efile Public Visual Render ObjectId: 202411979349301531 - Submission: 2024-07-15 TIN: 20-5148617

OMB No. 1545-0047

Inspection

☐Yes ✓ No

31 31

106 91

Department of the Treasury

Address change

O Name change

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

Internal Revenue Service For the 2022 calendar year, or tax year beginning 09-01-2022 , and ending 08-31-2023 C Name of organization B Check if applicable: TAFT MUSEUM OF ART

Name and address of principal officer:

501(c) () ◀ (insert no.)

PETER AAMODT

501(c)(3)

Website: ► WWW.TAFTMUSEUM.ORG

Summary

316 PIKE STREET

O Initial return O Final return/terminated

O Amended return O Application pending

Tax-exempt status:

Doing business as Number and street (or P.O. box if mail is not delivered to street address) 316 PIKE STREET City or town, state or province, country, and ZIP or foreign postal code CINCINNATI, OH 45202

G Gross receipts \$ 13,342,249 H(a) Is this a group return for

subordinates? H(b) Are all subordinates included?

☐ Yes ☐No If "No," attach a list. See instructions.

D Employer identification number

20-5148617

E Telephone number

(513) 241-0343

H(c) Group exemption number ▶

K Form of organization:	✓	Corporation	Trust	Association	Other 🕨

CINCINNATI, OH 45202

L Year of formation: 2006 M State of legal domicile:

æ		COMMUNITY.
anc		
Ĕ		
& Governance	2	Check this box ▶☐ Number of voting members of the governing bo
	4	Number of independent voting members of the
Activities	5	Total number of individuals employed in calenda
€	6	Total number of volunteers (estimate if necessa
Ø	7a	Total unrelated business revenue from Part VIII,
	b	Net unrelated business taxable income from For
_	8	Contributions and grants (Part VIII, line 1h)

Net Assets or Fund Balances

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE MEANINGFUL EXPERIENCES BY CONNECTING PEOPLE WITH GREAT ART, BOTH IN A HISTORIC SETTING AND IN THE COMMUNITY

4947(a)(1) or

Number of voting members of the governing body (Part VI, line 1a) . Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) . . . Total unrelated business revenue from Part VIII, column (C), line 12 301,776 ${f b}$ Net unrelated business taxable income from Form 990-T, Part I, line 11 $\,$. 136,511

Program service revenue (Part VIII, line 2g) . . **10** Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10

16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) \$\infty\$513,951 **17** Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . .

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 .

22 Net assets or fund balances. Subtract line 21 from line 20 . Signature Block

20 Total assets (Part X, line 16) . . .

21 Total liabilities (Part X, line 26)

	Prior Year	Current Year
	5,130,486	8,119,472
	658,294	267,524
	1,597,332	1,456,641
	62,813	281,244
)	7,448,925	10,124,881
	0	0
	0	0
0)	3,388,248	4,042,829
	0	0
	2,527,501	2,940,263
	5,915,749	6,983,092
	1,533,176	3,141,789
	Beginning of Current Year	End of Year

63,456,047

4,628,031

58,828,016

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has

69,998,637

63,534,737

6,463,900

0/28/	25,	9:00	ΑN

						2024-07-12	
Sign Here		gnature of officer				Date	
		pe or print name and title					
Pai	d	Print/Type preparer's name	Preparer's	signature	Date 2024-07-12	Check if	PTIN P01285343
	parer	Firm's name CLARK SCHAEFER	R HACKETT & CO			Firm's EIN > 3	31-0800053
Use	Only	Firm's address ► 1 EAST 4TH STRE	ET			Phone no. (513	3) 241-3111
		CINCINNATI, OH	45202			,	
Mav 1	the IRS disc	cuss this return with the preparer	shown above? S	ee Instructions.			. Ves 🗆 No
		Reduction Act Notice, see the				No. 11282Y	Form 990 (2022
				Danie 2			
				— Page 2 ———			
Form	990 (2022						Page 2
Pa		atement of Program Servi	-				
1		eck if Schedule O contains a resp scribe the organization's mission:	onse or note to a	any line in this Part III .			<u> U</u>
_	•	ANINGFUL EXPERIENCES BY CON	NECTING PEOPL	E WITH GREAT ART, BOTI	H IN A HISTOF	RIC SETTING A	AND IN THE COMMUNITY.
_							
2		ganization undertake any significa Form 990 or 990-EZ?	, ,	vices during the year whi	ch were not lis	ited on	☐ Yes 🗸 No
		escribe these new services on Sci	hedule O.				U Yes No
3	•	ganization cease conducting, or n		changes in how it conduc	ts, any progra	m	
	services?						. 🗆 Yes 🛂 No
4	•	escribe these changes on Schedu					
4	Section 50	he organization's program service D1(c)(3) and 501(c)(4) organizati- ue, if any, for each program servi	ons are required				
4a	(Code:) (Expenses \$	3,846,957	including grants of \$) (Revenue \$	199,777)
	FISCAL YEA	ON TO THE HISTORIC TAFT HOUSE AND IR. OVER 26,988 VISITORS HAVE PART D A GIFT SHOP FOR THE COMFORT AND	AKEN IN TOURING	THE HOUSE AND VIEWING T	HE TRAVELING E	XHIBITIONS. TH	HE MUSEUM ALSO PROVIDES BOTH
4b	(Code:) (Expenses \$	543,026	including grants of \$) (Revenue \$	28,200)
	ART COLLEC	JM PROVIDES EDUCATIONAL PROGRAM CTION ALIVE FOR ALL AUDIENCES. AC ACTIVE TOURS FOR SCHOOL CHILDRE	IS REACHING OUT TIVITIES INCLUDE	TO SCHOOLS, FAMILIES, AND		PUBLIC TO ACHI	
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other pro	gram services (Describe in Sched s \$ inc	ule O.) luding grants of	\$) (Revenue s	\$)
4e	Total pro	gram service expenses	4,389,9	83			Form 990 (2022
				— Page 3 ———			
_	000 (
	990 (2022		ulaa				Page 3
Pa	rt IV <u>Ch</u>	necklist of Required Schedu	uies				

https://projects.propublica.org/nonprofits/organizations/205148617/202411979349301531/full

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions. **	2	Yes	
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		No
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? <i>If "Yes," complete Schedule C, Part II</i>	4	Yes	
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8	Yes	
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X , as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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 1980.	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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		No
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		No
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
		F	orm 99 0	0 (2022)

Par	t 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 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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 Schedule J </i>	23	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L,</i> Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M **	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
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	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 51			
b	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	Yes	
		F	orm 99	0 (2022)

10/28/25, 9:00 AM

Form 990 (2022) Page **5**

Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		No
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:			
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	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 organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions 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 services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
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			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes " complete Form 4720 Schedule Ω	16		No

0/28/2	25, 9:00 AM		Museum Of Art - Full Filing - No	onprofit	Explorer - ProPublica			
17	Section 501(c)(21) organization would result in the imposition of a If "Yes," complete Form 6069.	ons. Did the trust, or ar			e in any activities that	17		
	ii res, complete roim 6009.					F	orm 99	0 (2022)
			Page 6					
Form	990 (2022)							Page 6
Pai	lines 8a, 8b, or 10b below,	describe the circumstan	r each "Yes" response to lines ices, processes, or changes in any line in this Part VI	Schedu	le O. See instructions.	-		✓
Se	ction A. Governing Body and							
_		6.1	1 (1)	1 .	l		Yes	No
1a	Enter the number of voting memb		•	1a	31	-		
	If there are material differences in body, or if the governing body del- similar committee, explain in Sche	egated broad authority	to an executive committee or					
b	Enter the number of voting memb	ers included in line 1a,	above, who are independent	1b	31			
2	Did any officer, director, trustee, o officer, director, trustee, or key en	r key employee have a nployee?	family relationship or a busine	ss rela	ionship with any other	2		No
3	Did the organization delegate cont of officers, directors or trustees, o					3		No
4	Did the organization make any sig	nificant changes to its o	governing documents since the	e prior F	orm 990 was filed? .	4		No
5	Did the organization become awar	e during the year of a s	significant diversion of the orga	anizatio	n's assets? .	5		No
6	Did the organization have membe	rs or stockholders? .		•		6		No
7a	Did the organization have membe members of the governing body?	rs, stockholders, or oth	er persons who had the power	to elec	t or appoint one or more	7a		No
b	Are any governance decisions of the persons other than the governing					7b		No
8	Did the organization contemporan the following:	eously document the m	eetings held or written actions	under	taken during the year by			
а	The governing body?					8a	Yes	
b	Each committee with authority to	3	<i>y</i> ,			8b	Yes	
9	Is there any officer, director, trustorganization's mailing address? If					9		No
Se	ction B. Policies (This Section	n B requests informa	tion about policies not requ	uired b	y the Internal Revenu	e Code		
10-	Did the organization have local sh	antore branches or aff	iliatas?			100	Yes	No
	Did the organization have local ch If "Yes," did the organization have and branches to ensure their oper	written policies and pro	ocedures governing the activit	ies of s	uch chapters, affiliates,	10a 10b		No
11a	Has the organization provided a co-					10b	Yes	
h	Describe on Schedule O the proce	ss if any used by the c	rganization to review this Form	m 000		IIa	165	
	Did the organization have a writte		-			12a	Yes	
	Were officers, directors, or trustee conflicts?					12b	Yes	
С	Did the organization regularly and Schedule O how this was done			e policy	? If "Yes," describe on	12c	Yes	
13	Did the organization have a writte					13	Yes	
14	Did the organization have a writte					14	Yes	
15	Did the process for determining copersons, comparability data, and o	empensation of the follo	wing persons include a review	and ap	proval by independent			
а	The organization's CEO, Executive	Director, or top manag	ement official			15a	Yes	
b	Other officers or key employees of	f the organization .				15b	Yes	
	If "Yes" to line 15a or 15b, describ	e the process on Sched	ule O. See instructions.					
16a	Did the organization invest in, contaxable entity during the year?					16a		No

Section C. Disclosure

List the states with which a copy of this Form 990 is required to be filed

status with respect to such arrangements?

Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section

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

16b

- List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours	Pos more pers	ition than	(do one bot	not both ar	check	ر ess er	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations
(1) JILL T MCGRUDER CHAIR	1.00	х		х				0	0	0
(2) KELSEY BAHL TRUSTEE	0.50	х						0	0	0
(3) RON T BATES TRUSTEE	0.50	х						0	0	0
(4) SHANNON CARTER VICE CHAIR	1.00	х		х				0	0	0
(5) PAUL W CHELLGREN CHAIR EMERITUS	0.50	Х						0	0	0
(6) PHILIP K CONE TRUSTEE	0.50	х						0	0	0
(7) NANCY FEHR TRUSTEE	0.50	Х						0	0	0
(8) KRISTINE R GARRETT TRUSTEE	0.50	Х						0	0	0
(9) BONNIE GLEAVES TRUSTEE	0.50	Х						0	0	0
(10) GERALD H GREENE	0.50							n	0	0

TRUSTEE		^	Ī		Ī		Ĭ	٧	· ·
(11) CHRISTOPHER S HABEL TRUSTEE	0.50	Х					0	0	0
(12) DAVID L HAUSRATH TREASURER	1.00	х		х			0	0	0
(13) HEATHER M HAWKINS TRUSTEE	0.50	х					0	0	0
(14) ROBERT CHIP HEIDT TRUSTEE	0.50	х					0	0	0
(15) JAMIE JEWELL TRUSTEE	0.50	х					0	0	0
(16) DARA M KENDALL TRUSTEE	0.50	Х					0	0	0
(17) JOHN T LAWRENCE TRUSTEE	0.50	Х					0	0	0

—— Page 8 —

Form 990 (2022)

Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related	more pers	than on is	one bot	not boo h ar or/tr	office ustee	ess er e)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Z/1099- MISC/1099-NEC)	(W-Z/1099- MISC/1099-NEC)	related organizations	
(18) PHILLIP C LONG	0.50	х						0	0	0	
DIRECTOR EMERITUS		••••									
(19) PHYLLIS L MCCALLUM	0.50							0	0	0	
TRUSTEE		^						0	O	•	
(20) RICHARD L MOORE	0.50	Х						0	0	0	
TRUSTEE		^						U	U	U	
(21) RICHARD D OLIVER	0.50	х						0	0	0	
TRUSTEE (22) LAURA R PEASE	0.50										
TRUSTEE		×						0	U	U	
(23) JORGE PEREZ	0.50	X						0	0	0	
TRUSTEE (24) BRADFORD PHILLIPS	0.50										
TRUSTEE		×						0	0	0	
(25) LEONARD M RANDOLPH JR MD	0.50	Х						0	0	0	
TRUSTEE											
(26) ELLEN RIEVESCHL TRUSTEE	0.50	×						0	0	0	
(27) KATHERINE D SCHMITT	0.50		t								
TRUSTEE		×						0	0	0	
(28) BETSY K SCHWARTZ	0.50	,,						_	_		
TRUSTEE		X						0	0	0	
(29) ANNE SHANAHAN	0.50	x						0	0	0	

1a

derated campaigns .

Contributions, Gifts,	205,822 205,822 21:lated organizations 200,vernment grants (configurations) 489,382 480,382 An other contributions, g and similar amounts not above 7,424,268 Noncash contributions inclines 1a - 1f:\$ 103,949	ifts, gr. include	ants, and					
Ь",	Total. Add lines 1a-1	' •		8,119,472 Business Code			<u> </u>	
	2a MEMBERSHIP DUES			900099	144,714	144,714		
7	, ADMISSIONS			900099	83,586	83,586		
December Country	; EDUCATIONAL AND	OTHER	PROGRAMS	900099	39,224	39,224		
0								
04004								
	f All other program g Total. Add lines							
	3 Investment income similar amounts)4 Income from inves5 Royalties			▶ _	1,524,280			1,524,280
		<u> </u>	(I) Real	(II) Personal				
	6a Gross rentsb Less: rental	6a	437,894					
	expenses c Rental income	6b	142,351					
	or (loss) d Net rental income	6c	295,543 oss)		295,543		295,543	
	• Net Tental Incom	1) 10 9	(i) Securities	(ii) Other	233/3 13		293,343	
4	7a Gross amount from sales of assets other than inventory	7a	2,750,260	(ii) care.				
Other Revenue	Less: cost or other basis and sales expenses	7b	2,817,899					
ther E	Gain or (loss) d Net gain or (loss)				-67,639			-67,639
	a Gross income from for (not including \$ contributions reporte See Part IV, line 18 b Less: direct exper	ed on li	205,822 of ne 1c). 8a	87,941 81,856				
	c Net income or (los		<u></u>	•	6,085			6,085
	9a Gross income from See Part IV, line 19 b Less: direct exper	ses	9a					

10/28/25, 9:00 AM

	c Net income or (loss) from gaming activi	ues				
	10aGross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10l		22.24	20.547	6 222	
	c Net income or (loss) from sales of inver	_ ·	-33,314	-39,547	6,233	
	11a _{MISCELLANEOUS}	Business Code 900099	12,930			12,930
	b					
Oth	er R evenueMiscAmt					
	d All other revenue					
	e Total. Add lines 11a-11d		12,930			
	12 Total revenue. See instructions	•	10,124,881	227,977	301,776	1,475,656

Form 990 (2022) Page **10**

Charle if Schodula O contains a recognize or note to an	uling in this Dort IV			
Check if Schedule O contains a response or note to any Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	416,454	276,647	103,596	36,211
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,953,172	1,970,785	727,437	254,950
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	70,066	43,478	19,874	6,714
9 Other employee benefits	351,547	218,143	99,716	33,688
10 Payroll taxes	251,590	156,117	71,363	24,110
11 Fees for services (non-employees):				
a Management				
b Legal	29,424	5,739	21,847	1,838
c Accounting	40,400	7,879	29,997	2,524
d Lobbying	18,000	18,000		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	5,511		5,511	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	236,168	31,571	188,718	15,879
12 Advertising and promotion	33,728	32,978		750
13 Office expenses				
14 Information technology	248,639	67,153	150,494	30,992
15 Royalties				
16 Occupancy	766,800	651,477	113,692	1,631
17 Travel	32,191	18,038	14,149	4

18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
	Interest	64,406		64,406	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	659,340	417,574	182,842	58,924
23	Insurance	116,920	25,426	91,494	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a MISCELLANEOUS	332,331	103,064	194,022	35,245
	b EXHIBITION EXPENSES	248,565	248,565		
	c PROGRAMS AND EDUCATION	97,349	97,349		
	d DEVELOPMENT	10,491			10,491
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,983,092	4,389,983	2,079,158	513,951
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2022) Page **11**

Pa	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part IX .			\square
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	6,469	1	6,075
	2	Savings and temporary cash investments	522,608	2	5,652,381
	3	Pledges and grants receivable, net	2,593,652	3	1,944,738
	4	Accounts receivable, net	247,618	4	22,644
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	
S	7	Notes and loans receivable, net		7	
ssets	8	Inventories for sale or use	66,891	8	102,751
4s	9	Prepaid expenses and deferred charges	170,534	9	400,607
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 34,652,756			
	b	Less: accumulated depreciation 10b 11,574,205	21,180,675	10c	23,078,551
	11	Investments—publicly traded securities .	14,081,003	11	17,963,861
	12	Investments—other securities. See Part IV, line 11	24,564,597	12	20,483,522
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	22,000	15	343,507
	16	Total assets. Add lines 1 through 15 (must equal line 33)	63,456,047	16	69,998,637
	17	Accounts payable and accrued expenses	2,010,542	17	574,678
	18	Grants payable		18	
	19	Deferred revenue	69,324	19	104,967
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
abilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	

	23	Secured mortgages and notes payable to unrelated third parties 2,548,165	23		5.	,447,099
	24	Unsecured notes and loans payable to unrelated third parties	24			
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	25			337,156
	26	Total liabilities. Add lines 17 through 25 4,628,031	26		6	,463,900
Fund Balances		Organizations that follow FASB ASC 958, check here ▶ ✓ and complete lines 27, 28, 32, and 33.			20	202.407
Sali	27	Net assets without donor restrictions	27		-	363,167
D E	28	Net assets with donor restrictions	28		34,	171,570
		Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33.				
s or	29	Capital stock or trust principal, or current funds	29			
Assets	30	Paid-in or capital surplus, or land, building or equipment fund	30			
As	31	Retained earnings, endowment, accumulated income, or other funds	31			504 707
Net	32	Total net assets or fund balances	32		-	534,737
Z	33	Total liabilities and net assets/fund balances	33			,998,637 0 (2022)
		(2022) Page 12				Page 12
Pa	art XI	Reconcilliation of Net Assets				
		Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		✓
1	Tota	al revenue (must equal Part VIII, column (A), line 12)	1		10	,124,881
2		al expenses (must equal Part IX, column (A), line 25)	2			,983,092
3		enue less expenses. Subtract line 2 from line 1	3			,141,789
4		assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			,828,016
5		unrealized gains (losses) on investments	5			,153,498
6		nated services and use of facilities	6	 		,133,430
7		estment expenses	7			
8		r period adjustments	8			
9		er changes in net assets or fund balances (explain in Schedule O)	9			411,434
10		assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10			,534,737
Pa	art XII					,
	A1 C 7 (11	Check if Schedule O contains a response or note to any line in this Part XII				✓
		check in benedule o contains a response of note to any line in this reaction.	<u> </u>		Yes	No
1	If th	ounting method used to prepare the Form 990: Cash Accrual Other ne organization changed its method of accounting from a prior year or checked "Other," explain on edule O.				
2a	a Wer	re the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
		'es,' check a box below to indicate whether the financial statements for the year were compiled or reviewed arate basis, consolidated basis, or both:	on a			
		Separate basis Consolidated basis Both consolidated and separate basis				
b	If 'Y	re the organization's financial statements audited by an independent accountant? 'es,' check a box below to indicate whether the financial statements for the year were audited on a separate solidated basis, or both:	basis,	2b	Yes	
	•	Separate basis Consolidated basis Both consolidated and separate basis				
c	of t	res," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight he audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If th	ne organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3a		a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Ur dance, 2 C.F.R. Part 200, Subpart F?	niform	3a	Yes	
b	If "	res," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired			
	aud	it or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	Yes	• (2022)
				F	orm 99	0 (2022)

Additional Data Return to Form

- -- --

efile Public Visual Render

ObjectId: 202411979349301531 - Submission: 2024-07-15

TIN: 20-5148617

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

2022

ion. Open to Public Inspection

		he organization M OF ART					Employer identific	ation number
							20-5148617	
	rt I	Reason for Public ration is not a private four	Charity Stat	us (All organization	s must comple	ete this part.) S	See instructions.	
1	, gainz	A church, convention of		•	<i>J</i> ,	, ,	(A)(i).	
2		A school described in se	,				(,,,(,,,	
3		A hospital or a cooperat			•	• •	.	
4			·	-			-	akau kha haanikalla
•		A medical research organisme, city, and state:	inization operat	ed iii conjunction with	a nospitai desci	ibed iii section 1	170(b)(1)(A)(III). E	inter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or o	perated by a gov	ernmental unit descril	ped in section
6		A federal, state, or loca	l government or	governmental unit de	scribed in secti	on 170(b)(1)(A	a)(v).	
7	✓	An organization that no section 170(b)(1)(A)			s support from a	a governmental u	nit or from the genera	al public described in
8		A community trust desc	ribed in sectio	170(b)(1)(A)(vi).	(Complete Part	II.)		
9		An agricultural research non-land grant college of An organization that no	of agriculture. S	ee instructions. Enter	the name, city,	and state of the o	college or university:	
		from activities related to investment income and 30, 1975. See section	o its exempt fur unrelated busin	nctions—subject to cer less taxable income (le	tain exceptions,	and (2) no more	than 33 1/3% of its su	upport from gross
11		An organization organiz	ed and operated	d exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		An organization organiz more publicly supported on lines 12a through 12	l organizations (described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a	
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	ganization oper er to regularly a	rated, supervised, or cappoint or elect a major	ontrolled by its s	supported organiz	zation(s), typically by	
b		Type II. A supporting of management of the sup	organization sup porting organiz	ervised or controlled i ation vested in the sar				
С		must complete Part I Type III functionally supported organization(integrated. A	supporting organizatio				ted with, its
d		Type III non-function functionally integrated. instructions). You mus	nally integrate The organizatio	d. A supporting organing organic	ization operated fy a distribution	in connection with requirement and	th its supported orgar	
e		Check this box if the orgintegrated, or Type III r	ganization recei	ved a written determir	nation from the I		pe I, Type II, Type III	functionally
f	Ente	r the number of supported	d organizations				<u> </u>	
g		de the following informat	ion about the su	upported organization(s).			
	1 (i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		janization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota						1		
For F	aperv	work Reduction Act No or 990-EZ.	tice, see the I	nstructions for	Cat. No. 1128	<u> </u> 5F	Schedule	 A (Form 990) 2022
				Pa	ge 2 ———			
Sche	dule A	(Form 990) 2022		1 4	J			Page 2
	rt II	Support Schedule		zations Described ne box on line 5, 7,				L)(A)(vi)

If the organization failed to qualify under the tests listed below, please complete Part III.)

10/28/	25, 9:00 AM	Tat	ft Museum Of Ar	t - Full Filing - Nor	nprofit Explorer - P	roPublica			
	organization s benefit and either paid	Ī	1	1	Ī	I	1		
5	to or expended on its behalf The value of services or facilities								
3	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								
h	3 received from disqualified persons 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. Add lines 7a and 7b								
8	Public support. (Subtract line 7c		1						
	from line 6.)								
Se	ection B. Total Support								
	endar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f)	Total	
-	fiscal year beginning in)	(u) 2010	(6) 2013	(6) 2020	(4) 2021	(6) 2022	(.,	Total	
9	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties and								
	income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30,								
	1975.								
С	Add lines 10a and 10b.								
11	Net income from unrelated business								
	activities not included on line 10b, whether or not the business is								
	regularly carried on.								
12	Other income. Do not include gain or								
	loss from the sale of capital assets								
13	(Explain in Part VI.) Total support. (Add lines 9, 10c,						+		
	11, and 12.)								
14	First 5 years. If the Form 990 is for t	_			-				
	this box and stop here							<u> </u>	ightharpoons
Se	ection C. Computation of Public								
15	Public support percentage for 2022 (lin	ne 8, column (f)	divided by line 1	3, column (f)) .		15			
16	Public support percentage from 2021 S	Schedule A, Part	III, line 15 . .			16			
Se	ection D. Computation of Invest	ment Income	Percentage						
17	Investment income percentage for 20	22 (line 10c, colu	ımn (f) divided l	by line 13, columr	n (f))	17			
18	Investment income percentage from 2	021 Schedule A,	Part III, line 17	'		18			
19a	33 1/3% support tests-2022. If the	organization did	not check the bo	ox on line 14, and	line 15 is more th	nan 33 _{1/3} %, and lir	ne 17	is not	
	more than 33 1/3%, check this box and								
b	33 1/3% support tests—2021. If the	e organization did	not check a bo	x on line 14 or lin	e 19a, and line 16	is more than 33 1/	 3% ar	nd line	18 is
_	not more than 33 1/3%, check this box							_	
20	Private foundation. If the organization							_	
	Private roundation. If the organization	on ala not check	a box on line 14	, 19a, 01 19b, CH	eck this box and s	Schedule A (2022
						Schedule A (0111	1 990)	2022
			_						
			Page	4 ———					
Sche	dule A (Form 990) 2022							Г	Page 4
	t IV Supporting Organization								uge 4
Fai	(Complete only if you checked		of Part I If you	checked hov 12a	of Part I complet	a Sactions A and B	If vo	u chec	rkad
	box 12b, of Part I, complete Se	ctions A and C. I	f you checked b	ox 12c, of Part I,					
	12d, of Part I, complete Section	ns A and D, and o	complete Part V.)					
Se	ection A. All Supporting Organiz	ations							
								Yes	No
1	Are all of the organization's supported								
	If "No," describe in Part VI how the se				red by class or pur	pose,			
	describe the designation. If historic an	d continuing rela	tionship, explair	7.		Ţ	1		
2	Did the organization have any support	ed organization t	hat does not ha	ve an IRS determ	ination of status u	nder section			
_	509(a)(1) or (2)? If "Yes," explain in F								
	described in section $509(a)(1)$ or (2) .					ŀ	2		
3-	Did the organization have a supported	organization dos	cribed in coction	501(c)(4) (5)	or (6)2 If "Vac " ar	newer lines 2h and	_	\vdash	
3a	3c below.	organization des	cribed in section	1 301(6)(4), (3), (או (ט): וו res, ar	iswei iiiies 3D aiia		<u> </u>	
						, , , ,	3a	<u> </u>	
b	Did the organization confirm that each the public support tests under section								
	determination.	505(a)(∠):11 Y6	.s, uescribe in I	- GIL VI WIICH AND	now the organiza	don made die	٠.		_
	Did the organization ensure that all su						3b	<u> </u>	<u> </u>

11 res, explain in **Part V1** what controls the organization put in place to ensure such use.

	II res, explain in Part vi what controls the organization put in place to ensure such use.	3с		Ī
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	40		
-	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.	4b		
С	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.	4 -		
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).	4c 5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	8		
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 .	9a		
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.	9b		
С	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 .	9c		
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.	10a		
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).	10b		
School	Page 5 ———————————————————————————————————	(Form		
	t IV Supporting Organizations (continued)		- 1	Page 5
1 (11	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?			
b		11a		
С	A family member of a person described on 11a above?	11a 11b		
	A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .			
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11b		
Se	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. ection B. Type I Supporting Organizations	11b	Yes	No
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Ection B. Type I Supporting Organizations Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,	11b	Yes	No
Se	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Ection B. Type I Supporting Organizations Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or	11b	Yes	No
Se	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Ection B. Type I Supporting Organizations Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,	11b 11c	Yes	No
1 2	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Ection B. Type I Supporting Organizations Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the 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 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.	11b 11c	Yes	No
1 2	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the 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 organization(s) that operated, supervised, or controlled the supporting organization(s) that operated out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	11b 11c	Yes	No

	each of the organization's supported organization(s)? If "No," describe in Part VI now			-	 	-
	supporting organization was vested in the same persons that controlled or managed t	he sup	ported organization(s).	1		
Se	ection D. All Type III Supporting Organizations				Τ.,	1 -
					Yes	N
	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided during					
	Form 990 that was most recently filed as of the date of notification, and (iii) copies of		ganization's governing			
	documents in effect on the date of notification, to the extent not previously provided?			1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or el organization(s) or (ii) serving on the governing body of a supported organization? If "					
	organization maintained a close and continuous working relationship with the support			2		⊬
	By reason of the relationship described in line 2 above, did the organization's support	ed oraz	anizations have a significant	-		
	voice in the organization's investment policies and in directing the use of the organiza	tion's i	ncome or assets at all times			<u> </u>
	during the tax year? If "Yes," describe in Part VI the role the organization's supporte	d orgai	nizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations					
	Check the box next to the method that the organization used to satisfy the Integral Po	art Test	during the year (see instruct	ions):		
ā	The organization satisfied the Activities Test. Complete line 2 below.					
t	The organization is the parent of each of its supported organizations. Complete	e line 3	B below.			
•	The organization supported a governmental entity. Describe in Part VI how you	ou supp	orted a government entity (see	instru	ctions)	
	Activities Test. Answer lines 2a and 2b below.				Yes	ΙN
=	a Did substantially all of the organization's activities during the tax year directly further	the ex	empt nurnoses of the		163	ľ
Ī	supported organization(s) to which the organization was responsive? If "Yes," then in	Part V	'I identify those supported			
	organizations and explain how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined the					
	substantially all of its activities.	at thes	e delivities constituted	2a		
t	b Did the activities described on line 2a, above constitute activities that, but for the org					
	of the organization's supported organization(s) would have been engaged in? If "Yes," the organization's position that its supported organization(s) would have engaged in t					
	organization's involvement.	inese a	envices but for the			
				l 2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the off the supported organizations? <i>If "Yes" or "No", provide details in Part VI.</i>	icers, c	lirectors, or trustees of each of	2b 3a		
ā	 Did the organization have the power to regularly appoint or elect a majority of the off the supported organizations? If "Yes" or "No", provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, progr 	ams ar	nd activities of each of its	3a		
ā	a Did the organization have the power to regularly appoint or elect a majority of the off the supported organizations? If "Yes" or "No", provide details in Part VI .	ams ar	nd activities of each of its on this regard.	3a 3b		
ā	 Did the organization have the power to regularly appoint or elect a majority of the off the supported organizations? If "Yes" or "No", provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, progr 	ams ar	nd activities of each of its	3a 3b	n 990)	20
ā	 Did the organization have the power to regularly appoint or elect a majority of the off the supported organizations? If "Yes" or "No", provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, prograupported organizations? If "Yes," describe in Part VI. the role played by the organizations? 	ams ar	nd activities of each of its on this regard.	3a 3b	n 990)	20
ā	 Did the organization have the power to regularly appoint or elect a majority of the off the supported organizations? If "Yes" or "No", provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, progr 	ams ar	nd activities of each of its on this regard.	3a 3b	n 990)) 20
ł	 Did the organization have the power to regularly appoint or elect a majority of the off the supported organizations? If "Yes" or "No", provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, prograupported organizations? If "Yes," describe in Part VI. the role played by the organizations? 	ams ar	nd activities of each of its on this regard.	3a 3b		
t t	a Did the organization have the power to regularly appoint or elect a majority of the off the supported organizations? If "Yes" or "No", provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, progr supported organizations? If "Yes," describe in Part VI. the role played by the organizations? Page 6	ams ar	nd activities of each of its of this regard. Schedule A	3a 3b		
t	a Did the organization have the power to regularly appoint or elect a majority of the off the supported organizations? If "Yes" or "No", provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, progresupported organizations? If "Yes," describe in Part VI. the role played by the organizations? If "Yes," describe in Part VI. the role played by the organization of the o	rams ar ation ir Prgani	ad activities of each of its of this regard. Schedule A zations lov. 20, 1970 (explain in Part V	3a 3b (Form	ļ	
the Pa	Did the organization have the power to regularly appoint or elect a majority of the off the supported organizations? If "Yes" or "No", provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programper supported organizations? If "Yes," describe in Part VI. the role played by the organizations? If "Yes," describe in Part VI. the role played by the organizations. Page 6 Edule A (Form 990) 2022 Type III Non-Functionally Integrated 509(a)(3) Supporting Office Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.	rams ar ation ir Prgani	ad activities of each of its of this regard. Schedule A zations Iov. 20, 1970 (explain in Part Values to complete Sections A throu	3a 3b (Form	e e	Pag
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t the	Did the organization have the power to regularly appoint or elect a majority of the off the supported organizations? If "Yes" or "No", provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, progresupported organizations? If "Yes," describe in Part VI. the role played by the organizations? If "Yes," describe in Part VI. the role played by the organizations? If "Yes," describe in Part VI. the role played by the organizations. Page 6 Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions	Prgani est on Nations r	ad activities of each of its of this regard. Schedule A zations Iov. 20, 1970 (explain in Part Values to complete Sections A throu	3a 3b (Form	rent Yea	Pag
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	Section 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		
	Section 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):	1		
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		
e	Discount claimed for blockage or other factors			

	3		!	
	(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		
	Section C - Distributable Amount			Current Year
1	Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A)	1		Current Year
1 2		1 2		Current Year
1 2 3	Adjusted net income for prior year (from Section A, line 8, Column A)			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1	2		Current Year
3	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A)	2		Current Year
3	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3	3 4		Current Year

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Schedule A (Form 990) 2022

- Page 7

Schedule A (Form 990) 2022

Page 7

Section D - Distributions				Current Year
Amounts paid to supported organizations to accomplish	n exempt purposes		1	
Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			2	
Administrative expenses paid to accomplish exempt pu	rposes of supported organizati	ons	3	
Amounts paid to acquire exempt-use assets			4	
Qualified set-aside amounts (prior IRS approval require	ed - provide details in Part VI)		5	
Other distributions (describe in Part VI). See instruction	ons		6	
Total annual distributions. Add lines 1 through 6.			7	
Distributions to attentive supported organizations to what details in Part VI). See instructions	nich the organization is respon	sive (<i>provide</i>	8	
Distributable amount for 2022 from Section C, line 6			9	
0 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ns	(iii) Distributable Amount for 2022
. Distributable amount for 2022 from Section C, line 6				
Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.				
Excess distributions carryover, if any, to 2022:				
From 2017				
b From 2018				
From 2019				
d From 2020				
e From 2021				
f Total of lines 3a through e				
Applied to underdistributions of prior years				
h Applied to 2022 distributable amount	-			
Carryover from 2017 not applied (see instructions)				
Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
Distributions for 2022 from Section D, line 7:				

a Applied to underdistributions of prior years **b** Applied to 2022 distributable amount

Schedule A (Form 990) (2022)

Page 8

Schedule A (Form 990) 2022

10/28/25, 9:00 AM

See instructions.

3j and 4c. 8 Breakdown of line 7: a Excess from 2018. **b** Excess from 2019. Excess from 2020. Excess from 2021. Excess from 2022.

Page 8

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

Facts And Circumstances Test

Return Reference	Explanation
	OTHER INCOME - 2020 AMOUNT: \$ 315,624. 2022 AMOUNT: \$ 12,930. SPECIAL EVENTS NET - 2018 AMOUNT: \$ 63,040. 2019 AMOUNT: \$ 57,254. 2020 AMOUNT: \$ 62,649. 2022 AMOUNT: \$ 6,085.

Schedule A (Form 990) 2022

Additional Data

Return to Form

Software ID:

efile Public Visual Rer	nder Objectld: 202411979349301531	- Submission: 2024-07-15	TIN: 20-5148617
Schedule B	Schedu	le of Contributors	OMB No. 1545-0047
		Form 990, 990-EZ, or 990-PF. <u>v/Form990</u> for the latest information.	2022
Name of the organization TAFT MUSEUM OF ART	1		Employer identification number
Organization type (ch	eck one):		20-5148617
Filers of:	Section:		
Form 990 or 990-EZ	☐ 501(c)() (enter number) on	ganization	
		_	adation
		table trust not treated as a private four	idation
	☐ 527 political organization		
Form 990-PF	☐ 501(c)(3) exempt private fou		
	☐ 4947(a)(1) nonexempt charit	table trust treated as a private foundati	ion
	501(c)(3) taxable private fou	ndation	
money or othe contributions. Special Rules For an organization under sections received from a 990, Part VIII, li For an organization during the year, purposes, or for	ration filing Form 990, 990-EZ, or 990-Pler property) from any one contributor. Contains ation described in section 501(c)(3) filing 509(a)(1) and 170(b)(1)(A)(vi), that checking one contributor, during the year, total ne 1h, or (ii) Form 990-EZ, line 1. Compation described in section 501(c)(7), (8), or total contributions of more than \$1,000 or the prevention of cruelty to children or a fation described in section 501(c)(7), (8), or the described in section 501(c)(7), (8), or the prevention of cruelty to children or a fation described in section 501(c)(7), (8), or the prevention of cruelty to children or a fation described in section 501(c)(7), (8), or the prevention of cruelty to children or a fation described in section 501(c)(7), (8), or the prevention of cruelty to children or a fation described in section 501(c)(7), (8), or the prevention of cruelty to children or a fation described in section 501(c)(7), (8), or the prevention of cruelty to children or a fation described in section 501(c)(7), (8), or the prevention of cruelty to children or a fation described in section 501(c)(7), (8), or the prevention of cruelty to children or a fation described in section 501(c)(7), (8), or the prevention described in section fation described in section fation des	Form 990 or 990-EZ that met the 33 ¹ / ₃ ked Schedule A (Form 990 or 990-EZ) contributions of the greater of (1) \$5,0 lete Parts I and II. or (10) filing Form 990 or 990-EZ that rexclusively for religious, charitable, scianimals. Complete Parts I, II, and III.	for determining a contributor's total 3% support test of the regulations 3, Part II, line 13, 16a, or 16b, and that 1000 or (2) 2% of the amount on (i) Form received from any one contributor, ientific, literary, or educational
during the year, If this box is che purpose. Don't religious, charit Caution: An organizati	contributions exclusively for religious, clecked, enter here the total contributions complete any of the parts unless the Ge able, etc., contributions totaling \$5,000 con that isn't covered by the General Rule	haritable, etc., purposes, but no such of that were received during the year for a neral Rule applies to this organization or more during the year	contributions totaled more than \$1,000. an exclusively religious, charitable, etc. because it received nonexclusively Schedule B (Form 990,
	It it must answer "No" on Part IV, line 2, Part I, line 2, to certify that it doesn't mee		
For Paperwork Reduction for Form 990, 990-EZ, or 9	Act Notice, see the Instructions 90-PF.	Cat. No. 30613X	Schedule B (Form 990) (2022
		— Page 2 ————	
Schedule B (Form 990)) (2022)		Page 2
Name of organization		Em	anlover identification number

(a) No.

(a) No.

(a) No.

(a) No.

(a) No.

(a) No.

RESTRICTED

Part I Contributors

Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash
(b) Name, address, and ZIP + 4	(c) Total contributions	contributions.) (d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributior
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributior
		Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributior
		Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-,	\$	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2

Schedule E	3 (Form 990) (2022)	Pag		
Name of organization TAFT MUSEUM OF ART		Employer identification number 20-5148617		
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.			
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received	

(See mstructions)

-			\$	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
Schedule	B (Form 990) (2022)	Page 4		Schedule B (Form 990) (2022)
Name of o	rganization EUM OF ART		' '	ntification number
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter the the year. (Enter this information once. See Use duplicate copies of Part III if additional s	tributor. Complete columns (a) throe e total of exclusively religious, charge instructions.) **Table 1.1	ough (e) and the follow	ring line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	iption of how gift is held
-	Transferee's name, address, and	(e) Transfer of gift ZIP 4 Re	lationship of transferor t	o transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	iption of how gift is held
-	Transferee's name, address, and	(e) Transfer of gift ZIP 4 Re	lationship of transferor t	o transferee
(a)			T	

0/28/25, 9:00 AM	I Ta	aft Museum Of Art - Full Filing - Nonprof	it Explorer - ProPublica
No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
· <u>=</u>	Transferee's name, address, and ZI	(e) Transfer of gift P 4 Relat	ionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
· <u> =</u>	Transferee's name, address, and ZI	(e) Transfer of gift P 4 Relat	ionship of transferor to transferee

Software ID: Software Version:

Additional Data

Schedule B (Form 990) (2022)

Return to Form

efile Public Visual Render

ObjectId: 202411979349301531 - Submission: 2024-07-15

TIN: 20-5148617

SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

		wered "Yes" on Form 990, Pa			ical Campaign Ac	tivities), then	
		ganizations: Complete Parts I-A er than section 501(c)(3)) organi			mnlete Part I-R		
		ations: Complete Part I-A only.	zalions. Complete Fans 1-A a	ind C below. Do not col	implete Fait I-b.		
f the	organization answ	wered "Yes" on Form 990, Þa	rt IV, Line 4, or Form 990-EZ	., Part VI, line 47 (Lob	bying Activities), t	then	
		ganizations that have filed Forn ganizations that have NOT filed					
		wered "Yes" on Form 990, Pa					١.
Prox	y Tax) (see separa	ate instructions), then 5), or (6) organizations: Comple		•	•	,	
	ne of the organizati MUSEUM OF ART	on			Employer identif	ication number	
D	T A C	. 16.11		44.	20-5148617	•••	
		e if the organization is ex					
1	"political campaigr					definition of	
2		activity expenditures. See instr			-		
3 Dowl		or political campaign activities.					
	· · · · · · · · · · · · · · · · · · ·	e if the organization is ex					
1		of any excise tax incurred by the of any excise tax incurred by or			_		
2		n incurred a section 4955 tax, d	•		· •		
	<u>-</u>	nade?	•			U Yes U	No
4a						☐ Yes ☐	No
b Dari	If "Yes," describe i	in Part IV. e if the organization is ex	vemnt under section E0	11(c) except secti	on E01(c)(3)		
1		-	•				
2		directly expended by the filing of the filing organization's fund	•	•	· •		
_							
3	Total exempt function	tion expenditures. Add lines 1 a	and 2. Enter here and on Forn	n 1120-POL, line 17b	• \$_		
4	Did the filing orga	nization file Form 1120-POL fo	or this year?			☐ Yes ☐	No
5	organization made of political contribution	addresses and employer identif e payments. For each organizati utions received that were prom action committee (PAC). If add	ion listed, enter the amount p ptly and directly delivered to	aid from the filing orga a separate political org	anization's funds. A anization, such as	Iso enter the amou	
(a) i	Name	(b) Address	(c) EIN		Amount paid from	(e) Amount o	of
					ng organization's ds. If none, enter	political contributer received and pro-	
				Tunc	-0	and directly deliv	
						to a separate pol organization. If r	
						enter -0	ioric,
1							
_							
2							
3							
4							
•							
5							
6							
or Pa	perwork Reduction	Act Notice, see the instructions f	for Form 990.	Cat. No. 500849	S Sche	dule C (Form 990)	2022

Page 2

	36CHOH 301(H)).					
A	Check if the filing organization belongs to an a expenses, and share of excess lobbying		in Part IV each af	filiated group me	mber's name	, address, EIN,
В	Check if the filing organization checked box A	. ,	ovisions apply.			
	Limits on Lobbying (The term "expenditures" means	Expenditures		orga	a) Filing anization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion	n (grass roots lobbying)			0	
b	Total lobbying expenditures to influence a legislative b	, ,,			18,000	
C	Total lobbying expenditures (add lines 1a and 1b)				18,000	
d	Other exempt purpose expenditures				7,231,615 7,249,615	
e f		•				
•	columns.				512,481	
	If the amount on line 1e, column (a) or (b) is:	<u> </u>		_		
	· '	20% of the amount on line 1		_		
		\$100,000 plus 15% of the ex \$175,000 plus 10% of the ex				
		\$225,000 plus 5% of the exc				
		\$1,000,000.				
g	Grassroots nontaxable amount (enter 25% of line 1f)				128,120	
h	,				0	
i j	Subtract line 1f from line 1c. If zero or less, enter -0- If there is an amount other than zero on either line 1l			4720 reporting	U	
•	section 4911 tax for this year?					☐ Yes ☐ No
	columns below. See the	ne separate instruct			f.)	
	Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a	Lobbying nontaxable amount	413,448	398,299	448,656	512,4	1,772,884
b	Lobbying ceiling amount (150% of line 2a, column(e))					2,659,326
С	Total lobbying expenditures	2,517	2,480	23,375	18,0	46,372
d	Grassroots nontaxable amount	103,362	99,575	112,164	128,1	120 443,221
e	Grassroots ceiling amount (150% of line 2d, column (e))					664,832
f	Grassroots lobbying expenditures	2,014	1,984	1,900		5,898
	oranical control of the control of t		_,	2,000	Schedule C	(Form 990) 2022
		———— Page 3 —				
	edule C (Form 990) 2022 art II-B Complete if the organization is e	vemnt under sectio	n 501(c)(3) a	nd has NOT f	ilad	Page 3
	Form 5768 (election under section		501(c)(5) u	na nas Nor i		
For	each "Yes" response on lines 1a through 1i below, prov	vide in Part IV a detailed	description of the	e lobbying	(a)	(b)
acti	vity.				Yes No	Amount
1	During the year, did the filing organization attempt to including any attempt to influence public opinion on	to influence foreign, nation a legislative matter or re	onal, state or loca eferendum, throu	I legislation, gh the use of:		
а						
b	3 \		- ,			
c d						
e					 	+

0/28/2	5, 9:00 AM	Taft Museum Of Art - Full Filing - Nonprofit Explorer - ProPuk	olica				
f		s for lobbying purposes?					
g	-	s, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, sem	inars, conventions, speeches, lectures, or any similar means?					
i	Other activities?						
j	Total. Add lines 1c through 1	j					
2a	Did the activities in line 1 car	use the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of	f any tax incurred under section 4912			ŀ		
		f any tax incurred by organization managers under section 4912					
		rred a section 4912 tax, did it file Form 4720 for this year?					
Parl	Complete if the 501(c)(6).	e organization is exempt under section 501(c)(4), section 501(c)	(5), o	r secti			
_				_		es	No
1		or more) dues received nondeductible by members?		L	1		
2	-	nly in-house lobbying expenditures of \$2,000 or less?		L	2		
3		e organization is exempt under section 501(c)(4), section 501(c)			3		
	and if either (a answered "Yes	a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part s."	III-A				
1	,	lar amounts from members	1				
2		e lobbying and political expenditures (do not include amounts of political ection 527(f) tax was paid).					
а	•						
b			2b				
С	Total		2c				
3	Aggregate amount reported	in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3				
4	the organization agree to car	amount on line 2c exceeds the amount on line 3, what portion of the excess does rryover to the reasonable estimate of nondeductible lobbying and political					
	'		4				
5		and political expenditures. See Instructions	5				
Pa	rt IV Supplemental	Information					
		for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); . Also, complete this part for any additional information.	Part II-	A, lines	1 and 2	(see	:
	Return Reference	Explanation					
FORM	990, SCHEDULE C, PART II-A	A: THE MUSEUM HAS A MEMBERSHIP IN THE LOBBYING ORGANIZATION, OHIO ORGANIZATION ADVOCATES ON BEHALF OF THE OHIO ARTS COUNCIL.	CITIZE	NS FOR	THE ART	ΓS. T	HIS
			Sched	ule C (F	orm 99	0) 2	2022
Ad	ditional Data			Retur	n to Fo	orm	

Software ID:

Software Version:

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ObjectId: 202411979349301531 - Submission: 2024-07-15

TIN: 20-5148617

SCHEDULE D

Department of the Treasury

(Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public

Interna	Revenue Service Go to <u>www.irs.gov/Forn</u>	<u>n990</u> for instructions and the latest info	rmation.	Inspection	
	me of the organization T MUSEUM OF ART		Employer identi	fication number	
			20-5148617		
Pa	rt I Organizations Maintaining Donor Advi Complete if the organization answered "Ye		or Accounts.		
	Complete if the organization answered Te	(a) Donor advised funds	(b) Funds ar	nd other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex			☐ Yes ☐	No
6	Did the organization inform all grantees, donors, and donoritable purposes and not for the benefit of the donor private benefit?	r or donor advisor, or for any other purpose o			No
Pai	rt II Conservation Easements. Complete if the organization answered "Ye	es" on Form 990, Part IV, line 7.			
1	Purpose(s) of conservation easements held by the orga	, , , , , , , , , , , , , , , , , , , ,			
	Preservation of land for public use (e.g., recreation	n or education) Preservation of an	historically importa	nt land area	
	Protection of natural habitat	☐ Preservation of a o	certified historic stru	ıcture	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the for		ne End of the Yea	r
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements . $% \left({{\bf r}_{i}}\right) ={\bf r}_{i}$.		2b		
С	Number of conservation easements on a certified histor	ic structure included in (a)	2c		
d	Number of conservation easements included in (c) acqu historic structure listed in the National Register	ired after July 25, 2006, and not on a	2d		
3	Number of conservation easements modified, transferred tax year	ed, released, extinguished, or terminated by	the organization du	ring the	
4	Number of states where property subject to conservation	on easement is located 🕨			
5	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold	he periodic monitoring, inspection, handling s?	_	Yes 🗆 No	
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing co	onservation easeme	nts during the year	
7	Amount of expenses incurred in monitoring, inspecting, \$ \begin{align*}	handling of violations, and enforcing conser	vation easements d	uring the year	
8	Does each conservation easement reported on line 2(d)) above satisfy the requirements of section 1	70(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?			Yes 🗆 No	
9	In Part XIII, describe how the organization reports consbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	e footnote to the organization's financial state		es	
Par	t III Organizations Maintaining Collections Complete if the organization answered "Ye		er Similar Asse	ts.	
1a	If the organization elected, as permitted under FASB AS		nt and balance shee	t works of art,	
	historical treasures, or other similar assets held for pub Part XIII, the text of the footnote to its financial statem	olic exhibition, education, or research in furth ents that describes these items.	erance of public ser	vice, provide, in	
b	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for pub following amounts relating to these items:				
(i) Revenue included on Form 990, Part VIII, line 1		🕨 \$		_
	i)Assets included in Form 990, Part X				
2	If the organization received or held works of art, historic following amounts required to be reported under FASB	ical treasures, or other similar assets for fina		he	-
а	Revenue included on Form 990, Part VIII, line 1		- \$		_
b	Assets included in Form 990, Part X				-

Cat. No. 52283D

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

Schedule D (Form 990) 2022

—— Page 2 —

Sche	dule D	(Form 990) 2022						Page 2
Part	: III	Organizations Maintaining Col	ections of Art, F	listorical Tr	easures, o	or Other 9	Similar Assets (co	ontinued)
3		the organization's acquisition, accession (check all that apply):	, and other records,	check any of t	he following	that are a	significant use of its	collection
а	~	Public exhibition			Loan or exc			
b	✓	Scholarly research		e 🔽	Other	CATIONAL P	ROGRAMS	
С	✓	Preservation for future generations						
4	Provid Part X	de a description of the organization's coll	ections and explain	now they furth	er the organ	ization's ex	empt purpose in	
5		g the year, did the organization solicit or s to be sold to raise funds rather than to						s 🔽 No
Par	t IV	Escrow and Custodial Arranger Complete if the organization answ line 21.		m 990, Part 1	V, line 9, o	or reported		
1a	Is the	organization an agent, trustee, custodia	an or other intermed	iary for contrib	utions or ot	her assets r	not	
		led on Form 990, Part X?						No
b	If "Ye	s," explain the arrangement in Part XIII	and complete the fo	llowing table:			Amount	
С	Begin	ning balance				1c		
d	Additi	ons during the year				1d		
е	Distril	butions during the year				1e		
f	Endin	g balance				1f		
2a	Did th	ne organization include an amount on Fo	rm 990, Part X, line	21, for escrow	or custodial	account lia	bility? D Yes	s 🗆 No
b	If "Ye	s," explain the arrangement in Part XIII.	Check here if the ex	planation has	been provid	ed in Part X	ш 🗆	
Pa	rt V	Endowment Funds.						
		Complete if the organization answ					, , , , , , , , , , , , , , , , , , ,	
12	Reginn	ing of year balance	(a) Current year 18,460,706	(b) Prior year 22,169,		years back 19,259,112	(d) Three years back ((e) Four years back 16,502,543
	-	outions	-31,455	517,		10,300	987,276	3,159,436
		estment earnings, gains, and losses	1,563,371	-3,176,		3,629,285	1,144,979	205,522
		or scholarships	, , , , ,	-, -,		-,,	, ,,	
		expenditures for facilities						
		ograms	2,057,139	1,049,	066	729,188	1,277,170	1,463,474
f.	Admini	strative expenses						
g	End of	year balance	17,935,483	18,460,	706	22,169,509	19,259,112	18,404,027
2	Provid	de the estimated percentage of the curre	nt year end balance	(line 1g, colun	nn (a)) held	as:	<u> </u>	
а			39.950 %	, ,,	(//			
b	Perma	anent endowment > 60.050 %						
c	Term	endowment 🕨						
	The p	ercentages on lines 2a, 2b, and 2c shoul	d equal 100%.					
3а		nere endowment funds not in the possessization by:	sion of the organizat	ion that are he	ld and admi	nistered for	the	Yes No
	(i) Ur	nrelated organizations					3a	(i) Yes
	. ,	elated organizations					3a((ii) No
b		s" on 3a(ii), are the related organization					3	b
4		ibe in Part XIII the intended uses of the		vment funds.				
Par	t VI	Land, Buildings, and Equipmer Complete if the organization answ		m OOO Dart 1	\/ line 11=	Coo Form	n 000 Part V lina	10
	Descri	ption of property (a) Cost or oth (investme	er basis (b) Cost	or other basis (o		ccumulated de) Book value
1 2	Land			61	0,551			60,551
					0,860			200,860
		gs		29,41	-		10,524,617	
		old improvements		•	-			18,888,512
		nent			7,165		1,049,588	3,031,577
		lines to through to (Column (d) must a	gual Form 000 Pearl		7,051	1		897,051
ı ota	ı. Add	lines 1a through 1e. (Column (d) must e	quai Form 990, Part	x, column (B),	iine 10(c).,		•	23,078,551

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 Page **3**

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on	Form 990 Part IV	line 11h See Foi	m 990 Part X	line 12
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of value o	aluation:
(1) Financial derivatives				
(2) Closely-held equity interests		_		
(A) FUNDS HELD FOR THE BENEFIT OF THE MUSEUM	20,264,33		F	
(B) BENEFICIAL INTEREST IN TRUST (B)	219,18	5	F	
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶ 20,483,52	2		
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on	Form 990 Part IV	line 11c See Fo	rm 990 Part Y	line 13
(a) Description of investment	70111 990, 1411 14,	(b) Book value	(c) Meth	nod of valuation: of-year market value
(1)			Cost of end	or year market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	٠			
Part IX Other Assets. Complete if the organization answered 'Yes' on	Form 990, Part IV, I	ine 11d. See For	m 990, Part X,	
(a) Descripti	on			(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)		<u> </u>		
Part X Other Liabilities. Complete if the organization answered 'Yes' on	Form 990 Part IV	ine 11e or 11f S	ee Form 990 I	Part X. line 25
1. (a) Description of		2 2 2 3 1 1113	23.31111 330,1	(b) Book value
(1) Federal income taxes		·		<u></u>

DPERATING LEASE LIABILITY	337,156
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	337,156

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

—— Page 4 —

Schedule D (Form 990) 2022 Page **4**

Pa	rt XI Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Par			eturn	
1	Total revenue, gains, and other support per audited financial statements .			1	12,098,691
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,153,498		
b	Donated services and use of facilities	2b	14,920		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	411,434		
е	Add lines 2a through 2d	•		2e	1,579,852
3	Subtract line $2e$ from line 1			3	10,518,839
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	5,511		
b	Other (Describe in Part XIII.)	4b	-399,469		
c	Add lines 4a and 4b			4c	-393,958
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) .		5	10,124,881
Par	t XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered 'Yes' on Form 990, Par			Retui	rn.
1	Total expenses and losses per audited financial statements			1	7,391,970
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	14,920		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	399,469		
е	Add lines 2a through 2d	•		2e	414,389
3	Subtract line $2e$ from line 1			3	6,977,581
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	5,511		
b	Other (Describe in Part XIII.)	4b			
					1
С	Add lines 4a and 4b			4c	5,511

Part 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.

	1 1 1
Return Reference	Explanation
PART III, LINE 1A:	IN CONFORMITY WITH PRACTICES FOLLOWED BY MANY SIMILAR INSTITUTIONS, ART OBJECTS ARE NOT INCLUDED AS ASSETS IN THE CONSOLIDATED STATEMENT OF FINANCIAL POSITION. THE TERMS OF THE ORIGINAL DEED OF GIFT REQUIRE THAT THE ART COLLECTION DESIGNATED AS THE "TAFT COLLECTION" BE PERPETUALLY MAINTAINED AND PRESERVED UNIMPAIRED BY THE MUSEUM.
PART III, LINE 4:	THE TAFT MUSEUM OF ART COLLECTIONS INCLUDE EUROPEAN OLD MASTER AND 19TH-CENTURY PAINTINGS, AMERICAN PAINTINGS AND SCULPTURES, CHINESE PORCELAINS, AND EUROPEAN DECORATIVE ARTS. THE BALIM-LONGWORTH-SINTON-TAFT HOUSE. AN EXCELLENT EXAMPLE OF

10/28/25, 9:00 AM	Taft Museum Of Art - Full Filing - Nonprofit Explorer - ProPublica AMERICAN PALLADIAN ARCHITECTURE, IS ON THE NATIONAL REGISTER OF HISTORIC PLACES WITH NATIONAL LANDMARK STATUS. THE COLLECTION FURTHERS THE MUSEUM'S EXEMPT PURPOSE BY SERVING AS THE CORNERSTONE FOR THE MUSEUM'S EXHIBITIONS, PUBLIC PROGRAMS, AND EDUCATIONAL ACTIVITIES.
PART V, LINE 4:	THE ENDOWMENT FUNDS' EARNINGS ARE USED FOR VARIOUS REASONS SUCH AS: OPERATIONS, GARDEN UPKEEP, SUMMER ART CAMP, TO HOST SPECIAL EXHIBITIONS, AND ART LECTURES.
PART X, LINE 2:	THE MUSEUM HAS ADOPTED GUIDANCE RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THOSE PROVISIONS CLARIFY THE ACCOUNTING AND RECOGNITION FOR INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE MUSEUM'S INCOME TAX RETURNS. THE MUSEUM'S INCOME TAX FILINGS ARE SUBJECT TO AUDIT BY VARIOUS TAXING AUTHORITIES. THE MUSEUM'S POLICY WITH REGARD TO INTEREST AND PENALTY IS TO RECOGNIZE INTEREST THROUGH INTEREST EXPENSE AND PENALTIES THROUGH OTHER EXPENSE. THE MUSEUM HAS REVIEWED ITS POSITION IN CONNECTION WITH UNRELATED BUSINESS INCOME TAX AND MANAGEMENT BELIEVES NOTHING HAS OCCURRED THAT WOULD RESULT IN AN UNCERTAIN TAX POSITION.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	BENEFICIAL INTEREST VALUE CHANGE 411,434.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	COST OF GOODS SOLD -175,262. DIRECT FUNDRAISING EXPENSES -81,856. DIRECT RENTAL COST -142,351.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	COST OF GOODS SOLD 175,262. DIRECT FUNDRAISING EXPENSES 81,856. DIRECT RENTAL COST 142,351.

Schedule D (Form 990) 2022

Additional Data

Return to Form

Software ID: Software Version:

efile Public Visual Render

ObjectId: 202411979349301531 - Submission: 2024-07-15

TIN: 20-5148617

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047 **2022**

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, organization entered more than \$15,000 on Form 990-EZ, lines Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest info							line 6a.		Open to Public Inspection	
	ne of the organization T MUSEUM OF ART							Employer ide	ntification number	
	7 11002011 01 7411							20-5148617		
Pa		-	ties. Complete if are not required t	-		answered "Yes" on F part.	orm 990,	, Part IV, line 1	7.	
1						ollowing activities. Checl	c all that a	pply.		
а	☐ Mail solicitations				•	Solicitation of no	n-governm	ent grants		
b	☐ Internet and ema	il solicitat	tions		1	Solicitation of gov	vernment g	grants		
c	☐ Phone solicitation	S			ç	■ Special fundraisir	ig events			
d	☐ In-person solicita	tions								
2a						vidual (including officers on with professional func		rvices?	es 🗆 No	
b	If "Yes," list the 10 h to be compensated a	ighest pa t least \$5	id individuals or en 5,000 by the organi	itities (fun ization.	idraisers)	pursuant to agreements	under wh			
(i)	(i) Name and address of individual or entity (fundraiser)		(ii) Activity	fundrai custo cont) Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)		(vi) Amount paid to (or retained by) organization	
				Yes	No					
Tot	al				. ▶					
	List all states in which licensing.	the orgar	nization is registere	d or licen	sed to sol	icit contributions or has	been notifi	ied it is exempt f	rom registration or	
For	Paperwork Reduction Ac	t Notice,	see the Instructions	for Form	990 or 99	0-EZ. Cat. No	. 50083H	So	chedule G (Form 990) 2022	
Sch	edule G (Form 990) 20:	22			—— Pa	ge 2 ———————————————————————————————————			Page 2	

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

Revenue		(a)Event #1 ENCHANTED GARDEN GALA (event type)	(event type)	(total number)	(d) Total events (add col. (a) through col. (c))
	1 Gross receipts	293,763			293,763
	2 Less: Contributions3 Gross income (line 1 minus	205,822			205,822
	line 2)	87,941			87,941
	4 Cash prizes				
S	5 Noncash prizes	1,855			1,855
use	6 Rent/facility costs	12,634			12,634
Direct Expenses	7 Food and beverages	51,259			51,259
ğ	8 Entertainment	550			550
Ö	9 Other direct expenses	15,558			15,558
	10 Direct expense summary. Add lines 4 th	rough 9 in column (d)			81,856
	on Form 990-EZ, line 6a.				
Revenue	1 Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
benses	2 Cash prizes				
Δ Δ	3 Noncash prizes				
Direct E	4 Rent/facility costs				
ш	5 Other direct expenses	_		_	
	6 Volunteer labor	Yes	☐ Yes %☐ No	 Yes	
	7 Direct expense summary. Add lines 2 th			•	
	8 Net gaming income summary. Subtract	line 7 from line 1, colum	n (d)	<u> </u>	<u> </u>
9 a b	75 U.S. U.S.	ming activities in each of	these states?		
10a b		· ·	<u>-</u>	e tax year?	☐ Yes ☐ No
					chedule G (Form 990) 2022

rage .

Schedule G (Form 990) 2022				Page 3
1 Does the organization conduct gaming activities with nonmembers?			Yes [No
2 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partners formed to administer charitable gaming?	ship or other entity		Yes [No
3 Indicate the percentage of gaming activity conducted in:		_		- 110
a The organization's facility		13a		%
b An outside facility		13b		%
4 Enter the name and address of the person who prepares the organization's gaming/spec	cial events books and re	ecords:		
Name				
Address				
5a Does the organization have a contract with a third party from whom the organization re				
			Yes [No
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ amount of gaming revenue retained by the third party ► \$	and th	e		
c If "Yes," enter name and address of the third party:				
Name				
Address				
Name Saming manager compensation \$				
Description of services provided				
☐ Director/officer ☐ Employee ☐ Indepe	endent contractor			
 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gretain the state gaming license? 	• .) v) a.
b Enter the amount of distributions required under state law distributed to other exempt of in the organization's own exempt activities during the tax year \$			Yes 🗀) NO
Supplemental Information. Provide the explanations required by Pa III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide				
Return Reference Ex	xplanation			
	Sched	ule G (Form 9	990) 2022	2
Additional Data		Ret	turn to	Form

Software ID:

No

No

No

No

No

No

5h

6a

6b

7

8

Cat. No. 50053T Schedule J (Form 990) 2022

10/28/25. 9:00 AM Taft Museum Of Art - Full Filing - Nonprofit Explorer - ProPublica efile Public Visual Render ObjectId: 202411979349301531 - Submission: 2024-07-15 TIN: 20-5148617 OMB No. 1545-0047 Compensation Information Schedule J For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990. Department of the Treasury ► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. Internal Revenue Service Name of the organization TAFT MUSEUM OF ART Employer identification number 20-5148617 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . 1b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 Yes directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a Receive a severance payment or change-of-control payment? . . . No 4b No Participate in, or receive payment from, an equity-based compensation arrangement? 40 Nο If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

Page 2 -

"Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section

The organization? . . .

Any related organization? . . .

If "Yes," on line 5a or 5b, describe in Part III.

compensation contingent on the net earnings of: The organization?

Any related organization?

If "Yes," on line 6a or 6b, describe in Part III.

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

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III

Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was

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Schedule J (Form 990) 2022 Page 2 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 are not 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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal t	he tot	al amount of Form	990, Part VII, Sed	ction A, line 1a, ap	plicable column (D) and (E) amoun	ts for that indi	vidual.
(A) Name and Title	(A) Name and Title		of W-2, 1099-MIS and/or 1099-NEC		(C) Retirement and other	(D) Nontaxable benefits	columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 DEBORAH EMONT SCOTT CEO - PART YEAR	(i)	185,687	43,000	0	3,765	6,884	239,336	0
	(ii)	0	0	0	0	0	0	0

0/28/25, 9:00 AM		Ta	aft Museum O	f Art - Full Filii	ng - Nonprofit	Explorer - Pro	Publica		
									+
					l		Į	Schedule J (F	Form 990) 2022
				Page 3 ———					
Schedule J (Form 990) 2022									D 2
Part III Supplemental Inf	formation								Page 3
	n, or descriptions required for Part I, li	nes 1a,	1b, 3, 4a, 4b, 4c	, 5a, 5b, 6a, 6b, 7	, and 8, and for Pa	rt II. Also complet	e this part for ar	y additional inf	ormation.
Return Reference					Explanation				
PART I, LINE 1A	THE CEO USES A SOCIAL CLUB F	OR BUS	INESS PURPOSES	ONLY.					
								Schedule J (F	Form 990) 2022
Additional Data								Re	turn to Form

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ObjectId: 202411979349301531 - Submission: 2024-07-15

TIN: 20-5148617 OMB No. 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

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

▶ Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

2022

Open to Public Inspection

Name of the organization **Employer identification number** TAFT MUSEUM OF ART 20-5148617 Part I Types of Property (d) (a) (b) (c) Check if Number of contributions or Noncash contribution Method of determining items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 1g Art—Works of art . . Art—Historical treasures Art—Fractional interests Books and publications Clothing and household aoods 6 Cars and other vehicles . . Boats and planes 8 Intellectual property . . . Securities—Publicly traded . 10 103,949 STOCK EXCHANGE 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests 12 Securities-Miscellaneous . . Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . 15 Real estate—Residential . 16 Real estate—Commercial . . 17 Real estate—Other . . . Collectibles 18 19 Food inventory . . . Drugs and medical supplies . 20 Taxidermy 21 22 Historical artifacts . . . 23 Scientific specimens . . 24 Archeological artifacts . 25 Other ► (__ 26 Other ► (-27 Other ▶ (. 28 Other ► (. Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement No Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a No **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a No **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. Cat. No. 51227J Schedule M (Form 990) (2022) For Paperwork Reduction Act Notice, see the Instructions for Form 990.

– Page 2 *–*

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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.

Return Reference Explanation

Schedule M (Form 990) (2022)

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TIN: 20-5148617 OMB No. 1545-0047

SCHEDULE 0 (Form 990)

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

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Employer identification number

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

20-5148617

Name of the organization TAFT MUSEUM OF ART

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE CEO, CFO, AND BOARD TREASURER WILL REVIEW PRIOR TO FILING. THE FINAL VERSION WILL BE EMAILED TO ALL BOARD MEMBERS FOR THEIR INFORMATION.
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, THE BOARD AND STAFF ARE REQUIRED TO FILL OUT A NEW CONFLICT OF INTEREST POLICY. ANY DISCLOSURES ON THE SUBMITTED CONFLICT OF INTEREST ARE REVIEWED FOR APPROPRIATENESS AT THE FOLLOWING FINANCE/EXEC MEETING OF THE BOARD. ANY DISCLOSURES MUST BE THEN APPROVED.
FORM 990, PART VI, SECTION B, LINE 15	SALARY LEVELS ARE DETERMINED THROUGH THE USE OF COMPARISONS WITH SALARY SURVEYS FROM SIMILAR MUSEUMS IN COMBINATION WITH A REVIEW PROCESS WHICH INCLUDES AN EMPLOYEE PREPARING A SELF REVIEW THAT IS EVALUATED ALONGSIDE AN EMPLOYEE REVIEW THAT WAS PREPARED BY THE EMPLOYEE'S SUPERVISOR. THE RESULTS ARE EVALUATED BY THE BOARD.
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XI, LINE 9:	BENEFICIAL INTEREST VALUE CHANGE 411,434.
FORM 990, PART XII, LINE 2C:	THE PROCESS THAT IS USED BY THE COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND THE SELECTION OF THE INDEPENDENT ACCOUNTANT HAS NOT CHANGED.
For Paperwork Redu	ction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K Schedule O (Form 990) 2022

Cat. No. 51056K

Schedule O (Form 990) 20

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