

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2018, or tax year beginning 07/01, 2018, and ending 06/30, 20 19

2018

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization

Employer identification number

CLEVELAND MUSEUM OF ART

34-0714336

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

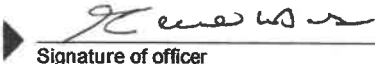
1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	64181102.
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22).	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	

Part II Declaration of Officer

6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.


If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here  7-13-2020 **TREASURER**
Signature of officer Date Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature 	Date <u>7/13/2020</u>	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN <u>P00089502</u>
	Firm's name (or yours if self-employed), address, and ZIP code	<u>ERNST & YOUNG U.S. LLP</u>			EIN <u>34-6565596</u>
	<u>950 MAIN AVENUE SUITE 1800 CLEVELAND OH 44113</u>				Phone no. <u>216-861-5000</u>

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name				Firm's EIN
	Firm's address				Phone no.

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Cumulative e-File History 2018	
Federal	
Locator:	64039J
Taxpayer Name:	Cleveland Museum of Art
Return Type:	990, 990 & 990T (Corp)
Submitted Date:	07/15/2020 11:38:11
Acknowledgement Date:	07/15/2020 11:56:33
Status:	Accepted
Submission ID:	34033020201975000006

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

A For the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 06/30, 2019

B Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Final return/terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

C Name of organization: CLEVELAND MUSEUM OF ART

Doing business as: _____

Number and street (or P.O. box if mail is not delivered to street address): 11150 EAST BOULEVARD Room/suite: _____

City or town, state or province, country, and ZIP or foreign postal code: CLEVELAND, OH 44106

D Employer identification number: 34-0714336

E Telephone number: (216) 421-7340

F Name and address of principal officer: WILLIAM M. GRISWOLD
11150 EAST BLVD, CLEVELAND, OH 44106

G Gross receipts \$: 240,517,595.

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No

If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.CLEVELANDART.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1913 **M** State of legal domicile: OH

H(c) Group exemption number ▶ _____

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE A COLLECTION OF ARTWORK REPRESENTING ACHIEVEMENT OF INDIVIDUALS AND CIVILIZATIONS, PAST AND PRESENT, FOR THE BENEFIT OF THE PUBLIC.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	<u>39.</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>38.</u>
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	<u>655.</u>
	6 Total number of volunteers (estimate if necessary)	6	<u>800.</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>1,453,198.</u>
b Net unrelated business taxable income from Form 990-T, line 38	7b	<u>0.</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<u>38,413,035.</u>	<u>33,444,649.</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>5,541,597.</u>	<u>7,301,120.</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>16,390,677.</u>	<u>19,257,631.</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>3,483,341.</u>	<u>4,177,702.</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>63,828,650.</u>	<u>64,181,102.</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>0.</u>	<u>0.</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>0.</u>	<u>0.</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>23,706,483.</u>	<u>25,978,341.</u>
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>4,065,306.</u>	<u>0.</u>	<u>0.</u>
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>41,060,034.</u>	<u>45,923,154.</u>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>64,766,517.</u>	<u>71,901,495.</u>
19 Revenue less expenses. Subtract line 18 from line 12	<u>-937,867.</u>	<u>-7,720,393.</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	<u>1,194,370,696.</u>	<u>1,178,228,331.</u>
	22 Net assets or fund balances. Subtract line 21 from line 20.	<u>182,699,225.</u>	<u>175,235,600.</u>
		<u>1,011,671,471.</u>	<u>1,002,992,731.</u>

Part II Signature Block

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

Sign Here

Signature of officer: Date: 7-13-2020

EDWARD W. BAUER **TREASURER**

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: TERENCE M KENNEDY Preparer's signature: Date: 7/13/2020 Check if self-employed PTIN: P00089502

Firm's name: ERNST & YOUNG U.S. LLP Firm's EIN: 34-6565596

Firm's address: 950 MAIN AVENUE SUITE 1800 CLEVELAND, OH 44113 Phone no.: 216-861-5000

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

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? Yes No

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 \$ 10,807,826. including grants of \$) (Revenue \$)

ATTACHMENT 2

4b (Code:) (Expenses \$ 11,500,031. including grants of \$) (Revenue \$)

ATTACHMENT 3

4c (Code:) (Expenses \$ 5,171,039. including grants of \$) (Revenue \$ 3,977,974.)

SPECIAL EXHIBITIONS

THE MUSEUM IS A SIGNIFICANT INTERNATIONAL FORUM FOR EXHIBITS. THE IMPROVED AND EXPANDED SPECIAL EXHIBITION SPACES MAKES CLEVELAND A DESIRABLE DESTINATION FOR PREEMINENT LOAN EXHIBITIONS, BRINGING THE BEST ART FROM AROUND THE WORLD TO THE PEOPLE OF THE REGION. HISTORICALLY, THE MUSEUM HAS SHOWCASED BETWEEN 13 AND 17 SPECIAL EXHIBITIONS PER YEAR, STAGING TEMPORARY EXHIBITIONS THAT DRAW FROM ITS PERMANENT COLLECTION AS WELL AS SHOWCASING INTERNATIONAL LOAN SHOWS.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 30,547,222. including grants of \$) (Revenue \$ 5,536,781.)

4e Total program service expenses ▶ 58,026,118.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		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? <i>If "Yes," complete Schedule C, Part II.</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		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? <i>If "Yes," complete Schedule D, Part I.</i>		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? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	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? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	X	
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).		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? <i>If "Yes," complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various IRS requirements like grants, compensation, tax-exempt bonds, and business transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (39), 1b (38), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, FL, OH,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HELEN FORBES FIELDS BOARD MEMBER	1.00 0.	X						0.	0.	0.
(2) ROBERT W. GILLESPIE BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(3) AGNES GUND BOARD MEMBER	1.00 0.	X						0.	0.	0.
(4) CYNTHIA AMES HUFFMAN BOARD MEMBER	1.00 0.	X						0.	0.	0.
(5) SUSAN KAESGEN BOARD MEMBER	1.00 0.	X						0.	0.	0.
(6) NANCY F. KEITHLEY BOARD MEMBER	1.00 0.	X						0.	0.	0.
(7) WILLIAM P. MADAR BOARD MEMBER	1.00 0.	X						0.	0.	0.
(8) MILTON MALTZ BOARD MEMBER	1.00 0.	X						0.	0.	0.
(9) SCOTT C. MUELLER VICE CHAIR & BOARD MEMBER	1.00 1.00	X		X				0.	0.	0.
(10) STEPHEN E. MYERS BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(11) JULIA POLLOCK BOARD MEMBER	1.00 0.	X						0.	0.	0.
(12) PETER E. RASKIND BOARD MEMBER & CHAIRMAN	1.00 1.00	X		X				0.	0.	0.
(13) DANIEL P. WALSH JR. BOARD MEMBER	1.00 0.	X						0.	0.	0.
(14) LEIGH HAYES CARTER BOARD MEMBER	1.00 1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) KATHERINE TEMPLETON O'NEILL BOARD MEMBER	1.00 0.	X						0.	0.	0.
16) PAUL E. WESTLAKE JR. BOARD MEMBER	1.00 0.	X						0.	0.	0.
17) DOMINIC OZANNE BOARD MEMBER	1.00 0.	X						0.	0.	0.
18) R. STEVEN KESTNER BOARD MEMBER	1.00 1.00	X						0.	0.	0.
19) ALFRED M. RANKIN JR. BOARD MEMBER	1.00 1.00	X						0.	0.	0.
20) ELLEN STIRN MAVEC BOARD MEMBER	1.00 0.	X						0.	0.	0.
21) JAMES A. RATNER VICE CHAIR & BOARD MEMBER	1.00 1.00	X		X				0.	0.	0.
22) SARAH S. CUTLER, VICE CHAIR SECRETARY & BOARD MEMBER	1.00 1.00	X		X				0.	0.	0.
23) WILLIAM M. GRISWOLD DIR & PRESIDENT	40.00 1.00	X		X			710,920.	0.	125,197.	
24) MICHELLE JESCHELNIG BOARD MEMBER	1.00 0.	X						0.	0.	0.
25) RICHARD P. STOVSKY BOARD MEMBER	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								2,303,165.	0.	356,951.
d Total (add lines 1b and 1c)								2,303,165.	0.	356,951.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **23**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **12**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) VIRGINIA N. BARBATO ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(27) FREDERICK E. BIDWELL ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(28) STEPHEN W. BAILEY ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(29) CHRISTOPHER GORMAN ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(30) CHARLOTTE FOWLER ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(31) JOHN WALTON ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(32) LOYAL M. WILSON ----- BOARD MEMBER	1.00 ----- 0.	X					0.	0.	0.	
(33) EDWARD HEMMELGARN ----- BOARD MEMBER (BEG 9/2018)	1.00 ----- 0.	X					0.	0.	0.	
(34) JON H. OUTCALT ----- BOARD MEMBER (BEG 09/2018)	1.00 ----- 0.	X					0.	0.	0.	
(35) FELTON THOMAS ----- BOARD MEMBER (BEG 09/2018)	1.00 ----- 0.	X					0.	0.	0.	
(36) WILLIAM LITZLER ----- BOARD MEMBER (BEG 6/2019)	1.00 ----- 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 23**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) REV. JAWANZA K. COLVIN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(38) RICHARD H. FEARON ----- BOARD MEMBER	1.00 ----- 1.00	X						0.	0.	0.
(39) LAUREN RICH FINE ----- BOARD MEMBER	1.00 ----- 1.00	X						0.	0.	0.
(40) DEAN BARRY ----- BOARD MEMBER (END 2019)	1.00 ----- 0.	X						0.	0.	0.
(41) TOBY DEVAN LEWIS ----- BOARD MEMBER (END 6/2019)	1.00 ----- 0.	X						0.	0.	0.
(42) EDWARD W. BAUER ----- TREASURER	40.00 ----- 1.00			X				167,971.	0.	38,383.
(43) STEPHEN J. KNERLY, JR ----- ASSISTANT SECRETARY	1.00 ----- 0.			X				0.	0.	0.
(44) HEATHER J. LEMONEDS ----- CHIEF CURATOR	40.00 ----- 0.				X			220,341.	0.	18,840.
(45) CYRA LEVENSON ----- DIR PUBLIC & ACADEMIC ENGMNT	40.00 ----- 0.				X			216,569.	0.	30,673.
(46) JOHN EASLEY ----- DIR PHILANTHROPY	40.00 ----- 0.				X			305,392.	0.	31,250.
(47) JEFFREY W. STREAN ----- DIR DESIGN & ARCHITECTURE	40.00 ----- 0.					X		140,730.	0.	43,223.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 23

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) MARJORIE L. WILLIAMS LEADERSHIP GIVING OFFICER	40.00 0.					X		136,470.	0.	22,566.
(49) JANE ALEXANDER CHIEF INFORMATION OFFICER	40.00 0.					X		144,091.	0.	17,236.
(50) HEIDI STREAN DIR EXHIBITIONS & PUBLICATIONS	40.00 0.					X		132,887.	0.	7,571.
(51) MARY SUZOR DIR COLLECTIONS MANAGEMENT	40.00 0.					X		127,794.	0.	22,012.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 23

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	0.				
	d Related organizations	1d	14,647,930.				
	e Government grants (contributions)	1e	1,577,499.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	17,219,220.				
	g Noncash contributions included in lines 1a-1f: \$		2,556,914.				
	h Total. Add lines 1a-1f			33,444,649.			
	Program Service Revenue	2a MEMBERSHIP DUES	Business Code				
		712110		1,826,646.	1,826,646.		
b EDUCATION		712110		485,996.	485,996.		
c COMMUNITY PROG & PERF ART		712110		993,483.	993,483.		
d SPECIAL EXHIBITIONS		712110		3,977,974.	3,977,974.		
e LIBRARY		712110		17,021.	17,021.		
f All other program service revenue							
g Total. Add lines 2a-2f			7,301,120.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			8,450,846.		1,453,198.	6,997,648.
	4 Income from investment of tax-exempt bond proceeds			0.			
	5 Royalties			47,111.			47,111.
		(i) Real	(ii) Personal				
	6a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)			0.			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		158,140,581.	27,802,433.				
	b Less: cost or other basis and sales expenses			146,426,336.	28,709,893.		
	c Gain or (loss)			11,714,245.	-907,460.		
	d Net gain or (loss)			10,806,785.			10,806,785.
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a		0.			
	b Less: direct expenses	b		0.			
c Net income or (loss) from fundraising events			0.				
9a Gross income from gaming activities. See Part IV, line 19	a		0.				
b Less: direct expenses	b		0.				
c Net income or (loss) from gaming activities			0.				
10a Gross sales of inventory, less returns and allowances	a		2,027,154.				
b Less: cost of goods sold	b		1,200,264.				
c Net income or (loss) from sales of inventory			826,890.	826,890.			
Miscellaneous Revenue	Business Code						
	11a PARKING GARAGE	812930		1,210,587.		1,210,587.	
	b FOOD SERVICES COMMISSION	900099		706,369.		706,369.	
	c ART REFUND PAYMENT	900099		925,000.	925,000.		
	d All other revenue			461,745.	461,745.		
	e Total. Add lines 11a-11d			3,303,701.			
12 Total revenue. See instructions.			64,181,102.	9,514,755.	1,453,198.	19,768,500.	

Part IX Statement of Functional Expenses

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

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Compensation, Salaries, Pension, Advertising, etc.

Part X Balance Sheet

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

Table with columns for (A) Beginning of year, (B) End of year, and rows for Assets (1-16), Liabilities (17-26), and Net Assets or Fund Balances (27-34). Includes sub-rows 10a, 10b, 10c and checkboxes for SFAS 117 (ASC 958) compliance.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	64,181,102.
2	Total expenses (must equal Part IX, column (A), line 25)	2	71,901,495.
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,720,393.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,011,671,471.
5	Net unrealized gains (losses) on investments	5	7,875,125.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-8,833,472.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,002,992,731.

Part XII Financial Statements and Reporting

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

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

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

Form **990** (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

CLEVELAND MUSEUM OF ART

Employer identification number

34-0714336

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2018 (52.87%); 15 Public support percentage from 2017 Schedule A, Part II, line 14 (50.51%); 16a 33 1/3% support test - 2018 (checked); 16b 33 1/3% support test - 2017; 17a 10%-facts-and-circumstances test - 2018; 17b 10%-facts-and-circumstances test - 2017; 18 Private foundation.

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a	
b	A family member of a person described in (a) above?	11 b	
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11 c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	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? <i>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.</i>	2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3	By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2	Activities Test. Answer (a) and (b) below.		Yes	No
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? <i>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.</i>	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>	2b		
3	Parent of Supported Organizations. Answer (a) and (b) 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? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (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 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
PARKING	786,609.	1,051,386.	814,602.	920,181.	1,210,587.	4,783,365.
FOOD SERVICE COMMISSION	771,008.	760,094.	654,180.	717,699.	706,369.	3,609,350.
PROCEEDS FROM ART DEACCESSION	134,674.		925,248.			1,059,922.
ART REFUND PAYMENT				450,000.	925,000.	1,375,000.
ALL OTHER REVENUE					461,745.	461,745.
TOTALS	<u>1,692,291.</u>	<u>1,811,480.</u>	<u>2,394,030.</u>	<u>2,087,880.</u>	<u>3,303,701.</u>	<u>11,289,382.</u>

Schedule of Contributors

2018

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

Name of the organization CLEVELAND MUSEUM OF ART	Employer identification number 34-0714336
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization **CLEVELAND MUSEUM OF ART**

Employer identification number
34-0714336

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 5,638,203.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 3,459,908.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 2,351,932.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 1,661,032.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,630,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,215,325.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **CLEVELAND MUSEUM OF ART**

Employer identification number
34-0714336

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 977,345.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 905,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 1,100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CLEVELAND MUSEUM OF ART

Employer identification number

34-0714336

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

Name of organization CLEVELAND MUSEUM OF ART

Employer identification number

34-0714336

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

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

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

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

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

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

Name of organization CLEVELAND MUSEUM OF ART	Employer identification number 34-0714336
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions)

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2018

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

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? <input type="checkbox"/> Yes <input type="checkbox"/> No															

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

Table with 3 columns: Description, (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

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

Part IV Supplemental Information

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

LOBBYING ACTIVITIES

SCHEDULE C, PART II-B, LINE 1I CMA PAID \$125,000 TO WILLIAM P BLAIR III

FOR LEGISLATIVE REPRESENTATION AND GENERAL COMMUNICATIONS WITH ELECTED

OFFICIALS ON THE MUSEUM'S BEHALF.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

CLEVELAND MUSEUM OF ART

Employer identification number

34-0714336

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

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

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

Table with 3 columns: Line number, Description, Amount. Includes questions 1a, 1b, 2, 2a, 2b regarding collections of art and historical treasures.

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

Schedule D (Form 990) 2018

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

b If "Yes," explain the arrangement in Part XIII and complete the following table:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Beginning of year balance, Contributions, Net investment earnings, Grants or scholarships, Other expenditures, Administrative expenses, End of year balance).

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 13.0000 %
b Permanent endowment 53.0000 %
c Temporarily restricted endowment 34.0000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

Table with 3 columns: Description, Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ALT INVEST - ABSOLUTE RETURN	19,275,639.	FMV
(B) ALT INVEST - PRIVATE EQUITY	58,234,471.	FMV
(C) ALT INVEST - HEDGED EQUITY	19,754,150.	FMV
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	97,264,260.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

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

Part XIII Supplemental Information (continued)

SCHEDULE D, PART III, LINE 1A

FOOTNOTE REGARDING ART COLLECTION

THE MUSEUM'S COLLECTIONS ARE MADE UP OF ART OBJECTS AND ARTIFACTS OF HISTORICAL SIGNIFICANCE THAT ARE HELD FOR EDUCATIONAL, RESEARCH, SCIENTIFIC, AND CURATORIAL PURPOSES. EACH OF THE ITEMS IS CATALOGED, PRESERVED, AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. PURCHASES FOR THE COLLECTION ARE RECORDED AS EXPENDITURES FOR THE ACQUISITION OF ART OBJECTS IN THE STATEMENTS OF ACTIVITIES IN THE YEAR IN WHICH THE OBJECTS ARE ACQUIRED. PROCEEDS FROM THE DEACCESSION OF ART OBJECTS ARE RECORDED AS TEMPORARILY RESTRICTED NET ASSETS AND ARE RESTRICTED TO THE ACQUISITION OF OTHER ART OBJECTS. IN KEEPING WITH STANDARD MUSEUM PRACTICE, THE COLLECTIONS, WHICH WERE ACQUIRED VIA PURCHASES AND CONTRIBUTIONS, ARE NOT RECOGNIZED AS ASSETS ON THE STATEMENTS OF FINANCIAL POSITION.

SCHEDULE D, PART III, LINE 4

DESCRIPTION OF COLLECTIONS & EXEMPT PURPOSE

THE CLEVELAND MUSEUM OF ART PROVIDES A COLLECTION OF WORKS OF ART THAT REPRESENTS THE HIGHEST AESTHETIC ACHIEVEMENT OF INDIVIDUALS AND CIVILIZATIONS, PAST AND PRESENT, FOR THE BENEFIT OF THE PUBLIC. THE COLLECTION INCLUDES MORE THAN 45,000 OBJECTS AND SPANS 6,000 YEARS OF ACHIEVEMENT IN THE ARTS. THE MUSEUM HAS THREE EQUAL OBLIGATIONS: CARE, PRESENTATION, AND DEVELOPMENT. THE MUSEUM DEVELOPS AND REFINES THE EXISTING COLLECTION AND MAINTAINS HIGH ETHICAL STANDARDS IN ITS PURSUIT. IN ORDER TO PRESERVE THE COLLECTION FOR FUTURE GENERATIONS, PROPER CONSERVATION PRACTICES AND APPROPRIATE SECURITY ARE MAINTAINED. USING ITS

Part XIII Supplemental Information (continued)

COLLECTION AND OTHER RESOURCES, THE MUSEUM HAS A COMMITMENT TO SERVE A VARIETY OF AUDIENCES, ALWAYS SEEKING A DYNAMIC INTERACTION BETWEEN THE VISITORS AND THE WORKS OF ART. MUSEUM STAFF ENDEAVOR TO CREATE A RANGE OF PROGRAMS THAT ENLIGHTEN AND DELIGHT BOTH A BROAD AUDIENCE AND VISITORS WITH MORE SPECIFIC INTERESTS. INFORMATION ON THE COLLECTION AND THE CONTINUING RESEARCH THEREON BY THE PROFESSIONAL STAFF IS DISSEMINATED THROUGH EDUCATIONAL ACTIVITIES AND PUBLICATIONS. THE MUSEUM PRESENTS PROGRAMS IN RELATED AREAS SUCH AS MUSIC AND FILM SINCE THEY CAN CONTRIBUTE TO A BROADER UNDERSTANDING OF THE ARTS.

SCHEDULE D, PART V, LINE 4

INTENDED USE OF ENDOWMENT FUNDS

THE MUSEUM ENDOWMENT CONSISTS OF APPROXIMATELY 340 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. THE ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS. NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR IMPOSED RESTRICTIONS. THE MUSEUM HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN PURCHASING POWER OF THE ENDOWMENT ASSETS. ENDOWMENT ASSETS INCLUDE THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT THE MUSEUM MUST HOLD IN PERPETUITY OR FOR A DONOR-SPECIFIC PERIOD(S) AS WELL AS BOARD-DESIGNATED FUNDS. UNDER THIS POLICY, AS APPROVED BY THE BOARD OF TRUSTEES, THE ENDOWMENT ASSETS ARE INVESTED IN A MANNER THAT IS INTENDED TO PRODUCE A REAL RETURN, NET OF INFLATION AND INVESTMENT MANAGEMENT COSTS, OF AT LEAST 7% OVER THE LONG TERM. ACTUAL RETURNS IN ANY GIVEN

Part XIII Supplemental Information (continued)

YEAR MAY VARY FROM THIS AMOUNT.

SCHEDULE D, PART X, LINE 2

FIN 48 FOOTNOTE FROM FINANCIAL STATEMENTS

THE MUSEUM IS A NONPROFIT ORGANIZATION AND IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THERE WERE NO AMOUNTS RECORDED FOR UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2019 AND 2018.

SCHEDULE D, PART XI, LINE 2D

OTHER REVENUE AMOUNTS INCLUDED ON BOOKS BUT NOT ON RETURN

INVESTMENT MANAGEMENT FEES \$(2,140,123)

INVESTMENT RETURN DEFERRED \$525,000

SCHEDULE D, PART XI, LINE 4B

OTHER REVENUE AMOUNTS INCLUDED ON RETURN BUT NOT ON BOOKS

RECLASS COGS RETAIL \$(1,200,264)

GAIN FROM PARTNERSHIP \$1,453,198

SCHEDULE D, PART XII, LINE 2D

OTHER EXPENSE AMOUNTS INCLUDED ON BOOKS BUT NOT ON RETURN

RECLASS COGS RETAIL \$1,200,264

SCHEDULE D, PART XII, LINE 4B

OTHER EXPENSE AMOUNTS INCLUDED ON THE RETURN BUT NOT ON BOOKS INVESTMENT

MANAGEMENT FEES \$2,140,123

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

CLEVELAND MUSEUM OF ART

Employer identification number

34-0714336

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		28,802,472.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					28,802,472.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					28,802,472.

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

Schedule F (Form 990) 2018

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

CLEVELAND MUSEUM OF ART

Employer identification number

34-0714336

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JEFFREY W. STREAN DIR DESIGN & ARCHITECTURE	(i)	140,730.	0.	0.	13,603.	29,620.	183,953.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 MARJORIE L. WILLIAMS LEADERSHIP GIVING OFFICER	(i)	136,470.	0.	0.	12,595.	9,971.	159,036.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 EDWARD W. BAUER TREASURER	(i)	167,971.	0.	0.	15,895.	22,488.	206,354.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 JANE ALEXANDER CHIEF INFORMATION OFFICER	(i)	144,091.	0.	0.	7,207.	10,029.	161,327.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 WILLIAM M. GRISWOLD DIR & PRESIDENT	(i)	710,920.	0.	0.	115,238.	9,959.	836,117.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 HEATHER J. LEMONEDES CHIEF CURATOR	(i)	220,341.	0.	0.	8,826.	10,014.	239,181.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 CYRA LEVENSON DIR PUBLIC & ACADEMIC ENGMNT	(i)	216,569.	0.	0.	9,885.	20,788.	247,242.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 JOHN EASLEY DIR PHILANTHROPY	(i)	305,392.	0.	0.	10,230.	21,020.	336,642.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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 J, PART III, LINE 4B

CLEVELAND MUSEUM OF ART OFFERS A DEFERRED SUPPLEMENTAL EXECUTIVE

RETIREMENT PLAN (SERP) FOR THE PRESIDENT OF THE MUSEUM, WILLIAM GRISWOLD.

THE SERP WAS INITIALLY FUNDED IN FY18.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

SEE PART VI

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization
CLEVELAND MUSEUM OF ART

Employer identification number
34-0714336

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A CLEVELAND-CUYAHOGA COUNTY PORT AUTHORITY	34-1029691	18610PAE8	10/20/2005	90,000,000.	SEE PART VI		X		X		X
B CLEVELAND-CUYAHOGA COUNTY PORT AUTHORITY	34-1029691	18610PAR9	07/01/2010	75,917,326.	SEE PART VI		X		X		X
C											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue	91,582,917.		75,917,326.					
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	861,928.		917,326.					
8 Credit enhancement from proceeds	160,600.							
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	90,560,389.		75,000,000.					
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2009		2013					
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X				
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X				
16 Has the final allocation of proceeds been made?	X		X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

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

Schedule K (Form 990) 2018

Part III Private Business Use		SEE PART VI							
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X					
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X	X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			X					
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%
6	Total of lines 4 and 5		%		%		%		%
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X				

Part IV Arbitrage									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X				
b	Exception to rebate?		X		X				
c	No rebate due?	X		X					
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X			X				

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

DESCRIPTION OF PURPOSE FOR TAX-EXEMPT BONDS

SCHEDULE K, PART I, COLUMN F, LINE A

THE PROCEEDS FROM THE CULTURAL FACILITY REVENUE BONDS ISSUED BY THE CLEVELAND-CUYAHOGA PORT AUTHORITY WERE USED TO FINANCE THE MUSEUM'S CONSTRUCTION, RENOVATION AND EXPANSION PROJECT. THE BONDS WERE ISSUED IN FOUR SERIES (I) THE SERIES A BONDS IN THE PRINCIPAL AMOUNT OF \$30,000,000, (II) THE SERIES B BONDS IN THE PRINCIPAL AMOUNT OF \$20,000,000, (III) THE SERIES C BONDS IN THE PRINCIPAL AMOUNT OF \$20,000,000, AND (IV) THE SERIES D BONDS IN THE PRINCIPAL AMOUNT OF \$20,000,000.

ISSUER NAME: CLEVELAND-CUYAHOGA COUNTY PORT AUTHORITY

ISSUER EIN: 34-1029691

CUSIP#1: 18610PAB4

DATE ISSUED: 10/20/2005

ISSUE PRICE: \$30,000,000

DESCRIPTION: MUSEUM'S CONSTRUCTION, RENOVATION AND EXPANSION PROJECT

DEFEASED: N

ON BEHALF OF ISSUER: N

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

CUSIP#2: 18610PAC2

DATE ISSUED: 10/20/2005

ISSUE PRICE: \$20,000,000

DESCRIPTION: MUSEUM'S CONSTRUCTION, RENOVATION AND EXPANSION PROJECT

DEFEASED: N

ON BEHALF OF ISSUER: N

CUSIP#3: 18610PAD0

DATE ISSUED: 10/20/2005

ISSUE PRICE: \$20,000,000

DESCRIPTION: MUSEUM'S CONSTRUCTION, RENOVATION AND EXPANSION PROJECT

DEFEASED: N

ON BEHALF OF ISSUER: N

CUSIP#4: 18610PAE8

DATE ISSUED: 10/20/2005

ISSUE PRICE: \$20,000,000

DESCRIPTION: MUSEUM'S CONSTRUCTION, RENOVATION AND EXPANSION PROJECT

DEFEASED: N

ON BEHALF OF ISSUER: N

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

DESCRIPTION OF PURPOSE FOR TAX-EXEMPT BONDS

SCHEDULE K, PART I, COLUMN F, LINE B

THE PROCEEDS FROM THE CULTURAL FACILITY REVENUE BONDS ISSUED BY THE CLEVELAND-CUYAHOGA PORT AUTHORITY IN 2010 WERE USED TO FINANCE THE MUSEUM'S ONGOING CONSTRUCTION PROJECTS. THE 2010 BONDS WERE ISSUED AT A PREMIUM WITH VARYING MATURITY DATES RANGING FROM OCTOBER 2018 TO 2022 AND WITH COUPON RATES RANGING FROM 3.00% TO 5.00%. THE PROCEEDS THE MUSEUM REALIZED ON THE BONDS TOTALED \$75,917,326.

CUSIP#1: 18610PAR9

DATE ISSUED: 07/01/2010

ISSUE PRICE: \$75,917,326

DESCRIPTION: MUSEUM'S CONSTRUCTION, RENOVATION AND EXPANSION PROJECT

DEFEASED: N

ON BEHALF OF ISSUER: N

POOLED FINANCING: N

TOTAL PROCEEDS OF ISSUE

SCHEDULE K, PART II, LINE 3, COLUMN B

THE BONDS WERE SOLD TO THE ORIGINAL PURCHASER UNDER THE TERMS OF THE BOND PURCHASE AGREEMENT AT AN AGGREGATE PURCHASE PRICE EQUAL TO \$75,477,248

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

DETERMINED AS FOLLOWS: THE PRINCIPAL AMOUNT OF THE BONDS (\$70,430,000),
PLUS NET ORIGINAL ISSUE PREMIUM (\$5,487,326) AND LESS UNDERWRITER'S
DISCOUNT (\$440,078).

DATE THE REBATE COMPUTATION WAS PERFORMED

SCHEDULE K, PART IV, LINE 2C, COLUMN A

12/16/2010

SCHEDULE K, PART IV, LINE 2C, COLUMN B

06/30/2015

PROCEDURES TO MONITOR REQUIREMENTS OF SECTION 148

SCHEDULE K, PART IV, LINE 7

WE DO NOT HAVE WRITTEN PROCEDURES TO MONITOR THE REQUIREMENTS OF SECTION
148. HOWEVER, WE BELIEVE THAT WE ARE IN FULL COMPLIANCE WITH ALL
APPLICABLE REQUIREMENTS RELATED TO OUR TAX-EXEMPT BONDS.

PROCEDURES TO UNDERTAKE CORRECTIVE ACTION

SCHEDULE K, PART V

WE DO NOT HAVE WRITTEN PROCEDURES TO UNDERTAKE CORRECTIVE ACTION AT THIS
TIME. HOWEVER, WE DO NOT BELIEVE WE ARE IN VIOLATION OF ANY FEDERAL TAX

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

REQUIREMENTS .

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

CLEVELAND MUSEUM OF ART

Employer identification number

34-0714336

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	1,007.	0.	SEE SCH M, PART II
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	78.	2,556,914.	FMV-DATE OF GIFT
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 16.

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

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

Schedule M (Form 990) 2018

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

SCHEDULE M, PART I, LINE 33

CONTRIBUTIONS OF ARTWORK

VARIOUS ART OBJECTS NOT RECORDED ON BOOKS.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CLEVELAND MUSEUM OF ART

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

34-0714336

FORM 990, PART III, LINE 4D

DESCRIPTION OF OTHER PROGRAM SERVICES

USING ITS COLLECTION AND OTHER RESOURCES, THE MUSEUM HAS A COMMITMENT TO SERVE A VARIETY OF AUDIENCES, ALWAYS SEEKING A DYNAMIC INTERACTION BETWEEN THE VISITORS AND THE WORKS OF ART. MUSEUM STAFF ENDEAVOR TO CREATE A RANGE OF PROGRAMS THAT ENLIGHTEN AND DELIGHT BOTH A BROAD AUDIENCE AND VISITORS WITH MORE SPECIFIC INTERESTS. INFORMATION ON THE COLLECTION AND THE CONTINUING RESEARCH THEREON BY THE PROFESSIONAL STAFF IS DISSEMINATED THROUGH EDUCATIONAL ACTIVITIES AND PUBLICATIONS. THE MUSEUM PRESENTS PROGRAMS IN RELATED AREAS SUCH AS MUSIC AND FILM SINCE THEY CAN CONTRIBUTE TO A BROADER UNDERSTANDING OF THE ARTS.

EDUCATION & COMMUNITY PROGRAMS

CLEVELAND MUSEUM OF ART'S EDUCATION AND ACADEMIC AFFAIRS TEAM CREATES DYNAMIC PROGRAMMING, THOUGHTFUL CONTENT, AND MEANINGFUL COLLABORATIONS THAT TEACH, INSPIRE, AND SUPPORT VISITORS AND THE COMMUNITY TO ENGAGE WITH THE MUSEUM'S COLLECTION, FEEL A CONNECTION TO IT AND, ULTIMATELY, ENHANCE THEIR LIVES THROUGH ART.

IN THE GALLERIES THE MUSEUM OFFERS A NUMBER OF WAYS TO CONNECT WITH ART AND EACH OTHER. THE ARTLENS APP ALLOWS VISITORS TO LEARN ABOUT THE ARTWORK ON THEIR OWN, OR VISITORS CAN TAKE A FREE TOUR LED BY TRAINED DOCENTS. VISITORS CAN ALSO HANDLE GENUINE WORKS OF ART FROM THE EDUCATION ART COLLECTION IN OUR ART CARTS, AND PARTICIPATE IN ACTIVITIES LIKE

Name of the organization CLEVELAND MUSEUM OF ART	Employer identification number 34-0714336
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SCAVENGER HUNTS ON OUR FAMILY DAYS CALLED SECOND SUNDAYS. IN THE STUDIO OUR ARTISTS TEACH CLASSES FOR PEOPLE OF ALL AGES. WE OFFER CLASSES FOR OUR 'LITTLEST LEARNERS' BEGINNING AT 18 MONTHS, FOR ADULTS, AND EVERYONE IN BETWEEN. IN THE CLASSROOM, THE MUSEUM'S CONNIE TOWSON FORD TEACHER RESOURCE CENTER SERVES EDUCATORS WORKING WITH VARIOUS GRADE LEVELS, DISCIPLINES AND AUDIENCES. THE CENTER OFFERS A VARIETY OF WORKSHOPS THROUGHOUT THE YEAR FOR EDUCATORS.

IN THE COMMUNITY VISITORS CAN EXPLORE THE MUSEUM PROGRAMS AT LOCATIONS AROUND NORTHEAST OHIO AND ONSITE AT THE MUSEUM. THE MUSEUM IS COMMITTED TO PUBLIC ARTS EDUCATION AND HOSTS MANY EDUCATIONAL EVENTS THROUGHOUT THE YEAR, INCLUDING FAMILY DAYS, SCHOOL TOURS, INTERGENERATIONAL STUDIO ARTS CLASSES AND THE DISTANCE LEARNING AND ART TO GO PROGRAMS. ANNUAL COMMUNITY ARTS FESTIVALS INCLUDE: SPRINGTIME'S PARADE THE CIRCLE, THE AUTUMN CHALK FESTIVAL AND A WINTER LIGHTS LANTERN FESTIVAL.

MUSIC, PERFORMING ARTS AND FILM

MUSIC AT THE CLEVELAND MUSEUM OF ART HAS A HISTORY NEARLY AS LONG AS THE INSTITUTION ITSELF, AND THE INITIAL PROGRAM HAS GROWN INTO AN EXTENSIVE PERFORMING ARTS SEASON THAT INCLUDES INTERNATIONAL MUSIC, DANCE AND THEATRE ARTISTS. THE MUSEUM'S ANNUAL SUMMER SOLSTICE FESTIVAL IS A CELEBRATION OF ART AND MUSIC. GUESTS HAVE AN OPPORTUNITY TO ENJOY DYNAMIC AND CUTTING-EDGE MUSIC FROM AROUND THE WORLD, AND EXPLORE MUSEUM GALLERIES LATE INTO THE NIGHT. IN ADDITION, THE INSTITUTION PLAYS HOST TO A YEAR-ROUND FILM PROGRAM THAT IS ONE OF THE OLDEST OF ANY MUSEUM IN THE

Name of the organization CLEVELAND MUSEUM OF ART	Employer identification number 34-0714336
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UNITED STATES. APPROXIMATELY 90 FILMS ARE SCREENED ANNUALLY.

THE ART AND FICTION BOOK CLUB IS ANOTHER EXAMPLE OF A MUSEUM BASED EVENT ORGANIZED BY THE DEPARTMENT OF EDUCATION AND INTERPRETATION FOR ART AND LITERATURE ENTHUSIASTS THROUGHOUT THE COMMUNITY. MEMBERS OF THE PUBLIC CAN DOWNLOAD MATERIALS CREATED BY OUR EDUCATORS, SUCH AS FAMILY GUIDES AND ART PROJECTS FOR HOME OR SCHOOL USE, INTERPRETATIVE RESOURCES THAT ADD PERSPECTIVE TO OBJECTS IN THE MUSEUM'S COLLECTION, AND A HOST OF TEACHER ONLINE RESOURCES.

CMA-CWRU JOINT PROGRAM

THE JOINT PROGRAM IN ART HISTORY AND MUSEUM STUDIES OFFERED BY CASE WESTERN RESERVE UNIVERSITY IN ASSOCIATION WITH THE CLEVELAND MUSEUM OF ART PROVIDES STUDENTS THE OPPORTUNITY TO STUDY THE HISTORY OF ART AND PREPARE THEMSELVES FOR CAREERS IN THE MUSEUM FIELD USING THE RESOURCES OF A MAJOR RESEARCH UNIVERSITY, ONE OF THE COUNTRY'S FINEST GENERAL ART MUSEUMS, AND THE INGALLS LIBRARY, THE THIRD LARGEST ART MUSEUM LIBRARY IN THE COUNTRY. THE INGALLS LIBRARY PROVIDES RESEARCH CONSULTATION AND USE OF THE LIBRARY SEMINAR ROOM FOR THE STUDENTS AND FACULTY IN THE JOINT PROGRAM.

IN 2002, THE MUSEUM EMBARKED ON A \$350 MILLION CAPITAL CAMPAIGN TO DRAMATICALLY MODIFY THE INSTITUTION'S BLUEPRINT WHILE REORGANIZING AND RENEWING THE PRESENTATION OF ITS UNRIVALED COLLECTION. THE RENOVATION AND EXPANSION PROJECT REAFFIRMED THE VISION OF THE INSTITUTION'S FOUNDERS,

Name of the organization CLEVELAND MUSEUM OF ART	Employer identification number 34-0714336
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WHO BELIEVED THAT A GREAT CITY LIKE CLEVELAND SHOULD BE ENDOWED WITH THE FINEST OF CULTURAL ASSETS, INCLUDING AN ART MUSEUM THAT IS ACCESSIBLE TO THE PUBLIC FREE OF CHARGE. THE PROJECT TRANSFORMED OUTDATED MUSEUM SPACES AND PREPARED THE INSTITUTION TO MEET THE FUTURE NEEDS OF THE PUBLIC. THE INTEGRITY OF THE ORIGINAL 1916 BUILDING WAS RESTORED INCLUDING UPGRADED MECHANICAL STRUCTURAL SYSTEMS WITH THE LATEST ENVIRONMENTAL CONTROLS THROUGHOUT. AN EXPANSION TO THE EAST AND WEST WITH TWO NEW WINGS RESTORED SYMMETRY AND PROVIDED SPECTACULAR VIEWS OF ROCKEFELLER PARK. THE NEW 39,000 SQUARE-FEET ENCLOSED ATRIUM IS CLEVELAND'S LARGEST FREE PUBLIC SPACE. THE MUSEUM INCREASED 33 PERCENT IN GALLERY SPACE, WITH ENHANCED INTERPRETATION OF THE COLLECTION THROUGH STATE-OF-THE-ART TECHNOLOGY AS WELL AS INSTALLATIONS THAT ENGAGE THE FIRST-TIME VISITOR AND THE LONG-TIME DEVOTEE.

ARTLENS EXHIBITION IS THE PRIMARY AND MOST RECENTLY RENOVATED ARTLENS GALLERY SPACE. ARTLENS GALLERY IS A 12,000-SQUARE-FOOT INTERACTIVE LEARNING CENTER. THE CLEVELAND MUSEUM OF ART'S MUSEUM-WIDE APP INCLUDES EVERY OBJECT ON VIEW AND CONNECTS TO THE ARTLENS GALLERY EXPERIENCE. ARTLENS APP ENHANCES THE VISITOR'S MUSEUM EXPERIENCE BY PROVIDING THE OPTION TO DESIGN INDIVIDUAL TOURS, OFFERING TOOLS TO BETTER UNDERSTAND ARTWORK THROUGH AUGMENTED REALITY, AND GUIDING USERS WITH INTERACTIVE REAL-TIME MAPS. ARTLENS APP MAY BE USED ON-SITE OR FROM ANYWHERE IN THE WORLD. ARTLENS WALL IS A 40-FOOT MULTITOUCH, MICROTILE WALL THAT DISPLAYS IN REAL TIME WORKS OF ART FROM THE PERMANENT COLLECTION CURRENTLY ON VIEW IN THE GALLERIES. ARTLENS STUDIO ENCOURAGES ENGAGEMENT WITH THE

Name of the organization CLEVELAND MUSEUM OF ART	Employer identification number 34-0714336
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COLLECTION THROUGH MOVEMENT AND PLAY.

FORM 990, PART VI, LINE 11B

DESCRIBE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990 IN CONJUNCTION WITH EXTERNAL TAX ADVISORS, THE MUSEUM'S TREASURER AND FINANCE OFFICE PARTICIPATE IN DETAILED REVIEWS OF FORM 990 IN ITS ENTIRETY. A COMPLETE COPY OF FORM 990, INCLUDING REQUIRED SCHEDULES IS PROVIDED TO MEMBERS OF THE AUDIT COMMITTEE OF THE MUSEUM BOARD OF TRUSTEES FOR REVIEW UPON ELECTRONIC FILING.

FORM 990, PART VI, LINE 12C

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST IN ORDER TO ASSIST THE MUSEUM IN IDENTIFYING DUALITIES OF INTEREST AND THEN FOLLOWING APPROPRIATE PROCEDURES, TRUSTEES SHOULD MAKE ANNUAL DISCLOSURES TO THE MUSEUM. VIA THE DIRECTOR'S OFFICE, TRUSTEES ARE ASKED TO SIGN DISCLOSURE STATEMENTS AND CONFIRM RECEIPT AND SUBSTANTIAL COMPLIANCE OF THE ETHICAL GUIDELINES OF THE MUSEUM. THE ETHICAL GUIDELINES ASSIST TRUSTEES IN IDENTIFYING, FROM TIME TO TIME, POTENTIAL DUALITIES OF INTEREST THAT NEED TO BE DISCLOSED TO THE MUSEUM.

FORM 990, PART VI, LINE 15A

COMPENSATION PROCESS OF TOP MANAGEMENT OFFICIAL THE COMPENSATION COMMITTEE OF THE MUSEUM BOARD OF TRUSTEES DETERMINES THE COMPENSATION OF THE CEO AND MUSEUM DIRECTOR POSITION. THE VOTING MEMBERS OF THE COMMITTEE ARE INDEPENDENT MEMBERS OF THE BOARD OF TRUSTEES. THE

Name of the organization CLEVELAND MUSEUM OF ART	Employer identification number 34-0714336
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COMMITTEE UTILIZES A COMPENSATION STUDY TO ASSIST IN DETERMINING
REASONABLE COMPENSATION.

FORM 990, PART VI, LINE 15B

COMPENSATION PROCESS OF OFFICERS AND KEY EMPLOYEES
COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS DETERMINED BY AN
ANNUAL PERFORMANCE REVIEW AS PREPARED BY THE IMMEDIATE SUPERVISOR. EACH
ASSESSMENT IS REVIEWED BY HUMAN RESOURCES AND THE DIVISION CHIEF. THE
SALARY RANGES FOR THE INDIVIDUALS ARE CONFIGURED IN RELATION TO
COMPARABLE INDUSTRY AND REGIONAL SUPPORT DATA.

FORM 990, PART VI, LINE 19

AVAIL OF GOV DOCS, COI POLICY, & FINANCIAL STMTS TO GEN PUBLIC
ANNUAL AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE MUSEUM'S
WEBSITE. THE MUSEUM'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY
ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9

CHANGE IN NET ASSETS	
CHANGE IN FV OF CHARITABLE PERPETUAL TRUSTS	\$(886,153)
CHANGE IN FUNDED STATUS PENSION AND POSTRET. MED.	\$(1,631,008)
CHANGE IN FV OF DERIVATIVE INSTRUMENTS	\$(4,338,480)
PARTNERSHIP GAINS REPORTED ON LINE 1	\$(1,453,198)
CURRENT YR INVESTMENT RETURN DEFERRED	\$(525,000)
OTHER CHANGES TO NET ASSETS	\$367

Name of the organization CLEVELAND MUSEUM OF ART	Employer identification number 34-0714336
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TOTAL \$(8,833,472)

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE MISSION OF THE CLEVELAND MUSEUM OF ART (CMA) IS TO FULFILL ITS DUAL ROLES AS ONE OF THE WORLD'S MOST DISTINGUISHED COMPREHENSIVE ART MUSEUMS AND AS ONE OF NORTHEASTERN OHIO'S PRINCIPAL CIVIC AND CULTURAL INSTITUTIONS. THE MUSEUM, ESTABLISHED IN 1913 "FOR THE BENEFIT OF ALL THE PEOPLE FOREVER," 1 SEEKS TO BRING THE PLEASURE AND MEANING OF ART TO THE BROADEST POSSIBLE AUDIENCE IN ACCORDANCE WITH THE HIGHEST AESTHETIC, INTELLECTUAL AND PROFESSIONAL STANDARDS. TOWARD THIS END THE MUSEUM AUGMENTS, PRESERVES, EXHIBITS AND FOSTERS UNDERSTANDING OF THE OUTSTANDING COLLECTIONS OF WORLD ART IT HOLDS IN TRUST FOR THE PUBLIC AND PRESENTS COMPLEMENTARY EXHIBITIONS AND PROGRAMS. THE CLEVELAND MUSEUM OF ART EMBRACES ITS LEADERSHIP ROLE IN COLLECTING, SCHOLARSHIP, EDUCATION AND COMMUNITY SERVICE. (1. J.H. WADE II, ACT OF CONVEYANCE OF LAND TO BE USED FOR THE CMA.)

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

CURATORIAL, CONSERVATION, REGISTRAR AND LIBRARY THE ORGANIZATION, SECURITY, PRESERVATION, RESEARCH, AND PRESENTATION OF OUR COLLECTIONS ARE SUPPORTED BY THE WORK OF THE MUSEUM'S COLLECTIONS MANAGEMENT, CONSERVATION, CURATORIAL, EDUCATION, LIBRARY, DESIGN, AND EXHIBITIONS STAFF. OUR COLLECTIONS ARE ON VIEW IN STATE-OF-THE-ART FACILITIES AND WITH GALLERY SPACE THAT ALLOWS FOR THE DISPLAY OF MORE WORKS FROM OUR COLLECTIONS

Name of the organization CLEVELAND MUSEUM OF ART	Employer identification number 34-0714336
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ATTACHMENT 2 (CONT'D)

THAN EVER BEFORE. NEW EXHIBITION SPACES FURTHER AUGMENT OUR ABILITY TO CONNECT AUDIENCES WITH WORKS OF ART. IN ADDITION TO COMPLEMENTING THE COLLECTIONS, THE SPECIAL EXHIBITIONS PRESENTED AT THE MUSEUM EXTEND INTO THOSE HISTORIC PERIODS, GEOGRAPHIC AREAS, OR MEDIA THAT ARE ABSENT FROM OR NOT WELL REPRESENTED IN OUR COLLECTIONS.

COLLECTING

CENTRAL TO THE MISSION OF THE MUSEUM IS THE CONTINUED DEVELOPMENT AND PRESERVATION OF ITS ART COLLECTION. THE COLLECTION IS CONSIDERED A SELECTIVE SURVEY OF THE HISTORY OF ART PRESENTED WITH WORKS OF THE HIGHEST AESTHETIC QUALITY AND HISTORICAL SIGNIFICANCE. PARTICULARLY NOTABLE IS THE MUSEUM'S COMPREHENSIVE, DISTINGUISHED ASIAN ART COLLECTION AS WELL AS ITS ANCIENT ART, MEDIEVAL EUROPEAN ART AND PRE-COLUMBIAN HOLDINGS.

CONSERVING

IN THE MUSEUM'S CONSERVATION LABS, YOU WILL FIND CONSERVATORS WITH SPECIALIZATIONS RANGING FROM PAINTINGS TO SCULPTURE, ANTIQUITIES TO CONTEMPORARY ART, AND MEDIEVAL MANUSCRIPTS TO TAPESTRIES TO ASIAN FOLDING SCREENS. THESE INDIVIDUALS HAVE ACADEMIC BACKGROUNDS THAT INCLUDE ART HISTORY, STUDIO ART, AND CHEMISTRY AS WELL AS ADVANCED EDUCATION AND TRAINING IN THE CONSERVATION OF ART AND HISTORIC COLLECTIONS. THEIR MISSION IS TO STUDY, PRESERVE, AND CONSERVE THE WORKS OF ART IN CLEVELAND'S COLLECTION AND THE WORKS

Name of the organization CLEVELAND MUSEUM OF ART	Employer identification number 34-0714336
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ATTACHMENT 2 (CONT'D)

OF ART TRAVELING HERE FROM OTHER MUSEUMS AND COLLECTORS AROUND THE WORLD.

USING SIMPLE HAND TOOLS AND MICROSCOPES AS WELL AS HIGH-TECH TOOLS SUCH AS X-RADIOGRAPHY AND INFRARED REFLECTOGRAPHY, THESE CONSERVATORS WORK WITH PATIENCE AND PRECISION TO EXAMINE ARTWORK AND PERFORM A WIDE RANGE OF CONSERVATION TREATMENTS. WALKING THROUGH THE CONSERVATION SUITE ON ANY GIVEN DAY, YOU MAY FIND A CONSERVATOR CLOSELY EXAMINING A UNIQUE 15TH-CENTURY ENGRAVING, CAREFULLY MOUNTING A 6TH-CENTURY EGYPTIAN COPTIC TEXTILE FOR DISPLAY, WORKING ON AN IMPRESSIONIST'S MASTERPIECE TO BRING IT AS CLOSE AS POSSIBLE TO ITS ORIGINAL STATE AND ARTIST'S INTENT, OR PREPARING A FRAGILE PORCELAIN VASE TO TRAVEL WITHIN THE BUILDING OR ACROSS THE WORLD WITHOUT HARM FROM MOVEMENT OR ENVIRONMENTAL CHANGES. TODAY, AS PART OF THE MUSEUM'S RENOVATION AND EXPANSION PROJECT, THE CONSERVATION DEPARTMENT WORKS IN A RECENTLY OPENED 18,000-SQUARE-FOOT SUITE OF STATE-OF-THE-ART LABORATORIES. IT IS ONE OF THE FINEST SPACES IN THE COUNTRY FOR ANALYSIS, STUDY, AND CONSERVATION OF MUSEUM COLLECTIONS.

LIBRARY

THE MISSION OF THE MUSEUM'S LIBRARY, INGALLS LIBRARY, IS TO SUPPORT THE MUSEUM'S CURRENT AND FUTURE COLLECTIONS, RESEARCH, EXHIBITIONS, PUBLICATIONS, LECTURES, PROGRAMS, AND ACTIVITIES. THE ARCHIVES' MISSION IS TO PRESERVE RECORDS THAT DOCUMENT THE

Name of the organization CLEVELAND MUSEUM OF ART	Employer identification number 34-0714336
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ATTACHMENT 2 (CONT'D)

ORIGINS, DEVELOPMENT, ACHIEVEMENTS, AND ACTIVITIES OF THE MUSEUM, AND TO ADMINISTER THE MUSEUM'S RECORDS MANAGEMENT PROGRAM. ALL LIBRARY MATERIALS, EXCEPT THOSE IN THE REFERENCE COLLECTION, ARE HOUSED IN CLOSED STACKS.

WHEN THE MUSEUM OPENED IN 1916 THE LIBRARY CONSISTED OF JUST 600 VOLUMES, MOSTLY ACQUIRED THROUGH DONATION. THE COLLECTION GREW SLOWLY AT FIRST, WITH AN EMPHASIS ON ESSENTIAL REFERENCE TEXTS. AS FUNDING AND INSTITUTIONAL SUPPORT INCREASED, THE LIBRARY DEVELOPED INTO THE CENTER OF MUSEUM RESEARCH. SINCE REACHING 100,000 ITEMS IN 1979, COLLECTION GROWTH HAS INCREASED EXPONENTIALLY. FURTHER MILESTONES FOLLOWED QUICKLY, AS THE VOLUME COUNT TOPPED 200,000 IN 1995, THEN 300,000 IN 2000 AND 400,000 IN 2005. THERE ARE NOW MORE THAN 500,000 VOLUMES. TODAY, THE LIBRARY IS AN INTEGRAL PART OF THE MUSEUM'S IDENTITY. COLLECTIONS REMAIN A DYNAMIC AND CONSTANTLY EVOLVING RESOURCE FOR OUR VISITORS.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

ART ACQUISITIONS

THE CLEVELAND MUSEUM OF ART PRESENTS MAGNIFICENT ART FROM AROUND THE WORLD. CENTRAL TO THE MISSION OF THE MUSEUM IS THE CONTINUED DEVELOPMENT AND PRESERVATION OF ITS ART COLLECTION. THE MUSEUM'S HOLDINGS OF WORLD ART ARE INTERNATIONALLY CELEBRATED AND A GREAT SOURCE OF PRIDE FOR THE CLEVELAND COMMUNITY AND MUSEUM FIELD, EACH

Name of the organization CLEVELAND MUSEUM OF ART	Employer identification number 34-0714336
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ATTACHMENT 3 (CONT'D)

YEAR DRAWING HUNDREDS OF THOUSANDS OF VISITORS FROM THE REGION AND BEYOND. THE GROWTH OF THE COLLECTIONS IS GUIDED BY A PHILOSOPHY THAT FAVORS QUALITY OVER QUANTITY AND PRIVILEGES THE SINGULAR OBJECT OVER BROAD COVERAGE IN ANY GIVEN FIELD.

THE MUSEUM'S ENDOWMENT HOLDS ONE OF THE LARGEST ACQUISITION FUNDS OF ANY ART MUSEUM IN THE COUNTRY. EACH YEAR, THIS FUND PRODUCES INCOME UPON WHICH OUR CURATORS, DIRECTOR, AND BOARD OF TRUSTEES DRAW TO ACQUIRE NEW WORKS OF ART, THUS ENSURING THAT OUR COLLECTIONS REMAIN A DYNAMIC AND CONSTANTLY EVOLVING RESOURCE FOR OUR VISITORS. APPROXIMATELY 300 WORKS OF ART ARE ACQUIRED PER YEAR.

ATTACHMENT 4990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MASTERPIECE INTERNATIONAL LTD 39 BROADWAY 14TH FLR NEW YORK, NY 10006	ART TRANSPORTATION	637,526.
FRED OLIVIERI CONSTRUCTION CO 6315 PROMWAY AVE NW NORTH CANTON, OH 44720	CONSTRUCTION	395,346.
STERN ADVERTISING 950 MAIN AVE SUITE 700 CLEVELAND, OH 44113	ADVERTISING	329,523.
HAHN LOESER & PARKS LLP 200 PUBLIC SQ SUITE 2800 CLEVELAND, OH 44113	LEGAL	295,541.
ERNST & YOUNG LLP 950 MAIN AVE 1800	ACCOUNTING	277,013.

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ATTACHMENT 4 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CLEVELAND, OH 44113		

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CLEVELAND MUSEUM OF ART

Employer identification number

34-0714336

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) JOHN HUNTINGTON ART & POLYTECHNIC TRUST 34-6526984 KEYTOWER 127 PUBLIC SQ STE 200 CLEVELAND, OH 44114	SUPPORT ORG	OH	501(C)(3)	12 III-NI	N/A		X
(2) HORACE KELLEY ART FOUNDATION 34-6001551 4176 DAVENTRY RD COLUMBUS, OH 43220	SUPPORT ORG	OH	501(C)(3)	12 III-FI	N/A		X
(3) BERTHA AIKEN MCMYLER TRUST 20-0920980 34-6506206 4900 TIEDEMAN RD OH-01-49-0150 BROOKLYN, OH 44144	SUPPORT ORG	OH	501(C)(3)	12 III-NI	N/A		X
(4) CMA-HINMAN HURLBUT 20-0937060 34-6506384 11150 EAST BLVD CLEVELAND, OH 44106	SUPPORT ORG	OH	501(C)(3)	12 TYPE II	N/A	X	
(5) JOHN L SEVERANCE T/W 20-0940020 34-6506884 4900 TIEDEMAN RD BROOKLYN, OH 44144	SUPPORT ORG	OH	501(C)(3)	12 III-NI	N/A		X
(6) CMA-SEVERANCE MILLIKIN T/A 20-0971080 34-6844729 4900 TIEDEMAN RD BROOKLYN, OH 44144	SUPPORT ORG	OH	501(C)(3)	12 III-NI	N/A		X
(7) J H WADE FOR CLEVELAND MUSEUM OF ART 34-6506247 4900 TIEDEMAN RD BROOKLYN, OH 44144	SUPPORT ORG	OH	501(C)(3)	12 III-NI	N/A		X

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

Schedule R (Form 990) 2018

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CLEVELAND MUSEUM OF ART

Employer identification number

34-0714336

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ELLA A. STONE FOR CLEV MUS ART 34-6511491 116 ALLEGHENY CENTER MALL PITTSBURGH, PA 15212	SUPPORT ORG	OH	501(C)(3)	12 III-NI	N/A		X
(2) E S PRENTISS FB CLEV MUS ART 34-6512441 116 ALLEGHENY CENTER MALL PITTSBURGH, PA 15212	SUPPORT ORG	OH	501(C)(3)	12 III-NI	N/A		X
(3) WILLIAM E. WARD FB CMA 34-6512698 116 ALLEGHENY CENTER MALL PITTSBURGH, PA 15212	SUPPORT ORG	OH	501(C)(3)	12 III-NI	N/A		X
(4) CMA-CLEV MUS OF ART 2 GEN END TA 34-6500656 4900 TIEDEMAN RD BROOKLYN, OH 44144	SUPPORT ORG	OH	501(C)(3)	12 TYPE I	N/A		X
(5) L C HANNA FIN FD FB FIN ART GARDEN 34-6568634 C/O PNC BANK NA PO BOX 609 PITTSBURGH, PA 15212	SUPPORT ORG	OH	501(C)(3)	12 III-NI	N/A		X
(6) DUDLEY P ALLEN NO 3 FD 8 20-0902240 34-6527627 KEYBANK, 4900 TIEDEMAN RD, OH- BROOKLYN, OH 44144	SUPPORT ORG	OH	501(C)(3)	12 III-NI	N/A		X
(7)							

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

Schedule R (Form 990) 2018

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CLEVEHUNT LLC 30-0692741 11150 EAST BLVD CLEVELAND, OH	INVESTMENT	OH	N/A	EXCLUDED	21,563,345.	458,022,230.		X		X		76.6680
(2) 11141 EAST BLVD LLC 81-3065762 10900 EUCLID AVE CLEVELAND, OH	PROPERTY IMPRVMT	OH	N/A	EXCLUDED				X			X	50.0000
(3) 1800 EUCLID AVE 83-1656901 11150 EAST BLVD CLEVELAND, OH	PROPERTY INVSTMNT	OH	N/A	EXCLUDED	10,003.	210,003.		X		X		50.0000
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CLEVEHUNT LLC	Q	224,555.	ACTUAL EXPENSE
(2) 1800 EUCLID AVE	B	200,000.	FMV
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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