELLANEOUS				15,131
CREDIT CARD FEES				26,885
TOTAL TO SCHEDULE A, PART	II, LINE 14		-	135,015
FORM 990-T (A) DEDUCTIO	NS CONNECTED	WITH RENTAL	INCOME	STATEMENT 5
		ACTIVITY		
DESCRIPTION		NUMBER	AMOUNT	TOTAL
EQUIPMENT RENTAL EXPENSE			4,726.	
EQUIPMENT RENTAL SALARY			6,578.	
-	- SUBTOTAL	. — 1		11,304
TOTAL TO FORM 990-T, SCHE	דיזו. די די די די	TV LINE A		11,304
IOTAL IO FORM 990-1, SCHE	JULE A, PARI	IV, DINE 4		

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

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

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

3

Α	Name of the organization	

CINCINNATI MUSEUM ASSOCIATION

459420 Unrelated business activity code (see instructions) С

GIFT SHOP

2 D Sequence: of

B Employer identification number 31-0536653

E	Describe the unrelated trade or business GIFT SHOP					
	rt I Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
1a	Gross receipts or sales 55,688.					
b		1c	55,688			
2	Cost of goods sold (Part III, line 8)	2	23,948			
3	Gross profit. Subtract line 2 from line 1c	3	31,740			31,740.
	Capital gain net income (attach Schedule D (Form 1041 or Form					
	1120)). See instructions	4a				
h	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b				
c		4c				
5	Income (loss) from a partnership or an S corporation (attach					
Ū	statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
•	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)	Ē				
•	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		31,740			31,740.
Pa	rt II Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in	come	•		uctior	
1	Compensation of officers, directors, and trustees (Part X)				1	458.
2	Salaries and wages				2	14,890.
3	Repairs and maintenance				3	
4	Bad debts				4	
5	Interest (attach statement). See instructions				5	
6	Taxes and licenses				6	
7	Depreciation (attach Form 4562). See instructions			1,224.		
8	Less depreciation claimed in Part III and elsewhere on return				8b	1,224.
9	Depletion				9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)		SEE STA	TEMENT 6	14	5,717.
15	Total deductions. Add lines 1 through 14				15	22,289.
16	Unrelated business income before net operating loss deduction. Su	ubtract	line 15 from Part I, line	e 13,	16	9.451.
					1 10	J, I, I, I, I

Deduction for net operating loss. See instructions

18 Unrelated business taxable income. Subtract line 17 from line 16

Schedule A (Form 990-T) 2023

17

0.

9,451.

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17

18

For Paperwork Reduction Act Notice, see instructions.

	III Cost of Goods Sold	Enter method	of inventory valua	ation N	/A			
1	Inventory at beginning of year					1		
2	Purchases						23,9	
3	Cost of labor						/-	
4	Additional section 263A costs (attach st	tatomont)						
5	Other costs (attach statement)						23,9	
6							23,3	
7				_			23,9	
8	Cost of goods sold. Subtract line 7 from		,					
9 Dout	Do the rules of section 263A (with respective provide the section 263A)						Yes 🔀	
Part								
1	Description of property (property street	address, city, state	, ZIP code). Chec	k if a dual-use.	See instructi	ons.		
	A [
	в							
	c 🛄							
	D []							
			Α	В		С	D	
2	Rent received or accrued							
а	From personal property (if the percentag	ge of						
	rent for personal property is more than 7							
	but not more than 50%)							
b								
	percentage of rent for personal property	/ exceeds						
	50% or if the rent is based on profit or ir							
с	Total rents received or accrued by prop	erty.						
	Add lines 2a and 2b, columns A through	n D						
4	in lines 2a and 2b (attach statement)	income						
5	Total deductions. Add line 4, columns	A through D. Enter	here and on Part	I, line 6, columi	n (B)			
5 Part	Total deductions. Add line 4, columns V Unrelated Debt-Financed	A through D. Enter Income (see in	nstructions)					
5	Total deductions. Add line 4, columns V Unrelated Debt-Financed Description of debt-financed property (s	A through D. Enter Income (see in	nstructions)					
5 Part	Total deductions. Add line 4, columns V Unrelated Debt-Financed Description of debt-financed property (s A	A through D. Enter Income (see in	nstructions)					
5 Part	Total deductions. Add line 4, columns V Unrelated Debt-Financed Description of debt-financed property (s A B	A through D. Enter Income (see in	nstructions)					
5 Part	<td co<="" td=""><td>A through D. Enter Income (see in</td><td>nstructions)</td><td></td><td></td><td></td><td></td></td>	<td>A through D. Enter Income (see in</td> <td>nstructions)</td> <td></td> <td></td> <td></td> <td></td>	A through D. Enter Income (see in	nstructions)				
5 Part	Total deductions. Add line 4, columns V Unrelated Debt-Financed Description of debt-financed property (s A B	A through D. Enter Income (see in	nstructions) state, ZIP code).	Check if a dual-		tructions.		
5 Part 1	Add line 4, columns V Unrelated Debt-Financed Description of debt-financed property (s A	A through D. Enter Income (see in treet address, city,	nstructions)					
5 Part	Description of debt-financed property (s A	A through D. Enter Income (see in street address, city,	nstructions) state, ZIP code).	Check if a dual-		tructions.	D	
5 Part 1 2	Description of debt-financed property (s A	A through D. Enter Income (see in street address, city,	nstructions) state, ZIP code).	Check if a dual-		tructions.	D	
5 Part 1	B	A through D. Enter Income (see in street address, city,	nstructions) state, ZIP code).	Check if a dual-		tructions.	D	
5 Part 1 2 3	V Description of debt-financed property (s A B C D Gross income from or allocable to debt-property Deductions directly connected with or a to debt-financed property	A through D. Enter Income (see in street address, city, financed	nstructions) state, ZIP code).	Check if a dual-		tructions.	D	
5 Part 1 2 3 a	V Description of debt-financed property (s A B C D Gross income from or allocable to debt-property Deductions directly connected with or a to debt-financed property Straight line depreciation (attach statem)	A through D. Enter Income (see in street address, city, financed allocable	nstructions) state, ZIP code).	Check if a dual-		tructions.	D	
5 Part 1 2 3 a b	Total deductions. Add line 4, columns V Unrelated Debt-Financed Description of debt-financed property (s A B	A through D. Enter Income (see in street address, city, financed allocable	nstructions) state, ZIP code).	Check if a dual-		tructions.	D	
5 Part 1 2 3 a	Total deductions. Add line 4, columns V Unrelated Debt-Financed Description of debt-financed property (s A B	A through D. Enter Income (see in street address, city, financed allocable	nstructions) state, ZIP code).	Check if a dual-		tructions.	D	
5 Part 1 2 3 a b	Total deductions. Add line 4, columns V Unrelated Debt-Financed Description of debt-financed property (s A B	A through D. Enter Income (see in street address, city, financed allocable	nstructions) state, ZIP code).	Check if a dual-		tructions.	D	
5 Part 1 2 3 a b	Total deductions. Add line 4, columns V Unrelated Debt-Financed Description of debt-financed property (s A	A through D. Enter Income (see in street address, city, financed allocable nent)	nstructions) state, ZIP code).	Check if a dual-		tructions.	D	
5 Part 1 2 3 a b	Total deductions. Add line 4, columns V Unrelated Debt-Financed Description of debt-financed property (s A B	A through D. Enter Income (see in street address, city, financed allocable nent)	nstructions) state, ZIP code).	Check if a dual-		tructions.	D	
5 Part 1 2 3 a b	Total deductions. Add line 4, columns V Unrelated Debt-Financed Description of debt-financed property (s A B	A through D. Enter Income (see in street address, city, financed allocable nent) or allocable nent) o debt-	nstructions) state, ZIP code).	Check if a dual-		tructions.	D	
5 Part 1 2 3 a b	Total deductions. Add line 4, columns V Unrelated Debt-Financed Description of debt-financed property (s A B	A through D. Enter Income (see in street address, city, financed allocable nent) or allocable nent) o debt-	A	Check if a dual-		tructions.	D	
5 Part 1 2 3 a b	Total deductions. Add line 4, columns V Unrelated Debt-Financed Description of debt-financed property (s A B	A through D. Enter Income (see in street address, city, financed allocable nent) or allocable nent) o debt-	A	Check if a dual-		tructions.		
5 Part 1 2 3 a b c 4 5	Total deductions. Add line 4, columns V Unrelated Debt-Financed Description of debt-financed property (s A B	A through D. Enter Income (see in street address, city, financed allocable nent) or allocable nent) o debt-	A	Check if a dual-	use. See ins	c		
5 Part 1 2 3 a b c 4 5 6	Total deductions. Add line 4, columns V Unrelated Debt-Financed Description of debt-financed property (s A B	A through D. Enter Income (see in street address, city, financed allocable nent) or allocable nent) o debt-	nstructions) state, ZIP code). A A	Check if a dual-	use. See ins	tructions.		
5 Part 1 2 3 a b c 4 5 6 7	Total deductions. Add line 4, columns V Unrelated Debt-Financed Description of debt-financed property (s A B	A through D. Enter Income (see in itreet address, city, financed allocable nent) or allocable nent) o debt- by line 6 by line 6 by line 6 cons A through D). En	nstructions) state, ZIP code). A A	Check if a dual-	use. See ins	tructions.		
5 Part 1 2 3 a b c 4 5 6 7 8	Total deductions. Add line 4, columns V Unrelated Debt-Financed Description of debt-financed property (s A B	A through D. Enter Income (see in street address, city, financed allocable nent) or allocable nent) o debt- by line 6 s A through D). En y line 6	nstructions) state, ZIP code). A A ter here and on P	Check if a dual-	use. See ins	tructions.		

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1. Name of controllec organization	I 2. Employer identification number	incon	unrelated ne (loss) tructions)	4. Tota	xempt Control Il of specified nents made	5. Part of control that is included controlling of tion's gross	olumn 4 led in the organiza-	6. Deductions dire connected with income in column
(1)								
(2)								
(3)								
<u>(4)</u>	Na		antrollad Or	aonizati				
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. To	controlled Or tal of specif /ments mad	ed	10. Part of that is included controlling	of column 9 luded in the organization's income		I. Deductions directl connected with ncome in column 10
(1)					grooo			
(2)								
(3)								
(4)								
					Enter here	ins 5 and 10. and on Part I, olumn (A).		dd columns 6 and 1 ter here and on Part line 8, column (B).
Totals).	
	ncome of a Section 50)1(c)(7), (ee instruction		
1. Desc	ription of income		2. Amou incon		3. Deduction directly connormal (attach stater	ected (attac	Set-asides h stateme	
(1)								
(2)								
(3)								
<u>(4)</u>		C	Add amou column 2. here and or line 9, colu	Enter n Part I, mn (A).				Add amounts column 5. En here and on Pa line 9, column
Totals Part VIII Exploited Fx	empt Activity Income.	Othor T	ban Adve	0.		· · · · · · · · · · · · · · · · · · ·		
1 Description of exploited		, Other I		rusing	g income (see instructio	ins)	
	ess income from trade or busi	iness. Enter	here and or	Part I	line 10. colum	n (A)	- 2	
3 Expenses directly conr	ected with production of unre	elated busi	ness income	. Enter h	nere and on Pa	art I,		
4 Net income (loss) from	unrelated trade or business.	Subtract lir	e 3 from line	e 2. If a g	gain, complete			
	ivity that is not unrelated bus							
	o income entered on line 5						. <u>b</u>	
	art II, line 12	-					7	
								⊥ ule A (Form 990-T) 2
SPr								

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	ule A (Form 990-T) 2023				Page 4
Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting tw	o or more periodicals on a	consolidated basis		
	Α				
	В				
	c 🗌				
	D				
Enter a	mounts for each periodical listed above in the corre	esponding column.			
		A	В	C	D
2	Gross advertising income				
	Add columns A through D. Enter here and on Part	I, line 11, column (A)			0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on Part	I, line 11, column (B)			0.
4	Advertising gain (loss). Subtract line 3 from line				
	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 complete				
	lines 5 through 7, and enter -0- 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 less				
	than line 6, enter -0-				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain on				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the greate	r of the line 8a columns tot	al or -0- here and o	n	
	Part II, line 13				0.
Part	X Compensation of Officers, Direct	ors, and Trustees (s	ee instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
	Enter here and on Part II, line 1				0.
Part	XI Supplemental Information (see ins	structions)			

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2

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 6
DESCRIPTION		AMOUNT
ACCOUNTING DCCUPANCY CREDIT CARD FEES		542. 3,174. 2,001.
OTAL TO SCHEDULE A, PAN	RT II, LINE 14	5,717.

<

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

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

2023

OMB No. 1545-0047

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

3

A Name of the organization

CINCINNATI	MUSEUM	ASSOCIATION

C Unrelated business activity code (see instructions) 900

900099

D Sequence: 3 of

B Employer identification number

31-0536653

E Describe the unrelated trade or business PASSTHROUGH INVESTMENTS

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a	281.		281.
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement) STATEMENT 7	5	7,085.		7,085.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	7,366.		7,366.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1			
2					
3	Salaries and wages			3	
4	Bad debts			4	
5	Interest (attach statement). See instructions			5	
6	Taxes and licenses				
7	Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return	7			
8	Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9	Depletion			9	
10	Contributions to deferred compensation plans				
11	Employee benefit programs			11	
12	Excess exempt expenses (Part VIII)				
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement) SE	ΕS	STATEMENT 8	14	100.
15	Total deductions. Add lines 1 through 14			15	100.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from	Part	I, line 13,		
	column (C)			16	7,266.
17	Deduction for net operating loss. See instructions				0.
18	Unrelated business taxable income. Subtract line 17 from line 16				7,266.
For F	Paperwork Reduction Act Notice, see instructions.			Schedu	le A (Form 990-T) 2023

LHA 323741 01-19-24

ган	t III Cost of Goods Sold Enter met	hod of inventory valu	ation			
1	Inventory at beginning of year				1	
2	, , , , , , , , , , , , , , , , , , , ,				2	
2	Purchases				3	
-	Cost of labor					
4	Additional section 263A costs (attach statement)				4	
5	Other costs (attach statement)				5	
6	Total. Add lines 1 through 5				6	
7	Inventory at end of year				7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, lin	e 2		8	
9	Do the rules of section 263A (with respect to property					Yes
Part	t IV Rent Income (From Real Property and	d Personal Prop	erty Leased With	Real Prope	rty)	
1	Description of property (property street address, city, s	state, ZIP code). Cheo	k if a dual-use. See ir	structions.		
	Α					
	в				· · · ·	
	с 🗌					
	D					
		Α	В	С		D
2	Rent received or accrued		1			
2 a				コンノ		
a	rent for personal property is more than 10%					
	but not more than 50%)					
b				T		
	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					
3	Lotal rents received or accrued. Add line 2c. columns /		فمعذا الشبعا مبعامه منا			
•		A through D. Enter ne	ere and on Part I, line	<u>6, column (A)</u>		
Ū	Deductions directly connected with the income	A through D. Enter ne	ere and on Part I, line (<u>6, column (A)</u>		
4			ere and on Part I, line (6, column (A)		
	Deductions directly connected with the income in lines 2a and 2b (attach statement)					
4 5	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E	inter here and on Par				
4	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E	inter here and on Par				
4 5	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E	inter here and on Par see instructions)	: I, line 6, column (B)			
4 5 Part	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E t V Unrelated Debt-Financed Income (statement)	inter here and on Par see instructions)	: I, line 6, column (B)			
4 5 Part	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E t V Unrelated Debt-Financed Income (s Description of debt-financed property (street address,	inter here and on Par see instructions)	: I, line 6, column (B)			
4 5 Part	Deductions directly connected with the income in lines 2a and 2b (attach statement)	inter here and on Par see instructions)	: I, line 6, column (B)			
4 5 Part	Deductions directly connected with the income in lines 2a and 2b (attach statement)	inter here and on Par see instructions)	: I, line 6, column (B)			
4 5 Part	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E t V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B C C	inter here and on Par see instructions)	: I, line 6, column (B)			
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E t V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B C D	inter here and on Par see instructions) city, state, ZIP code).	: I, line 6, column (B) Check if a dual-use. \$	See instructions.		
4 5 Part	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E t V Unrelated Debt-Financed Income Description of debt-financed property (street address, A B C D Gross income from or allocable to debt-financed	inter here and on Par see instructions) city, state, ZIP code).	: I, line 6, column (B) Check if a dual-use. \$	See instructions.		
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E t V Unrelated Debt-Financed Income Description of debt-financed property (street address, A B C D Gross income from or allocable to debt-financed property	inter here and on Par see instructions) city, state, ZIP code).	: I, line 6, column (B) Check if a dual-use. \$	See instructions.		
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A	inter here and on Par see instructions) city, state, ZIP code).	: I, line 6, column (B) Check if a dual-use. \$	See instructions.		
4 <u>5</u> Part 1 2 3	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E t V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A	inter here and on Par see instructions) city, state, ZIP code).	: I, line 6, column (B) Check if a dual-use. \$	See instructions.		
4 <u>5</u> Part 1 2 3 a	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E t V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A	inter here and on Par see instructions) city, state, ZIP code).	: I, line 6, column (B) Check if a dual-use. \$	See instructions.		
4 <u>5</u> Part 1 2 3	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement)	inter here and on Par see instructions) city, state, ZIP code).	: I, line 6, column (B) Check if a dual-use. \$	See instructions.		
4 <u>5</u> Part 1 2 3 a	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (atdach statement) Total deductions (add lines 3a and 3b,	inter here and on Par see instructions) city, state, ZIP code).	: I, line 6, column (B) Check if a dual-use. \$	See instructions.		
4 5 Part 1 2 3 a b	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement)	inter here and on Par see instructions) city, state, ZIP code).	: I, line 6, column (B) Check if a dual-use. \$	See instructions.		
4 5 Part 1 2 3 a b	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (atdach statement) Total deductions (add lines 3a and 3b,	inter here and on Par see instructions) city, state, ZIP code).	: I, line 6, column (B) Check if a dual-use. \$	See instructions.		
4 5 Part 1 2 3 a b	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E t V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A	inter here and on Par see instructions) city, state, ZIP code).	: I, line 6, column (B) Check if a dual-use. \$	See instructions.		
4 5 Part 1 2 3 a b	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable	inter here and on Par see instructions) city, state, ZIP code).	: I, line 6, column (B) Check if a dual-use. \$	See instructions.		
4 5 Part 1 2 3 a b	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E t V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A	inter here and on Par ee instructions) city, state, ZIP code).	: I, line 6, column (B) Check if a dual-use. \$	See instructions.		
4 5 Part 1 2 3 a b c 4 5	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B B C C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement)	A	El, line 6, column (B) Check if a dual-use. S	See instructions C C		
4 5 7 2 3 a b c 4 5 6	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5	A	: I, line 6, column (B) Check if a dual-use. \$	See instructions.		
4 5 Part 1 2 3 a b c 4 5 6 7	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B C D C D C D C D C C C C C C C C C C C C	A	Check if a dual-use. S B B Check if a dual-use S B Check if a dual-use S B Check if a dual-use S Check if a du	See instructions C C %		D
4 5 7 2 3 a b c 4 5 6	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5	A	Check if a dual-use. S B B Check if a dual-use S B Check if a dual-use S B Check if a dual-use S Check if a du	See instructions C C %		
4 5 Part 1 2 3 a b c 4 5 6 7 8	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E t V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B	A	Check if a dual-use. S B B Check if a dual-use S B Check if a dual-use S B Check if a dual-use S Check if a du	See instructions C C %		D
4 5 Part 1 2 3 a b c 4 5 6 7	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A		E I, line 6, column (B) Check if a dual-use. S B B 200 201 201 201 201 201 201 201 201 201	See instructions	·	D
4 5 Part 1 2 3 a b c 4 5 6 7 8	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. E t V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B		E I, line 6, column (B) Check if a dual-use. S B B 200 201 201 201 201 201 201 201 201 201	See instructions	·	D

12270404 758050 120424000

75 2023.05070 CINCINNATI MUSEUM ASSOCIA 12042401

1. Name of controllec organization	I 2. Employer identification number	incon	unrelated ne (loss) tructions)	4. Tota	xempt Control Il of specified nents made	5. Part of co that is includ controlling co tion's gross	olumn 4 ed in the organiza-	6. Deductions dire connected with income in column
(1)								
(2)								
(3)								
<u>(4)</u>	Na		Controlled Or	aonizati				
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. To	Controlled Or otal of specif yments mad	ed	10. Part of that is included controlling	of column 9 luded in the organization's income		1. Deductions directl connected with ncome in column 10
(1)					grooo			
(2)								
(3)								
(4)								
					Enter here	ins 5 and 10. and on Part I, olumn (A).	En	dd columns 6 and 1 Iter here and on Part line 8, column (B).
Totals			<u></u>).	
	ncome of a Section 50	1(c)(7), (ee instruction		- - . . .
1. Desc	ription of income		2. Amou incon		3. Deduction directly connormal (attach stater	ected (attacl	Set-asides n stateme	
(1)								
(2)								
(3)								
(4)		C	Add amou column 2. here and or line 9, colu	Enter n Part I, mn (A).				Add amounts column 5. En here and on Pa line 9, column
Totals Part VIII Exploited Exploited File	empt Activity Income.	Othor T	hon Adva	0.			<u>,</u>	
1 Description of exploited		, Other I	nan Adve	ertising	jincome (see instructio	ns)	
	ess income from trade or busi	iness Enter	r here and or	Part I	line 10. colum	n (A)	- 2	
3 Expenses directly conr	ected with production of unre	elated busi	ness income	. Enter ł	nere and on Pa	art I,		
4 Net income (loss) from	unrelated trade or business.	Subtract lir	ne 3 from line	e 2. If a g	gain, complete			
	ivity that is not unrelated bus							
	o income entered on line 5							
	es. Subtract line 5 from line 6							
	art II, line 12						. 7	
S	•						Schedu	ule A (Form 990-T) :

323731 01-19-24

	ule A (Form 990-T) 2023				Page 4
Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting two	or more periodicals on a	consolidated basis		
	Α				
	В				
	c 🗌				
	D				
Enter a	amounts for each periodical listed above in the corresp	oonding column.			
		Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on Part I,	line 11, column (A)			0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on Part I,	line 11, column (B)			0.
4	Advertising gain (loss). Subtract line 3 from line				
	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 complete				
	lines 5 through 7, and enter -0- 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 less				
	than line 6, enter -0-			/	
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain on				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the greater of	of the line 8a columns tot	al or -0- here and o	n	
	Part II, line 13				0.
Part	X Compensation of Officers, Director	rs, and Trustees (s	ee instructions)	<u>г</u>	
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
					0
	Enter here and on Part II, line 1				0.
Part	XI Supplemental Information (see instru	uctions)			

3

FORM 990-T (A)	INCOME (LOSS)	FROM PARTNER	RSHIPS	STATEMENT 7
DESCRIPTION				NET INCOME OR (LOSS)
FORT WASHINGTON PRIVATE DRDINARY BUSINESS INCOME		ORS IX, L.P.	-	13,358.
FORT WASHINGTON PRIVATE RENTAL REAL ESTATE I	EQUITY INVEST	ORS IX, L.P.	- NET	9.
FORT WASHINGTON PRIVATE NET RENTAL INCOME	EQUITY INVEST	ORS IX, L.P.	- OTHER	224
FORT WASHINGTON PRIVATE	EQUITY INVEST	ORS IX, L.P.	-	725
FORT WASHINGTON PRIVATE	EQUITY INVEST	ORS IX, L.P.	-	
ROYALTIES FORT WASHINGTON PRIVATE	EQUITY INVEST	ORS IX, L.P.	- OTHER	80.
PORTFOLIO INCOME (FORT WASHINGTON PRIVATE	EQUITY INVEST	ORS IX, L.P.	- OTHER	3.
INCOME (LOSS) TRUEBRIDGE CAPITAL PARTN	IERS FUND VT.	L.P ORDINA	A.A.	-8,436
BUSINESS INCOME (LOSS) TRUEBRIDGE CAPITAL PARTN				131.
LOSS)	ERS FUND VI,	L.P - OTHER .	INCOME	991.
TOTAL INCLUDED ON SCHEDU	JLE A, PART I,	LINE 5)	7,085
		\bigcirc		
FORM 990-T (A)	OTHER	DEDUCTIONS		STATEMENT 8
DESCRIPTION	20			AMOUNT
OTHER DEDUCTIONS - PORTF EQUITY INVESTORS I	'OLIO FROM FOR	T WASHINGTON	PRIVATE	100.
TOTAL TO SCHEDULE A, PAR	T II, LINE 14			100.
SB				

Department of the Treasury Internal Revenue Service

Capital Gains and Losses Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2023	
ZUZ 3	

Fmnlover identification number

Name				Emplo	oyer identificatio	n number
CINCINNATI MUSEUM	ASSOCIATION			31-	0536653	
Did the corporation dispose of any investm		unity fund during the tax ye				XNo
If "Yes," attach Form 8949 and see its instr			gain or loss.			
Part I Short-Term Capital Ga	ains and Losses - As	sets Held One Year	or Less			
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(g) Adjustments to ga		(h) Gain or Subtract colun	
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 89 Part I, line 2, column		column (d) and o result with co	combine the
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b						
1b Totals for all transactions reported on						
Form(s) 8949 with Box A checked						
2 Totals for all transactions reported on						
Form(s) 8949 with Box B checked						
3 Totals for all transactions reported on						20.
Form(s) 8949 with Box C checked		07				20.
4 Short-term capital gain from installment sale				4 5		
5 Short-term capital gain or (loss) from like-ki					1	
6 Unused capital loss carryover (attach computer 7 Net short-term capital gain or (loss). Combined		an h		6 7	(20.
Part II Long-Term Capital Ga	ains and Losses - As	sets Held More Thar	n One Year	1		20.
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	949,	(h) Gain or Subtract colur column (d) and o result with co	nn (e) from combine the
 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 						
8b Totals for all transactions reported on						
Form(s) 8949 with Box D checked 9 Totals for all transactions reported on						
Form(s) 8949 with Box E checked						
10 Totals for all transactions reported on						
Form(s) 8949 with Box F checked						
11 Enter gain from Form 4797, line 7 or 9	_ I			11		261.
12 Long-term capital gain from installment sale				12		
13 Long-term capital gain or (loss) from like-ki				13		
	-	· · · · · · · · · · · · · · · · · · ·		14		
15 Net long-term capital gain or (loss). Combi				15		261.
Part III Summary of Parts I ar						
16 Enter excess of net short-term capital gain (line 7) over net long-term capi	ital loss (line 15)		16		20.
17 Net capital gain. Enter excess of net long-ter				17		261.
18 Add lines 16 and 17. Enter here and on Forr				18		281.
Note: If losses exceed gains, see Capital I					-	

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

Schedule D (Form 1120) 2023

321051 12-26-23

LHA

Form 8949
Department of the Treasury Internal Revenue Service

Name(s) shown on return

CINCINNATI MUSEUM ASSOCIATION

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074
0000
71173
LULU
Attachment Sequence No. 12A

(

Social security number or taxpayer identification no.

Before you check Box A, B, or C belows the statement will have the same information broker and may even tell you which be the statement of the	oox to check.						bstitute S by your
Part I Short-Term. Transact transactions, see page 2. Note: You may aggregate all codes are required. Enter the	short-term transac	tions reported on I	Form(s) 1099-B show	ing basis was reporte	d to the IRS	S and for which no ac	
You must check Box A, B, or C below.	Check only one bo	x. If more than one b	box applies for your short	-term transactions, comp	lete a separat	e Form 8949, page 1, for	
If you have more short-term transactions than wil (A) Short-term transactions rep					-		
(B) Short-term transactions rep		-		-	Note ab	uve)	
X (C) Short-term transactions no	•	,	•				
	(b)			(0)	Adjustmer	nt, if any, to gain or	(b)
1 (a) Description of property	Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss. If y	où enter an amount	(h) Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the	In column	(g), enter a code in). See instructions.	Subtract column (e)
	(,,, ,,	(Mo., day, yr.)		Note below and	(f)	(g)	from column (d) &
				see Column (e) in the instructions	Code(s)	Amount of	combine the result with column (g)
FOR MACUINAMON						adjustment	with column (g)
FORT WASHINGTON							
PRIVATE EQUITY							
INVESTORS							20.
2 Totals. Add the amounts in colur	nns (d), (e) (a) a	nd (h) (subtract					
negative amounts). Enter each to							
Schedule D, line 1b (if Box A abo		,					
above is checked), or line 3 (if B							20.
Note: If you checked Box A above b			was incorrect entr	r in column (a) tha	hasis as r	enorted to the IPS	
adjustment in column (g) to correct t	•					•	

C

323011 01-05-24 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2023)

Form	4	7	9	7	

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

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) Attach to your tax return. Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

27

Sequence No.

CINCINNATI MUSEUM A	ASSOCIATION					31-0536653	
1a Enter the gross proceeds from s (or substitute statement) that you	0 1	,	2023 on Form(s) ⁻	1099-B or 1099-S			
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets							
c Enter the total amount of loss the assets	, , ,		•	•			
Part I Sales or Exchange Than Casualty or T					-	ns From Other	
	(b) Data associated		(d) Grand adian	(e) Depreciation	(f) Cost or other	(0) Gain or (loss)	

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(1) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
FO	RT WASHINGTON						
	IVATE EQUITY						
	VESTORS						261.
3	Gain, if any, from Form 4684, line 39					3	
4	Section 1231 gain from installment sa	ales from Form 62	252, line 26 or 3	57		4	
5	Section 1231 gain or (loss) from like-k						
6	Gain, if any, from line 32, from other t						
7	Combine lines 2 through 6. Enter the					7	0.64
•	Partnerships and S corporations. F line 10, or Form 1120-S, Schedule K,	eport the gain or	(loss) following	the instructions for			
	Individuals, partners, S corporation from line 7 on line 11 below and skip 1231 losses, or they were recaptured the Schedule D filed with your return	lines 8 and 9. If li in an earlier year	ne 7 is a gain ai , enter the gain	nd you didn't have from line 7 as a lo	any prior year sec	tion	
8	Nonrecaptured net section 1231 loss	es from prior vea	rs. See instructi	ons		8	
9	Subtract line 8 from line 7. If zero or le						
-	line 9 is more than zero, enter the am			•			
	capital gain on the Schedule D filed w			•			261.
D	art II Ordinary Gains and I	09999 (and ind					
10			structions)				
10	Ordinary gains and losses not includ	ed on lines 11 th	rough 16 (inclue	de property held 1	year or less):		
11	Loss, if any, from line 7						I ()
12	Gain, if any, from line 7 or amount fro	m line 8, if applic	able				2
13							3
14	Net gain or (loss) from Form 4684, line		4				
15	Ordinary gain from installment sales f		5				
16	Ordinary gain or (loss) from like-kind e		j				
17	Combine lines 10 through 16		,				
18	For all except individual returns, enter	r the amount fron	n line 17 on the	appropriate line of	your return and sl	kip lines	
	a and b below. For individual returns,						
а	If the loss on line 11 includes a loss fr	om Form 4684, I	ine 35, column	(b)(ii), enter that pa	rt of the loss here.	Enter the	
	loss from income-producing property	on Schedule A (F	orm 1040), line	16. (Do not includ	le any loss on prop	erty used	
	as an employee.) Identify as from "Fo						a
b	Redetermine the gain or (loss) on line						
	(Form 1040), Part I, line 4	,	-			18	b

(Form 1040), Part I, line 4 LHA For Paperwork Reduction Act Notice, see separate instructions.

318011 12-27-23

Form 4797 (2023)

31-0536653

Page **2**

19 (a) Description of section 1245, 1250, 1252,	1254, or 125	5 property:			(b) Date acqui (mo., day, yr		(c) Date sold (mo., day, yr.)
Α							
В							
C							
D		1					
These columns relate to the properties on							
lines 19A through 19D.		Property A	Propert	ty B	Property	С	Property D
20 Gross sales price (Note: See line 1a before comp	leting.) 20						
21 Cost or other basis plus expense of sale	21						
22 Depreciation (or depletion) allowed or allowal	ble 22						
Adjusted basis. Subtract line 22 from line 21	23						
24 Total gain. Subtract line 23 from line 20	24						
25 If section 1245 property:							
a Depreciation allowed or allowable from line 2	2 25a						
b Enter the smaller of line 24 or 25a	25b						
26 If section 1250 property: If straight line depre							
was used, enter -0- on line 26g, except for a corpo subject to section 291.							
a Additional depreciation after 1975. See instruction	s 26a				•		
b Applicable percentage multiplied by the sm							
of line 24 or line 26a. See instructions	aller 26b						
c Subtract line 26a from line 24. If residential ruproperty or line 24 isn't more than line 26a, s lines 26d and 26e	skip						
d Additional depreciation after 1969 and before 1976							
e Enter the smaller of line 26c or 26d							
e Enter the smaller of the 200 of 200	<u>20e</u>						
f Contine 001 areas at (normalized only)	000						
f Section 291 amount (corporations only)							
g Add lines 26b, 26e, and 26f 27 If section 1252 property: Skip this section if you							
dispose of farmland or if this form is being comple a partnership.	eted for						
a Soil, water, and land clearing expenses							
b Line 27a multiplied by applicable percentage	<u>27b</u>						
c Enter the smaller of line 24 or 27b	27c						
 If section 1254 property: a Intangible drilling and development costs, expendi for development of mines and other natural deposi mining exploration costs, and depletion. See instru 	its,						
b Enter the smaller of line 24 or 28a	28b						
29 If section 1255 property: a Applicable percentage of payments excluded	t l						
from income under section 126. See instruct							
b Enter the smaller of line 24 or 29a. See instruc		1	I				
Summary of Part III Gains. Complete pro			line 29b befor	re going t	o line 30.		
30 Total gains for all properties. Add property co	olumns A thro	ough D, line 24				30	
Add property columns A through D, lines 251Subtract line 31 from line 30. Enter the portion					ortion	31	
from other than casualty or theft on Form 47	97, line 6					32	
Part IV Recapture Amounts Under S (see instructions)	Sections 1	79 and 280F(b)(2)	When Busi	iness U	se Drops to	50%	or Less
					(a) Section 179	n	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciat	ion allowable	in prior years		33			
Recomputed depreciation. See instructions							
Recapture amount. Subtract line 34 from line		instructions for where		34			

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

$12270404 \ 758050 \ 120424000$

2023.05070 CINCINNATI MUSEUM ASSOCIA 12042401

Department of the Treasury Internal Revenue Service

Capital Gains and Losses Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2023	
ZUZ 3	

Fmnlover identification number

Name	Employer identification number					
CINCINNATI MUSEUM	ASSOCIATION			31-	0536653	
Did the corporation dispose of any investm		unity fund during the tax ye				XNo
If "Yes," attach Form 8949 and see its instr			gain or loss.			
Part I Short-Term Capital Ga	ains and Losses - As	sets Held One Year	or Less			
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(g) Adjustments to ga		(h) Gain or Subtract colun	
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 89 Part I, line 2, column		column (d) and o result with co	combine the
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b						
1b Totals for all transactions reported on						
Form(s) 8949 with Box A checked						
2 Totals for all transactions reported on						
Form(s) 8949 with Box B checked						
3 Totals for all transactions reported on						20.
Form(s) 8949 with Box C checked		07				20.
4 Short-term capital gain from installment sale				4 5		
5 Short-term capital gain or (loss) from like-ki					1	
6 Unused capital loss carryover (attach computer 7 Net short-term capital gain or (loss). Combined		an h		6 7	(20.
Part II Long-Term Capital Ga	ains and Losses - As	sets Held More Thar	n One Year	1		20.
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	949,	(h) Gain or Subtract colur column (d) and o result with co	nn (e) from combine the
 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 						
8b Totals for all transactions reported on						
Form(s) 8949 with Box D checked 9 Totals for all transactions reported on						
Form(s) 8949 with Box E checked						
10 Totals for all transactions reported on						
Form(s) 8949 with Box F checked						
11 Enter gain from Form 4797, line 7 or 9	_ I			11		261.
12 Long-term capital gain from installment sale				12		
13 Long-term capital gain or (loss) from like-ki				13		
	-	· · · · · · · · · · · · · · · · · · ·		14		
15 Net long-term capital gain or (loss). Combi				15		261.
Part III Summary of Parts I ar						
16 Enter excess of net short-term capital gain (line 7) over net long-term capi	ital loss (line 15)		16		20.
17 Net capital gain. Enter excess of net long-ter				17		261.
18 Add lines 16 and 17. Enter here and on Forr				18		281.
Note: If losses exceed gains, see Capital I					-	

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

Schedule D (Form 1120) 2023

321051 12-26-23

LHA

Form 8949
Department of the Treasury Internal Revenue Service

Name(s) shown on return

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074
2023

Attachment Sequence No. **12A**

Social security number or taxpayer identification no.

2	1	_	2	Ξ.	2	^	^	Ξ.	2	
- 1		_	U	2	- 5	n	n	2	- 5	

Before provides Bas AB, Cr C Lebor, see sphelter prus received any Form[31:098 B or substitute statement with service monotes as some 1998. Effect of the the same information as form 1998. Effect of the the same information as form 1998. The the same information as form 1998. The the same information as form 1999. Image: Same and Same	CINCINNATI MUS							536653
Part I Short-Term. Transactions incode: Improvements in the short in transactions reported in formit() 0000 draws the save stypic to the IRS and for which or shortness to complete an intraction. The save stypic set is the save stypic	Before you check Box A, B, or C belo statement will have the same information of the same information of the same state with the same state of the same stat	ow, see whether ation as Form 109	you received any 99-B. Either will :	/ Form(s) 1099-B c show whether your	r substitute stater basis (usually you	nent(s) from r cost) was i	your broker. A su reported to the IR	bstitute S by your
Interactions, see project. Interactions, see project. Interactions, see project. Interactions, and the batis direction of provide item transactions are provided to the IBS (see Note above) Interactions are provided in the batis direction of an end the basis. Interactions are provided in the batis direction of an end the basis directions, concluses a separate direction and the basis directions are provided to the IBS (see Note above) Interactions are provided in the basis direction of provide and the basis directions are provided to the IBS (see Note above) Interactions are provided in the provided to the IBS (see Note above) Interactions are provided in the provided to the IBS (see Note above) Interactions are provided in the provided to the IBS (see Note above) Interactions are provided in the provided to the IBS (see Note above) Interactions are provided in the provided to the IBS (see Note above) Interactions are provided in the provided to the IBS (see Note above) Interactions are provided in the provided to the IBS (see Note above) Interactions are provided in the provided to the IBS (see Note above) Interactions are provided in the provided to the IBS (see Note above) Interactions are provided in the provided to the IBS (see Note above) Interactions are provided in the provided to the IBS (see Note above) Interactions are provided in the provided to the IBS (see Note above) Interactions are provided in the provided to the IBS (see Note above) Interactions are provided in the provided to the provided to the provided to the IBS (see Note above) Interactions are provided to the provided to the IBS (see Note above) Interactions are provided to the IBS (see Note above) Interactions are provided to the IBS (see Note above) Interactions are provided to the IBS (see Note above) Interactions are provided to the IBS (see Note above) Interacting are provided to the IBS (see Note above) Interactions are pr	Part I Short-Term. Transacti	ions involving capit	al assets you held	1 year or less are ger	nerally short-term (see	e instructions)	. For long-term	
Your mutat check Box A, B, or C below. Check only one box. If more than one box applies the your dors there instructions, complets a sequence that box one does a new of the source of control and the state occurred. (A) Short term transactions reported on Form(s) 1098 B showing basis was reported to the IRS (see Note above) (B) Short term transactions reported on Form(s) 1098 B showing basis was reported to the IRS (see Note above) (C) Short-term transactions reported on Form(s) 1098 B showing basis was reported to the IRS (see Note above) (A) Short-term transactions reported to you on Form 1098-B 1 (a) (b) (b) (b) (b) (b) (c)	transactions, see page 2. Note: You may aggregate all	short-term transac	tions reported on I	Form(s) 1099-B show	ing basis was reporte	ed to the IRS a	and for which no ad	justments or
A Short-term transactions reported on Form(s) 1008 B showing basis was reported to the IRS (see Note above) (b) Short-term transactions not reported to you on Form 1009-B (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	You must check Box A, B, or C below. C	Check only one bo	x. If more than one b	box applies for your short	-term transactions, comp	lete a separate	Form 8949, page 1, for	
B) Short-term transactions reported to You on Form 10998 10 Short-term transactions not reported to you on Form 10998 10 Short-term transactions not reported to you on Form 10998 10 Short-term transactions not reported to you on Form 10998 10 Short-term transactions not reported to you on Form 10998 10 Short-term transactions not reported to you on Form 10998 10 Short-term transactions not reported to you on Form 10998 10 Short-term transactions not reported to you on Form 10998 10 Short-term transactions not reported to you on Form 10998 10 Short-term transactions not reported to you on Form 10998 10 Short-term transactions not reported to you on Form 10998 10 Short-term transactions not reported to you on Form 10998 10 Short-term transactions not reported to you on Form 10998 10 Short-term transactions not reported to you on Form 10998 10 Short-term transactions not reported to you on Form 10998 10 Short-term transactions not reported to you on Form 10998 10 Short-term transactions not reported to the IRS 10 Short-term term transactions not reported to the IRS 10 Short-term transactions not reported to the IRS 10 Short-term term transactions not reported to the IRS 10 Short-term term term term term term term term						-		
IX (c) Shorterm transactions not reported to you on Form 1008-B 1 (a) (b) (c) (c)<			-	•			· ·	
Description of property (Example: 100 sh. XYZ Co.) Date locquired (Mo, day, yr.) Date locquired (spaced of (Mo, day, yr.) Date locquired (alse proces) (Mo, day, yr.) Dotate locquired (Mo, day, yr.) Date locquired (Mo, day, yr.) Date locquired (alse proces) (Mo, day, yr.) Dotate locquired (Mo, day, yr.) Date locquired (Mo, day, yr.) <thdate locquired<br="">(Mo, day, yr.) Date locquired (</thdate>								
Leschurof of property (Example: 100 sh. YVZ Co.) (Mo., day, yr.) (Mo., day, yr.) (sales price)	.,							
(eXaliple: 100 sh. At2 Co.) (Wo, day, yr.) Uspose of More below and State instructions in the instruction in the insth						in column (g), enter a code in	
See Column (g) M Sector Amodified Amodified Columns (g) (g) (g), and (f) (subtract negative amounts). Enter each total here am (loude on your Schedule D, line b (if Box A above is checked), above is checked), or line 3 (if Box C above is checked). 20. 20. 20. 20. 20. 20. 20. 2	(Example: TOU Sh. XYZ CO.)	(Mo., day, yr.)		× 1 /				from column (d) &
FORT WASHINGTON adjusment adjusment adjusment adjusment INVESTORS 20. INVESTORS 20. INVESTORS 1000000000000000000000000000000000000			(1010., ddy, yr.)				(g) Amount of	
PRIVATE EQUITY 20. INVESTORS 20.	FORM WACHINGMON						adjustment	with column (g)
INVESTORS 20. Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an								
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each tota here and include on your Schedule D, line 10 (fl Box A above but the basis reported to the IRS, and enter an 20. Note: If you checked Box A above but the basis reported to the IRS, and enter an								20
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Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) 20. Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an								
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	, ,							20.
	-	•			. ,			•

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323011 01-05-24 LHA For Paperwork Reduction Act Notice, see your tax return instructions. Form 8949 (2023)

Form	2220
	ent of the Treasury Revenue Service

Name

Underpayment of Estimated Tax by Corporations

FORM 990-T

Attach to the corporation's tax return. FOR Go to www.irs.gov/Form2220 for instructions and the latest information.

Employer identification number 31-0536653

OMB No. 1545-0123

2023

 CINCINNATI	MUSEUM	ASSOCIATION	

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

Part I Required Annual Payment		
1 Total tax (see instructions)	1	69,764.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 2a b Look-back interest included on line 1 under section 460(b)(2) for completed long-term 2a		\bigcirc
contracts or section 167(g) for depreciation under the income forecast method 2b)
c Credit for federal tax paid on fuels (see instructions)2c	2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	69,764.
4 Enter the tax shown on the corporation's 2022 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	58,038.
5 Required annual payment . Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	58,038.
Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation must file Form 22 even if it does not owe a penalty. See instructions.	20	

6	The corporation is using the adjusted seasonal installment method.

7 The corporation is using the annualized income installment method.

B X The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

			(a)	(b)	(C)	(d)
9	Installment due dates. Enter in columns (a) through (d) the					
	15th day of the 4th (Form 990-PF filers: Use 5th month),					
	6th, 9th, and 12th months of the corporation's tax year	9	01/15/24	02/15/24	05/15/24	08/15/24
10	Required installments. If the box on line 6 and/or line 7					
	above is checked, enter the amounts from Sch A, line 38. If					
	the box on line 8 (but not 6 or 7) is checked, see instructions					
	for the amounts to enter. If none of these boxes are checked,					
	enter 25% (0.25) of line 5 above in each column	10	14,510.	20,373.	17,440.	17,441.
11	Estimated tax paid or credited for each period. For					
	column (a) only, enter the amount from line 11 on line 15.					
	See instructions	11	43,530.			18,000.
	Complete lines 12 through 18 of one column					
	before going to the next column.					
12	Enter amount, if any, from line 18 of the preceding column	12		29,020.	8,647.	
13	Add lines 11 and 12	13		29,020.	8,647.	18,000.
14	Add amounts on lines 16 and 17 of the preceding column	14				8,793.
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	43,530.	29,020.	8,647.	9,207.
16	If the amount on line 15 is zero, subtract line 13 from line					
	14. Otherwise, enter -0-	16		0.	0.	
17	Underpayment. If line 15 is less than or equal to line 10,					
	subtract line 15 from line 10. Then go to line 12 of the next					
	column. Otherwise, go to line 18	17			8,793.	8,234.
18	Overpayment. If line 10 is less than line 15, subtract line 10					
	from line 15. Then go to line 12 of the next column	18	29,020.	8,647.		
Go	to Part IV on page 2 to figure the penalty. Do not go to Part IV	/ if th	ere are no entries on lin	e 17 - no penalty is owed	i.	
En	Panarwork Reduction Act Notice cae congrate instructions					Form 2220 (2023)

For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2023)

FORM 990-T

Form 2220 (2023)

Part IV Figuring the Penalty

		(a)	(b)	(c)		(d)
 9 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions 	19					2
Number of days from due date of installment on line 9 to the date shown on line 19	20					
Number of days on line 20 after 4/15/2023 and before 7/1/2023	21					
2 Underpayment on line 17 x Number of days on line 21 x 7% (0.07) 365	22	\$	\$	\$		\$
3 Number of days on line 20 after 6/30/2023 and before 10/1/2023	23					
Underpayment on line 17 x Number of days on line 23 x 7% (0.07)	24	\$	\$	\$		\$
Number of days on line 20 after 9/30/2023 and before 1/1/2024	25					
Underpayment on line 17 x Number of days on line 25 x 8% (0.08)	26	\$	\$	\$		\$
Number of days on line 20 after 12/31/2023 and before 4/1/2024	27	SEE	ATTACHED W	ORKSHEET		
Underpayment on line 17 x Number of days on line 27 x 8% (0.08) 366	28	\$	\$	\$		\$
Number of days on line 20 after 3/31/2024 and before 7/1/2024	29					
Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$		\$
Number of days on line 20 after 6/30/2024 and before 10/1/2024	31					
2. Underpayment on line 17 x Number of days on line 31 x *% 366	32	\$	\$	\$		\$
Number of days on line 20 after 9/30/2024 and before 1/1/2025	33					
Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$		\$
Number of days on line 20 after 12/31/2024 and before 3/16/2025	35					
Underpayment on line 17 x Number of days on line 35 x *%	36		\$	\$		\$
	37		\$	\$		\$
B Penalty. Add columns (a) through (d) of line 37. Enter the tot line for other income tax returns	tal he		e 34; or the comparable		38	\$ 389.

information on the Internet, access the IRS website at www.irs.gov. You can also call 800-829-4933 to get interest rate information.

Form **2220** (2023)

312802 02-05-24

FORM 990-T UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

ne(s)				Identifying Nu	
	MUSEUM ASSOC			31-053	
(A)	(B)	(C)	(D)	(E) Daily	(F)
*Date	Amount	Adjusted Balance Due	Number Days Balance Due	Penalty Rate	Penalty
		-0-			
1/15/24	14,510.	14,510.			
1/15/24	-29,568.	-15,058.			
1/15/24	-13,530.	-28,588.			
1/15/24	-432.	-29,020.			
2/15/24	20,373.	-8,647.			
5/15/24	17,440.	8,793.	61	.000218579	117.
7/15/24	-18,000.	-9,207.			
8/15/24	17,441.	8,234.	138	.000218579	248
2/31/24	0.	8,234.	15	.000191781	24.
		3			
ty Due (Sum of Colu					389.

* Date of estimated tax payment, withholding credit date or installment due date.

312511 04-01-23

			nformation on List Attach to your tax retu) A PG	1 1	2023
Department of the Treasury nternal Revenue Service	Go to y		14562 for instructions a		nformation.		Attachment Sequence No. 179
Name(s) shown on return				ess or activity to whic		;	Identifying number
			CAI	ERING &	EQUIPM	ENT	
CINCINNATI M				ITAL			31-053665
Part I Election To E	xpense Certain Property	/ Under Section 179	Note: If you have any lis	sted property, c	omplete Part		
1 Maximum amount	· / //						1,160,00
			structions)				2 200 00
			limitation			3	2,890,00
	tion. Subtract line 3 fr		r Iess, enter -U-	netructions		4	
6	(a) Description of prop		(b) Cost (busin		(c) Elected of	-	
0		-					
7 Listed property. En					X		
		•	column (c), lines 6 and			8	
			2 Form 4562				
			come (not less than zer on't enter more than line				
			1 10, less line 12			12	
Note: Don't use Part II							
Part II Special D	epreciation Allowan	ce and Other Dep	reciation (Don't includ	le listed property	/.)		
14 Special depreciatio	n allowance for qualif	ied property (other	than listed property) pla	aced in service of	during		
	-				•		
the tax year							
15 Property subject to 16 Other depreciation	section 168(f)(1) elec (including ACRS)	tion				15	
15 Property subject to 16 Other depreciation	section 168(f)(1) elec (including ACRS)	tion	erty. See instructions.)			15	
15 Property subject to 16 Other depreciation Part III MACRS [section 168(f)(1) elec (including ACRS) Depreciation (Don't i	tion	rty. See instructions.) Section A			<u>15</u> 16	41.27
15 Property subject to 16 Other depreciation Part III MACRS [MACRS deduction:	o section 168(f)(1) elec (including ACRS) Depreciation (Don't i s for assets placed in	tion nclude listed prope service in tax years	rty. See instructions.) Section A s beginning before 2023	3		<u>15</u> 16	41,37
 15 Property subject to 16 Other depreciation Part III MACRS I 17 MACRS deductions 18 If you are electing to group 	s soction 168(f)(1) elect (including ACRS) Depreciation (Don't in s for assets placed in p any assets placed in service	tion nclude listed prope service in tax years e during the tax year into	rty. See instructions.) Section A s beginning before 2023 one or more general asset account	}		<u>15</u> <u>16</u> <u>17</u>	
 15 Property subject to 16 Other depreciation Part III MACRS I 17 MACRS deductions 18 If you are electing to group 	s for assets placed in service Section B - Assets F	tion nclude listed prope service in tax years e during the tax year into Placed in Service I (b) Month and	erty. See instructions.) Section A s beginning before 2023 one or more general asset accou During 2023 Tax Year I (c) Basis for depreciation	Junts, check here	ral Deprecia	15 16 17 17 	m
 15 Property subject to 16 Other depreciation Part III MACRS I 17 MACRS deductions 18 If you are electing to group 	s for assets placed in service Section B - Assets F	tion nclude listed prope service in tax years e during the tax year into Placed in Service I	rty. See instructions.) Section A s beginning before 2023 one or more general asset account	Junts, check here		<u>15</u> <u>16</u> <u>17</u>	
 15 Property subject to 16 Other depreciation Part III MACRS I 17 MACRS deductions 18 If you are electing to group 	o section 168(f)(1) elect (including ACRS) Depreciation (Don't in s for assets placed in p any assets placed in service Section B - Assets F n of property	tion nclude listed prope service in tax years e during the tax year into Placed in Service I (b) Month and year placed	erty. See instructions.) Section A s beginning before 2023 one or more general asset accord During 2023 Tax Year ((c) Basis for depreciation (business/investment use	3 unts, check here Jsing the Gene (d) Recovery	ral Deprecia	15 16 17 17 	m
15 Property subject to 16 Other depreciation Part III MACRS I MACRS deductions 17 MACRS deductions 18 If you are electing to group (a) Classification	o section 168(f)(1) elect (including ACRS) Depreciation (Don't in s for assets placed in p any assets placed in service Section B - Assets F in of property	tion nclude listed prope service in tax years e during the tax year into Placed in Service I (b) Month and year placed	erty. See instructions.) Section A s beginning before 2023 one or more general asset accord During 2023 Tax Year ((c) Basis for depreciation (business/investment use	3 unts, check here Jsing the Gene (d) Recovery	ral Deprecia	15 16 17 17 	m
 15 Property subject to 16 Other depreciation Part III MACRS I 17 MACRS deductions 18 If you are electing to group (a) Classification 19a 3-year property b 5-year property c 7-year property 	e section 168(f)(1) elect (including ACRS) Depreciation (Don't in s for assets placed in p any assets placed in service Section B - Assets F n of property	tion nclude listed prope service in tax years e during the tax year into Placed in Service I (b) Month and year placed	erty. See instructions.) Section A s beginning before 2023 one or more general asset accord During 2023 Tax Year ((c) Basis for depreciation (business/investment use	3 unts, check here Jsing the Gene (d) Recovery	ral Deprecia	15 16 17 17 	m
 15 Property subject to 16 Other depreciation Part III MACRS I 17 MACRS deductions 18 If you are electing to group (a) Classification 19a 3-year property b 5-year property c 7-year property d 10-year propert 	section 168(f)(1) elect (including ACRS) Depreciation (Don't in s for assets placed in service Section B - Assets F n of property , , , , , , , , , , , , , , , , , , ,	tion nclude listed prope service in tax years e during the tax year into Placed in Service I (b) Month and year placed	erty. See instructions.) Section A s beginning before 2023 one or more general asset accord During 2023 Tax Year ((c) Basis for depreciation (business/investment use	3 unts, check here Jsing the Gene (d) Recovery	ral Deprecia	15 16 17 17 	m
 15 Property subject to 16 Other depreciation Part III MACRS deductions 17 MACRS deductions 18 If you are electing to group (a) Classification 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year propert 	<pre>section 168(f)(1) elec (including ACRS) Depreciation (Don't i s for assets placed in p any assets placed in service Section B - Assets F n of property , , , , , , , , , , , , , , , , , , ,</pre>	tion nclude listed prope service in tax years e during the tax year into Placed in Service I (b) Month and year placed	erty. See instructions.) Section A s beginning before 2023 one or more general asset accord During 2023 Tax Year ((c) Basis for depreciation (business/investment use	3 unts, check here Jsing the Gene (d) Recovery	ral Deprecia	15 16 17 17 	m
 15 Property subject to 16 Other depreciation Part III MACRS deductions 17 MACRS deductions 18 If you are electing to group (a) Classification 19a 3-year property b 5-year property c 7-year property d 10-year propert f 20-year propert 	<pre>section 168(f)(1) elec (including ACRS) Depreciation (Don't in s for assets placed in p any assets placed in service Section B - Assets F in of property , , , , , , , , , , , , , , , , , , ,</pre>	tion nclude listed prope service in tax years e during the tax year into Placed in Service I (b) Month and year placed	erty. See instructions.) Section A s beginning before 2023 one or more general asset accord During 2023 Tax Year ((c) Basis for depreciation (business/investment use	Joing the Gene (d) Recovery period	ral Deprecia	15 16 17 17 (f) Method	m
 15 Property subject to 16 Other depreciation Part III MACRS deductions 17 MACRS deductions 18 If you are electing to group (a) Classification 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year propert 	<pre>section 168(f)(1) elec (including ACRS) Depreciation (Don't in s for assets placed in p any assets placed in service Section B - Assets F in of property , , , , , , , , , , , , , , , , , , ,</pre>	tion nclude listed prope service in tax years e during the tax year into Placed in Service I (b) Month and year placed	erty. See instructions.) Section A s beginning before 2023 one or more general asset accord During 2023 Tax Year ((c) Basis for depreciation (business/investment use	3 Junts, check here Jsing the Gene (d) Recovery period 25 yrs.	(e) Convention	15 16 17 17 17 17 17 17 17 17 17 17 17 10 	m
 15 Property subject to 16 Other depreciation Part III MACRS deductions 17 MACRS deductions 18 If you are electing to group (a) Classification 19a 3-year property b 5-year property c 7-year property d 10-year propert e 15-year propert f 20-year propert 	<pre>section 168(f)(1) elec (including ACRS) Depreciation (Don't i s for assets placed in p any assets placed in service Section B - Assets F n of property , , , , , , , , , , , , , , , , , , ,</pre>	tion nclude listed prope service in tax years e during the tax year into Placed in Service I (b) Month and year placed	erty. See instructions.) Section A s beginning before 2023 one or more general asset accord During 2023 Tax Year ((c) Basis for depreciation (business/investment use	(d) Recovery period 25 yrs. 27.5 yrs.	(e) Convention	15 16 17 17 17 17 17 17 17 17 17 17 17 17 17 18 19 	m
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 15 Property subject to 16 Other depreciation Part III MACRS deductions 17 MACRS deductions 18 If you are electing to group (a) Classification 19a 3-year property b 5-year property c 7-year property d 10-year property d 10-year property d 10-year property g 25-year properting g 25-year properting h Residential ren i Nonresidential 	e section 168(f)(1) elec (including ACRS) Depreciation (Don't i s for assets placed in p any assets placed in service Section B - Assets F n of property , , , , , , , , , , , , , , , , , , ,	tion Include listed proper Service in tax years e during the tax year into Placed in Service (b) Month and year placed in service (c) (c) Month and year placed (c)	erty. See instructions.) Section A s beginning before 2023 one or more general asset accor During 2023 Tax Year I (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs. 39 yrs.	ral Deprecia (e) Convention (e) Convention (e) Convention (e) Convention (e) Convention (e) Convention (e) Convention (f) Conv	15 16 17 tion Syste (f) Method (f) Method S/L S/L S/L S/L S/L S/L	m (g) Depreciation deduction
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 15 Property subject to 16 Other depreciation Part III MACRS I 17 MACRS deductions 18 If you are electing to group (a) Classification 19a 3-year property b 5-year property c 7-year property d 10-year property d 10-year properting g 25-year properting g 25-year properting h Residential ren i Nonresidential S 20a Class life 	e section 168(f)(1) elec (including ACRS) Depreciation (Don't i s for assets placed in p any assets placed in service Section B - Assets F n of property , , , , , , , , , , , , , , , , , , ,	tion Include listed proper Service in tax years e during the tax year into Placed in Service (b) Month and year placed in service (c) (c) Month and year placed (c)	erty. See instructions.) Section A s beginning before 2023 one or more general asset accor During 2023 Tax Year I (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs. 39 yrs. 27.5 yrs. 27.5 yrs.	ral Deprecia (e) Convention (e) Convention (e) Convention (e) Convention (e) Convention (e) Convention (e) Convention (f) Conv	15 16 17 17 17 17 17 	m (g) Depreciation deduction
 15 Property subject to 16 Other depreciation Part III MACRS I 17 MACRS deductions 18 If you are electing to group (a) Classification 19a 3-year property b 5-year property c 7-year property d 10-year property d 12-year c 30-year d 40-year 	e section 168(f)(1) elec (including ACRS) Depreciation (Don't i s for assets placed in p any assets placed in service Section B - Assets F n of property , , , , , , , , , , , , , , , , , , ,	tion Include listed proper Service in tax years e during the tax year into Placed in Service (b) Month and year placed in service (c) (c) Month and year placed (c)	erty. See instructions.) Section A s beginning before 2023 one or more general asset accor During 2023 Tax Year I (c) Basis for depreciation (business/investment use only - see instructions)	Joing the Gene (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 39 yrs. 12 yrs.	ral Deprecia (e) Convention (e) Convention (f)	15 16 17 17 17 17 17 	m (g) Depreciation deduction
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			c) of Śection A, on and Other I							nits for	passeng	er autom	obiles.)	
24:	a Do you have evidence to s						es	7	24b If "Y					Yes	1
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	e ot	(d) Cost or her basis		(e) is for depresiness/inve use only	stment	(f) Recovery period	Me	(g) thod/ vention	Depre	h) ciation iction		
25	Special depreciation all	owance for q	ualified listed p	roperty			e during	the ta	5						51
	used more than 50% in				<u></u>	<u></u>	<u></u>	<u></u>			25				
<u>26</u>	Property used more that	in 50% in a q T											_		-
			%												
		<u> </u>	%												
27	Property used 50% or le	ess in a qualit													
<u></u>		: :	%							S/L -					
			%							S/L -				1	
			%	5						S/L -				1	
28	Add amounts in column	n (h), lines 25	through 27. En	ter here	and on	line 21,	page 1				28				
<u>29</u>	Add amounts in column	n (i), line 26. E	Enter here and o	on line 7	', page 1								29		
			-		3 - Infor		_								
	mplete this section for ve		• • •								-	•			
to	your employees, first ans	wer the ques	stions in Section	n C to s	ee if you	meet a	n except	ion to	completin	g this se	ection fo	r those v	ehicles.		
												I		1	
					a)	-	b)		(c)		d)	(e	-	(f	
30	Total business/investment		Ŭ I	Vehi	cle 1	Vehi	cle 2	Ve	hicle 3	Vehi	icle 4	Vehi	cle 5	Vehic	le 6
	year (don't include commu						_								
	Total commuting miles														
32	Total other personal (no	0	″ I												
22	driven Total miles driven during														
33	Add lines 30 through 32														
34				Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	N
34	Was the vehicle availab	le for person	al use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	N
		le for person	al use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	N
	Was the vehicle availab during off-duty hours?	le for person	al use more	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	N
35	Was the vehicle availab during off-duty hours? Was the vehicle used p	ile for person rimarily by a ed person?	al use more	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	N
35	Was the vehicle availab during off-duty hours? Was the vehicle used p than 5% owner or relate	ile for person rimarily by a ed person? able for perso	al use more	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehicle availab during off-duty hours? Was the vehicle used p than 5% owner or relate Is another vehicle availa	rimarily by a rimarily by a ed person? able for perso	al use more	0									No	Yes	N
35 36	Was the vehicle availab during off-duty hours? Was the vehicle used p than 5% owner or relate Is another vehicle availa	rimarily by a ed person? able for perso Section C	al use more onal - Questions fo	or Empl	oyers W	ho Prov	ride Veh	icles f	or Use by	Their E	mploye	es		Yes	<u>N</u> (
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35 36 	Was the vehicle availab during off-duty hours? Was the vehicle used p than 5% owner or relate Is another vehicle availa use? swer these questions to o ore than 5% owners or rel	ile for person rimarily by a ed person? able for perso Section C determine if y ated persons en policy stat	al use more onal - Questions for you meet an ex s. tement that pro	or Empl ception hibits a	oyers W to comp Il persor	ho Provoluting S	ride Veh ection E f vehicle	icles f for ve s, inclu	for Use by hicles use	Their E d by em muting,	mployees by your	es who ar			
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35 36 An: <u>mo</u> 37 38	Was the vehicle availab during off-duty hours? Was the vehicle used p than 5% owner or relate Is another vehicle availa use? swer these questions to o ore than 5% owners or rel Do you maintain a writte employees? Do you maintain a writte employees? See the ins	le for person rimarily by a ed person? able for person Section C determine if y ated persons en policy stat en policy stat	al use more mal - Questions for you meet an ex s. tement that pro- tement that pro- vehicles used	br Empl ception hibits a hibits p by corpo	oyers W to comp Il person ersonal orate off	ho Prov bleting S al use o use of vo	ride Veh ection E f vehicle ehicles, r rectors,	icles f for ve s, inclu except	for Use by hicles use uding com commutir or more ov	Their E d by em muting, mg, by yo wners	mploye iployees by your	es who ar	en't	Yes	
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			Attach to your ta	n Listed Property) APG	1 2	2023
partment of the Treasury Prnal Revenue Service	Go to	www.irs.gov/Fc	•	tions and the latest i	nformation.		Attachment Sequence No. 179
me(s) shown on return		0		Business or activity to which		;	Identifying number
INCINNATI M			70 Notes Kursuchaus	GIFT SHOP	eventete Devt	V h ofour	31-053665
		-	-	any listed property, c			1,160,00
Maximum amount (s Total cost of section	, .						1,100,000
							2,890,00
Dollar limitation for tax year	r. Subtract line 4 from line	1. If zero or less, enter	-0 If married filing separate	ely, see instructions		5	
	(a) Description of pro	operty	(b) Co	st (business use only)	(c) Elected	cost	
Listed property. Ent	er the amount from	line 29	I				
Total elected cost o		erty. Add amounts	s in column (c), lines	6 and 7		8	
Business income lim Section 179 expens				an zero) or line 5			
Carryover of disallov						12	
ote: Don't use Part II o							
Part II Special De	preciation Allowa	nce and Other D	epreciation (Don't	include listed propert	y.)		
		lifiad much and the fat	ook then listed prope	rty) placed in convice	during		
Special depreciation	allowance for qual	lified property (oti	ier than listed prope	rty) placed in service (Junny		
the tax year	······						
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the tax year Property subject to Other depreciation (section 168(f)(1) ele including ACRS)	ection	operty. See instructio	ons.)	-	15	
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			c) of Śection A, on and Other I							nits for	passeng	er autom	obiles.)	
24:	a Do you have evidence to s						es	7	24b If "Y					Yes	1
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	e ot	(d) Cost or her basis		(e) is for depresiness/inve use only	stment	(f) Recovery period	Me	(g) thod/ vention	Depre	h) ciation iction		
25	Special depreciation all	owance for q	ualified listed p	roperty			e during	the ta	5						51
	used more than 50% in				<u></u>	<u></u>	<u></u>	<u></u>			25				
<u>26</u>	Property used more that	in 50% in a q T											_		-
			%												
		<u> </u>	%												
27	Property used 50% or le	ess in a qualit													
<u></u>		: :	%							S/L -					
			%							S/L -				1	
			%	5						S/L -				1	
28	Add amounts in column	n (h), lines 25	through 27. En	ter here	and on	line 21,	page 1				28				
<u>29</u>	Add amounts in column	n (i), line 26. E	Enter here and o	on line 7	', page 1								29		
			-		3 - Infor		_								
	mplete this section for ve		• • •								-	•			
to	your employees, first ans	wer the ques	stions in Section	n C to s	ee if you	meet a	n except	ion to	completin	g this se	ection fo	r those v	ehicles.		
												I		1	
					a)	-	b)		(c)		d)	(e	-	(f	
30	Total business/investment		Ŭ I	Vehi	cle 1	Vehi	cle 2	Ve	hicle 3	Vehi	icle 4	Vehi	cle 5	Vehic	le 6
	year (don't include commu						_								
	Total commuting miles														
32	Total other personal (no	0	″ I												
22	driven Total miles driven during														
33	Add lines 30 through 32														
34				Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	N
34	Was the vehicle availab	le for person	al use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	N
		le for person	al use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	N
	Was the vehicle availab during off-duty hours?	le for person	al use more	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	N
35	Was the vehicle availab during off-duty hours? Was the vehicle used p	ile for person rimarily by a ed person?	al use more	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	N
35	Was the vehicle availab during off-duty hours? Was the vehicle used p than 5% owner or relate	ile for person rimarily by a ed person? able for perso	al use more	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehicle availab during off-duty hours? Was the vehicle used p than 5% owner or relate Is another vehicle availa	rimarily by a rimarily by a ed person? able for perso	al use more	0									No	Yes	N
35 36	Was the vehicle availab during off-duty hours? Was the vehicle used p than 5% owner or relate Is another vehicle availa	rimarily by a ed person? able for perso Section C	al use more onal - Questions fo	or Empl	oyers W	ho Prov	ride Veh	icles f	or Use by	Their E	mploye	es		Yes	<u>N</u> (
35 36 — An: mo	Was the vehicle availab during off-duty hours? Was the vehicle used p than 5% owner or relate Is another vehicle availa use? swer these questions to o ore than 5% owners or rel	ile for person rimarily by a ed person? able for perso Section C determine if y ated persons	al use more onal - Questions fo you meet an ex s.	or Empl ception	oyers W to comp	ho Prov	ride Veh ection B	icles f for ve	or Use by	Their E d by em	Employe ployees	es who ar		Yes	
35 36 — An: mo	Was the vehicle availab during off-duty hours? Was the vehicle used p than 5% owner or relate Is another vehicle availa use? swer these questions to o ore than 5% owners or rel Do you maintain a writte	ile for person rimarily by a ed person? able for perso Section C determine if y ated persons en policy stat	al use more onal - Questions for you meet an ex s. tement that pro	or Empl ception hibits a	oyers W to comp	ho Prov bleting S al use o	ride Veh ection E	icles f for ve s, inclu	for Use by hicles use	Their E d by em muting,	mployees by your	es who ar		Yes	
35 36 	Was the vehicle availab during off-duty hours? Was the vehicle used p than 5% owner or relate Is another vehicle availa use? swer these questions to o ore than 5% owners or rel	ile for person rimarily by a ed person? able for perso Section C determine if y ated persons en policy stat	al use more onal - Questions for you meet an ex s. tement that pro	or Empl ception hibits a	oyers W to comp Il persor	ho Provoluting S	ride Veh ection E f vehicle	icles f for ve s, inclu	for Use by hicles use	Their E d by em muting,	mployees by your	es who ar			
35 36 	Was the vehicle availab during off-duty hours? Was the vehicle used p than 5% owner or relate Is another vehicle availa use? swer these questions to o ore than 5% owners or rel Do you maintain a writte employees?	le for person rimarily by a ed person? able for person Section C determine if y ated persons en policy stat	al use more mal - Questions for you meet an ex s. tement that pro	or Empl ception hibits a	oyers W to comp Il person	ho Prov bleting S al use o	ride Veh ection E f vehicle	icles f for ve s, inclu	for Use by hicles use uding com	Their E d by em muting, ng, by yo	mployees by your	es who ar	en't	Yes	
35 36 An: <u>mo</u> 37 38	Was the vehicle availab during off-duty hours? Was the vehicle used p than 5% owner or relate Is another vehicle availa use? swer these questions to o ore than 5% owners or rel Do you maintain a writte employees? Do you maintain a writte employees? See the ins	le for person rimarily by a ed person? able for person Section C determine if y ated persons en policy stat en policy stat	al use more mal - Questions for you meet an ex s. tement that pro- tement that pro- vehicles used	br Empl ception hibits a hibits p by corpo	oyers W to comp Il person ersonal orate off	ho Prov bleting S al use o use of vo	ride Veh ection E f vehicles, ehicles, rectors,	icles f for ve s, inclu except	for Use by hicles use uding com commutir or more ov	Their E d by em muting, mg, by yo wners	mploye iployees by your	es who ar	en't	Yes	
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35 36 — An: <u>mo</u> 37 38 38	Was the vehicle availab during off-duty hours? Was the vehicle used p than 5% owner or relate Is another vehicle availa use? swer these questions to o ore than 5% owners or rel Do you maintain a writte employees? Do you maintain a writte employees? See the ins Do you treat all use of v	le for person rimarily by a ed person? able for perso Section C determine if y ated persons en policy stat en policy stat structions for rehicles by er ian five vehic	al use more onal - Questions for you meet an ex s. tement that pro- vehicles used mployees as pe les to your emp	hibits a hibits p by corporsonal u loyees,	oyers W to comp Il person ersonal orate off ise?	ho Prov bleting S al use of ve use of ve icers, di	ride Veh ection E f vehicles, r rectors, on from	icles f for ve s, inclu except or 1%	or Use by hicles use uding com commutir or more ov mployees	Their E d by em muting, ng, by yo wners about	Employe Iployees by your	es who ar	ren't	Yes	
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35 36 An: <u>mo</u> 37 38 39 40 41	Was the vehicle availab during off-duty hours? Was the vehicle used p than 5% owner or relate Is another vehicle availa use? swer these questions to o ore than 5% owners or rel Do you maintain a writte employees? Do you maintain a writte employees? See the ins Do you treat all use of v Do you provide more th the use of the vehicles, Do you meet the require Note: If your answer to	le for person rimarily by a ed person? able for perso Section C determine if y ated persons en policy stat structions for rehicles by er ian five vehicl and retain th ements conce 37, 38, 39, 4	al use more onal - Questions for you meet an ex s. tement that pro- vehicles used mployees as per les to your emp e information re erning qualified .0, or 41 is "Yes	br Empl ception hibits a hibits p by corporsonal u ployees, eccived automotization	oyers W to comp ersonal porate off ise? obtain i ?	Tho Provoleting S al use of voluce o	ride Veh ection E f vehicles, or ehicles, or rectors, on from cion use?	icles f for ve s, inclu except or 1%	for Use by hicles use uding com commutin or more on mployees	Their E d by em muting, ng, by yo wners about	Employe Iployees by your Dur (e) Amortiza	es who ar	en't	Yes	
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Form	4	7	9	7	

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

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) Attach to your tax return. Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

27 Seauence No Identifying number

CINCINNATI MUSEUM ASSOCIATION		31-0536653
1a Enter the gross proceeds from sales or exchanges reported to you for 2023 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20	1a	
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	1b	
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	1c	
Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conver	sions	From Other
Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)		

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or o basis, plu improvements expense of s	s s and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
FO	RT WASHINGTON							
PR	IVATE EQUITY							
IN	VESTORS							261.
3	Gain, if any, from Form 4684, line 39						3	
4	Section 1231 gain from installment sa	ales from Form 6	252, line 26 or 3	7			4	
5	Section 1231 gain or (loss) from like-k						5	
6	Gain, if any, from line 32, from other t						6	
7	Combine lines 2 through 6. Enter the						7	261.
	Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.							
	Individuals, partners, S corporation from line 7 on line 11 below and skip 1231 losses, or they were recaptured the Schedule D filed with your return							
8	Nonrecaptured net section 1231 loss	es from prior yea	rs. See instructi	ons			8	
9	9 Subtract line 8 from line 7. If zero or less, enter -0 If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term							
	capital gain on the Schedule D filed w	ith your return. S	See instructions				9	261.
Pa	rt II Ordinary Gains and I	LOSSES (see in:	structions)					
10	0 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):							
11	Loss, if any, from line 7						11	()
12	Gain, if any, from line 7 or amount fro	m line 8, if applic	able				12	
						-		

12	Gain, if any, from line 7 or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	
	Net gain or (loss) from Form 4684, lines 31 and 38a	14	
	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines		
	a and b below. For individual returns, complete lines a and b below.		
а	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the		
	loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used		
	as an employee.) Identify as from "Form 4797, line 18a." See instructions	18a	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1		
	(Form 1040), Part I, line 4	18b	

(Form 1040), Part I, line 4 LHA For Paperwork Reduction Act Notice, see separate instructions.

318011 12-27-23

12

31-0536653

Page **2**

9 (a) Description of se	ction 1245, 1250, 1252, 1254, o	or 1255	5 property:			(b) Date acquire (mo., day, yr.)	d (c) Date sold (mo., day, yr.
Α							
B							
<u>C</u>							
D These columns role	to to the suspertise on						
lines 19A through 1	ate to the properties on חס		Property A	Proper	tv B	Property C	Property I
	e: See line 1a before completing.)	200	Floperty A	Fioper	цъ	Property C	Froperty
	,	20 21					`
	olus expense of sale	21					
	tract line 22 from line 21	22					
	line 23 from line 20	23					
5 If section 1245 pro		24					
	d or allowable from line 22	25a					
b Enter the smaller of		25a					
	Derty: If straight line depreciation	255					
	line 26g, except for a corporation				\leq		
a Additional depreciation	after 1975. See instructions	26a					
b Applicable percenta of line 24 or line 26a	ge multiplied by the smaller . See instructions	26b					
property or line 24 i	m line 24. If residential rental sn't more than line 26a, skip	26c		2			
	after 1969 and before 1976	26d					
	f line 26c or 26d	26e					
f Section 291 amount g Add lines 26b, 26e,	(corporations only)	26f 26g					
g Add mes 200, 20e, 7 If section 1252 proper	ty: Skip this section if you didn't	209					
dispose of farmland or a partnership.	if this form is being completed for						
	clearing expenses	27a					
	applicable percentage	27b					
for development of mir		27c 28a					
b Enter the smaller of	· · · · ·	28b					
If section 1255 prop a Applicable percenta	perty: ge of payments excluded						
	section 126. See instructions	29a					
	f line 24 or 29a. See instructions	29b		1			
Summary of Part II	Gains. Complete property of	olumn	s A through D through	line 29b befo	re going	to line 30.	
0 Total gains for all pro	operties. Add property columns	A thro	ough D, line 24				30
1 Add property column	ns A through D lines 25h 26a	270 0	8h and 20h Entar ha	ro and on line	12		31
	ns A through D, lines 25b, 26g, n line 30. Enter the portion from						01
	ualty or theft on Form 4797, line			יסי, וווום סט. El			32
Part IV Recapture (see instruction	e Amounts Under Section	ons 17	79 and 280F(b)(2)	When Bus	iness L	Jse Drops to 5	50% or Less
						(a) Section 179	(b) Section 280F(b)(2)
9 Contian 170 avances	a daduction or donresistion -"-	wohle	in prior vegra		22		
	e deduction or depreciation allo						
• •	iation. See instructions		instructions for whore		34		
	JUDUAULINE 34 NUTI INE 33. 36	-е ше	manuonona ior where				

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

12270404 758050 120424000

2023.05070 CINCINNATI MUSEUM ASSOCIA 12042401