			PUBLIC DISCLOSURE COPY		
	Ω	00	Return of Organization Exempt From Inco	me Tax	OMB No. 1545-0047
For	n Y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except pr	ivate foundation	s) 2021
Dene		of the Treasury	Do not enter social security numbers on this form as it may be made	le public.	Open to Public
Interr	nal Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the latest inform		Inspection
<u>A</u> F	or th	e 2021 calend	ar year, or tax year beginning ${ m SEP}$ 1 , ${ m 2021}$ and ending AUG	<u>31, 2022</u>	
	heck if pplicab	le: C Name o	f organization D E	mployer identific	ation number
	Addre		INNATI INSTITUTE OF FINE ARTS		
	Name	ae Doina b	usiness as ARTSWAVE	31-053713	38
	Initial	Number	and street (or P.O. box if mail is not delivered to street address) Room/suite E Te	elephone number	
	Final returr	_v 20 E	AST CENTRAL PKWY #200	513-871-2	2787
	termi ated	ⁿ⁻ City or t	own, state or province, country, and ZIP or foreign postal code G G	ross receipts \$	63,472,637.
	Amer returr			Is this a group re	turn
	Appli tion			for subordinates?	? Yes X No
	pend	SAME		Are all subordinates inc	cluded? Yes No
		empt status:		If "No," attach a l	list. See instructions
				Group exemption	
				nation: 1927 M	I State of legal domicile: OH
Pa	art I	Summary			
Ð	1		be the organization's mission or most significant activities: WITH FUNDING,		
anc			Y, ARTSWAVE FUELS A MORE VIBRANT ECONOMY AN		
Governance	2		x K if the organization discontinued its operations or disposed of more than 2	1.1	
Š	3		ting members of the governing body (Part VI, line 1a)		<u>49</u> 49
	4		dependent voting members of the governing body (Part VI, line 1b)		<u>49</u> 26
Activities &	5		of individuals employed in calendar year 2021 (Part V, line 2a)		1090
tivit	6		of volunteers (estimate if necessary)		-487,333.
Ac.			d business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, Part I, line 11		0.
		Net unrelated		rior Year	Current Year
	8	Contributions		201,736.	24,270,635.
anc	9		ice revenue (Part VIII, line 2g)	20,148.	24,566.
Revenue	10	•		050,219.	10,406,023.
Ř				104,387.	-487,333.
	12			167,716.	34,213,891.
	13			221,890.	20,080,442.
	14		to or for members (Part IX, column (A), line 4)	0.	0.
s	15	Salarios otho	r componentian amployee herefits (Part IX column (A) lines 5.10) 2	234,022.	2,540,929.
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	0.	0.
bei	Ь	Total fundrais	ing expenses (Part IX, column (D), line 25) 1,878,280.		
ŵ	17		es (Part IX, column (A), lines 11a-11d, 11f-24e) 1 ,	567,739.	1,849,977.
	18	Total expense		023,651.	24,471,348.
	19	Revenue less	expenses. Subtract line 18 from line 12	144,065.	9,742,543.
t Assets or d Balances				g of Current Year	End of Year
sets	20	Total assets (F		710,134.	122,467,170.
t As	21			593,635.	54,577,554.
Plet,				116,499.	67,889,616.
	art II	Signature			
	-		I declare that I have examined this return, including accompanying schedules and statements, an	-	knowledge and belief, it is
true	corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which preparer has an	y knowledge.	
<u> </u>		Signatur	e of officer	Date	

Sign	Signat	ture of officer					Date	
Here		IANTHA CRIE	BET, VP, 1	FINANCE				
	Print/Type p	oreparer's name		Preparer's signa	ature	Date	Check	PTIN
Paid	JANE E	. PFEIFER		JANE E.	PFEIFER	07/13	/23 self-employed	P00014949
Preparer	Firm's name	e 🕨 CLARK,	SCHAEFER,	HACKETT	& CO.		Firm's EIN 🕨 31	-0800053
Use Only	Firm's addre	ess 1 EAST	4TH STREE	Т				
		CINCINN	ATI, OH 4	5202			Phone no. $513 - 3$	241-3111
May the I	S discuss t	his return with the p	reparer shown abo	ve? See instruc	tions			X Yes No
122001 12 0		For Paparwork P	duction Act Notic	o coo the con	arato instructions			Earm 990 (2021)

Form **990** (2021)

SIC

Form	990 (2021) CINCINNATI INSTITUTE OF FINE ARTS 31-0537138 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
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 THORUGHOUT 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.)
14	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 21,512,466.
	Form 990 (2021)
132000	2 12-09-21
,52002	2
	—

14180713 758050 4000025-127 2021.06000 CINCINNATI INSTITUTE OF F 40000251

Form	990	(2021)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	├──
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			1
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>x</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	~	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Δ	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	х	
h	Schedule D, Parts XI and XII	128	<u>_</u>	<u> </u>
b		106		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	126		X
тэ 14а		13 14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	<u>г</u> та		<u> </u>
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u>_</u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_		
-	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	
132003	12-09-21	Form	990	(2021)

3

132003 12-09-21

2021.06000 CINCINNATI INSTITUTE OF F 40000251

Form	990	(2021)
	330	(2021)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	
22		22	х	
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current		- 23	
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	х	
24.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	- 23	
240				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		- 23
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C		24c		
A	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
		<u>24</u> u		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transportion with a discussified person during the versa 2 is 10 or 10	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		- 23
U	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		x
06	Schedule L, Part I	230		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	_20		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x
L	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		x
00	"Yes," complete Schedule L, Part IV	28c	Х	
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	А	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
~ 1	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
<u>.</u>	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
05	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05		
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	
	Check if Schedule O contains a response or note to any line in this Part V			
	טוופטת זו סטוופטעוב ט טטווגמווז מ ובסטטוזפ טו ווטנפ נט מוזץ ווויפ ווז נוווא דמוג ע		 V	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 180		Yes	No
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.	х	
40-1	(gambling) winnings to prize winners?	1c		(2021)
132004	12-09-21	rorm	330	(2021)

14180713 758050 4000025-127 2021.06000 CINCINNATI INSTITUTE OF F 40000251

021)	CINCINNATI					
Statement	s Regarding Other II	RS Filings and 1	Гах С	Complia	nce _{(c}	ontinued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 26			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		37	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country CAYMAN ISLANDS			
۶o	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	50		х
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	00		
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	N/	
g b	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	N/	
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711	117	
0	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.	0		
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N/A}{12b}$	12a		
ы 13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	47		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A If "Yes," complete Form 6069.	17		
132005	12-09-21 5	Form	990	(2021)

14180713 758050 4000025-127

Form 990 (2021)

Part V

^{2021.06000} CINCINNATI INSTITUTE OF F 40000251

Form 990	(2021)
----------	--------

CINCINNATI INSTITUTE OF FINE ARTS

X

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	
Section A. Governing Body and Management	

					Yes	140
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	49			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	49			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other				
	officer, director, trustee, or key employee?		L	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	direct supervisio	n			
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		Х
6	Did the organization have members or stockholders?			6		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or ap		····· -	-		
74	more members of the governing body?			7a		х
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, st		······ -	10		
D				7b		х
•			·····	10		
	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			•	х	
	The governing body?			8a		
b	Each committee with authority to act on behalf of the governing body?		······ -	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)				
			_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		L	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		L·	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a		Х
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13		· ·	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $ff "\gamma$		·····			
C		,	.	12c	x	
10	on Schedule O how this was done			13	X	
13 14	Did the organization have a written whistleblower policy?			13 14	X	
14 45	Did the organization have a written document retention and destruction policy?		····· -	14		
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?				37	
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization		Ľ	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent with a				
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's				
	exempt status with respect to such arrangements?		··	16b		
Sect	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright KY , OH					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990-T (section (501(c)(3)s o	nlv) i	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.			,,,		
		on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, col	,	olicy and f	n		
19		miler of interest p	oncy, and h	110110	nal	
00	statements available to the public during the tax year.	les and us a surf.	•			
20	State the name, address, and telephone number of the person who possesses the organization's boo ALECIA KINTNER $-513-871-2787$	ks and records	▶			
	20 EAST CENTRAL PKWY #200, CINCINNATI, OH 45202					
	20 -10					(202

Form 990 (2021)	CINCINNATI	INSTITUTE	OF	FINE	ARTS	3			
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensation									
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

		T	πzαι			iper	out					
(A)	(B)	(C) Position						(D)	(E)	(F)		
Name and title	Average	(do	not ch				one	Reportable	Reportable	Estimated		
	hours per	box	, unles cer an	ss per	rson i	s both	n an	compensation	compensation	amount of		
	week			uau	Tecic	i/irus	lee)	from	from related	other		
	(list any	recto						the	organizations	compensation		
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the		
	related organizations	ustee	trust		e	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related		
	below	ual tr	tional		vold	t con	_	1099-INEC)		organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) JAMES ZIMMERMAN	4.00		-	0	\leq	Ξω	LL.					
CHAIR		х		х				0.	0.	0.		
(2) LEIGH FOX	2.00											
VICE-CHAIR		х		х				0.	0.	0.		
(3) ANTHONY MATHIS	2.00											
VICE-CHAIR		Х		х				0.	0.	0.		
(4) MATTHEW STAUTBERG	2.00											
VICE-CHAIR		Х		Х				0.	0.	0.		
(5) CHRISTOPHER A CARLSON	2.00											
TREASURER		Х		Х				0.	0.	0.		
(6) RHONDA WHITAKER HURTT	2.00											
SECRETARY		Х		Х				0.	0.	0.		
(7) LINDA ANTUS	1.00											
TRUSTEE		Х						0.	0.	0.		
(8) RONALD BATES	1.00											
TRUSTEE		Х						0.	0.	0.		
(9) GALE BECKETT	1.00											
TRUSTEE		Х						0.	0.	0.		
(10) TYSONN BETTS	1.00											
TRUSTEE		Х						0.	0.	0.		
(11) MICHAEL BETZ	1.00											
TRUSTEE		Х						0.	0.	0.		
(12) LAURA N BRUNNER	1.00											
TRUSTEE		Х						0.	0.	0.		
(13) CARRI CHANDLER	1.00											
TRUSTEE		Х						0.	0.	0.		
(14) BRENDON J CULL	1.00								_			
TRUSTEE		х						0.	0.	0.		
(15) RANCE DUKE	1.00	1							_			
TRUSTEE	1 00	х			-			0.	0.	0.		
(16) PHIL DUNCAN	1.00	1							_	<u> </u>		
TRUSTEE	1 00	х						0.	0.	0.		
(17) CHARLES H GERHARDT III	1.00								<u>^</u>			
TRUSTEE		Х						0.	0.	0.		
132007 12-09-21										Form 990 (2021)		

7

132007 12-09-21

-0537138

Page 7

Form 990 (2021) CINCINNAT									31-053	3713	8	Page 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,			ghes	st C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do			itior more	ו than o	one	Reportable	Reportable		Estima	ited
	hours per	box	, unles	ss pe	rson i	is both pr/trus	n an	compensation	compensation		amoun	
	week (list any					1/		from	from related		othe	
	hours for	irecto						the	organizations (W-2/1099-MISC		ompens: from t	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC 1099-NEC)		organiza	
	organizations	ruste	l trus		ee	mpen		1099-NEC)	1000 NEO		and rela	
	below	dual t	Institutional trustee	5	nploy	st co	er .				organiza	
	line)	Individual trustee or director	Instit	Officer	Key employee	Highest compensated employee	Former				0	
(18) KALA GIBSON	1.00											
TRUSTEE		Х						0.	().		0.
(19) AGNES GODWIN HALL	1.00											
TRUSTEE		Х						0.	().		0.
(20) TREY GRAYSON	1.00											
TRUSTEE		Х						0.	0).		0.
(21) GERALD H GREENE	1.00											
TRUSTEE		Х						0.	().		0.
(22) LIZ GRUBOW	1.00											
TRUSTEE		Х						0.	0).		0.
(23) DELORES HARGROVE-YOUNG	1.00											
TRUSTEE		Х						0.).		0.
(24) DEBORAH HAYES	1.00											
TRUSTEE		Х						0.	().		0.
(25) MELANIE HEALEY	1.00											
TRUSTEE		Х						0.).		0.
(26) MICHELLE HERSHEY	1.00											
TRUSTEE		Х						0.).		0.
1b Subtotal								0.).		0.
c Total from continuation sheets to Part VI	, Section A							809,879.).		340.
d Total (add lines 1b and 1c)								809,879.	0).	95,3	340.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d at	oove	e) wh	io re	eceived more than \$100,	000 of reportable			
compensation from the organization												7
										_	Yes	s No
3 Did the organization list any former officer,	director, truste	ee, k	key e	mp	loye	e, or	[,] hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for su	uch individual									. L:	3	X
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	l oth	ner compensation from t	he organization			
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual		🖵	4 X	
5 Did any person listed on line 1a receive or a	ccrue compen	Isati	on fr	om	any	unre	elate	ed organization or individ	lual for services			
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ich į	pers	on .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest cor	mpensated ind	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compe	nsatior	ו from	
the organization. Report compensation for t	he calendar ye	ear e	endin	ng w	ith c	or wi	thin	the organization's tax y	ear.			
(A)								(B)			(C)	
Name and business								Description of s		Con	npensati	on
STRATUS LIVE, 6465 COLLEG	E PARK	SQ	UA	RE	,			DONOR DATABA	SE			
	VIRGINIA BEACH, VA 23464 MANAGER 116,160.									<u>160.</u>		
HALE JUSTIS LLC												
20 E CENTRAL PARKWAY, CIN	CINNATI	,	OH	4	52	02		RENTAL PROPE	RTY	1	L08,1	<u>151.</u>
2 Total number of independent contractors (ir	•	ot lin	nitec	d to		-	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz		-				2					000	
SEE PART VII, SECTION	A CONT	IN	UA	ΤT	ON	S	ΗE	ETS		Fo	rm 990	(2021)

132008 12-09-21

Part VII Section A. Officers, Directors,	Irustees, Key Er	nplo	yee	<u>s, a</u> ı	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)		_		C)			(D)	(E)	(F)
Name and title	Average hours per	(c	heck 	Pos	ition		ly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest com pensated em ployee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
27) MATTHEW A HESTON	1.00	l								
RUSTEE	1	Х						0.	0.	0
28) CHRISTY HORAN RUSTEE	1.00	x						0.	0.	0
29) TODD IMMELL	1.00									
TRUSTEE		х						0.	0.	0
30) DANIELLE D IVORY TRUSTEE	1.00	x						0.	0.	C
(31) ROBERT MCDONALD TRUSTEE	1.00	x						0.	0.	C
(32) JEFF MEEK	1.00							0.	0.	C
RUSTEE	1.00	x						0.	0.	C
33) NERISSA MORRIS	1.00									
RUSTEE		х						0.	Ο.	C
34) RAJ NARANG	1.00									
RUSTEE		Х						0.	Ο.	C
35) EVANS N NWANKWO	1.00									
RUSTEE		Х						0.	0.	C
(36) EUGENE PARTRIDGE III	1.00								0	
TRUSTEE	1 00	Х						0.	0.	0
37) MONICA POSEY RUSTEE	1.00	x						0.	0.	C
38) JIM PRICE	1.00	^						0.	0.	U
RUSTEE	1.00	x						0.	0.	0
39) THOMAS H QUINN JR	1.00							0.	0.	U
RUSTEE	1.00	x						0.	0.	C
(40) JACK ROUSE	1.00									
RUSTEE		х						0.	0.	C
41) MEGAN SHAFFER	1.00									
RUSTEE		х						0.	0.	0
(42) MURRAY SINCLAIRE JR	1.00									
RUSTEE		х						0.	0.	C
43) J SHANE STARKEY	1.00	1_								-
RUSTEE		Х						0.	0.	C
44) TIMOTHY STEIGERWALD	1.00								•	_
TRUSTEE	1 00	Х			<u> </u>			0.	0.	C
(45) DON STOCK	1.00								•	-
TRUSTEE	1 00	Х	-		-			0.	0.	0
(46) DEANA M TAYLOR	1.00	x						0.	0.	C

Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average hours per week	(c	heck	Posi all t		app	ly)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensatior
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
47) ALICIA B TOWNSEND RUSTEE	1.00	x						0.	0.	0
48) STANFORD T WILLIAMS JR	1.00	^						0.	0.	0
RUSTEE		X						0.	0.	C
49) GEORGE YUND RUSTEE	1.00	x						0.	0.	C
50) ALECIA KINTNER	50.00									
PRESIDENT & CEO 51) SAMANTHA CRIBBET	50.00			Х				232,613.	0.	9,886
P, FINANCE				х				109,661.	0.	13,744
52) KATE KENNEDY COO	50.00	-		x				103,621.	0.	21,322
53) KATHY DEBROSSE	50.00									
7P, MARKETING 54) LISA WOLTER	50.00		-			X		118,821.	0.	14,493
7P, COMM. CAMPAIGN	50.00	1				x		125,752.	0.	15,050
55) DENNIS LYONS	50.00									
R. DIRECTOR IT		-				X		119,411.	0.	20,845
		-								
		_								
		_								
		-								
		-								
								809,879.		95,34(

132201 04-01-21

	Ра	πνι						or noto to ony ling	in this Dort VIII			
and Federated campaigns 1a 1a 1a b Membership dues 1a 1a 1a 1a c Fundating ownth 1a 1a 1a 1a 1a c Fundating ownth 1a				Check in Schedule O d	CONTR	ains a resp	JISE	or note to any line	(A)	Related or exempt	Unrelated	Revenue excluded from tax under
Business Code Business Code 2 a ADXISSIONS 713930 24,566. 24,566. a	ns, Gifts, Grants Similar Amounts	1 a k c	b c d e	Membership dues Fundraising events Related organizations Government grants (contr	ibuti	1b 1c 1d ons) 1e		9,798,831.				Sections 512 - 514
Business Code Description 2 a ADMISSIONS 713930 24,566. 24,566. 6	Contributio	f	g	similar amounts not included Noncash contributions included in	l abov lines 1	/e 1f la-1f 1g			24 270 635.			
2 a NNTISSIONS 713990 24,566. 24,566.	0 0	- '						Business Code	,,,			
B C <thc< th=""> C <thc< th=""> <thc< th=""></thc<></thc<></thc<>	•	2	2	ADMISSIONS					24 566.	24 566.		
a Total. Add lines 2a21 24,566 a Investment income (including dividends, interest, and other similar amounts) 1,612,939. 4 Income from investment of tax exempt bond proceeds 1,612,939. 5 Royatties 0) Personal 6 a Gross rents 6a 6 a Gross rents 6a 7 Gross amount from sales of rask interest, and other sets of rask interest, and income or (loss) 1,612,939. 7 a Gross amount from sales of rask interest, and income or (loss) 0) Securities 0) Other sets interest from tindraising events (i) Other sets income from fundraising events (including \$	ogram Service Revenue	z a k c c	b									
3 investment income (including dividends, interest, and other similar amounts). 1, 612, 939. 1612939. 4 income from investment of tax exempt bond proceeds 1, 612, 939. 1612939. 5 Royattes 0 0 1, 612, 939. 1612939. 6a Gross rents 6a 0	Pr	f	F	All other program service	reve	nue						
Intervence with the second proceed in the second proceed		ç	g	Total. Add lines 2a-2f				►	24,566.			
6 a Gross rents 6a (i) Peal (ii) Personal b Less: rental expenses 6b (iii) (iii) Personal c Rental income or (loss) 6c (iii) (iii) d Net rental income or (loss) (iii) (iii) (iii) (iiii) a Gross anout from sales of a sasets other than inventory 7a 33, 051, 830. (iiii) (iiiii) b Less: cost or other basis 7b 29, 252, 572. 6, 174. (iiiiiii) c Gain or (loss) 7c 8, 793, 084. 8793084. 8793084. 8 a Gross income from fundraising events (not including \$				other similar amounts)					1,612,939.			1612939.
6 a Gross rents 6a (i) Peal (ii) Personal b Less: rental expenses 6b (iii) (iii) Personal c Rental income or (loss) 6c (iii) (iii) d Net rental income or (loss) (iii) (iii) (iii) (iiii) a Gross anout from sales of a sasets other than inventory 7a 33, 051, 830. (iiii) (iiiii) b Less: cost or other basis 7b 29, 252, 572. 6, 174. (iiiiiii) c Gain or (loss) 7c 8, 793, 084. 8793084. 8793084. 8 a Gross income from fundraising events (not including \$		5		Royalties								
b Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) 6c assets other than inventory b Less: cost or other basis 7a b Less: cost or other basis 7b 29, 252, 572. 6, 174. c Gain or (loss) 7a 8, 793, 084. 8793084. s Gross income from fundralising events (not including \$s				,								
b Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) 6c assets other than inventory b Less: cost or other basis 7a b Less: cost or other basis 7b 29, 252, 572. 6, 174. c Gain or (loss) 7a 8, 793, 084. 8793084. s Gross income from fundralising events (not including \$s		6 a	а	Gross rents	6a							
c Rental income or (loss) Gc												
d Net rental income or (loss) 												
7 a Gross amount from sales of assets other than inventory b (i) Securities (ii) Other 7 a Gross acount from sales of assets other than inventory b (ii) Securities (iii) Other 9 Less: cost or other basis and sales expenses 70 29, 252, 572. 6, 174. c Gain or (loss) 70 8, 799, 258. -6, 174. d Net gain or (loss) 70 8, 799, 258. -6, 174. d Net gain or (loss) 70 8, 799, 084. 8793084. 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See 8a 8b 8b part IV, line 18 8a 8b 8b 8b 8b 9a g a Gross income from gaming activities. See Part IV, line 19 9a 9a 9a 9a g a Gross ales of inventory, less returns and allowances 10a Gross sales of inventory, less returns and allowances 10a 1												
assets other than inventory Ta 38, 051, 830. b Less: cost or other basis and sales expenses Ta 29, 252, 572. 6, 174. d Net gain or (loss) Tc 8, 793, 084. 8793,084. B a Gross income from fundraising events including \$ of contributions reported on line 1c). See 8, 793, 084. 8793,084. Part IV, line 18 Ba Ba Ba Ba Ba b Less: direct expenses Ba Ba Ba Ba g a Gross income from gaming activities. See Part IV, line 19 Ba Ba Ba b Less: direct expenses Ba Ba Ba Ba g a Gross income from gaming activities. See Part IV, line 19 Ba Ba Ba b Less: direct expenses Ba Ba Ba Ba 10 a Gross sales of inventory, less returns and allowances IOa IOa IOa b Less: cost of goods sold Estimates Code Estimates Code Estimates Code Estimates Code Estimates Code b C All other revenue All other revenue					/ <u> </u>	(i) Securi	ties	(ii) Other				
B Less: cost or other basis and sales expenses 7b 29,252,572 6,174. c Gain or (loss) 7c 8,793,258 -6,174. d Net gain or (loss) 8,793,084. 8793084. 8 Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8 8 b Less: direct expenses 8b - - 9 Gross income from gaming activities. See Part IV, line 19 9 9 - 9 Gross sincome from gaming activities. See Part IV, line 19 9 9 - - 9 Gross sales of inventory, less returns and allowances 10a - - - 0 Gross sales of inventory, less returns and allowances 10a - - - 0 It a UBTI LOSS Escander - - - 0 All other revenue - - - - - 0 Costal Add lines 11a-11d -487,333. -487,333. 10406023. <th></th> <td>1 6</td> <td></td> <td></td> <td>7-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		1 6			7-							
and sales expenses Th 29, 252, 572. 6, 174. c Gain or (loss) To 8, 793, 258. -6, 174. d Net gain or (loss) N 8, 793, 084. 8793084. a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See 8 a 9 a 9 a <				-	<i>1</i> a	30,031,	050.					
Gain or (loss) Tc 8,799,258. -6,174. d Net gain or (loss) 8,793,084. 8793084. B a Gross income from fundriaising events (not including \$ of contributions reported on line 1c). See 8a 8a Part IV, line 18 Ba Ba Ba C Net income or (loss) from fundriaising events Image: Contribution of the contrise of the contrelevence of th	•	Ľ			_	20 252	570	6 174				
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Ba Ba b Less: direct expenses Bb Bb c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities b Less: direct expenses	nue											
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Ba Ba b Less: direct expenses Bb Bb c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities b Less: direct expenses	svel			()								
G a including \$ of contributions reported on line 1c). See Part IV, line 18								🕨	8,793,084.			8793084.
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 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 c n e 11 a UBTI LOSS c d d d lt a UBTI LOSS c d d d lt a UBTI LOSS c d d d d lt a UBTI LOSS b c d d lt a UBTI LOSS b c d d d lt a UBTI LOSS b c d d lt a UBTI LOSS b c d d d lt a UBTI Loss c d d lt a UBTI Loss c d d	Other	8 8		including \$		of						
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 ▲ b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory ▲ f UBTI LOSS 523000 -487,333. c All other revenue ▲ -487,333. e Total revenue. See instructions 34,213,891. 24,566. -487,333.				Part IV, line 18			8a					
9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10 b c Net income or (loss) from sales of inventory b Less: cost of goods sold 10 a UBTI LOSS 523000 -487, 333. -487, 333. -487, 333. 12 Total revenue. See instructions		k	b	Less: direct expenses			8b					
Part IV, line 19 9a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b Less: cost of goods sold 10 a UBTI LOSS c Net income or (loss) from sales of inventory b Less: cost of goods sold 11 a UBTI LOSS c Gross sales of inventory b Solo c How and the revenue c How and the revenue c How and the revenue d All other revenue e Total. Add lines 11a-11d b -487, 333. 12 Total revenue. See instructions		c	C	Net income or (loss) from	fund	raising eve	nts	🕨				
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 s UBTI LOSS 523000 -487,333. b c -487,333. c d -487,333. e Total revenue. See instructions 34,213,891. 24,566. -487,333. 10406023.		9 a	a	Gross income from gamin	ig ac	tivities. See	e					
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 s UBTI LOSS 523000 -487,333. b c -487,333. c d -487,333. e Total revenue. See instructions 34,213,891. 24,566. -487,333. 10406023.				Part IV, line 19			9a					
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 ▶ solution \$\$ UBTI LOSS b \$\$ 523000 c \$\$ 4All other revenue e \$\$ -487,333. 12 Total revenue. See instructions		k					9b					
and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a UBTI LOSS b 523000 c -487,333. d All other revenue e Total Add lines 11a-11d 12 Total revenue. See instructions		c	C	Net income or (loss) from	gam	ing activitie	s	►				
b Less: cost of goods sold 10b Image: Cost of goods sold Image: Cost of goods sold sold Image: Cost of goods sold sold sold sold sold sold sold		10 a	а	Gross sales of inventory, I	less i	returns						
b Less: cost of goods sold 10b Image: Cost of goods sold Image: Cost of goods sold sold Image: Cost of goods sold sold sold sold sold sold sold				and allowances			10a					
Business Code -487,333. 11 a UBTI LOSS 523000 -487,333. b		k										
Business Code All other revenue Set of the set of												
e Total. Add lines 11a-11d -487,333. 12 Total revenue. See instructions 34,213,891. 24,566. -487,333.			_				· j	Business Code				
e Total. Add lines 11a-11d -487,333. 12 Total revenue. See instructions 34,213,891. 24,566. -487,333.	sno	11 :	a	UBTI LOSS					-487,333.		-487,333.	
e Total. Add lines 11a-11d -487,333. 12 Total revenue. See instructions 34,213,891. 24,566. -487,333.	oeu											
e Total. Add lines 11a-11d -487,333. 12 Total revenue. See instructions 34,213,891. 24,566. -487,333.	illar ven											
e Total. Add lines 11a-11d -487,333. 12 Total revenue. See instructions 34,213,891. 24,566. -487,333.	sce											
12 Total revenue . See instructions	Mis	C						L	107 222			
										24 ECC	107 222	10406003
					ons			▶	34,213,091.	24,300.	=40/,333.	

CINCINNATI INSTITUTE OF FINE ARTS

132009 12-09-21

Form 990 (2021)

Page **9**

31-0537138

CINCINNATI INSTITUTE OF FINE ARTS 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).

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respor			npiete column (A).	
				(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	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):	,	,		,
b	Legal	15,924.	13,221.	2,703.	
		24,200.	16,759.	7,441.	
d				.,	
e					
f	Investment management fees	115,792.		115,792.	
g		11077921		11077920	
9	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.
13 14	Information technology	117,833.	9,762.	28,410.	79,661.
14 15	Royalties	117,000.	5,702.	20,410.	////
16		120,169.	30,344.	22,308.	67,517.
17	Occupancy	4,750.	759.	2,479.	1,512.
18	Travel Payments of travel or entertainment expenses		755.	2,17,	1,512.
10	for any federal, state, or local public officials				
40	Conferences, conventions, and meetings	31,344.	5,008.	16,359.	9,977.
19 20		51,544	5,000.	10,555.	5,5110
20 21	Interest				
21 22	Payments to affiliates Depreciation, depletion, and amortization	471.		471.	
22 23		20,456.		20,456.	
23 24	Other expenses. Itemize expenses not covered	20,1300		20,1500	
27	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.) ARTS EVENTS AND WORKSHO	203,318.	146,471.	7,326.	49,521.
a b	PROVISION FOR BAD DEBT	174,680.		.,	174,680.
5	EQUIPMENT RENTAL AND MA	127,425.	13,824.	32,910.	80,691.
d	AGENCY FEES	51,903.	2,320.	26,970.	22,613.
	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.
<u>25</u> 26	Joint costs. Complete this line only if the organization	,_,_,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1,000,0020	1,0,0,200.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here \blacktriangleright if following SOP 98-2 (ASC 958-720)				
12001			<u> </u>		Form 990 (2021)
13201	0 12-09-21	10			FUTTI VVV (2021)

12

14180713 758050 4000025-127

2021.06000 CINCINNATI INSTITUTE OF F 40000251

 $14180713 \ 758050 \ 4000025 - 127$

33

Total liabilities and net assets/fund balances

143,710,134. 33

122,467,170. Form **990** (2021)

CINCINNATI INSTITUTE OF FINE ARTS 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
	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	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ÿ	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D10a1,860,819.Less: accumulated depreciation10b595,455.			
	b		1,883.		1,265,364.
	11	Investments - publicly traded securities	100,194,016.	11	
	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.
	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	42 621 160
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	50,193,571.	21	42,621,169.
es	22	Loans and other payables to any current or former officer, director,			
iĦ		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	579,493.
-	23	Secured mortgages and notes payable to unrelated third parties		23	579,495.
	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		66,593,635.	25 26	54,577,554.
	20	Organizations that follow FASB ASC 958, check here \blacktriangleright	00,000,000	20	51/5///551
ŝ		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	19,128,827.	27	18,302,752.
3ala	28	Net assets with donor restrictions	57,987,672.	28	49,586,864.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here			
Fur		and complete lines 29 through 33.			
p	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
let ,	32	Total net assets or fund balances	77,116,499.	32	67,889,616.
Z	22		1/3 710 13/	202	122 467 170

31-0537138 Page 11

Form 990 (2021)

Form	990 (2021) CINCINNATI INSTITUTE OF FINE ARTS	31-0	053713	3 р	age 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	34,2					
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,4					
3								
4								
5	Net unrealized gains (losses) on investments							
6	Donated services and use of facilities 6							
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-2	90,8	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	67,8	89,0	<u>516.</u>			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			X			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	s No			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.	_					
2a	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?		2	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate							
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		20	; X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit						
	Act and OMB Circular A-133?		3.	X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits							
			Ге	<u> </u>) (2021)			

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047
2021
Open to Public Inspection

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

Nan	ne of	the organization							identification number		
De				TITUTE OF FI					1-0537138		
	rt I	Reason for Public (ee instruction	S.			
	orgar	nization is not a private found									
1	H	A church, convention of ch	,			n 170(b)(1	l)(A)(i).				
2	H	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3		A hospital or a cooperative									
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for		lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv).									
6		A federal, state, or local gov	-								
7	X	An organization that norma		ntial part of its support f	rom a gove	ernmental	unit or from th	ne general p	oublic described in		
		section 170(b)(1)(A)(vi). (C									
8		A community trust describe									
9		An agricultural research org									
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or		
		university:									
10		An organization that norma	• • • •					-	*		
		activities related to its exer		-					-		
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acquii	red by the org	anization a	fter June 30, 1975.		
		See section 509(a)(2). (Con									
11		An organization organized a	•								
12		An organization organized a	-	•				-	-		
		more publicly supported or							Check the box on		
		lines 12a through 12d that	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and	12g.			
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported orga	anization(s), ty	pically by	giving		
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority c	f the direc	tors or truste	es of the su	pporting		
	_	_ organization. You must o	complete Part IV, Se	ctions A and B.							
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with it	s supporte	d organizatio	n(s), by hav	ing		
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	oorted		
	_	organization(s). You mus	t complete Part IV,	Sections A and C.							
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	d with,		
	_	its supported organization	n(s) (see instructions)	. You must complete	Part IV, Se	ctions A,	D, and E.				
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	ation(s)		
		that is not functionally int		• •	-		-	an attentiv	eness		
		requirement (see instructi									
е		Check this box if the orga					Туре I, Туре	II, Type III			
		functionally integrated, or	• •	nally integrated supporti	ng organiz	ation.			[
		er the number of supported o	• • • • • • • • • • • • • • • • • • • •								
g		vide the following informatior (i) Name of supported	about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monotony	(vi) Amount of other		
		organization		(described on lines 1-10	in your governi	ng document?	support (see ir	-	support (see instructions)		
		0.94		above (see instructions))	Yes	No					
Tota											
1 012											

Schedule	A (Form 990) 2021
Part II	Support Sc

CINCINNATI INSTITUTE OF FINE ARTS

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar 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 organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
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.
Sec	ction B. Total Support						
Cale	ndar 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 instructio	ons)			12	24,566.
13	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and sto	p here			-		
Sec	ction C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2021 (line 6, column (f), d	livided by line 11, o	column (f))		14	<u>91.55 %</u>
15	Public support percentage from 2020) Schedule A, Part	II, line 14			15	<u>90.92 %</u>
16 a	33 1/3% support test - 2021. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2020. If the	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua	lifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances test	t - 2021. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	ts-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organizatio	on qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	t - 2020. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets t	he facts-and-circun	nstances test, che	ck this box and s t	top here. Explain i	in Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	supported organi	zation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instructions	s >
						Schedule A	(Form 990) 2021

132022 01-04-22

CINCINNATI INSTITUTE OF FINE ARTS 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						
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.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge \dots						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support	·				•	
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c 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. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section §	501(c)(3) organizati	on,
check this box and stop here						
Section C. Computation of Publ	ic Support Per	rcentage				
15 Public support percentage for 2021 (line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2020) Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	stment Income	e Percentage			<u> </u>	
17 Investment income percentage for 2	021 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly	supported organiza	ation	
b 33 1/3% support tests - 2020. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%, a	and
line 18 is not more than 33 1/3%, che	eck this box and st	t op here. The orga	anization qualifies	as a publicly supp	orted organization	
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	>
132023 01-04-22					Schedule /	A (Form 990) 2021
		17	1			

2021.06000 CINCINNATI INSTITUTE OF F 40000251

1

2

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

18

132024 01-04-21

3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 CINCINNATI INSTITUTE OF FINE ARTS

1 4	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of 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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i>			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
	_		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported support (a)	1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	d that the organization used	to satisfy the Integral Part	Test during the year	(see instructions
	GRECK THE DOX REXT TO THE RETOU	a mai me organization used	to satisfy the integral Part	rest during the year	

a The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent of	of each of its	supported of	organizations.	Complete line 3 be	elow.
---	--	------------------	------------------	----------------	--------------	----------------	--------------------	-------

С		The organization supported a g	governmental entity.	Describe in Part VI how	you supported a government	al entity (see instruction <u>s).</u>
---	--	--------------------------------	----------------------	-------------------------	----------------------------	---------------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

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

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

3b | | Schedule A (Form 990) 2021

2a

2b

3a

Yes No

132025 01-04-22

14180713 758050 4000025-127

2021.06000 CINCINNATI INSTITUTE OF F 40000251

19

. u	Type in Non Functionally integrated bos(d)(b) support	ng organi		
1	Check here if the organization satisfied the Integral Part Test as a qualify	ng trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

emergency temporary reduction (see instructions)

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

6

Schedule A (Form 990) 2021

132026 01-04-22

CINCINNATI INSTITUTE OF FINE ARTS

Schedule A (Form 990) 2021 CINCINNATI INSTITUTE OF FINE ARTS Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

14180713 758050 4000025-127

 $14180713 \ 758050 \ 4000025 - 127$

CINCINNATI I	INSTITUTE	OF	FINE	ARTS
--------------	-----------	----	------	------

31-0537138 Page	7	
-----------------	---	--

	dule A (Form 990) 2021 CINCINNATI IN			3	1-0537138	Page 7
Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting O	rganizations (contin	ued)	[
Secti	on D - Distributions				Current Ye	ar
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organiza	ions	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is respon	sive			
	(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	ſ		10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distribution	(ii) Underdistributio Pre-2021	ns	(iii) Distributab Amount for 2	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
с	From 2018					
d	From 2019					
е	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: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
с	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:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					

Schedule A (Form 990) 2021

<u>Schedule A (</u>	Form 990) 2021	CINCIN							31-0537138 _{Pag}
	line 1; Part IV, Section A, lines	1, 2, 3b, 3c, 4b, D, lines 2 and 3;	, 4c, 5a, 1 Part IV, 9	6, 9a, 9b, Section E,	9c, 11a, 1 lines 1c,	11b, an 2a, 2b,	d 11c; Pa 3a, and 3	rt IV, Section 3b; Part V, line	ne 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C, a 1; Part V, Section B, line 1e; Part V, ny additional information.
	<u> </u>								
	1								Schedule A (Form 990) 2

123451 11-11-21

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

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

Employer identification number

	CINCINNATI INSTITUTE OF FINE ARTS	31-0537138
Organization type (cheo	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2021)

Name of organization

CINCINNATI INSTITUTE OF FINE ARTS

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 832,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 8,000,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 2,000,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

123452 11-11-21

14180713 758050 4000025-127

Employer identification number

31-0537138

Schedule B (Form 990) (2021)

Employer identification number

31-0537138

CINCINNATI INSTITUTE OF FINE ARTS

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

25

14180713 758050 4000025-127

Schedule	B (Form 990) (2021)			Page ²			
Name of o	organization			Employer identification number			
CINCI	NNATI INSTITUTE OF FINE	ARTS		31-0537138			
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)	ons to organizations described in s	ection 501(c)(7), (8), or (10)	that total more than \$1,000 for the year			
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. o	once.) > \$			
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held			
		(e) Transfer of git	ft				
	Transferee's name, address, ar		Deletionship of t	reneferrer to transferre			
				ransferor to transferee			
(a) No.			(1) D				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held			
		(e) Transfer of git	ft				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held			
Part I							
		(e) Transfer of git	ft l				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tr	ransferor to transferee			
(a) No							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held			
		(e) Transfer of git	ft				
		ad 7 ID + 4	Dolotion-his of t	ranafarar to transforma			
	Transferee's name, address, an		Relationship of th	ransferor to transferee			
	·	[
123454 11-11	l 1-21			Schedule B (Form 990) (2021)			
				. ,,/			

26 2021.06000 CINCINNATI INSTITUTE OF F 40000251

SCHEDULE C	CHEDULE C Political Campaign and Lobbying Activities				OMB No. 1545-0047
(Form 990)	orm 990) For Organizations Exempt From Income Tax Under section 501(c) and section 527			2021	
Department of the Treasury	Complete	if the organization is described I	pelow. 🕨 Attach to	Form 990 or Form 990-	
Internal Revenue Service		ao to www.irs.gov/Form990 for i	nstructions and the la	test information.	Inspection
If the organization answ	wered "Yes," on	Form 990, Part IV, line 3, or For	n 990-EZ, Part V, line	e 46 (Political Campaig	n Activities), then
 Section 501(c)(3) org 	anizations: Com	plete Parts I-A and B. Do not com	olete Part I-C.		
		01(c)(3)) organizations: Complete P	arts I-A and C below. I	Do not complete Part I-B	
 Section 527 organization 		,			
		Form 990, Part IV, line 4, or For			
		nave filed Form 5768 (election und		•	•
		nave NOT filed Form 5768 (election		•	•
Tax) (See separate inst		Form 990, Part IV, line 5 (Proxy	rax) (See Separate in	structions) or Form 990	J-EZ, Part V, line 350 (Proxy
		ions: Complete Part III.			
Name of organization	, (, 3	·		Em	ployer identification number
	CINCINN	ATI INSTITUTE OF	FINE ARTS		31-0537138
Part I-A Comple	ete if the org	anization is exempt under	section 501(c) o	r is a section 527 c	organization.
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities in	Part IV.	
2 Political campaign	activity expendit	ures		►	\$
3 Volunteer hours for	political campai	gn activities			
-	-	anization is exempt under			
		incurred by the organization under			\$
		incurred by organization managers			
		n 4955 tax, did it file Form 4720 fo			
b If "Yes," describe in					Yes No
		anization is exempt under	section 501(c), e	except section 501	(c)(3).
		by the filing organization for secti		•	
		ization's funds contributed to othe			·
exempt function ac			-		\$
3 Total exempt functi		. Add lines 1 and 2. Enter here and			
line 17b				►	\$
					Yes No
		ployer identification number (EIN)			
	•	tion listed, enter the amount paid f			•
	•	omptly and directly delivered to a s additional space is needed, provide			ate segregated fund or a
· · · · · · · · · · · · · · · · · · ·				Г	
(a) Name	5	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization.
					If none, enter -0
			1	1	

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

Schedule C (Form 990) 2021

132041 11-03-21

Schedule C (Form 990) 2021	CINCINNATI	INSTITUTE OF	F FINE ARTS	31-0	537138 Page 2
Part II-A Complete if the orga	anization is exe	empt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
section 501(h)).					
A Check if the filing organization of the f	-	ffiliated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
		and "limited control" pro	visions apply.		
¥ ¥	s on Lobbying Exp	·		(a) Filing	(b) Affiliated group
Limit (The term "expend)	organization's totals	totals			
1a Total lobbying expenditures to influ	ence public opinion	(grassroots lobbying)			
b Total lobbying expenditures to influ					
c Total lobbying expenditures (add lir	nes 1a and 1b)				
d Other exempt purpose expenditure				24,758,739.	
e Total exempt purpose expenditures				24,758,739.	
f Lobbying nontaxable amount. Ente				1,000,000.	
If the amount on line 1e, column (a) of		bbying nontaxable amo	ount is:		
Not over \$500,000		of the amount on line 1e.			
Over \$500,000 but not over \$1,000	ess over \$500,000. ess over \$1,000,000.				
Over \$1,000,000 but not over \$1,50					
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$1,200,000 \$1,000,000					
	Over \$17,000,000 \$1,000,000.				
g Grassroots nontaxable amount (en	g Grassroots nontaxable amount (enter 25% of line 1f)				
h Subtract line 1g from line 1a. If zero		250,000.			
i Subtract line 1f from line 1c. If zero				0.	
j If there is an amount other than zer	o on either line 1h c	r line 1i, did the organiza	tion file Form 4720		
reporting section 4911 tax for this	/ear?			<u></u> [Yes No
		veraging Period Under			
(Some organizations th		501(h) election do not h arate instructions for lin		of the five columns be	low.
	Lobbying Exp	enditures During 4-Yea	r 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					5 511 966
(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					
				Schedu	ile C (Form 990) 2021

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

For e	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description			(b)	
	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5),	, or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		. 2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3	1.00	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered " answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total		2c		
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		. 5		
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part LA line 1: Part LB line 4: Part LC line 5: Part LA (affiliated aroun	list): Part II-A	lines 1 a	nd 2 (See	

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.

Schedule C (Form 990) 2021

132043 11-03-21

SCHEDU	LE D
--------	------

9 0)

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.



Employer identification number

31-0537138

Department of the Treasury Internal Revenue Service

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

Name of the organization CINCINNATI INSTITUTE OF FINE ARTS Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I

	organization answered "Yes" on Form 990, Part IV, lin	e 6.				
		(a) Donor adv	ised funds	(b) Fur	nds and other account	s
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in v	writing that the assets	held in donor advised	l funds		
	are the organization's property, subject to the organization's	exclusive legal control	?		Yes	No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that	grant funds can be us	ed only		
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for	any other purpose co	onferring		
Dee	impermissible private benefit?					No
Par				rt IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	Ē				
	Preservation of land for public use (for example, recrea	tion or education)		•	important land area	
	Protection of natural habitat	L	Preservation of a	certified his	storic structure	
•	Preservation of open space	ind concernation cont	vibution in the form of		tion accoment on the	laat
2	Complete lines 2a through 2d if the organization held a qualif day of the tax year.	leu conservation conti		a conserva	Held at the End of the	
•				2a		Tux Tour
a b						
c	Number of conservation easements on a certified historic stru					
d	Number of conservation easements included in (c) acquired a					
	listed in the National Register					
3	Number of conservation easements modified, transferred, rel				during the tax	
	year ►		,	0	U U	
4	Number of states where property subject to conservation eas	sement is located				
5	Does the organization have a written policy regarding the per	iodic monitoring, inspe	ection, handling of			
	violations, and enforcement of the conservation easements it	holds?			Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	and enforcing conser	vation ease	ements during the yea	r
	▶					
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enforcing conservatio	n easemen	ts during the year	
	►\$					
8	Does each conservation easement reported on line 2(d) abov					
-	and section 170(h)(4)(B)(ii)?					No
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footn	lote to the organization	n's financial statemen	ts that desc	cribes the	
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art. Historical T	reasures, or Oth	er Simila	r Assets.	
	Complete if the organization answered "Yes" on Form	-	· · · · · · · · · · · · · · · · · · ·			
	If the organization elected, as permitted under FASB ASC 95		evenue statement and	d balance sl	heet works	
	of art, historical treasures, or other similar assets held for put	•				
	service, provide in Part XIII the text of the footnote to its finar					
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rever	nue statement and ba	lance sheet	works of	
	art, historical treasures, or other similar assets held for public	exhibition, education,	, or research in furthe	rance of pul	blic service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			►	\$	
	···· · · · · · · · · · · · · · · · · ·				\$	
2	If the organization received or held works of art, historical treat	asures, or other simila	r assets for financial g	ain, provide	e	
	the following amounts required to be reported under FASB A	-				
а	Revenue included on Form 990, Part VIII, line 1				\$	
	Assets included in Form 990, Part X			►	\$	
	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.			Schedule D (Form 9	90) 2021
132051	10-28-21	30				
		50				

50					
2021.06000	CINCINNATI	INSTITUTE	OF	\mathbf{F}	40000251

		ATI INSTITU							Page 2
Par	t III Organizations Maintaining C	ollections of Art	t, Historical T	reasures, o	r Other	Similar	Assets	(continu	ied)
3	Using the organization's acquisition, accession	on, and other records	s, check any of th	e following tha	t make sig	nificant u	se of its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or e	xchange progr	am				
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they furthe	the organization	on's exemi	pt purpos	e in Part	XIII.	
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma							Yes	No
Par	t IV Escrow and Custodial Arran						Part IV. I		
	reported an amount on Form 990, Pai						,, .		
1a	Is the organization an agent, trustee, custodi		ary for contributi	ons or other as	sets not in	cluded			
14	on Form 990, Part X?							Yes	XNo
h	If "Yes," explain the arrangement in Part XIII								
, N			lowing table.					Amount	
~	Reginning balance					1c		,	
	Beginning balance					1d			
	Additions during the year								
-	Distributions during the year					1e 1f			
f	Ending balance Did the organization include an amount on Fe						V	Yes	
	-					y?	A		No X
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i					<u></u>			Δ
1 41		(a) Current year	(b) Prior year	(c) Two yea			ears back	(a) Four y	/ears back
								., ,	
	Beginning of year balance	73,338,138.	61,607,50		4,961.		17,167.		00,472.
b	Contributions	1,410,783.	-1,028,37		1,033.		12,595.		729,731.
	Net investment earnings, gains, and losses	-8,158,686.	15,230,70		5,177.		57,037.		041,386.
	Grants or scholarships	170,540.	147,04	b. 14	2,827.	1.	38,840.	1	L29,992.
е	Other expenditures for facilities								
	and programs	2,560,379.	2,210,76		4,071.		57,242.		358,073.
f	Administrative expenses	115,792.	113,88		4,698.		30,566.		L36,357.
g	End of year balance	63,743,524.	73,338,13	8. 61,60	7,509.	58,76	54,961.	60,5	547,167.
2	Provide the estimated percentage of the curr		e (line 1g, column	(a)) held as:					
а	Board designated or quasi-endowment	31.0000	_%						
	Permanent endowment 11.0000	%							
с	Term endowment ► <u>58.0000</u>	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held	and administe	red for the	organiza	tion	_	
	by:								Yes No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza							3b	
4	Describe in Part XIII the intended uses of the							<u> </u>	
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a	. See Form 990), Part X, li	ne 10.			
	Description of property	(a) Cost or o		ost or other		cumulate	d	(d) Book	value
		basis (investm		is (other)		reciation	~	(4) 2001	Value
1a	Land			. ,					
	Buildings								
	Leasehold improvements		F	31,117.	5	29,70)5.	1	,412.
			~ ~	<u>65,750.</u>		$\frac{25,70}{65,75}$		⊥	0.
	Equipment		1 2	63,952.				1,263	
	Other				1			1,203 1,265	
<u>i otal</u>	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part)</u>	<u>X, column (B), line</u>	<u> 10c.)</u>					
						:	schedule	ט (Form	990) 2021

132052 10-28-21

	INDITIOIT OF T	TNE AKID	
Part VII Investments - Other Securities.	n Faure 000 Date N/ line 1:		
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	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 MARK	·ΕΨ \/λΤ.ΙΙΕ
	21,926,049.	END-OF-YEAR MARK	
(B) HEDGE AND OTHER LIMITED (C) PRIVATE EQUITY FUNDS	10,959,786.	END-OF-YEAR MARK	
(D)	10,555,700.		
(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" of	on Form 990, Part IV, line 1 [.]	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	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" c		1d. See Form 990, Part X, line 15.	()))
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)(5)			
(5)			
(6)			
(7)(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1 ⁻	1e or 11f. See Form 990, Part X, lir	ne 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) APPROPROATIONS 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		he organization's financial stateme	ents 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 ... 🗴

Schedule D (Form 990) 2021

132053 10-28-21

 $14180713 \ 758050 \ 4000025 - 127$

31-0537138 Page 3

	dule D (Form 990) 2021 CINCINNATI INSTITUTE OF FI	-			0537138 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts Wit	h Revenue per l	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:				
а	Net unrealized gains (losses) on investments	2a -	<u>-18,678,538</u>	3.	
b	Donated services and use of facilities	2b	287,391	. •	
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-778,221	. •	
е	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:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	115,792	2.	
b	Other (Describe in Part XIII.)	4b	-487,333	3.	
c	Add lines 4a and 4b			4c	-371,541.
•	Add lines 4a and 4b				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			. 5	34,213,891.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents Wi			<u>34,213,891.</u> n.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents Wi			n.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents Wi	th Expenses pe	r Retur	34,213,891. n. 24,642,947.
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents Wi	ith Expenses pe		n.
5 Ра 1	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents Wi	th Expenses pe		n.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents Wi	ith Expenses pe		n.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) t XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents Wi	ith Expenses pe		n.
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) t XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents Wi 2a 2b 2c	ith Expenses pe		n. 24,642,947.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses pe		n. 24,642,947. 287,391.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	ith Expenses pe 287,391		n. 24,642,947.
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Other (Describe in Part XIII.)	2a 2b 2c 2d	ith Expenses pe 287,391	2e 3	n. 24,642,947. 287,391.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) t XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	ith Expenses pe 287,391	2e 3	n. 24,642,947. 287,391.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	ith Expenses pe 287,391	2e 3	n. 24,642,947. 287,391. 24,355,556.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	ents Wi	ith Expenses pe	2e 3	n. 24,642,947. 287,391. 24,355,556. 115,792.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ents Wi	ith Expenses pe	2e 3	n. 24,642,947. 287,391. 24,355,556.

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

33

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.

132054 10-28-21

Schedule D (Form 990) 2021

Schedule D	(Form 990) 20)21	CINCINNATI	INSTITUTE	OF	FINE	ARTS	
Part XIII	Suppleme	ental Inform	nation (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 D (Form 990) 2021

132055 10-28-21

SCHEDULE I (Form 990)		Go	irants and Oth vernments, an ete if the organization	d Individual	s in the Ŭni [.]	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.ir	Attach to Form s.gov/Form990 fo		nation		Open to Public Inspection
Name of the organization	CINCINNAT	I INSTITU	TE OF FINE	-				Employer identification number 31-0537138
Part I General Inform	nation on Grants ar							
 Does the organization criteria used to award Describe in Part IV th 	d the grants or assis	tance?	-					
Part II Grants and Ot	her Assistance to E	Domestic Organiz	ations and Domestic be duplicated if addition	Governments. C	omplete if the orga	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and addres or governr	v	(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 (1241 ELM STREET CINCINNATI, OH 45202	DRCHESTRA	31-0537080	501C3	3,439,289.	0.			SUSTAINING IMPACT GRANT
CINCINNATI PLAYHOUSE 962 MT. ADAMS CIRCLE CINCINNATI, OH 45202	IN THE PARK	31-0624790	501C3	1,810,349.	0.			SUSTAINING IMPACT GRANT
CINCINNATI MUSEUM ASS (CAM) - 953 EDEN PARH 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 ASSOC 650 WALNUT STREET CINCINNATI, OH 45202	CIATION	31-1310256	501C3	712,500.	0.			ARP GRANT
2 Enter total number of		.		e line 1 table				▶6
3 Enter total number of LHA For Paperwork Rec								

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

CINCINNATI INSTITUTE OF FINE ARTS

Schedule I (Form 990) CINCINNATI INSTITUTE OF FINE ARTS Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							31-0537138 Page		
Part II Continuation of Grants and Other (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 1015 RED BANK ROAD CINCINNATI, OH 45227	31-6026285	501C3	552,995.	0.			ARP GRANT		
CONTEMPORARY ARTS CENTER 14 E. 6TH STREET CINCINNATI, OH 45202	31-0590095	501C3	539,663.	0.			SUSTAINING IMPACT GRANT		
INCINNATI MUSIC FESTIVAL ASSOC. 241 ELM STREET INCINNATI, OH 45202	31-0584309	501C3	530,658.	0.			ARP GRANT		
INSEMBLE THEATRE CINCINNATI 127 VINE STREET INCINNATI, OH 45202	31-1220252	501C3	510,607.	0.			ARP GRANT		
PAFT MUSEUM OF ART 16 PIKE STREET NCINNATI, OH 45202	20-5148617	501C3	500,467.	0.			SUSTAINING IMPACT GRANT		
INCINNATI SHAKESPEARE COMPANY 195 ELM STREET INCINNATI, OH 45202	31-1413229	501C3	489,194.	0.			ARP GRANT		
INCINNATI LANDMARK PRODUCTIONS 990 GLENWAY AVENUE INCINNATI, 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)

CINCINNATI INSTITUTE OF FINE ARTS

Schedule I (Form 990) CINCINNAT		31-0537138 Page					
Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	ırt II.)	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 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
<i>.</i>			,				
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	30-0889512	E0102	240,000	0			
CINCINNATI, OH 45202	30-0889512	50103	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	50103	198,700.	0.			ARP GRANT
CINCINNAII, On 45221	51-1565251	50105	198,700.	0.			ARF GRANI
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	45-3969713	50103	160 500	0.			ARP GRANT
CINCINNATI, OH 45223	45-3969713	50103	160,500.	٥.			ARF GRANT

CINCINNATI INSTITUTE OF FINE ARTS

		TE OF FINE					1-0537138 Pag
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	art II.)	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 non-cash assistance	(h) Purpose of grant or assistance
ATIONAL UNDERGROUND RAILROAD							
REEDOM CENTER - 50 E FREEDOM WAY							
CINCINNATI, OH 45202	31-1436217	50103	160,000.	0.			ARP GRANT
	51 1150217	50105	100,000.				
ENNEDY HEIGHTS ART CENTER							
546 MONTGOMERY ROAD							
CINCINNATI, OH 45213	45-0477749	501C3	157,000.	0.			ARP GRANT
,							
CINCINNATI BOYCHOIR							
50 WALNUT STREET							
CINCINNATI, OH 45202	31-1383061	501C3	155,700.	0.			ARP GRANT
·							
EARNING THROUGH ART, INC.							
721 READING ROAD SUITE 310							
INCINNATI, OH 45237	31-1367751	501C3	131,500.	0.			ARP GRANT
OCAL ARTS ENSEMBLE OF CINCINNATI							
241 ELM STREET							
INCINNATI, OH 45202	31-0960571	501C3	114,460.	0.			ARP GRANT
LIFTON CULTURAL ARTS CENTER							
728 SHORT VINE STREET							
INCINNATI, OH 45219	20-2383576	501C3	105,000.	0.			ARP GRANT
NATA PROUDER OFWER OTVOTION T							
USIC RESOURCE CENTER CINCINNATI							
032 WOODBURN AVENUE	22 11 (2201	501.02	100.000	0			
INCINNATI, OH 45206	33-1163381	50103	100,000.	0.			ARP GRANT
MERICAN SIGN MUSEUM							
330 MONMOUTH AVENUE							
INCINNATI, OH 45225	31-1642445	50103	100,000.	0.			ARP GRANT
INCIMARIT, OII 19229	51 1042445	50103	100,000.	0.			
CENTER FOR HOLOCAUST AND HUMANITY							
DUCATION - 1301 WESTERN AVENUE,							
UITE 2101 - CINCINNATI, OH 45203	20-5090993	501C3	100,000.	0.			ARP GRANT

Schedule I (Form 990) CINCINNATI INSTITUTE OF FINE ARTS

		TE OF FINE		Voucesta (Cala	dula I (Earm 000) D-		01-0537138 Page
Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sche	equie i (Form 990), Pa	г. п.) Т	
(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	50103	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	50103	76,830.	0.			SUSTAINING IMPACT GRANT
	01 0057515	50105	/0,030.	••			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 -	40.1640240	501.00					
CINCINNATI, OH 45206	42-1640342	50103	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.	٥.			ARP GRANT

CINCINNATI INSTITUTE OF FINE ARTS

		FE OF FINE .					81-0537138 Page
Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	urt II.)	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 non-cash assistance	(h) Purpose of grant or assistance
YOUNG PROFESSIONALS CHORAL COLLECTIVE - 650 WALNUT STREET -							
	46-5696681	50102	60.000	0.			ARP GRANT
CINCINNATI, OH 45202	40-5090001	50103	60,000.	υ.			ARP GRANT
ROBERT O'NEAL MULTICULTURAL CENTER							
ROMAC) - 2424 GRANDVIEW AVENUE -							
CINCINNATI, OH 45206	84-2428196	50103	59,857.	Ο.			ARP GRANT
DE LA DANCE COMPANY							
5141 KENNEDY AVE							
CINCINNATI, OH 45213	27-1566471	501C3	50,000.	Ο.			ARP GRANT
			,				
THE MERCANTILE LIBRARY							
14 WALNUT STREET, FLOOR 11							
CINCINNATI, OH 45202	26-1603137	501C3	50,000.	Ο.			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							
OVINGTON, KY 41072	31-1190635	501C3	45,000.	0.			ARP GRANT
AVE POOL							
2940 COLERAIN AVENUE							
INCINNATI, OH 45225	47-5054823	501C3	42,037.	0.			ARP GRANT
TNGTNNAMT ETIM COMMISSION							
INCINNATI FILM COMMISSION							
106 RACE STREET	31-1299931	50102	40.000	_			ARP GRANT
CINCINNATI, OH 45202	21-152233	20103	42,000.	0.			AKP GRANT
CINCINNATI MEMORIAL HALL SOCIETY							
.225 ELM STREET							
INCINNATI, OH 45202	30-0268492	50103	42,000.	0.			ARP GRANT

Schedule I (Form 990) CINCINNATI INSTITUTE OF FINE ARTS

31-0537138 Page 1

		TE OF FINE					01-053/158 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa I	urt II.)	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 non-cash assistance	(h) Purpose of grant or assistance
PROFESSIONAL ARTISTIC RESEARCH							
PROJECTS - 1646 HOFFNER STREET -							
CINCINNATI, OH 45223	47-1305368	50103	40,000.	0.			CIRCLE AAA GRANT
LIVING ARRANGEMENTS FOR THE	1, 1000000	50105	10,000.				
DEVELOPMENTALLY DISABLED - 3603							
VICTORY PARKWAY - CINCINNATI, OH							
45229	31-0894923	501C3	35,000.	٥.			ARP GRANT
QUEEN CITY PERFORMING ARTS							
PO BOX 3061							
CINCINNATI, OH 45201	31-1374671	501C3	33,500.	٥.			ARP GRANT
BEHRINGER-CRAWFORD							
1600 MONTAGUE ROAD							
COVINGTON, KY 41011	61-0964379	501C3	33,155.	٥.			SUSTAINING IMPACT GRANT
PYRAMID HILL							
1763 HAMILTON-CLEVES ROAD							
CINCINNATI, OH 45013	31-1439692	501C3	30,000.	٥.			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		- 0.1 - 0					
CINCINNATI, OH 45205	46-2698269	501C3	26,000.	0.			ARP GRANT
SPRINGFIELD TOWNSHIP ARTS AND							
ENRICHMENT COUNCIL - 8150 WINTON	31-6000601	50103	26.000	_			ARP GRANT
ROAD - CINCINNATI, OH 45231	31-0000001	50162	26,000.	0.			ARF GRANT
ART OF THE PIANO							
3955 BEECHWOOD AVENUE							
CINCINNATI, OH 45229	81-0791477	501C3	25,000.	0.			ARP GRANT
	1 31 3731477	20100	25,000.	U.			

CINCINNATI INSTITUTE OF FINE ARTS

hedule I (Form 990) CINCINNATI INSTITUTE OF FINE ARTS							31-0537138 Page		
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	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 non-cash assistance	(h) Purpose of grant or assistance		
OXFORD COMMUNITY ARTS CENTER									
PO BOX 1720									
OXFORD, OH 45056	31-1761141	50103	24,300.	0.			SUSTAINING IMPACT GRANT		
	51 1/01141	50105	24,500.	•.			SUSTAINING IMPACT GRANT		
CINCINNATI MUSIC ACCELERATOR									
1311 VINE STREET									
CINCINNATI, OH 45202	82-1422268	50103	21,537.	0.			CIRCLE AAA GRANT		
	02 1422200	50105	21,557.						
SHARONVILLE FINE ARTS COUNCIL									
11165 READING ROAD									
SHARONVILLE, OH 45241	16-1622392	50103	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							STRATEGIC PARTNERSHIP		
CINCINNATI, OH 45214	31-1410636	501C3	15,000.	0.			GRANT		
ACTIVITIES BEYOND THE CLASSROOM									
635 W. 7TH STREET #301									
CINCINNATI, OH 45203	35-2222723	501C3	12,600.	٥.			ARP GRANT		

Schedule I (Form 990) CINCINNATI INSTITUTE OF FINE ARTS

31-0537138 Page 1

Part II Continuation of Grants and Other A		TE OF FINE A		vernmente (Sob	dula I (Form 000) Da		01-0537138 Page
(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	P01C3	9,850.	0.			CATALYZING IMPACT GRANT

CINCINNATI INSTITUTE OF FINE ARTS

		TE OF FINE					81-0537138 Page 1
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	art II.)	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 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	20-2814659		8 000	0.			CATALYZING IMPACT GRANT
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	50103	7,500.	0.			YOUNG PROFESSIONALS GRANT
	03 2433747	50105	,,500.				
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	30-0195611	50103	6,500.	0.			SUSTAINING IMPACT GRANT
CHESTER, OH 45069	20-0132011	20103	0,500.	υ.			PUSTAINING IMPACT GRANT

Schedule I (Form 990) CINCINNATI INSTITUTE OF FINE ARTS

(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 GRAN
, 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	50103	5,750.	0.			CATALYZING IMPACT GRANT
	50 0120702	50105	5,750.				
LYDIA'S HOUSE							
2005 MILLS							
CINCINNATI, OH 45212	80-0832277	50103	5,500.	0.			CATALYZING IMPACT GRANT
	00 0002277	50105	5,500.				

Schedule I (Form 990) 2021

31-0537138

Page 2

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
LACK AND BROWN ARTIST PROJECT GRANT	25	299,217.	0.		
TREET CAR DESIGN	3	5,500.	0.		
Part IV Supplemental Information. Provide the information re	u auired in Part I, lin	e 2: Part III. column	(b); and any other ac	dditional information.	

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

Schedule I (Form 990) CINCINNATI INSTITUTE OF FINE ARTS 31-0537138 Page 2 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. Schedule (Form 990)
132291 04-01-21 47

14180713 758050 4000025-127

47 2021.06000 CINCINNATI INSTITUTE OF F 40000251

GRANTS GIVEN FROM THIS FUND WENT THROUGH THE COMMITTEE PROCESSSES DESCRIBED

ABOVE FOR THE SUSTAINING AND CATALYZING IMPACT GRANTS.

Schedule I (Form 990)

132291 04-01-21

sc	HEDULE J		OMB No. 1	545-004	47			
(Fo	rm 990)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest		20	n 1			
		Compensated Employees		20		1		
Dono	tment of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to		ic		
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe				
Nam	ne of the organizatio			identificatio		nber		
		CINCINNATI INSTITUTE OF FINE ARTS	31-	053713	8			
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
	·	line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or o							
	Travel for com							
	Tax indemnification and gross-up payments							
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)					
b	-	on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain						
~			1b		-			
2	Did the organizatio							
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's						
5		ector. Check all that apply. Do not check any boxes for methods used by a related organization s						
		ation of the CEO/Executive Director, but explain in Part III.	511 10					
	X Compensation							
		compensation consultant X Compensation survey or study						
	X Form 990 of c		ommittee					
			ommittee					
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 re							
а	-	e payment or change-of-control payment?		4a		x		
b		eive payment from a supplemental nonqualified retirement plan?				X		
с		eive payment from an equity-based compensation arrangement?		4c		X		
	If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	-							
	Only section 501(:)(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 compensatio	n					
	contingent on the r	evenues of:						
а						X		
b		ation?				X		
		or 5b, describe in Part III.						
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n					
	contingent on the r	-						
а						X		
b		ation?		<u>6b</u>		X		
_		br 6b, describe in Part III.						
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_		v		
-		nes 5 and 6? If "Yes," describe in Part III		7		X		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				v		
~				8		X		
9		id the organization also follow the rebuttable presumption procedure described in						
	Regulations section							
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sche	dule J (Forn	n 990)	2021		

132111 11-02-21

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-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ALECIA KINTNER	(i)	222,613.	10,000.	0.	0.	9,886.	242,499.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KATHY DEBROSSE	(i)	118,821.	0.	0.	8,383.	6,110.	133,314.	0.
VP, MARKETING	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LISA WOLTER	(i)	125,752.	0.	0.	8,895.	6,155.	140,802.	0.
VP, COMM. CAMPAIGN	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DENNIS LYONS	(i)	119,411.	0.	0.	8,772.	12,073.		0.
SR. DIRECTOR IT	(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)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

132113 11-02-21

Schedule J (Form 990) 2021 CINCINNATI INSTITUTE OF FINE ARTS

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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.

Employer identification number

ΖU

	CINCINNATI I	NSTITU	TE OF FINH	E ARTS	31-	0537	138	
Pa	t 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	(c Method of c noncash contrib	determin		s
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 \ldots							
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 organi for which the organization completed Form 82							
							Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review o	of any nonstandard contribut	ions?	31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				

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.

contributions?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

32a

Х

132141 11-17-21

	orm 990) 2021	CINCINNAT	I INSTITUT	E OF	FINE	ARTS	31-0537138	Page 2	
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	E M, LIN	IE 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 M (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection Employer identification number 31-0537138

OMB No. 1545-0047

CINCINNATI INSTITUTE OF FINE ARTS

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 COMMITTE,

EXECUTIVE COMMITTE, 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

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211
 11-11-21

14180713 758050 4000025-127

2021.06000 CINCINNATI INSTITUTE OF F 40000251

lame of the organization CINCINNATI INSTITUTE OF FINE ARTS	Employer identification numb 31-0537138
INTEREST POLICY ARE AVAILABLE UPON REQUEST	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
JBTI PARTNERSHIP INCOME/LOSS	487,333.
BENEFICIAL INTEREST VALUE CHANGE	-778,221.
COTAL 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	F THE BOARD OF
RUSTEES WITH OVERSIGHT OF THE INDEPENDENT AUDIT. THE I	PROCESS IS
CONSISTENT WITH THE PRIOR YEAR.	

8	879-TE	****	IRS e	IS NOT A -file Signa for a Tax E	ture Auth	COPY *****	F	OMB No. 1545-0047
Form O	079-1L	For colorder year 2			-	ending AUG 31	20 2 2	0004
		For calendar year 20		o not send to the			, 20 <u>2 2</u>	2021
	nt of the Treasury evenue Service			ww.irs.gov/Form8				
Name of	filer						EIN or SSN	
	CINCIN	NATI INST	ITUTE	OF FINE A	RTS		31-05	37138
Name an	d title of officer or p	erson subject to tax		NTHA CRIBI FINANCE	BET			
Part	Type of	Return and R						
Form 53 or 10a l whichev	330 filers may ente below, and the am	er dollars and cent ount on that line f	s. For all oth or the return -0-). But, if y _	ner forms, enter wh being filed with th you entered -0- on t	nole dollars only. I his form was blank the return, then en	<, then leave line 1b , nter -0- on the applica	on line 1a, 2a, 3 2b, 3b, 4b, 5b, ble line below.	a, 4a, 5a, 6a, 7a, 8a, 9a, 6b, 7b, 8b, 9b, or 10b, Do not complete more
1a	Form 990 check	here ►						1b
2a	Form 990-EZ che					9)		2b
3a	Form 1120-POL	· _						3b
4a	Form 990-PF che	eck here 🕨 🔄	b Tax	based on investm	ent income (For	m 990-PF, Part V, line		4b
5a	Form 8868 check							5b
6a	Form 990-T chec	k here 🕨 <u>X</u>						6b 0.
7a	Form 4720 check	k here ▶	b Tota	I tax (Form 4720,	Part III, line 1)			7b
8a	Form 5227 check	there ▶		of assets at end	-	n 5227, Item D)		8b
	Form 5330 check		_	due (Form 5330, F				9b
	Form 8038-CP c		<u> </u>	ount of credit pay	nent requested	(Form 8038-CP, Part I	III, line 22)	10b
Part						son Subject to T am a person subject t		
entry to financia later tha paymer persona PIN: ch	the financial institution to deb an 2 business days at of taxes to receir al identification num eck one box only	ution account ind it the entry to this s prior to the payn ve confidential info nber (PIN) as my s	icated in the account. To nent (settlem ormation neo signature for	e tax preparation so o revoke a payment nent) date. I also au cessary to answer	oftware for payme t, I must contact t ithorize the financ inquiries and resc urn and, if applica	t to initiate an electron ont of the federal taxe the U.S. Treasury Fin- cial institutions involve olve issues related to f ble, the consent to el	s owed on this r ancial Agent at 1 ed in the proces the payment. I h	eturn, and the 1-888-353-4537 no sing of the electronic ave selected a vithdrawal.
			<u></u>	ERO firm nam			to enter my Fi	Enter five numbers, but
				ERU IIIM NAM	e			do not enter all zeros
	with a state age on the return's As an officer or return. If I have	ency(ies) regulating disclosure consen person subject to indicated within th	g charities as t screen. tax with res nis return tha	s part of the IRS For spect to the entity, at a copy of the ref	ed/State program I will enter my PII curn is being filed	d within this return tha , I also authorize the a N as my signature on with a state agency(ie	aforementioned the tax year 202	ERO to enter my PIN 21 electronically filed
				the return's disclo				
Signature Part	of officer or person subje	ation and Auth			FILEABLE	COPY ****	Date	►
	EFIN/PIN. Enter y (EFIN) followed by	-	-		E	3133502413 Do not enter all zer		
submitt						nically filed return indic e (MeF) Information fo	cated above. I c	
ERO's si	gnature 🕨 <u>CLA</u>	RK, SCHAE	EFER, H	ACKETT &	со.	Date ▶ 0 '	7/13/23	
				ust Retain This			- So	
	or Drivoov ant an					Requested To D	0.30	Form 8879-TE (2021)
LHAF	or Frivacy act and	а гарегмогк кео	action ACT	Notice, see instru				
102521 0	1-11-22				56			

14180713 758050 4000025-127 2021.06000 CINCINNATI INSTITUTE OF F 40000251

		EXTENDED TO JULY 17, 2023		
Form 990-T	E	Exempt Organization Business Income Tax Retur	'nL	OMB No. 1545-0047
		(and proxy tax under section 6033(e))		
	For ca	lendar year 2021 or other tax year beginning $ { m SEP}$ 1 , $$ 2021 $$, and ending $$ AUG $$ 31 , $$ 20	22	2021
Department of the Treasury		► Go to www.irs.gov/Form990T for instructions and the latest information.		
Internal Revenue Service		Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	DEmplo	oyer identification number
B Exempt under section	Print	CINCINNATI INSTITUTE OF FINE ARTS		1-0537138
X 501(c)(3)	Or Type	Number, street, and room or suite no. If a P.O. box, see instructions.		exemption number
408(e) 220(e)	Туре	20 EAST CENTRAL PKWY #200		
408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code		
529(a) 529A		CINCINNATI, OH 45202	F	Check box if
		ok value of all assets at end of year 122,467,170.		an amended return.
		X 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		
	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>	
		ed Schedules A (Form 990-T)		
		e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
		d identifying number of the parent corporation.	F1 0	0.01 0.00
		ALECIA KINTNER Telephone number	513-	8/1-2/8/
		ss taxable income computed from all unrelated trades or businesses (see		0
				0.
3 Add lines 1 and 2				0.
		see instructions for limitation rules)		0.
		taxable income before net operating losses. Subtract line 4 from line 3		
	•	ng loss. See instructions	6	
		ss taxable income before specific deduction and section 199A deduction.		
Subtract line 6 fro				1,000.
		rally \$1,000, but see instructions for exceptions)		1,000.
		duction. See instructions		1,000.
•• • • • • • • • • • • • • • • • • • • •		nes 8 and 9 able income. Subtract line 10 from line 7. If line 10 is greater than line 7,	10	1,000.
11 Unrelated busine enter zero	ss taxa	ible income. Subtract line to from line 7. If line to is greater than line 7,	11	0.
Part II Tax Com	putat	ion		0.
	•	s corporations. Multiply Part I, line 11 by 21% (0.21)	▶ 1	0.
		ates. See instructions for tax computation. Income tax on the amount on		
Part I, line 11 from	_	Tax rate schedule or Schedule D (Form 1041)	2	
3 Proxy tax. See ins			3	
4 Other tax amounts				
5 Alternative minimu			_	
		cility income. See instructions		
		h 6 to line 1 or 2, whichever applies	7	0.
		ion Act Notice, see instructions.		Form 990-T (2021)
		·		()=)

Form 9	90-T (2021)				Page 2
Part	III Tax and Payments		_		
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see instructions)	1b			
с	General business credit. Attach Form 3800 (see instructions)	1c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d			
е	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: Form 4255 Form 8611 Form 86	697	Form 8866		
	Other (attach statement)			3	
4	Total tax. Add lines 2 and 3 (see instructions).				
	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			. 5	0.
6a	Payments: A 2020 overpayment credited to 2021	6a			
b	2021 estimated tax payments. Check if section 643(g) election applies	6b			
с	Tax deposited with Form 8868	6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
е	Backup withholding (see instructions)	6e			
f	Credit for small employer health insurance premiums (attach Form 8941)	6f			
g	Other credits, adjustments, and payments: Form 2439				
	□ Form 4136 Other Total ►	6g			
7	Total payments. Add lines 6a through 6g			. 7	
8			► [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 overpain	d		► 10	
	Enter the amount of line 10 you want: Credited to 2022 estimated tax		Refunded	▶ 11	
Part	IV Statements Regarding Certain Activities and Other Information	n (s	ee instructions)		
1	At any time during the 2021 calendar year, did the organization have an interest in or a	signa	ture or other authori	ty	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the or	ganiza	ation may have to file	е	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the n	ame	of the foreign countr	У	
	here CAYMAN ISLANDS				X
2	During the tax year, did the organization receive a distribution from, or was it the granted	or of, o	or transferor to, a		
	foreign trust?				X
	If "Yes," see instructions for other forms the organization may have to file.				
3			► \$		
4	Enter available pre-2018 NOL carryovers here > \$ Do not inc	lude	any post-2017 NOL	carryover	
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any	/ ded	uction reported on F	Part I, line 4.	
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL	carryo	overs. Don't reduce		
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the	ne tax	year. See instructio	ns.	
	Business Activity Code	Ava	ilable post-2017 NO	L carryover	
	\$				
	\$				
6a					X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF	, or Fo	orm 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.

	Under penalties of perjury, I declare that I have examined correct, and complete. Declaration of preparer (other that Signature of officer			ge.	May th the pre	and belief, it is true, ne IRS discuss this return with eparer shown below (see stions)? XYes No	
	Print/Type preparer's name	Preparer's signature	Date	Check	if	PTIN	
Paid				self- employe	ed		
Preparer	JANE E. PFEIFER	JANE E. PFEIFER	07/13/23			P00014949	
Use Only	Firm's name CLARK, SCHAE						
obe only	1 EAST 4TH						
	Firm's address 🕨 CINCINNATI	Phone no.	513	3-241-3111			
123711 01-31-2	2					Form 990-T (2021)	
		58					

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).

2021

1

OMB No. 1545-0047

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

of

A Name of the organization CINCINNATI INSTITUTE OF FINE ARTS

C Unrelated business activity code (see instructions)

31-0537138

D Sequence:

B Employer identification number

1

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

1

Pa	t I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net	
1a b	Gross receipts or sales c Balance ►	1c			
2 3	Cost of goods sold (Part III, line 8) Gross profit. Subtract line 2 from line 1c	2 3			
4 a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a			
b c	Net gain (loss) (Form 4797) (attach Form 4797). See instructions) Capital loss deduction for trusts	4b 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 8	Unrelated debt-financed income (Part V) Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 11	Exploited exempt activity income (Part VIII)	10 11			
12 <u>13</u>	Other income (see instructions; attach statement) Total. Combine lines 3 through 12	12 13	-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				
8	Less depreciation claimed in Part III and elsewhere on return			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.			Schedul	e A (Form 990-T) 2021

123741 01-28-22

1

	ule A (Form 990-T) 2021				Page 2
Part		nod of inventory valuati	on 🕨		
1	Inventory at beginning of year				
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5 6	Other costs (attach statement)				
7	Total. Add lines 1 through 5 Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h				
9	Do the rules of section 263A (with respect to property p				Yes No
Part	IV Rent Income (From Real Property and	l Personal Proper	ty Leased with Re	eal Property)	
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use. See instr	uctions.	
	A				
	в				
	D	•	P	•	
2	Rent received or accrued	Α	В	c	D
2 a	From personal property (if the percentage of				
u	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)				
С	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. Entor hore	and an Dart Llina G. ar		0.
3	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
•					
5	Total deductions. Add line 4 columns A through D. En	ter here and on Part I,	line 6, column (B)		0.
Part	V Unrelated Debt-Financed Income (set	ee instructions)			
1	Description of debt-financed property (street address, o	city, state, ZIP code). C	heck if a dual-use. See	instructions.	
	A [
	B				
		Α	В	с	D
2	Gross income from or allocable to debt-financed				
-	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
с	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
_	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
6	financed property (attach statement) Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6	70	70	70	70
8	Total gross income (add line 7, columns A through D)	. Enter here and on Par	t I, line 7. column (A)	•	0.
-			, , , , · · · · · · · · · · · · ·		
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thr				0.
11	Total dividends-received deductions included in line	10			0.
123721 (01-28-22	60		Schedule /	A (Form 990-T) 2021

												1
	ule A (Form 990-T) 2021 VI Interest, Annu		waltice and B	onto fron	n Control		aonization					Page 3
Part	VI Interest, Annu	lilles, nu	byanties, and h				Exempt Control	,	e instruct	,		
	1. Name of controlled 2. Employer 3		3. Net	unrelated		al of specified	1	art of colur		6. Dec	ductions directly	
	organization		identification	incon	ne (loss)		nents made		included			nnected with
			number	(see ins	structions)				olling orga s gross inc		incor	me in column 5
(1)												
(2)												
(3)												
<u>(4)</u>												
	· · · · ·				Controlled O	-	1					
7	7. Taxable Income	in	Net unrelated come (loss)		otal of specif yments mad		10. Part of column 9 that is included in the controlling organization's		in the		conne	ctions directly ected with
		(See	e instructions)				gross	incom	е	m	comei	in column 10
<u>(1)</u>												
<u>(2)</u>												
<u>(3)</u>												
<u>(4)</u>							Add colum	ne 5 a	nd 10	۸d	d colur	mns 6 and 11.
							Enter here					and on Part I,
							line 8, c	column	(A)		line 8,	column (B)
Totals						►			0.			0.
Part	VII Investment I	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization _{(s}	ee inst	ructions)			
	1. Desc	cription of i	ncome		2. Amou		3. Deductio		4. Set-			Total deductions
					incon	ne	directly conne (attach stater		(attach st	ateme		and set-asides dd cols 3 and 4)
(1)												
(2)												
(3)												
(4)					Add amou	inte in						Add amounts in
					column 2							column 5. Enter
					here and o	,						ere and on Part I,
Totals				•	line 9, colu							ne 9, column (B) 0 •
Part		xempt A	ctivity Income	. Other T	han Adve	•••	a Income (see ins	structions)			
1	Description of exploite		,	,								
2	Gross unrelated busin		e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con											
	line 10, column (B)		•							3		
4	Net income (loss) from	n unrelated	trade or business.	Subtract lir	ne 3 from line	e 2. If a g	gain, complete	1				
										4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expension											
	4. Enter here and on P	Part II, line	12							7		

Schedule A (Form 990-T) 2021

123731 01-28-22

	ule A (Form 990-T) 2021				Page 4
Part					
1	Name(s) of periodical(s). Check box if reportir	ng two or more periodicals on	a consolidated basis	3.	
	A				
	B				
	c 🛄				
	D				
Enter a	amounts for each periodical listed above in the	corresponding column.			<u> </u>
		Α	B	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on	Part I, line 11, column (A)		▶	0.
а			1		
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on	Part I, line 11, column (B)		▶	0.
					
4	Advertising gain (loss). Subtract line 3 from lin	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
_	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le				
0	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain of line 4, enter the lesser of line 4 or line 7				
•	Add line 8, columns A through D. Enter the g		total ar zara hara an	d on	
а	Part II, line 13	reater of the line oa, columns	Iotal of Zero Here an		0.
Part		rectors. and Trustees	(see instructions)		
		· · · · · · · · · · · · · · · · · · ·		3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
	· · · · · · · · · · · · · · · · · · ·				
Total	. Enter here and on Part II, line 1			▶	0.
Part	XI Supplemental Information (Se	ee instructions)			

1

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION		NET INCOME OR (LOSS)
WCP REAL ESTATE (WI	STPORT) - ORDINARY BUSINESS INCOME	
(LOSS)	·····	-145,190.
TIMBER BAY I - ORD	INARY BUSINESS INCOME (LOSS)	-5,976.
TIMBER BAY II - ORI	DINARY BUSINESS INCOME (LOSS)	-10,456.
FORT WASHINGTON VI	I - ORDINARY BUSINESS INCOME (LOSS)	-116,384.
FORT WASHINGTON IX	- ORDINARY BUSINESS INCOME (LOSS)	16,519.
IRON POINT III - OF	RDINARY BUSINESS INCOME (LOSS)	-18,256.
HORIZON - ORDINARY	BUSINESS INCOME (LOSS)	451.
REDWHEEL - ORDINARY	(BUSINESS INCOME (LOSS)	-192,764.
IRON POINT IV - ORI	DINARY BUSINESS INCOME (LOSS)	-15,277.
TOTAL INCLUDED ON S	SCHEDULE A, PART I, LINE 5	-487,333.

Form 8938 (Rev. November 2021)		ment of Specified Fore	tions and the latest informat		OMB No. 1545-2195
Department of the Treasury		Attach to your tage		Attachment	
Internal Revenue Service	For calendar year		/01/21 and ending 08		Sequence No. 938
		onal statements, check here			
1 Name(s) shown on re				•	on number (TIN)
	INNATI INST	TITUTE OF FINE ART	5 31-053	0/130	
3 Type of filer] Г		. —	- .
a Specified in		Partnership c	Corporation	d	Trust
•		ou checked box 3b or 3c, enter the	•		
		box 3d, enter the name and TIN of			ary of the trust.
,	definitions and what t	o do if you have more than one spe		erson to list.)	
a Name Part Foreign De	anaoit and Cuata	dial Accounts Summary	b TIN		
	-	-			<u> </u>
	ccounts (reported in F	Part V)			
6 Maximum value of al	I deposit accounts			\$	15,241,492.
7 Number of custodial	accounts (reported in	Part V)		. ▶	
8 Maximum value of al				\$	
		ounts closed during the tax year?		Y	es X No
Part II Other Fore	eign Assets Sum	mary			
10 Number of foreign as	sets (reported in Part	VI)		. ▶	
11 Maximum value of al	l assets (reported in P	Part VI)		\$	
12 Were any foreign ass					es X No
Part III Summary	of Tax Items Atti	ributable to Specified Forei	· · · ·	ee instructio	ons)
(a) Asset category	(b) Tax item	(c) Amount reported on		ere reported	
	,	form or schedule	(d) Form and line	(e)	Schedule and line
13 Foreign deposit and	a Interest	\$			
custodial accounts	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		n Financial Assets (see inst	ructions)	<u> </u>	
		s on one or more of the following for		forms filed Vo	u do not need to
include these assets on F	•			ionna nieu. 10	
15 Number of Forms 352			Δ 4	7 Number of I	Forms 5/171
18 Number of Forms 862		16 Number of Forms 3520-19 Number of Forms 8865		7 Number of I	01115 047 1
	· ·				

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 8938 (Rev. 11-2021)

123021 12-14-21

	; (Rev. 11-2021)	F
Part V	Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summ	ary

(see instructions)

lf you	I have more than one account to report in F	art V, attach a separate statement for e	each addit	ional account. See instrue	ctions.	
20	Type of account a X Deposit b Custodial			Account number or othe	r designation	
22	Check all that apply a Account op	ened during tax year 🛛 b 📃 Acco	ount close	ed during tax year		
	c 🗌 Account joir	ntly owned with spouse 🛛 🔲 No t	ax item re	ported in Part III with res		
23	Maximum value of account during tax year	r				194,517.
24	Did you use a foreign currency exchange r	ate 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.		1		
	(a) Foreign currency in which account is maintained	(b) Foreign currency exchange rate us convert to U.S. dollars	sed to	(c) Source of exchange Treasury Department's		
	TED STATES, DOLLAR	<u> </u>				
26a	Name of financial institution in which acco ABS OFFSHORE SPC GLOB.		b Glob	al Intermediary Identificat	ion Number (Gl	IIN) (Optional)
27	Mailing address of financial institution in w PO BOX 493 SIX CRICKE		treet, and	room or suite no.		
	City or town, state or province, country, ar GRAND CAYMAN	CAYMAN ISLANDS				
	rt VI Detailed Information for Ea				- \	tructions)
lf you	have more than one asset to report in Part	VI, attach a separate statement for eac	ch additio	nal asset. See instruction	s	
29	Description of asset	30 lo	dentifying	number or other designa	tion	
31	Complete all that apply. See instructions for	or reporting of multiple acquisition or di	sposition	dates.		
	Date asset acquired during tax year, if app					
b	Date asset disposed of during tax year, if a	applicable				
C			k if no tax	titem reported in Part III v	with respect to t	this asset
32	Maximum value of asset during tax year (c					
а		· ,	,001 - \$15	,	\$150,001 - \$20	00,000
	If more than \$200,000, list value				\$	
33	Did you use a foreign currency exchange r		o U.S. do	llars?	Ye	es 🔄 No
34	If you answered "Yes" to line 33, complete		and to	(a) Course of evolution		
	(a) Foreign currency in which asset is denominated	(b) Foreign currency exchange rate us convert to U.S. dollars	sed to	(c) Source of exchange Treasury Department's		
	denominated			Theasting Department s	Bureau or the r	
35	If asset reported on line 29 is stock of a fo	reign entity or an interest in a foreign er	ntitv. ente	the following information	for the asset.	
а	Name of foreign entity			(Optional)		
	3			(, ,		
с	Type of foreign entity (1)	Partnership (2) Cor	rporation	(3) 🗌 Trust	(4)	Estate
d	Mailing address of foreign entity. Number,					
е	City or town, state or province, country, ar	nd ZIP or foreign postal code				
36	If asset reported on line 29 is not stock of	a foreign entity or an interest in a foreig	n entity, e	enter the following informa	ation for the ass	set.
	Note: If this asset has more than one issue	er or counterparty, attach a separate sta	atement v	vith the same information	for each addition	onal issuer
	or counterparty. See instructions.					-
а	Name of issuer or counterparty					
	Check if information is for	Issuer Counterparty				
b	Type of issuer or counterparty			<i></i> —	· [
	(1) Individual (2)		rporation	(4) 🛄 Trust	(5)	Estate
	Check if issuer or counterparty is a	U.S. person Foreign p	erson			
d	Mailing address of issuer or counterparty.	number, street, and room or suite no.				
е	City or town, state or province, country, ar	nd ZIP or foreign postal code				
123022	2 12-14-21	65			Form 8938	(Rev. 11-2021)
		0.5				

2021.06000 CINCINNATI INSTITUTE OF F 40000251

Last	Name or Organization Name			Identification Number 31-0537138	Form 8938		
Par	rt V Foreign Deposit and Custo	dial Accounts (see instructions)					
20	Type of account a X Deposit b Custodial			Account number or other designation			
22		• • —		d during tax year ported in Part III with respect to this asse	t		
23	Maximum value of account during tax ye				46,975.		
24	Did you use a foreign currency exchange	rate to convert the value of the account i	nto U.S. d	Iollars? X Yes	No		
25	If you answered "Yes" to line 24, comple						
τ	(1) Foreign currency in which account is maintained JNITED STATES, DOLLAR	(2) Foreign currency exchange rate us convert to U.S. dollars		to (3) 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 acc	ount is maintained	b Globa	al Intermediary Identification Number (GIII	N) (Optional)		
	MAGNITUDE INTERNATION	17.1		•			
27	Mailing address of financial institution in	which account is maintained. Number, str	eet, and r	oom or suite no.			
	89 NEXUS WAY, 2ND FLO	OB					
28	City or town, state or province, country, a						
	CAYMAN ISLANDS						
20							
22							
23	Maximum value of account during tax ye			\$			
24	Did you use a foreign currency exchange		nto U.S. d	Iollars? Yes	No		
25	If you answered "Yes" to line 24, complete						
	(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate us convert to U.S. dollars		(3) Source of exchange rate used if not Treasury Department's Bureau of the Fis			
26a	Name of financial institution in which acc	bunt is maintained	b Globa	al Intermediary Identification Number (GIII	N) (Optional)		
27	Mailing address of financial institution in	which account is maintained. Number, str	eet, and r	oom or suite no.			
28	City or town, state or province, country, a	nd ZIP or foreign postal code					
20	Type of account a Deposit b Custodial		21 /	Account number or other designation			
22							
23	Maximum value of account during tax yes	ar		\$			
24	Did you use a foreign currency exchange	rate to convert the value of the account i	nto U.S. d	Iollars?	No		
25	If you answered "Yes" to line 24, complete	e all that apply.					
	(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate us convert to U.S. dollars	ed to	(3) Source of exchange rate used if not Treasury Department's Bureau of the Fis			
26a	Name of financial institution in which acc	ount is maintained	b Globa	al Intermediary Identification Number (GIII	N) (Optional)		
27	Mailing address of financial institution in	which account is maintained. Number, str	eet, and r	oom or suite no.			
28	City or town, state or province, country	nd ZID as faraign postal anda					

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