

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning **SEP 1, 2021** and ending **AUG 31, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CINCINNATI INSTITUTE OF FINE ARTS Doing business as ARTSWAVE Number and street (or P.O. box if mail is not delivered to street address) Room/suite 20 EAST CENTRAL PKWY #200 City or town, state or province, country, and ZIP or foreign postal code CINCINNATI, OH 45202 F Name and address of principal officer: ALECIA KINTNER SAME AS C ABOVE	D Employer identification number 31-0537138 E Telephone number 513-871-2787 G Gross receipts \$ 63,472,637. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ ARTSWAVE.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1927 M State of legal domicile: OH

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: WITH FUNDING, SERVICES, AND ADVOCACY, ARTSWAVE FUELS A MORE VIBRANT ECONOMY AND CONNECTED		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	49
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	49
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	26
	6	Total number of volunteers (estimate if necessary)	6	1090
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-487,333.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	12,201,736.	24,270,635.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,148.	24,566.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,050,219.	10,406,023.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-104,387.	-487,333.
			18,167,716.	34,213,891.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,221,890.	20,080,442.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,234,022.	2,540,929.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,878,280.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,567,739.	1,849,977.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,023,651.	24,471,348.
	19	Revenue less expenses. Subtract line 18 from line 12	3,144,065.	9,742,543.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	143,710,134.	122,467,170.
	22	Net assets or fund balances. Subtract line 21 from line 20	66,593,635.	54,577,554.
			77,116,499.	67,889,616.

Part II Signature Block

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

Sign Here	Signature of officer SAMANTHA CRIBBET, VP, FINANCE Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name JANE E. PFEIFER	Preparer's signature JANE E. PFEIFER
	Date 07/13/23	Check if self-employed <input type="checkbox"/> PTIN P00014949
	Firm's name ▶ CLARK, SCHAEFER, HACKETT & CO.	Firm's EIN ▶ 31-0800053
	Firm's address ▶ 1 EAST 4TH STREET CINCINNATI, OH 45202	Phone no. 513-241-3111

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: WITH FUNDING, SERVICES, AND ADVOCACY, ARTSWAVE FUELS A MORE VIBRANT ECONOMY AND CONNECTED COMMUNITY THROUGH THE ARTS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 20,359,840. including grants of \$ 20,080,442.) (Revenue \$) GRANTMAKING: MANAGEMENT OF ANNUAL COMMUNITY CAMPAIGN FOR THE ARTS TO PROVIDE THE RESOURCES USED TO MAKE DISTRIBUTIONS OF FINANCIAL GRANTS TO ORGANIZATIONS THOROUGHOUT THE GREATER CINCINNATI REGION. THESE GRANTS HELP THEM CREATE A VITAL ARTS SCENE AND ALL THE COMMUNITYWIDE BENEFITS THAT COME WITH IT, INCLUDING ECONOMIC VITALITY AND A GREATER SENSE OF CONNECTEDNESS FOR THE PEOPLE OF THE REGION. DISTRIBUTIONS SUPPORT A WIDE VARIETY OF ARTS AND CULTURE GROUPS THAT REFLECT AND BENEFIT THE COMMUNITY IN ALL ITS DIVERSITY.

4b (Code:) (Expenses \$ 920,604. including grants of \$) (Revenue \$ 24,566.) MARKETING THE IMPACT OF THE ARTS: ORGANIZATION OF SEVERAL DAYS OF FREE SAMPLINGS OF VISUAL AND PERFORMING ARTS AT MULTIPLE VENUES ACROSS THE REGIONAL COMMUNITY. ORGANIZATION OF COMMUNITY ENGAGEMENT EVENTS THAT CONNECT PEOPLE THROUGH THE ARTS. DEVELOPMENT AND EXECUTION OF MARKETING AND PUBLIC RELATIONS STRATEGY THAT BUILDS BROAD SUPPORT FOR THE ARTS BY FOCUSING ON THE COMMUNITY IMPACT OF ARTS ORGANIZATIONS

4c (Code:) (Expenses \$ 232,022. including grants of \$) (Revenue \$) MEASURING IMPACT: COLLECTION OF DATA WHICH MEASURES THE IMPACT OF THE ARTS AS LOCAL ARTS ORGANIZATIONS CREATE ECONOMIC VITALITY, VIBRANT NEIGHBORHOODS, AND A MORE CONNECTED COMMUNITY.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 21,512,466.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various IRS schedule requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 49; 1b Enter the number of voting members included on line 1a... 49; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates... X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed KY, OH
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
ALECIA KINTNER - 513-871-2787
20 EAST CENTRAL PKWY #200, CINCINNATI, OH 45202

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES ZIMMERMAN CHAIR	4.00	X		X				0.	0.	0.
(2) LEIGH FOX VICE-CHAIR	2.00	X		X				0.	0.	0.
(3) ANTHONY MATHIS VICE-CHAIR	2.00	X		X				0.	0.	0.
(4) MATTHEW STAUTBERG VICE-CHAIR	2.00	X		X				0.	0.	0.
(5) CHRISTOPHER A CARLSON TREASURER	2.00	X		X				0.	0.	0.
(6) RHONDA WHITAKER HURTT SECRETARY	2.00	X		X				0.	0.	0.
(7) LINDA ANTUS TRUSTEE	1.00	X						0.	0.	0.
(8) RONALD BATES TRUSTEE	1.00	X						0.	0.	0.
(9) GALE BECKETT TRUSTEE	1.00	X						0.	0.	0.
(10) TYSONN BETTS TRUSTEE	1.00	X						0.	0.	0.
(11) MICHAEL BETZ TRUSTEE	1.00	X						0.	0.	0.
(12) LAURA N BRUNNER TRUSTEE	1.00	X						0.	0.	0.
(13) CARRI CHANDLER TRUSTEE	1.00	X						0.	0.	0.
(14) BRENDON J CULL TRUSTEE	1.00	X						0.	0.	0.
(15) RANCE DUKE TRUSTEE	1.00	X						0.	0.	0.
(16) PHIL DUNCAN TRUSTEE	1.00	X						0.	0.	0.
(17) CHARLES H GERHARDT III TRUSTEE	1.00	X						0.	0.	0.

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 organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KALA GIBSON TRUSTEE	1.00	X						0.	0.	0.
(19) AGNES GODWIN HALL TRUSTEE	1.00	X						0.	0.	0.
(20) TREY GRAYSON TRUSTEE	1.00	X						0.	0.	0.
(21) GERALD H GREENE TRUSTEE	1.00	X						0.	0.	0.
(22) LIZ GRUBOW TRUSTEE	1.00	X						0.	0.	0.
(23) DELORES HARGROVE-YOUNG TRUSTEE	1.00	X						0.	0.	0.
(24) DEBORAH HAYES TRUSTEE	1.00	X						0.	0.	0.
(25) MELANIE HEALEY TRUSTEE	1.00	X						0.	0.	0.
(26) MICHELLE HERSHEY TRUSTEE	1.00	X						0.	0.	0.
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								809,879.	0.	95,340.
d Total (add lines 1b and 1c)								809,879.	0.	95,340.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **7**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
STRATUS LIVE, 6465 COLLEGE PARK SQUARE, VIRGINIA BEACH, VA 23464	DONOR DATABASE MANAGER	116,160.
HALE JUSTIS LLC 20 E CENTRAL PARKWAY, CINCINNATI, OH 45202	RENTAL PROPERTY	108,151.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **2**

SEE PART VII, SECTION A CONTINUATION SHEETS

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 organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MATTHEW A HESTON TRUSTEE	1.00	X						0.	0.	0.
(28) CHRISTY HORAN TRUSTEE	1.00	X						0.	0.	0.
(29) TODD IMMELL TRUSTEE	1.00	X						0.	0.	0.
(30) DANIELLE D IVORY TRUSTEE	1.00	X						0.	0.	0.
(31) ROBERT MCDONALD TRUSTEE	1.00	X						0.	0.	0.
(32) JEFF MEEK TRUSTEE	1.00	X						0.	0.	0.
(33) NERISSA MORRIS TRUSTEE	1.00	X						0.	0.	0.
(34) RAJ NARANG TRUSTEE	1.00	X						0.	0.	0.
(35) EVANS N NWANKWO TRUSTEE	1.00	X						0.	0.	0.
(36) EUGENE PARTRIDGE III TRUSTEE	1.00	X						0.	0.	0.
(37) MONICA POSEY TRUSTEE	1.00	X						0.	0.	0.
(38) JIM PRICE TRUSTEE	1.00	X						0.	0.	0.
(39) THOMAS H QUINN JR TRUSTEE	1.00	X						0.	0.	0.
(40) JACK ROUSE TRUSTEE	1.00	X						0.	0.	0.
(41) MEGAN SHAFFER TRUSTEE	1.00	X						0.	0.	0.
(42) MURRAY SINCLAIRE JR TRUSTEE	1.00	X						0.	0.	0.
(43) J SHANE STARKEY TRUSTEE	1.00	X						0.	0.	0.
(44) TIMOTHY STEIGERWALD TRUSTEE	1.00	X						0.	0.	0.
(45) DON STOCK TRUSTEE	1.00	X						0.	0.	0.
(46) DEANA M TAYLOR TRUSTEE	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	9,798,831.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	14,471,804.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 111,400.			
	h	Total. Add lines 1a-1f		24,270,635.			
Program Service Revenue	2 a	ADMISSIONS	Business Code				
			713990	24,566.	24,566.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		24,566.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,612,939.		1612939.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
					38,051,830.		
	b	Less: cost or other basis and sales expenses	7b	29,252,572.	6,174.		
	c	Gain or (loss)	7c	8,799,258.	-6,174.		
d	Net gain or (loss)		8,793,084.		8793084.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	UBTI LOSS	Business Code				
			523000	-487,333.	-487,333.		
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d		-487,333.				
12	Total revenue. See instructions		34,213,891.	24,566.	-487,333.	10406023.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

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 ...	19,775,725.	19,775,725.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	304,717.	304,717.		
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	499,849.	162,084.	99,493.	238,272.
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	1,584,553.	516,557.	316,229.	751,767.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	119,749.	36,734.	23,202.	59,813.
9 Other employee benefits	194,095.	59,541.	37,606.	96,948.
10 Payroll taxes	142,683.	43,769.	27,645.	71,269.
11 Fees for services (nonemployees):				
a Management				
b Legal	15,924.	13,221.	2,703.	
c Accounting	24,200.	16,759.	7,441.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	115,792.		115,792.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	134,639.	93,239.	41,400.	
12 Advertising and promotion	260,265.	136,288.	90,256.	33,721.
13 Office expenses	304,698.	134,351.	94,765.	75,582.
14 Information technology	117,833.	9,762.	28,410.	79,661.
15 Royalties				
16 Occupancy	120,169.	30,344.	22,308.	67,517.
17 Travel	4,750.	759.	2,479.	1,512.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	31,344.	5,008.	16,359.	9,977.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	471.		471.	
23 Insurance	20,456.		20,456.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a ARTS EVENTS AND WORKSHO	203,318.	146,471.	7,326.	49,521.
b PROVISION FOR BAD DEBT	174,680.			174,680.
c EQUIPMENT RENTAL AND MA	127,425.	13,824.	32,910.	80,691.
d AGENCY FEES	51,903.	2,320.	26,970.	22,613.
e All other expenses _____	142,110.	10,993.	66,381.	64,736.
25 Total functional expenses. Add lines 1 through 24e	24,471,348.	21,512,466.	1,080,602.	1,878,280.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	10,327,971.	1	4,541,564.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	4,017,394.	3	3,831,359.
	4 Accounts receivable, net		4	
	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	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,860,819.		
	b Less: accumulated depreciation	10b 595,455.	1,883.	10c 1,265,364.
	11 Investments - publicly traded securities	100,194,016.	11	74,940,115.
	12 Investments - other securities. See Part IV, line 11	24,833,140.	12	32,886,278.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,335,730.	15	5,002,490.
16 Total assets. Add lines 1 through 15 (must equal line 33)	143,710,134.	16	122,467,170.	
Liabilities	17 Accounts payable and accrued expenses	335,737.	17	605,506.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	50,193,571.	21	42,621,169.
	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		23	579,493.
	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	16,064,327.	25	10,771,386.
	26 Total liabilities. Add lines 17 through 25	66,593,635.	26	54,577,554.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	19,128,827.	27	18,302,752.
	28 Net assets with donor restrictions	57,987,672.	28	49,586,864.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	77,116,499.	32	67,889,616.
	33 Total liabilities and net assets/fund balances	143,710,134.	33	122,467,170.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	34,213,891.
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,471,348.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,742,543.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	77,116,499.
5	Net unrealized gains (losses) on investments	5	-18,678,538.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-290,888.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	67,889,616.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2021)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12869621.	12701214.	11673082.	11887654.	24558026.	73689597.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	12869621.	12701214.	11673082.	11887654.	24558026.	73689597.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						73689597.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	12869621.	12701214.	11673082.	11887654.	24558026.	73689597.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1259766.	1324143.	1306627.	1302300.	1612939.	6805775.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						80495372.
12 Gross receipts from related activities, etc. (see instructions)					12	24,566.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	91.55 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	90.92 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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 (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	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 (<i>explain in detail in Part VI</i>):		
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	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

Part VI

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

Horizontal lines for supplemental information input.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

CINCINNATI INSTITUTE OF FINE ARTS

Employer identification number

31-0537138

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization CINCINNATI INSTITUTE OF FINE ARTS	Employer identification number 31-0537138
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>832,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>8,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CINCINNATI INSTITUTE OF FINE ARTS	Employer identification number 31-0537138
--	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization CINCINNATI INSTITUTE OF FINE ARTS	Employer identification number 31-0537138
--	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

CINCINNATI INSTITUTE OF FINE ARTS

Employer identification number

31-0537138

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ▶ \$ _____

3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____

4 Did the filing organization file Form 1120-POL for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures		24,758,739.													
e Total exempt purpose expenditures (add lines 1c and 1d)		24,758,739.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	892,079.	881,315.	901,183.	1,000,000.	3,674,577.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,511,866.
c Total lobbying expenditures					
d Grassroots nontaxable amount	223,020.	220,329.	225,296.	250,000.	918,645.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,377,968.
f Grassroots lobbying expenditures					

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

Table with 3 main columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 main columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information as required by the instructions.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **CINCINNATI INSTITUTE OF FINE ARTS** Employer identification number **31-0537138**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	73,338,138.	61,607,509.	58,764,961.	60,547,167.	57,900,472.
b Contributions	1,410,783.	-1,028,377.	-331,033.	-112,595.	729,731.
c Net investment earnings, gains, and losses	-8,158,686.	15,230,707.	5,615,177.	557,037.	4,041,386.
d Grants or scholarships	170,540.	147,046.	142,827.	138,840.	129,992.
e Other expenditures for facilities and programs	2,560,379.	2,210,766.	2,184,071.	1,957,242.	1,858,073.
f Administrative expenses	115,792.	113,889.	114,698.	130,566.	136,357.
g End of year balance	63,743,524.	73,338,138.	61,607,509.	58,764,961.	60,547,167.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 31.0000 %
 - b Permanent endowment 11.0000 %
 - c Term endowment 58.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| (i) Unrelated organizations | | <input checked="" type="checkbox"/> |
| (ii) Related organizations | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input checked="" type="checkbox"/> | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		531,117.	529,705.	1,412.
d Equipment		65,750.	65,750.	0.
e Other		1,263,952.		1,263,952.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,265,364.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) HIGH YIELD BOND FUNDS	443.	END-OF-YEAR MARKET VALUE
(B) HEDGE AND OTHER LIMITED	21,926,049.	END-OF-YEAR MARKET VALUE
(C) PRIVATE EQUITY FUNDS	10,959,786.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	32,886,278.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) APPROPRIATIONS PAYABLE	9,284,718.
(3) REFUNDABLE ADVANCE	21,175.
(4) OPERATING LEASE LIABILITY	1,465,493.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	10,771,386.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	15,416,064.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-18,678,538.
b	Donated services and use of facilities	2b	287,391.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-778,221.
e	Add lines 2a through 2d	2e	-19,169,368.
3	Subtract line 2e from line 1	3	34,585,432.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	115,792.
b	Other (Describe in Part XIII.)	4b	-487,333.
c	Add lines 4a and 4b	4c	-371,541.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	34,213,891.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	24,642,947.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	287,391.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	287,391.
3	Subtract line 2e from line 1	3	24,355,556.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	115,792.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	115,792.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	24,471,348.

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.

PART IV, LINE 2B:

FUNDS HELD IN TRUST FOR OTHERS REPRESENT ENDOWMENT ASSETS HELD BY ARTSWAVE WITHIN THE INVESTMENT POOL ON BEHALF OF LOCAL AREA NOT-FOR-PROFIT ORGANIZATIONS.

PART V, LINE 4:

THE SPENDING RATE DISTRIBUTION FROM UNRESTRICTED ENDOWMENT AND BOARD DESIGNATED FUNDS HELPS SUPPORT ARTSWAVE OPERATING EXPENSES INCLUDING ITS DIRECT FUNDRAISING COSTS, MARKETING THE IMPACT OF THE ARTS, AND MEASURING THE IMPACT OF THE ARTS SECTOR ON THE COMMUNITY. THE SPENDING RATE DISTRIBUTION FROM RESTRICTED ENDOWMENT FUNDS IS EXPENDED IN ACCORDANCE WITH THE DONOR'S WISHES.

Part XIII Supplemental Information (continued)

PART X, LINE 2:

ARTSWAVE HAS BEEN DETERMINED TO BE EXEMPT FROM FEDERAL INCOME TAX UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IT HAS BEEN DETERMINED THAT ARTSWAVE IS NOT A PRIVATE FOUNDATION. ARTSWAVE IS SUBJECT TO INCOME TAX THAT IS DERIVED FROM BUSINESS ACTIVITIES UNRELATED TO ITS EXEMPT PURPOSE. ARTSWAVE FILES AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS TO REPORT ITS UNRELATED BUSINESS TAXABLE INCOME.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

BENEFICIAL INTEREST VALUE CHANGE -778,221.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

UBTI PARTNERSHIP INCOME/LOSS -487,333.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **CINCINNATI INSTITUTE OF FINE ARTS** Employer identification number **31-0537138**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CINCINNATI SYMPHONY ORCHESTRA 1241 ELM STREET CINCINNATI, OH 45202	31-0537080	501C3	3,439,289.	0.			SUSTAINING IMPACT GRANT
CINCINNATI PLAYHOUSE IN THE PARK 962 MT. ADAMS CIRCLE CINCINNATI, OH 45202	31-0624790	501C3	1,810,349.	0.			SUSTAINING IMPACT GRANT
CINCINNATI MUSEUM ASSOCIATION (CAM) - 953 EDEN PARK DRIVE - CINCINNATI, OH 45202	31-0536653	501C3	1,609,750.	0.			SUSTAINING IMPACT GRANT
CINCINNATI BALLET 1801 GILBERT AVE CINCINNATI, OH 45202	31-6050354	501C3	1,434,553.	0.			SUSTAINING IMPACT GRANT
CINCINNATI OPERA 1243 ELM STREET CINCINNATI, OH 45202	31-0349044	501C3	1,130,317.	0.			SUSTAINING IMPACT GRANT
CINCINNATI ARTS ASSOCIATION 650 WALNUT STREET CINCINNATI, OH 45202	31-1310256	501C3	712,500.	0.			ARP GRANT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **85.**
- 3** Enter total number of other organizations listed in the line 1 table **6.**

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

Schedule I (Form 990) 2021

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CINCINNATI USA REGIONAL CHAMBER FOUNDATION - 3 E. 4TH STREET - CINCINNATI, OH 45202	23-7089617	501C3	700,000.	0.			BLINK GRANT
CHILDREN'S THEATRE OF CINCINNATI 4015 RED BANK ROAD CINCINNATI, OH 45227	31-6026285	501C3	552,995.	0.			ARP GRANT
CONTEMPORARY ARTS CENTER 44 E. 6TH STREET CINCINNATI, OH 45202	31-0590095	501C3	539,663.	0.			SUSTAINING IMPACT GRANT
CINCINNATI MUSIC FESTIVAL ASSOC. 1241 ELM STREET CINCINNATI, OH 45202	31-0584309	501C3	530,658.	0.			ARP GRANT
ENSEMBLE THEATRE CINCINNATI 1127 VINE STREET CINCINNATI, OH 45202	31-1220252	501C3	510,607.	0.			ARP GRANT
TAFT MUSEUM OF ART 316 PIKE STREET CINCINNATI, OH 45202	20-5148617	501C3	500,467.	0.			SUSTAINING IMPACT GRANT
CINCINNATI SHAKESPEARE COMPANY 1195 ELM STREET CINCINNATI, OH 45202	31-1413229	501C3	489,194.	0.			ARP GRANT
CINCINNATI LANDMARK PRODUCTIONS 4990 GLENWAY AVENUE CINCINNATI, OH 45238	20-2814659	501C3	434,283.	0.			ARP GRANT
ART OPPORTUNITIES INC. 2460 GILBERT AVE CINCINNATI, OH 45206	31-1665900	501C3	342,718.	0.			SUSTAINING IMPACT GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CINCINNATI MUSEUM CENTER 1301 WESTERN AVENUE CINCINNATI, OH 45203	31-1212634	501C3	338,500.	0.			ARP GRANT
KNOW THEATRE OF CINCINNATI 1120 JACKSON STREET CINCINNATI, OH 45202	31-1666206	501C3	283,675.	0.			ARP GRANT
MEMORIAL HALL OPERATIONS, LLC 1225 ELM STREET CINCINNATI, OH 45202	30-0889512	501C3	240,000.	0.			ARP GRANT
CINCINNATI CHAMBER ORCHESTRA 650 WALNUT STREET CINCINNATI, OH 45202	31-0865998	501C3	236,524.	0.			ARP GRANT
PRICE HILL WILL 3301 PRICE AVENUE CINCINNATI, OH 45205	20-1452663	501C3	209,000.	0.			ARP GRANT
CINCINNATI YOUTH CHOIR COLLEGE-CONSERVATORY OF MUSIC, 290 CINCINNATI, OH 45221	31-1583251	501C3	198,700.	0.			ARP GRANT
VISIONARIES + VOICES 3841 SPRING GROVE AVENUE CINCINNATI, OH 45223	30-0178314	501C3	183,500.	0.			ARP GRANT
ELEMENTZ 1640 RACE STREET CINCINNATI, OH 45202	04-3698700	501C3	170,539.	0.			ARP GRANT
WORDPLAY 4234 HAMILTON AVENUE CINCINNATI, OH 45223	45-3969713	501C3	160,500.	0.			ARP GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL UNDERGROUND RAILROAD FREEDOM CENTER - 50 E FREEDOM WAY - CINCINNATI, OH 45202	31-1436217	501C3	160,000.	0.			ARP GRANT
KENNEDY HEIGHTS ART CENTER 6546 MONTGOMERY ROAD CINCINNATI, OH 45213	45-0477749	501C3	157,000.	0.			ARP GRANT
CINCINNATI BOYCHOIR 650 WALNUT STREET CINCINNATI, OH 45202	31-1383061	501C3	155,700.	0.			ARP GRANT
LEARNING THROUGH ART, INC. 4721 READING ROAD SUITE 310 CINCINNATI, OH 45237	31-1367751	501C3	131,500.	0.			ARP GRANT
VOCAL ARTS ENSEMBLE OF CINCINNATI 1241 ELM STREET CINCINNATI, OH 45202	31-0960571	501C3	114,460.	0.			ARP GRANT
CLIFTON CULTURAL ARTS CENTER 2728 SHORT VINE STREET CINCINNATI, OH 45219	20-2383576	501C3	105,000.	0.			ARP GRANT
MUSIC RESOURCE CENTER CINCINNATI 3032 WOODBURN AVENUE CINCINNATI, OH 45206	33-1163381	501C3	100,000.	0.			ARP GRANT
AMERICAN SIGN MUSEUM 1330 MONMOUTH AVENUE CINCINNATI, OH 45225	31-1642445	501C3	100,000.	0.			ARP GRANT
CENTER FOR HOLOCAUST AND HUMANITY EDUCATION - 1301 WESTERN AVENUE, SUITE 2101 - CINCINNATI, OH 45203	20-5090993	501C3	100,000.	0.			ARP GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FITTON CENTER FOR CREATIVE ARTS 101 S. MONUMENT AVENUE HAMILTON, OH 45011	31-0736673	501C3	92,058.	0.			SUSTAINING IMPACT GRANT
BI-OKOTO DRUM & DANCE 7030 READING ROAD #662 CINCINNATI, OH 45237	31-1440549	501C3	91,600.	0.			ARP GRANT
REVOLUTION DANCE THEATRE 1805 LARCH AVENUE CINCINNATI, OH 45226	82-3185042	501C3	79,521.	0.			ARP GRANT
THE CARNEGIE 1028 SCOTT BOULEVARD CINCINNATI, OH 41012	61-0897319	501C3	76,830.	0.			SUSTAINING IMPACT GRANT
THE WYOMING FINE ARTS CENTER 322 WYOMING AVENUE WYOMING, OH 45215	31-1454096	501C3	76,200.	0.			ARP GRANT
LINTON INC. 1241 ELM STREET CINCINNATI, OH 45202	31-1401052	501C3	71,500.	0.			ARP GRANT
MANIFEST CREATIVE RESEARCH GALLERY AND DRAWING CENTER - PO BOX 6218 - CINCINNATI, OH 45206	42-1640342	501C3	66,800.	0.			ARP GRANT
ART ACADEMY OF CINCINNATI 1212 JACKSON STREET CINCINNATI, OH 45202	31-1601569	501C3	65,000.	0.			ARP GRANT
MUTUAL DANCE THEATRE PO BOX 112110 CINCINNATI, OH 45211	26-0905825	501C3	62,300.	0.			ARP GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG PROFESSIONALS CHORAL COLLECTIVE - 650 WALNUT STREET - CINCINNATI, OH 45202	46-5696681	501C3	60,000.	0.			ARP GRANT
ROBERT O'NEAL MULTICULTURAL CENTER (ROMAC) - 2424 GRANDVIEW AVENUE - CINCINNATI, OH 45206	84-2428196	501C3	59,857.	0.			ARP GRANT
DE LA DANCE COMPANY 5141 KENNEDY AVE CINCINNATI, OH 45213	27-1566471	501C3	50,000.	0.			ARP GRANT
THE MERCANTILE LIBRARY 414 WALNUT STREET, FLOOR 11 CINCINNATI, OH 45202	26-1603137	501C3	50,000.	0.			ARP GRANT
MUSE CINCINNATI'S WOMEN'S CHOIR PO BOX 23292 CINCINNATI, OH 45202	31-1256669	501C3	46,440.	0.			ARP GRANT
NORTHERN KENTUCKY SYMPHONY INC. PO BOX 72810 COVINGTON, KY 41072	31-1190635	501C3	45,000.	0.			ARP GRANT
WAVE POOL 2940 COLERAIN AVENUE CINCINNATI, OH 45225	47-5054823	501C3	42,037.	0.			ARP GRANT
CINCINNATI FILM COMMISSION 1106 RACE STREET CINCINNATI, OH 45202	31-1299931	501C3	42,000.	0.			ARP GRANT
CINCINNATI MEMORIAL HALL SOCIETY 1225 ELM STREET CINCINNATI, OH 45202	30-0268492	501C3	42,000.	0.			ARP GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROFESSIONAL ARTISTIC RESEARCH PROJECTS - 1646 HOFFNER STREET - CINCINNATI, OH 45223	47-1305368	501C3	40,000.	0.			CIRCLE AAA GRANT
LIVING ARRANGEMENTS FOR THE DEVELOPMENTALLY DISABLED - 3603 VICTORY PARKWAY - CINCINNATI, OH 45229	31-0894923	501C3	35,000.	0.			ARP GRANT
QUEEN CITY PERFORMING ARTS PO BOX 3061 CINCINNATI, OH 45201	31-1374671	501C3	33,500.	0.			ARP GRANT
BEHRINGER-CRAWFORD 1600 MONTAGUE ROAD COVINGTON, KY 41011	61-0964379	501C3	33,155.	0.			SUSTAINING IMPACT GRANT
PYRAMID HILL 1763 HAMILTON-CLEVES ROAD CINCINNATI, OH 45013	31-1439692	501C3	30,000.	0.			SUSTAINING IMPACT GRANT
JUNETEENTH CINCINNATI, INC 6242 ORCHARD LANE CINCINNATI, OH 45213	31-6060018		28,000.	0.			ARP GRANT
QUEEN CITY CHAMBER OPERA 603 HAWTHORNE AVE CINCINNATI, OH 45205	46-2698269	501C3	26,000.	0.			ARP GRANT
SPRINGFIELD TOWNSHIP ARTS AND ENRICHMENT COUNCIL - 8150 WINTON ROAD - CINCINNATI, OH 45231	31-6000601	501C3	26,000.	0.			ARP GRANT
ART OF THE PIANO 3955 BEECHWOOD AVENUE CINCINNATI, OH 45229	81-0791477	501C3	25,000.	0.			ARP GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OXFORD COMMUNITY ARTS CENTER PO BOX 1720 OXFORD, OH 45056	31-1761141	501C3	24,300.	0.			SUSTAINING IMPACT GRANT
CINCINNATI MUSIC ACCELERATOR 1311 VINE STREET CINCINNATI, OH 45202	82-1422268	501C3	21,537.	0.			CIRCLE AAA GRANT
SHARONVILLE FINE ARTS COUNCIL 11165 READING ROAD SHARONVILLE, OH 45241	16-1622392	501C3	20,000.	0.			ARP GRANT
ARTS AND HUMANITIES RESOURCE CENTER FOR OLDER ADULTS - 7970 BEECHMONT AVENUE - CINCINNATI, OH 45255	31-1129571	501C3	20,000.	0.			ARP GRANT
ITS COMMONLY JAZZ 1135 CLEARBROOK DRIVE CINCINNATI, OH 45229	27-5524297		16,537.	0.			CIRCLE AAA GRANT
CINCINNATI BLACK THEATRE COMPANY 2237 LOSANTIVILLE CINCINNATI, OH 45237	31-1793396	501C3	16,250.	0.			CIRCLE AAA GRANT
AMERICAN LEGACY THEATRE 2162 BUDWOOD COURT CINCINNATI, OH 45230	81-3820270	501C3	16,200.	0.			ARP GRANT
CINCINNATI PUBLIC RADIO 1223 CENTRAL PARKWAY CINCINNATI, OH 45214	31-1410636	501C3	15,000.	0.			STRATEGIC PARTNERSHIP GRANT
ACTIVITIES BEYOND THE CLASSROOM 635 W. 7TH STREET #301 CINCINNATI, OH 45203	35-2222723	501C3	12,600.	0.			ARP GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASLEY BLESSED MEDIA 4507 W. 8TH STREET CINCINNATI, OH 45238	84-4694699	501C3	12,500.	0.			CIRCLE AAA GRANT
CORPORATION FOR FINDLAY MARKET 19 WEST ELDER STREET CINCINNATI, OH 45202	31-1740317	501C3	12,500.	0.			CATALYZING IMPACT GRANT
THE LEX NYCOLE BRAND LLC 1404 WALNUT ST CINCINNATI, OH 45202	86-8294933		10,000.	0.			CEO DISRECTIONARY
CHAMBER MUSIC CINCINNATI 1241 ELM ST. CINCINNATI, OH 45202	31-6065499	501C3	10,000.	0.			CATALYZING IMPACT GRANT
MAKETANK INC. 420 W. VINE STREET OXFORD, OH 45056	46-2784553	501C3	10,000.	0.			CATALYZING IMPACT GRANT
ARTE: ART RECONCILIATION TRUTH & EMPOWERMENT - 915 MILLERS RUN COURT - HAMILTON, OH 45011	28-9702685		10,000.	0.			CATALYZING IMPACT GRANT
VILLAGE OF WOODLAWN PARKS AND RECREATION CENTER - 10050 WOODLAWN BLVD - WOODLAWN, OH 45215	31-6001095		10,000.	0.			CATALYZING IMPACT GRANT
KEEP CINCINNATI BEAUTIFUL, INC. 1115 BATES AVENUE CINCINNATI, OH 45225	31-0948219	501C3	10,000.	0.			CATALYZING IMPACT GRANT
HAMILTON FAIRFIELD SYMPHONY ORCHESTRA - ONE HIGH STREET - HAMILTON, OH 45011	31-6053052	501C3	9,850.	0.			CATALYZING IMPACT GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MY NOSE TURNS RED PO BOX 120307 CINCINNATI, OH 41012	31-1203908	501C3	9,200.	0.			SUSTAINING IMPACT GRANT
CINCINNATI BLACK PRIDE 1556 CHASE AVENUE CINCINNATI, OH 45223	83-4582439	501C3	8,400.	0.			CATALYZING IMPACT GRANT
CONCERT:NOVA 1110 PRISCILLA LANE CINCINNATI, OH 45208	26-1675639	501C3	8,300.	0.			SUSTAINING IMPACT GRANT
JOY BRASILEIRA INC 3740 HERBERT AVE CINCINNATI, OH 45211	20-2814659		8,000.	0.			CATALYZING IMPACT GRANT
EPISCOPAL RETIREMENT SERVICES FOUNDATION - 3870 VIRGINIA AVENUE - CINCINNATI, OH 45227	47-5651061	501C3	7,500.	0.			CATALYZING IMPACT GRANT
Q-KIDZ DANCE TEAM 1524 LINN STREET CINCINNATI, OH 45203	81-4606313	501C3	7,500.	0.			CIRCLE AAA GRANT
ISH FESTIVAL 427 TUSCULUM AVENUE CINCINNATI, OH 45226	83-2433747	501C3	7,500.	0.			YOUNG PROFESSIONALS GRANT
PONES, INC. PO BOX 122353 CINCINNATI, OH 41074	77-0710862	501C3	6,500.	0.			SUSTAINING IMPACT GRANT
NRITYARPANA SCHOOL OF PERFORMING ARTS - 9076 COX ROAD - WEST CHESTER, OH 45069	30-0195611	501C3	6,500.	0.			SUSTAINING IMPACT GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HAPPENS HERE, INC. 6238 MONTGOMERY ROAD CINCINNATI, OH 45213	81-4367257	501C3	6,100.	0.			YOUNG PROFESSIONALS GRANT
GREATER CINCINNATI CHINESE CULTURAL EXCHANGE ASSOCIATION - 7972 JOLAIN DR - CINCINNATI, OH 45242	83-0805299	501C3	6,000.	0.			CATALYZING IMPACT GRANT
RENAISSANCE COVINGTON, INC. 2 WEST PIKE STREET COVINGTON, KY 41011	90-0126762	501C3	5,750.	0.			CATALYZING IMPACT GRANT
LYDIA'S HOUSE 2005 MILLS CINCINNATI, OH 45212	80-0832277	501C3	5,500.	0.			CATALYZING IMPACT GRANT

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
BLACK AND BROWN ARTIST PROJECT GRANT	25	299,217.	0.		
STREET CAR DESIGN	3	5,500.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ARTSWAVE TRADITIONALLY OFFERS THREE TYPES OF FUNDING FOR ARTS ORGANIZATIONS: SUSTAINING IMPACT, CATALYZING IMPACT GRANTS, AND RESTRICTED GRANTS. SUSTAINING IMPACT GRANTS ARE AVAILABLE TO PROVIDE SUPPORT TO ARTS ORGANIZATIONS IN OUR REGION WHOSE WORK ALIGNS WITH ARTSWAVE'S BLUEPRINT FOR COLLECTIVE ACTION. THESE GRANTS RANGE FROM \$8,300 TO OVER \$1 MILLION AND ARE ARTSWAVE TRADITIONALLY OFFERS THREE TYPES OF FUNDING FOR ARTS ORGANIZATIONS: SUSTAINING IMPACT, CATALYZING IMPACT GRANTS, AND RESTRICTED GRANTS. SUSTAINING IMPACT GRANTS ARE AVAILABLE TO PROVIDE SUPPORT TO ARTS

Part IV Supplemental Information

ORGANIZATIONS IN OUR REGION WHOSE WORK ALIGNS WITH ARTSWAVE'S BLUEPRINT FOR COLLECTIVE ACTION. THESE GRANTS RANGE FROM \$8,300 TO OVER \$1 MILLION AND ARE RENEWABLE FOR TWO ADDITIONAL YEARS CONTINGENT UPON ARTSWAVE'S SUCCESSFUL FUNDRAISING EFFORT AND THE ORGANIZATION MEETING THE REQUIREMENTS. FOUR DIFFERENT GRANTMAKING COMMITTEES COMPRISED OF COMMUNITY VOLUNTEERS ARE RESPONSIBLE FOR THE REVIEW OF ANNUAL APPLICAITONS OR INTERIM REPORTS. COMMITTEE MEMBERS MEET ANNUALLY WITH ALL SUSTAINING IMPACT ORGANIZATIONS. A COMMUNITY INVESTMENT COMMITTEE ALSO COMPRISED OF COMMUNITY VOLUNTEERS RECEIVES INPUT FROM THE GRANTMAKING COMMITTEES AND MAKES RECOMMENDATIONS FOR SUSTAINING IMPACT GRANTS AMOUNTS. THE BOARD APPROVES THE SUSTAINING IMPACT GRANTS IN JUNE EACH YEAR. THESE GRANTS ARE PAID OUT IN MONTHLY, QUARTERLY OR SEMIANNUAL INSTALLMENTS DEPENDING ON THE SIZE OF THE GRANT. CATALYZING IMPACT GRANTS SUPPORT SPECIAL, ONETIME EVENTS OR PROJECTS THAT COMPLEMENT OR EXPAND UPON THE REGULAR CULTURAL PROGRAMMING OF THE APPLYING ORGANIZATION. ANOTHER COMMITTEE COMPRISED OF COMMUNITY VOLUNTEERS REVIEWS CATALYZING IMPACT GRANT APPLICATIONS. THE COMMITTEE MAKES RECOMMENDATIONS FOR CATALYZING IMPACT GRANT AMOUNTS TO THE EXECUTIVE COMMITTEE FOR APPROVAL PERIODICALLY THROUGHOUT THE YEAR. ARTSWAVE DISTRIBUTES THE AWARD AMOUNT TO RECIPIENTS OF PROJECT GRANTS AFTER THEIR ACCEPTANCE AND SUBMISSION OF THE ORGANIZATION'S TOP THREE OBJECTIVES AND PROPOSED RESULTS. THOSE OBJECTIVES AND RESULTS ARE THEN COMPARED TO THE ACTUAL RESULTS, SUBMITTED AT THE CONCLUSION OF THE PROJECT, WHICH HELP DOCUMENT THE PROJECTS OUTCOMES. RESTRICTED GRANTS ARE MADE IN ACCORDANCE WITH DONORS' WISHES AND ALIGN WITH COMMUNITY PRIORITIES IN ORDER TO AMPLIFY IMPACT AND CREATE RESULTS BY WORKING IN PARTNERSHIP WITH OTHERS. ARTSWAVE CREATED A NEW RESTRICTED FUND CALLED THE ARTS VIBRANCY RECOVERY FUND IN RESPONSE TO THE ECONOMIC IMPACT OF THE PANDEMIC. THIS FUND UTILIZED A 2 TO 1 MATCH FROM BOARD DESIGNATED RESERVES OF RESTRICTED FUNDING FROM DONORS.

Part IV Supplemental Information

GRANTS GIVEN FROM THIS FUND WENT THROUGH THE COMMITTEE PROCESSES DESCRIBED ABOVE FOR THE SUSTAINING AND CATALYZING IMPACT GRANTS.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

CINCINNATI INSTITUTE OF FINE ARTS

Employer identification number

31-0537138

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ALECIA KINTNER PRESIDENT & CEO	(i)	222,613.	10,000.	0.	0.	9,886.	242,499.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KATHY DEBROSSE VP, MARKETING	(i)	118,821.	0.	0.	8,383.	6,110.	133,314.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LISA WOLTER VP, COMM. CAMPAIGN	(i)	125,752.	0.	0.	8,895.	6,155.	140,802.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DENNIS LYONS SR. DIRECTOR IT	(i)	119,411.	0.	0.	8,772.	12,073.	140,256.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **CINCINNATI INSTITUTE OF FINE ARTS** Employer identification number **31-0537138**

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	65	111,400.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

SCHEDULE M, LINE 32B:

GIFTS OF PUBLICALLY TRADED STOCKS ARE TRANSFERRED BY THE DONOR OR THE DONOR'S BROKER DIRECTLY TO AN ARTSWAVE BANK ACCOUNT AT A BANK. WHEN RECEIVED, THE SHARES ARE IMMEDIATELY SOLD THROUGH NORMAL BROKERAGE CHANNELS BY THE BANK.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

CINCINNATI INSTITUTE OF FINE ARTS

Employer identification number

31-0537138

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

COMMUNITY THROUGH THE ARTS.

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

THE DRAFT FORM 990 IS PROVIDED BY THE VP OF FINANCE AND CONTROLLER TO THE
PRESIDENT AND CEO PRIOR TO SUBMITTING TO THE IRS. THE AUDIT COMMITTEE,
EXECUTIVE COMMITTEE, AND BOARD IS MADE AWARE WHEN THE FORM 990 HAS BEEN
FILED AND IS PROVIDED A LINK TO THE FORM 990 ON THE WEBSITE.

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

THE CONFLICT OF INTEREST POLICY AND A QUESTIONNAIRE REGARDING CONFLICTS OF
INTEREST ARE MAILED TO ALL BOARD MEMBERS AND MANAGEMENT TEAM MEMBERS
ANNUALLY IN SEPTEMBER. QUESTIONNAIRES ARE REVIEWED BY THE MANAGEMENT TEAM
AND THE GOVERNANCE COMMITTEE SO THERE IS AWARENESS OF POTENTIAL CONFLICTS
AND INTERESTED PARTIES.

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

THE COMPENSATION COMMITTEE MEETS ANNUALLY TO DETERMINE ANY ADJUSTMENT TO
THE PRESIDENT/CEO COMPENSATION. THE COMMITTEE'S ANALYSIS IS BASED ON
PERFORMANCE RESULTS, INFLATIONARY ENVIRONMENT, AND THE DIRECTION THE
ORGANIZATION IS HEADING. THE CEO SETS COMPENSATION FOR THE MANAGEMENT TEAM
WITH THE BOARD CHAIR.

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

A LINK TO THE MOST RECENT AUDITED FINANCIAL STATEMENTS IS PROVIDED ON THE
ARTSWAVE WEBSITE. THE GOVERNING DOCUMENTS AS WELL AS THE CONFLICT OF

Name of the organization CINCINNATI INSTITUTE OF FINE ARTS	Employer identification number 31-0537138
---	--

INTEREST POLICY ARE AVAILABLE UPON REQUEST

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

UBTI PARTNERSHIP INCOME/LOSS	487,333.
BENEFICIAL INTEREST VALUE CHANGE	-778,221.
TOTAL TO FORM 990, PART XI, LINE 9	-290,888.

FORM 990, PART XII, LINE 2C:

THE BOARD OF TRUSTEES HAS CHARGED THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES WITH OVERSIGHT OF THE INDEPENDENT AUDIT. THE PROCESS IS CONSISTENT WITH THE PRIOR YEAR.

IRS e-file Signature Authorization for a Tax Exempt Entity

Form 8879-TE

For calendar year 2021, or fiscal year beginning SEP 1, 2021, and ending AUG 31, 2022

2021

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer CINCINNATI INSTITUTE OF FINE ARTS EIN or SSN 31-0537138

Name and title of officer or person subject to tax SAMANTHA CRIBBET VP, FINANCE

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only.

Table with 2 columns: Form type (1a-10a) and Total revenue/Tax/Balance due/Total tax/FMV of assets/Tax due/Amount of credit payment requested. Includes checkboxes for each form type.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) CLARK, SCHAEFER, HACKETT & CO., (EIN) 31335024131 and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

I authorize CLARK, SCHAEFER, HACKETT & CO. to enter my PIN 37138. Enter five numbers, but do not enter all zeros.

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax CLARK, SCHAEFER, HACKETT & CO. Date 07/13/23

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

31335024131

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature CLARK, SCHAEFER, HACKETT & CO. Date 07/13/23

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2021)

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2021 or other tax year beginning SEP 1, 2021, and ending AUG 31, 2022

2021

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

Department of the Treasury
Internal Revenue Service

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

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) CINCINNATI INSTITUTE OF FINE ARTS</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 20 EAST CENTRAL PKWY #200</p> <p>City or town, state or province, country, and ZIP or foreign postal code CINCINNATI, OH 45202</p>	<p>D Employer identification number 31-0537138</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year ▶ 122,467,170.</p>			

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) ▶ **1**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

L The books are in care of ▶ **ALECIA KINTNER** Telephone number ▶ **513-871-2787**

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2 Reserved	2	
3 Add lines 1 and 2	3	
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments	
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a
b Other credits (see instructions)	1b
c General business credit. Attach Form 3800 (see instructions)	1c
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d
e Total credits. Add lines 1a through 1d	1e
2 Subtract line 1e from Part II, line 7	2 0.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4 0.
5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5 0.
6a Payments: A 2020 overpayment credited to 2021	6a
b 2021 estimated tax payments. Check if section 643(g) election applies	6b
c Tax deposited with Form 8868	6c
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d
e Backup withholding (see instructions)	6e
f Credit for small employer health insurance premiums (attach Form 8941)	6f
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439	6g
<input type="checkbox"/> Form 4136	
7 Total payments. Add lines 6a through 6g	7
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached	8
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10
11 Enter the amount of line 10 you want: Credited to 2022 estimated tax	11

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ CAYMAN ISLANDS	Yes	No	
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	X		
3 Enter the amount of tax-exempt interest received or accrued during the tax year			
4 Enter available pre-2018 NOL carryovers here ▶ \$			
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
	\$		
	\$		
6a Did the organization change its method of accounting? (see instructions)			X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.					
	Signature of officer ▶	Date ▶	VP, FINANCE	Title		
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JANE E. PFEIFER		JANE E. PFEIFER	07/13/23		P00014949
	Firm's name ▶ CLARK, SCHAEFER, HACKETT & CO.			Firm's EIN ▶ 31-0800053		
	Firm's address ▶ 1 EAST 4TH STREET CINCINNATI, OH 45202			Phone no. 513-241-3111		

May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	---	-----------------------------

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

Department of the Treasury
Internal Revenue Service

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

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

1
OMB No. 1545-0047

2021

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

A Name of the organization CINCINNATI INSTITUTE OF FINE ARTS	B Employer identification number 31-0537138
C Unrelated business activity code (see instructions) ▶ 1	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **ENDOWMENT PASSIVE INVESTMENTS**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 1	5	-487,333.		-487,333.
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	-487,333.		-487,333.

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

1 Compensation of officers, directors, and trustees (Part X)				1
2 Salaries and wages				2
3 Repairs and maintenance				3
4 Bad debts				4
5 Interest (attach statement). See instructions				5
6 Taxes and licenses				6
7 Depreciation (attach Form 4562). See instructions	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a			8b
9 Depletion				9
10 Contributions to deferred compensation plans				10
11 Employee benefit programs				11
12 Excess exempt expenses (Part VIII)				12
13 Excess readership costs (Part IX)				13
14 Other deductions (attach statement)				14
15 Total deductions. Add lines 1 through 14				15 0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16			-487,333.
17 Deduction for net operating loss. See instructions	17			0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18			-487,333.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold Enter method of inventory valuation ▶

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.
 A _____
 B _____
 C _____
 D _____

	A	B	C	D
2	Rent received or accrued			
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)			
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)			
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D			
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) 0.			
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)			
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) 0.			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.
 A _____
 B _____
 C _____
 D _____

	A	B	C	D
2	Gross income from or allocable to debt-financed property			
3	Deductions directly connected with or allocable to debt-financed property			
a	Straight line depreciation (attach statement)			
b	Other deductions (attach statement)			
c	Total deductions (add lines 3a and 3b, columns A through D)			
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)			
5	Average adjusted basis of or allocable to debt-financed property (attach statement)			
6	Divide line 4 by line 5 % % % %			
7	Gross income reportable. Multiply line 2 by line 6			
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 0.			
9	Allocable deductions. Multiply line 3c by line 6			
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 0.			
11	Total dividends-received deductions included in line 10 0.			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
Totals			0.	0.		

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

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

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 1

DESCRIPTION	NET INCOME OR (LOSS)
WCP REAL ESTATE (WESTPORT) - ORDINARY BUSINESS INCOME (LOSS)	-145,190.
TIMBER BAY I - ORDINARY BUSINESS INCOME (LOSS)	-5,976.
TIMBER BAY II - ORDINARY BUSINESS INCOME (LOSS)	-10,456.
FORT WASHINGTON VII - ORDINARY BUSINESS INCOME (LOSS)	-116,384.
FORT WASHINGTON IX - ORDINARY BUSINESS INCOME (LOSS)	16,519.
IRON POINT III - ORDINARY BUSINESS INCOME (LOSS)	-18,256.
HORIZON - ORDINARY BUSINESS INCOME (LOSS)	451.
REDWHEEL - ORDINARY BUSINESS INCOME (LOSS)	-192,764.
IRON POINT IV - ORDINARY BUSINESS INCOME (LOSS)	-15,277.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-487,333.

Statement of Specified Foreign Financial Assets

▶ Go to www.irs.gov/Form8938 for instructions and the latest information.

▶ Attach to your tax return.

For calendar year _____ or tax year beginning **09/01/21** and ending **08/31/22**.

If you have attached additional statements, check here _____

Number of additional statements _____

1 Name(s) shown on return
CINCINNATI INSTITUTE OF FINE ARTS

2 Taxpayer identification number (TIN)
31-0537138

3 Type of filer
a Specified individual **b** Partnership **c** Corporation **d** Trust

4 If you checked box 3a, skip this line 4. If you checked box 3b or 3c, enter the name and TIN of the specified individual who closely holds the partnership or corporation. If you checked box 3d, enter the name and TIN of the specified person who is a current beneficiary of the trust. (See instructions for definitions and what to do if you have more than one specified individual or specified person to list.)

a Name _____ **b** TIN _____

Part I Foreign Deposit and Custodial Accounts Summary

5 Number of deposit accounts (reported in Part V) **2**

6 Maximum value of all deposit accounts \$ **15,241,492.**

7 Number of custodial accounts (reported in Part V) **0**

8 Maximum value of all custodial accounts \$ **0.**

9 Were any foreign deposit or custodial accounts closed during the tax year? Yes No

Part II Other Foreign Assets Summary

10 Number of foreign assets (reported in Part VI) **0**

11 Maximum value of all assets (reported in Part VI) \$ **0.**

12 Were any foreign assets acquired or sold during the tax year? Yes No

Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets (see instructions)

(a) Asset category	(b) Tax item	(c) Amount reported on form or schedule	Where reported	
			(d) Form and line	(e) Schedule and line
13 Foreign deposit and custodial accounts	a Interest	\$		
	b Dividends	\$		
	c Royalties	\$		
	d Other income	\$		
	e Gains (losses)	\$		
	f Deductions	\$		
	g Credits	\$		
14 Other foreign assets	a Interest	\$		
	b Dividends	\$		
	c Royalties	\$		
	d Other income	\$		
	e Gains (losses)	\$		
	f Deductions	\$		
	g Credits	\$		

Part IV Excepted Specified Foreign Financial Assets (see instructions)

If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year.

15 Number of Forms 3520 _____ **16** Number of Forms 3520-A _____ **17** Number of Forms 5471 _____

18 Number of Forms 8621 _____ **19** Number of Forms 8865 _____

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary

(see instructions)

If you have more than one account to report in Part V, attach a separate statement for each additional account. See instructions.

20 Type of account a [X] Deposit b [] Custodial 21 Account number or other designation 41-189452

22 Check all that apply a [] Account opened during tax year b [] Account closed during tax year c [] Account jointly owned with spouse d [] No tax item reported in Part III with respect to this asset

23 Maximum value of account during tax year \$ 7,494,517.

24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? [X] Yes [] No

25 If you answered "Yes" to line 24, complete all that apply. (a) Foreign currency in which account is maintained UNITED STATES, DOLLAR (b) Foreign currency exchange rate used to convert to U.S. dollars (c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

26a Name of financial institution in which account is maintained ABS OFFSHORE SPC GLOBAL b Global Intermediary Identification Number (GIIN) (Optional)

27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. PO BOX 493 SIX CRICKET SQUARE

28 City or town, state or province, country, and ZIP or foreign postal code GRAND CAYMAN CAYMAN ISLANDS

Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)

If you have more than one asset to report in Part VI, attach a separate statement for each additional asset. See instructions.

29 Description of asset 30 Identifying number or other designation

31 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates. a Date asset acquired during tax year, if applicable b Date asset disposed of during tax year, if applicable c [] Check if asset jointly owned with spouse d [] Check if no tax item reported in Part III with respect to this asset

32 Maximum value of asset during tax year (check box that applies) a [] \$0 - \$50,000 b [] \$50,001 - \$100,000 c [] \$100,001 - \$150,000 d [] \$150,001 - \$200,000 e If more than \$200,000, list value \$

33 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? [] Yes [] No

34 If you answered "Yes" to line 33, complete all that apply. (a) Foreign currency in which asset is denominated (b) Foreign currency exchange rate used to convert to U.S. dollars (c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

35 If asset reported on line 29 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.

a Name of foreign entity b GIIN (Optional)

c Type of foreign entity (1) [] Partnership (2) [] Corporation (3) [] Trust (4) [] Estate

d Mailing address of foreign entity. Number, street, and room or suite no.

e City or town, state or province, country, and ZIP or foreign postal code

36 If asset reported on line 29 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.

Note: If this asset has more than one issuer or counterparty, attach a separate statement with the same information for each additional issuer or counterparty. See instructions.

a Name of issuer or counterparty Check if information is for [] Issuer [] Counterparty

b Type of issuer or counterparty (1) [] Individual (2) [] Partnership (3) [] Corporation (4) [] Trust (5) [] Estate

c Check if issuer or counterparty is a [] U.S. person [] Foreign person

d Mailing address of issuer or counterparty. Number, street, and room or suite no.

e City or town, state or province, country, and ZIP or foreign postal code

Part V Foreign Deposit and Custodial Accounts (see instructions)

20 Type of account	a <input checked="" type="checkbox"/> Deposit	21 Account number or other designation 12-221998
	b <input type="checkbox"/> Custodial	

22 Check all that apply	a <input type="checkbox"/> Account opened during tax year	b <input type="checkbox"/> Account closed during tax year
	c <input type="checkbox"/> Account jointly owned with spouse	d <input type="checkbox"/> No tax item reported in Part III with respect to this asset

23 Maximum value of account during tax year \$ **7,746,975.**

24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? Yes No

25 If you answered "Yes" to line 24, complete all that apply.

(1) Foreign currency in which account is maintained UNITED STATES, DOLLAR	(2) Foreign currency exchange rate used to convert to U.S. dollars	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
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26a Name of financial institution in which account is maintained MAGNITUDE INTERNATIONAL	b Global Intermediary Identification Number (GIIN) (Optional)
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27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.
89 NEXUS WAY, 2ND FLOOR

28 City or town, state or province, country, and ZIP or foreign postal code
**GRAND CAYMAN
CAYMAN ISLANDS**

20 Type of account	a <input type="checkbox"/> Deposit	21 Account number or other designation
	b <input type="checkbox"/> Custodial	

22 Check all that apply	a <input type="checkbox"/> Account opened during tax year	b <input type="checkbox"/> Account closed during tax year
	c <input type="checkbox"/> Account jointly owned with spouse	d <input type="checkbox"/> No tax item reported in Part III with respect to this asset

23 Maximum value of account during tax year \$

24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? Yes No

25 If you answered "Yes" to line 24, complete all that apply.

(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate used to convert to U.S. dollars	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
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26a Name of financial institution in which account is maintained	b Global Intermediary Identification Number (GIIN) (Optional)
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27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.

28 City or town, state or province, country, and ZIP or foreign postal code

20 Type of account	a <input type="checkbox"/> Deposit	21 Account number or other designation
	b <input type="checkbox"/> Custodial	

22 Check all that apply	a <input type="checkbox"/> Account opened during tax year	b <input type="checkbox"/> Account closed during tax year
	c <input type="checkbox"/> Account jointly owned with spouse	d <input type="checkbox"/> No tax item reported in Part III with respect to this asset

23 Maximum value of account during tax year \$

24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? Yes No

25 If you answered "Yes" to line 24, complete all that apply.

(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate used to convert to U.S. dollars	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
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26a Name of financial institution in which account is maintained	b Global Intermediary Identification Number (GIIN) (Optional)
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27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.

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