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DLN: 93493132024470

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2008

Inspection

A Fo	r the :	2008 ca	alendar yea	r, or tax year beginnin	g 07-01-2008	and ending 06-30-200)9					
B Che	eck if a	pplicable	Please	C Name of organization THE TOLEDO MUSEUM C	OF ART				D Employer i	dentification number		
☐ Add	iress ch	ange	use IRS label or					34-44346				
┌ Nar	ne cha	nge	print or	Doing Business As					E Telephone	number		
┌ Inıt	ial retu	rn	type. See Specific	Number and street (or F	O box if mail is	not delivered to street addr	ess) Room	n/suite	(419) 255			
┌ _{Ter}	mınatıo	n	Instruc- tions.	PO BOX 1013			,	,	G Gross recei	pts \$ 195,270,917		
┌ Am	ended	return		City or town, state or co	ountry, and ZIP +	4						
Apr	olication	pending		TOLEDO, OH 43697								
		,	E Nam	L ne and address of Prin	cinal Officer		l x					
				GELOW	cipal Officer		H(a)	Is this affiliat	a group retu es?	rn for ┌ Yes		
			РО ВО					ammac		, 105 , 110		
	v-evem	pt status		O,OH 43697 (3) ◀(insert no)	4047(2)/1) or [affiliates inclu			
		<u> </u>			4947(a)(1) 01	527				st See instructions)		
J W	eb sit	e: 🕨 ww	w toledomu:	seum org			H(c)	Group	Exemption N	lumber F		
К Тур	e of org	janization	Corporat	ion trust association	other ►		L Yea	r of For	mation 1901	M State of legal domicile OH		
Pa	rt I		mary									
	1			e organization's missio	_							
ည						e art into the lives of purifies while maintainin			-	•		
뎔		aynann	c exilibition	is and namerous educe		america wille mameanin	g iree dd	111113310	ii ioi uii visitt	515		
Governance	2	Check	this box	ıf the organization disc	continued its o	perations or disposed	of more t	han 25	5% of its asse	ets		
Ŝ			,			VI, line 1a)			3	21		
	4		_	_		ng body (Part VI, line 1			. 4	21		
<u>କ</u>	5			nployees (Part V, line	_		-,		5	387		
Activities &				lunteers (estimate if n					6	776		
۲ کو				•	• •	, line 12, column (C)			_	691,923		
-				ness taxable income f			7 b					
	_					.,		Prio	Year	Current Year		
	8	Contri	butions and	d grants (Part VIII, lın	e 1 h)				4,461,850	6,780,566		
₽		9 Program service revenue (Part VIII, line 2g)							2,955,331	2,090,192		
Reveni	10	O Investment income (Part VIII, column (A), lines 3, 4, and 7d)							17,607,734	-39,245,344		
걆	11								539,008	-796,768		
	12		•	dd lines 8 through 11 (ne 🗀		,					
		12)							25,563,923	-31,171,354		
	13			ir amounts paid (Part I					79,968	71,764		
	14			r for members (Part I)								
82	15	Saları 10)	es, other co	ompensation, employed	e benefits (Pai	t IX, column (A), lines	5 –	7,737,621 8,310,08				
Expenses	16a	•	sional fund	raising fees (Part IX, o	column (A.), lin	e 11e)		7,737,021				
÷	ь			penses, Part IX, column (D)								
Ш	17	•		Part IX, column (A), li	-	<u> </u>			12,944,448	15,644,912		
	18					X, line 25, column (A))			20,762,037	24,026,761		
	19			enses Subtract line 1	-				4,801,886	-55,198,115		
<u>क</u> ह							Be	eginnin	g of Year	End of Year		
9.00 9.00 9.00	20	Total	assets (Par	t X, line 16)					09,695,899	233,524,902		
Net Assets or Fund Balances	21		,	Part X, line 26)					21,819,049	22,532,566		
₹ <u>8</u>	22			d balances Subtract I	ina 21 fram lin	20			87,876,850	210,992,336		
					ine 21 nom m				.87,870,830	210,992,330		
Ра	rt II		ature Blo			h				- N		
						turn, including accompanyin er (other than officer) is bas				o the best of my knowledge arer has any knowledge		
Plea	se	***	***					2010-0	05-12			
Sign		Sign	ature of office	er				Date				
Here	2	ROD	BIGELOW CO	00								
			e or print nam									
		Preparer	's L			Date	Check If		Preparer's PTII	N (See Gen Inst)		
Paid		signature b self-						self- empolyed •				
	arer's											
Use (EIN 🕨			
	-	audress,	anu ZIP + 4			NU			Phone no	(419) 244-3711		
				TOLEDO, OH 4360415								
Mayt	he IR	S discus	s this retui	rn with the preparer sh	iown above? (S	See instructions)				▼ Yes		

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission For 109 years, the Toledo Museum of Art has o Pavilion The Museum has an extensive educati				
2	Did the organization undertake any significant the prior Form 990 or 990-EZ?		ices during the year wh	nich were not listed on	┌ Yes ┌ No
	If "Yes," describe these new services				
3	Did the organization cease conducting services?		hanges in how it condu	icts any program	┌ Yes ┌ No
	If "Yes," describe these changes on S	chedule O			
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organizatio others, the total expenses, and reven	ns and 4947(a)(1) tru	sts are required to rep		
4a	(Code) (Expenses \$ The Toledo Museum of Art operates and mai scholarship, research, conservation, documer among the highest of American Museums pe	ntains art galleries, studio s itation and presentation of			
4b	(Code) (Expenses \$	1,200,016	ncluding grants of \$) (Revenue \$)
	Through hands-on art experiences and actividisadvantages, and allows these individuals teens, adults with or suffering from illnesses creation. Community OutReach embraces divinvestigate the furthest reaches of their own	o experience the freedom all gain a sense of accomp versity with therapeutic and	of true personal expression, lishment, comfort and increa	without judgment or criticism ased self-esteem through the	At-risk children, underserved process of artistic hands-on
4c	(Code) (Expenses \$ The Museum organizes and presents special with other art museums. The Museum offers are available to the general public, generally	exhibitions of its permanen cultural activities associate			
4d	Other program services (Describe ii	n Schedule O)			
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses \$	22,929,118	Must equal Part IX, Lii	ne 25, column (B).	

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)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		N o
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νo
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νo
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νo

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	:e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	86			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
_	Did the organization comply with backup withholding rules for reportable payments t					
·	gaming (gambling) winnings to prize winners?	. vein		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements filed for the calendar year ending with or within the year covered by this return	2a	387			
h	If at least one is reported in 2a, did the organization file all required federal employs					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file thi			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during	g the	year covered by this			
	return?			3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acacount)?			4a		No
h	·					110
	If "Yes," enter the name of the foreign country	enort o	f Foreign Bank and			
	Financial Accounts.	-port o	i Toreigii balik allu			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited		·	5b		Νο
_	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	ty Regarding Prohibited			
	Tax Shelter Transaction?	•	· · ·	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the	nat su	ch contributions or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_		
а	Did the organization provide goods or services in exchange for any quid pro quo cor more?	ıtrıbutı	ion of \$75 or	7a	Yes	
Ь	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal properties file Form 8282?	•	·	7c		No
а	If "Yes," indicate the number of Forms 8282 filed during the year	7d				110
•	11 Tes, indicate the number of forms of 202 med during the year.					
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?	prem	nums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		No
q	For all contributions of qualified intellectual property, did the organization file Form			7g		No
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization i			- 3		
	required?			7h		Νο
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a					
	supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the	spons	oring organization, have	•		
	year?			8		
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?	•		9a		Νο
b	Did the organization make a distribution to a donor, donor advisor, or related person	۱۶.		9b		Νo
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 ii	n lieu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	,		l .		l	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing	g bouy and manageme	11 t	

tion A. Consuming Rody and Management

			Yes	No				
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.							
1a	Enter the number of voting members of the governing body 1a 21							
Ь	Enter the number of voting members that are independent 1b 21							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No				
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo				
6	6 Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	the governing body?	8a	Yes					
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes					
9a	Does the organization have local chapters, branches, or affiliates?	9a		No				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b						
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes					
11	11		No					

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed OH
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website 🔽 another's website 🔽 upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

TIMOTHY SZYMANSKI 2445 MONROE STREET TOLEDO, OH 43697 (419) 255-8000

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

The check this box in the organization and i	(B) Average hours per week	Posit	(C) chec	:k al				(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)		Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

			1	tion that a		у)				(E)		(F)	
	(A) Name and Title	(B) Average hours per week	Highest compensated employee Key employee Officer Institutional Trustee or Director		Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)		Estimated amount of oth compensatio from the organization a related organizations				
											\pm		
											\pm		
											\perp		
											\pm		
											\pm		
1h	Total							<u> </u>	475,38	4	0		33,285
2	Total number of individuals (includin	g those ın 1						n \$1					·
	compensation from the organization	► 2											
												Yes	No
3	Did the organization list any former on line 1a? <i>If</i> "Yes," complete Schedur									sated employee	3		No.
4	For any individual listed online 1a, is									n from the			INO
	organization and related organization	ns greater th	nan \$15	0,00	07 2	[f ") -	/es," co	ompi -	lete Schedule J for su	uch	4	V	
5	Did any person listed on line 1a rece	 Ive or accru	ie comp	ensa	• tıon	• fro	manv	unr	elated organization	for services	4	Yes	
	rendered to the organization? If "Yes										5		No
<u> </u>	ection B. Independent Contra	ctors											
1	Complete this table for your five high	nest comper		ndep	ende	ent	contra	ctor	rs that received mo	re than			
	\$100,000 of compensation from the	organizatio (A)	n							(B)		(0	:)
	Name ar	Name and business address Description of services										Compe	
									l l				

Statement of Revenue

				(A)	(B)	(C)	(D)
				Total Revenue	Related or Exempt	Unrelated Business	Revenue Excluded from
					Function	Revenue	Tax under IRC
	•				Revenue		512, 513, or 514
ند. خد	1a	Federated campaigns 1a	¹				
Contributions, gifts, grants and other similar amounts	ь	Membership dues	1,398,652				
띭		1b					
ું.	С	Fundraising events	. ———				
粗岩	d	Related organizations 1d					
% ≣	e	Government grants (contributions) 1e					
흜냚		All other contributions, gifts, grants, and	5,381,914				
黄色	f	similar amounts not included above	3,361,914				
きき		1f					
至至	g	Noncash contributions included in					
ठ छ	h	Ines 1a-1f \$		6,780,566			
		10141 (Add IIIIC5 14 11)	· · · · ·				
സ			Business Code				
Ě	2a	TUITION AND RELATED FE	711,300	988,747	988,747		
e,e	ь	FACILITY FEES	711,300	711,764	35,431	676,333	
<u>م</u>	С	PERISTYLE SERVICE FEES	711,300	133,940	133,940		
Š	d	PARKING LOT INCOME	711,300	116,625	116,625		
Ē	e	Glass STUDIO	711,300	74,260	74,260		
Ē			-	·	,		
<u>r</u>	f	All other program service revenue		64,856	64,856		
Program Service Revenue	g	Total. Add lines 2a-2f					
	3	► \$ 2,090,192					
		Investment income (including divi	,	3,615,980			3,615,980
		other similar amounts)	▶	2,020,000			5,010,000
	4	Income from investment of tax-exempt t	ond proceeds				
	5	Royalties	•				
		(i) Real	(II) Personal				
	6a	Gross Rents	(II) Personal				
	b	Less rental					
	, b	expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
		(2) 6	▶				
	- -	(i) Securities Gross amount 183,094,874	(II) O ther				
	7a	from sales of					
		assets other than inventory					
	ь	Less cost or 225,956,198 other basis and					
		sales expenses					
	c	Gain or (loss) -42,861,324					
	d	Net gain or (loss)	_	-42,861,324			-42,861,324
	0-		<u> </u>				
	8a	Gross income from fundraising events (not including					
4.		\$					
Ē		of contributions reported on line					
₹		1c) See Part IV, line 18 Attach Schedule G if total exceeds					
ě		\$15,000 a					
Other Revenue	ь	Less direct expensesb					
Ě	c	Net income or (loss) from fundrais					
0			<u>▶</u>				
	9a	Gross income from gaming activities See part IV, line 19					
		Complete Schedule G if total					
		exceeds \$15,000					
		а					
	b	Less direct expensesb					
	С	Net income or (loss) from gaming	activities •-				
	10a	Gross sales of inventory, less					
	100	returns and allowances .					
		а	706,560				
	ь	Less cost of goods sold b	486,073				
	С	Net income or (loss) from sales of	inventory	220,487		15,590	204,897
		Miscellaneous Revenue	Business Code				
	11a	OTHER INCOME FROM PASS	900,099	32,842			32,842
	ь	NET CAPITAL GAINS FROM	900,099	-1,050,097			-1,050,097
		ALI CALITAL GAINS FROM	·	, ,			
	С		-				
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	4.7		\$ -1,017,255	-31,171,354	1,413,859	691,923	-40,057,702
	12	Total Revenue. Add lines 1h, 2g, 38c,	o, 4, 5, 6d, 7d,	-31,171,334	1,413,039	091,923	-40,037,702
		9c, 10c, and 11e	▶				

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re) <u> </u>
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21		·		<u> </u>
2	Grants and other assistance to individuals in the U S See Part IV, line 22	71,764	71,764		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	508,669	462,543	19,899	26,227
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	5,907,712	5,371,984		304,600
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	678,511	616,984	26,543	34,984
9	Other employee benefits	613,291	557,678	23,992	31,621
10	Payroll taxes	601,902	547,322	23,546	31,034
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	816,322	756,464	50,941	8,917
12	Advertising and promotion				
13	Office expenses	95,900	77,564	6,358	11,978
14	Information technology				
15	Royalties				
16	Occupancy	1,196,693	1,184,487	9,334	2,872
17	Travel	90,801	81,721	4,540	4,540
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest	1,029,067	1,029,067		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,216,414	4,216,414		
23	Insurance	187,758	172,932	14,826	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	ART PURCHASES & EXPENSE	6,055,424	6,055,424	0	0
ь	MAINTENANCE & REPAIRS	497,489	495,430	2,059	0
c	MISCELLANEOUS	379,550	350,449	18,467	10,634
d	PROGRAMS	371,970	312,574	0	59,396
e	PUBLICITY & PROMOTION	227,190	227,190	0	0
f	All other expenses	480,334	341,127	9,995	129,212
25	Total functional expenses. Add lines 1 through 24f	24,026,761	22,929,118	441,628	656,015
26	Joint Costs. Check Tiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance	Shoot
	Balance	Sneer

						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				10,800		11,030
	2	Savings and temporary cash investments				2,198,197	2	2,268,307
	3	Pledges and grants receivable, net				327,950	3	130,950
	4	Accounts receivable, net				580,626	4	1,150,213
	5	Receivables from current and former officers, directors, truste other related parties Complete Part II of Schedule L			oyees or		5	
	6	Receivables from other disqualified persons (as defined under persons described in section 4958(c)(3)(B) Complete Part II c	sectioi	n 495			6	
	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use				239,413	8	233,476
22	9	Prepaid expenses and deferred charges				557,071	9	429,046
Assets	10a	Land, buildings, and equipment cost basis	1	1				
⋖			10a		104,553,719			
	Ь	Less accumulated depreciation Complete Part VI of Schedule D	10b		42,964,006	65,071,822	10c	61,589,713
	11	Investments—publicly traded securities	100		-	125,415,146		69,450,394
	12	Investments—other securities See Part IV, line 11 Complete Schedule D	Part VI	I of	•	55,948,417		49,809,182
	13	Investments—program-related See Part IV, line 11 Complete	Part VI	III			13	
	14	of Schedule D . Intangible assets					14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedul	Δ			59,346,457	1-7	48,452,591
	•	D				55,515,151	15	10, 102,001
	16	Total assets. Add lines 1 through 15 (must equal line 34)				309,695,899	16	233,524,902
	17	Accounts payable and accrued expenses .				6,283,458	17	6,167,413
	18	Grants payable					18	
	19	Deferred revenue					19	
	20	Tax-exempt bond liabilities				12,105,000	20	11,475,000
<u>ā</u>	21	Escrow account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$					21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
ï		persons Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third partie	es .				23	
	24	Unsecured notes and loans payable					24	
	25	Other liabilities Complete Part X of Schedule D	ı			3,430,591	25	4,890,153
	26	Total liabilities. Add lines 17 through 25				21,819,049	26	22,532,566
У		Organizations that follow SFAS 117, check here ► ✓ and conthrough 29, and lines 33 and 34.	nplete l	lines 2	27			
anc	27	Unrestricted net assets				155,635,500	27	113,343,142
Balance	28	Temporarily restricted net assets				56,183,025	28	30,371,523
Ā	29	Permanently restricted net assets				76,058,325	29	67,277,671
r Fund		Organizations that do not follow SFAS 117, check here ► a lines 30 through 34.	and con	nplet e	•			
S O.	30	Capital stock or trust principal, or current funds					30	
φ	31	Paid-in or capital surplus, or land, building or equipment fund					31	
Assets	32	Retained earnings, endowment, accumulated income, or other		-	- -		32	
Net /	33	Total net assets or fund balances				287,876,850		210,992,336
Ź	34	Total liabilities and net assets/fund balances				309,695,899		233,524,902
	I -							
Pa	rt XI	Financial Statements and Reporting						

ParitXI	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			_
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 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?	2c	Yes	
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?	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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As Filed Data -

DLN: 93493132024470

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

THE TO	OLEDO	MUSEUM OF AF	RT								
								34	-4434678	3	
Pai	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)	
The o	rganı	zation is not	a private found	ation because it is (Please	check onl	ly one org	anızatıon))			
1	Γ	A church, c	onvention of ch	nurches, or association of ch	urches de	scribed in	Section 1	L70(b)(1)	(A)(i).		
2	Γ	A school de	escribed in Sec	tion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)					
3	Г	A hospital	or a cooperativ	e hospital service organizati	on describ	bed in Sec	tion 170(E	o)(1)(A)(i	ii). (Attac	h Schedul	le H)
4	Г	A medical i	research organi	zation operated in conjuncti	on with a l	hospital d	escribed ii	Section	170(b)(1)	(A)(iii). E	nter the
	•		name, city, and	•		•			. , , ,	. ,. ,	
5	Г			or the benefit of a college or	universit	v owned o	r operated	by a gove	rnmental	unit desc	ribed in
	•			(Complete Part II)		,		- , - g- · ·			
6	\vdash			overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).		
7	Ţ.	•	-	ally receives a substantial p						n the gene	eral public
-	•			o)(1)(A)(vi) (Complete Par		- чрроп п	, u go.o.			90	p a b c
8	Г		-	ped in Section 170(b)(1)(A)	•	nplete Par	tII)				
9	,		•	ally receives (1) more than		•	•	ontribution	ıs, membe	rship fees	s, and gross
	•	_		lated to its exempt functions					•		•
		•		estment income and unrelate	-		•	, ,	•		
				on after June 30, 1975 See						•	
10	Г			and operated exclusively to						e instruc	tions)
11		An organiza	ation organized	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purposes of
	·	_	_	orted organizations describe					•	•	•
				type of supporting organiza					_		
	_	·					nally Integ		d	' ''	III - Other
е	ı	•		rtify that the organization is agers and other than one or			•			•	· ·
		section 50		agers and other than one or	more publ	псту зарр	orteu orga	ilizations (aescribeu	ili sectioi	1309(a)(1)01
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organization,
		check this									Г
g		Since Augu following pe		as the organization accepted	d any gift	or contrib	ution from	any of the	!		
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No
			•	ng body of the the supported		_				11g	
				erson described in (i) above	=					11g(
			•	ty of a person described in (bove?				11g(
h		. ,		mation about the organizatio	. , , ,		supports				
-							11				
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) A mount of
		orted		(described on lines 1-9		ation in		nızatıon	_	atıon ın	support?
(Organ	nization		above or IRC section		listed in) of your		rganized	
				(See Instructions))		verning ment?	supp	ort /	in the	US?	
					Yes	No	Yes	No	Yes	No	-
					163	140	163	140	163	140	

Total

Support Schedule for Organizations Described in IRC 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.)

	Complete only if you clied	keu tile box oi	1 line 5, 7, 01	o or Part 1.)				
	iblic Support	() 2004	433335	() 2006	(1) 2007		2000	(6) =
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not	15,474,132	11,407,554	9,663,418	4,791,841		5,580,040	46,916,985
	include any "unusual grants ")	15,474,152	11,407,554	3,003,410	4,751,041		3,300,040	40,510,505
2	Tax revenues levied for the organization's							
2	benefit and either paid to or expended on							
	its behalf							
3	The value of services or facilities							
_	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3	15,474,132	11,407,554	9,663,418	4,791,841		5,580,040	46,916,985
5	The portion of total contribution by each							
	person (other than a government unit or							
	publicly supported organization) included							11,297,979
	on line 1 that exceed 2% of the amount							, ,
	shown on line 11, column							
_	(f)							
6	Public Support subtract line 5 from line 4							35,619,006
т,	otal Support							
		(-) 2004	/L\ 2005	(-) 200C	(-1) 2007	7-1	2000	/6\ T - t - l
	endar year (or fiscal year beginning in)	(a) 2004 15,474,132	(b) 2005 2,922,615	(c) 2006 9,663,418	(d) 2007 4,791,841	(e)	2 0 0 8 5,580,040	(f) Total 46,916,985
7	A mounts from line 4	13,474,132	2,922,013	9,003,410	4,791,041		3,360,040	40,910,963
8	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties and income from similar	2,771,755	2,922,615	3,094,304	3,751,830		3,615,980	16,156,484
	sources							
9	Net income from unrelated business							
•	activities, whether or not the business is							
	regularly carried on							
10	Other income Do not include gain or loss							
	from the sale of capital assets (Explain in	138,477	69,975					208,452
	Part IV)							
	Total Support (Add lines 7 through 10)							63,281,921
12	Gross receipts from related activities, etc	(See instruction:	s)			12		23,792,767
13	First Five Years. If the Form 990 is for the	organızatıon's fır	st, second, third	d, fourth, or fifth	tax year as a 5	01(c)(3)	
	organization, check this box and stop here							▶┌
Co	mputation of Public Support Perc							
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	lumn (f))		14		56.290 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, line 26f			15		61.640 %
	33 1/3% Test - 2008. If the organization did			nd line 14 is 33	1/3% or more		this hav	
IUU	and stop here. The organization qualifies as				1/3/0 01 111016,	CHECK	tills box	▶ ▽
b	33 1/3% Test - 2007. If the organization die		-		5 is 3.3 1/3% o	r more	. check th	•
_	box and stop here. The organization qualified				2 .5 5 5 2, 5 .5		,	▶□
17a	10% Facts and Circumstances Test - 2008.				3, 16a, or 16b a	nd lin	e 14 is 10	% or
	more, and if the organization meets the "fac	ts and circumst	ances" test, che	ck this box and	stop here. Exp	laın ın	Part IV ho	w the
	organization meets the "facts and circumst	ances" test The	organization qu	ualifies as a pub	ıcly supported	organı	zatıon	► □
ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fac							
	the organization meets the "facts and circu							►
18	Private Foundation. If the organization did	not check the bo	x on line 13, 16	a, 16b, 17a or 1	.7b, check this	box a	nd see	. –
	instructions							▶ ┌

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	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 IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 34-4434678

Name: THE TOLEDO MUSEUM OF ART

Form 990, Part VII - Section Aaa

Porm 990, Part VII - Section Ada		Posit t	(C lon (hat a	chec		l			(=)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Forner	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Elizabeth Brady , Chairman	1 00	Х		Х				0	0	0
Steven R Coffin , Vice Chariman	1 00	Х		Х				0	0	0
Cynthia B Thompson , Vice Chairman	1 00	Х		Χ				0	0	0
John S Szuch , Secretary	1 00	Х		Х				0	0	0
George L Chapman , Treasurer	1 00	Х		Χ				0	0	0
Richard P Anderson , Director	1 00	Х						0	0	0
Darryl F Allen , Director	1 00	X						0	0	0
Vernelis K Armstrong , Director	1 00	Х						0	0	0
William W Boeschenstein , Director	1 00	X						0	0	0
Bruce C Carver , Director	1 00	X						0	0	0
Molly P Chiles , Director	1 00	X						0	0	0
Charles E Dana , Director	1 00	X						0	0	0
Sara Jane DeHoff , Dırector	1 00	X						0	0	0
Thomas B Donnell , Director	1 00	Х						0	0	0
Helen H Emmert , Dırector	1 00	Х						0	0	0
Nancy R Fairhurst , Director	1 00	Х						0	0	0
Judge Robert V Franklın , Dırector	1 00	X						0	0	0
James A Hoffman , Director	1 00	Х						0	0	0
Dennis G Johnson , Director	1 00	X						0	0	0
George M Jones III , Director	1 00	Х						0	0	0
Severn Joyce , Director	1 00	Х						0	0	0
Barbara Kaplın , Dırector	1 00	Х						0	0	0
Rıta Kern , Dırector	1 00	Х						0	0	0
Harley Kripke , Director	1 00	Х						0	0	0
Robert J Lanigan , Director	1 00	Х						0	0	0
Helen McMaster , Director	1 00	Х						0	0	0
Carol Orser , Director	1 00	Х						0	0	0
Kım Penn , Dırector	1 00	Х						0	0	0
Mary Ellen Pısanellı , Dırector	1 00	Х						0	0	0
Susan R Reams , Director	1 00	X						0	0	0

Form 990, Part VII - Section Aaa

		(C) Position (check all that apply) (E)					(F)	(F)		
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Richard Reynolds , Director	1 00	Х						0	0	0
George B Saxe , Director	1 00	Х						0	0	0
Duane Stranahan Jr , Dırector	1 00	X						0	0	0
Edward F Weber , Director	1 00	X						0	0	0
Georgia Welles , Director	1 00	Х						0	0	0
David K Welles Jr , Director	1 00	Х						0	0	0
John P Williamson , Director	1 00	Х						0	0	0
Sandra L Wiseley , Director	1 00	Х						0	0	0
Frederic D Wolfe , Director	1 00	Х						0	0	0
PATRICIA TIPTON , Director	1 00	Х						0	0	0
DEANNA RADELOFF , Director	1 00	Х						0	0	0
Don Bacıgalupı , President, Director, & C	40 00			х				329,304	0	16,536
Rod Bigelow , Chief Operating Officer	40 00			Х				146,080	0	16,749

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a TUITION AND RELATED FE	711,300	988,747	988,747		
b FACILITY FEES	711,300	711,764	35,431	676,333	
c PERISTYLE SERVICE FEES	711,300	133,940	133,940		
d PARKING LOT INCOME	711,300	116,625	116,625		
e Glass STUDIO	711,300	74,260	74,260		

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

3

h

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization **Employer identification number** THE TOLEDO MUSEUM OF ART 34-4434678 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year)

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ No funds are the organization's property, subject to the organization's exclusive legal control?

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?

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

Pu	rpose(s) of conservation easements neid by the organization (chec	кан	tnat apply)
Γ	Preservation of land for public use (e g , recreation or pleasure)	Γ	Preservation of an historically importantly land area
Γ	Protection of natural habitat	\sqcap	Preservation of certified historic structure

Preservation of open space

Aggregate Grants from (during year) Aggregate value at end of year

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

- 2a Total number of conservation easements
- Total acreage restricted by conservation easements
- c Number of conservation easements on a certified historic structure included in (a)
- d Number of conservation easements included in (c) acquired after 8/17/06

Held at the End of the Year 2b 2с 2d

- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨
- Number of states where property subject to conservation easement is located
- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

- Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨
- 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

☐ Yes

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

► \$

Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2008

3	Using the organization's accession and othe								ontinued)
-	items (check all that apply)			_	-	-			
а	Public exhibition		d	굣	Loan or exc	hange program	s		
b	✓ Scholarly research		e	Γ	Other				
c	✓ Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	n hov	w the	y further the	organızatıon's e	xempt purpose in		
5	During the year, did the organization solicity assets to be sold to raise funds rather than t							Yes	✓ No
Pai	Trust, Escrow and Custodial A	Arrangements.	Com	plete	e if the orga		wered "Yes" to F	orm 9	990,
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other intermed	ıary	for c	ontributions	or other assets	not	Yes	
b	If "Yes," explain why in Part XIV and comple	te the following table							
							A mo	unt	
С	Beginning balance					1 c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?				Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	1							
Pa	rt V Endowment Funds. Complete								
_		(a)Current Year	(b)Prior	Year (c)T	wo Years Back (c	Three Years Back (e) Four \	ears Back
1a	Beginning of year balance	143,851,071							
b	Contributions	3,657,712							
С	Investment earnings or losses	-38,200,023							
d	Grants or scholarships	69,631							
е	Other expenditures for facilities and programs	13,067,723							
f	Administrative expenses	0							
g	End of year balance	96,171,406							
2	Provide the estimated percentage of the yea	r end halance held as	:						
		48 500 %							
а	Board designated or quasi-endowment	10 300 %							
Ь	remailent endowment P								
c	Term endowment ► 30 800 %	6.1							
3a	Are there endowment funds not in the posse organization by	ssion of the organizat	ion	thata	are held and a	administered fo	r the	Yes	No
	(i) unrelated organizations						3a(i)		No
	(ii) related organizations						3a(ii))	No
b	If "Yes" to 3a(II), are the related organizatio	ns listed as required	on S	ched	ule R?		3b		Ī
4	Describe in Part XIV the intended uses of th	e organization's endo	wm	ent fu	nds				
Pai	rt VI Investments—Land, Building:	s, and Equipmen	t. S	ee F	orm 990, P	art X, line 10			
	Description of investment				Cost or other s (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) B	ook value
1a	Land					4,507,81	7		4,507,817
b	Buildings					91,647,203	39,532,103		52,115,100
c	Leasehold improvements								
d	Equipment					2,642,17	1,491,480		1,150,695
e	Other					5,756,524	1,940,423		3,816,101
	II. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, columi	n (B)), line	10(c).)		. ▶		61,589,713
							Schedule D (Form	990) 2008

Part VII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation ·year market value
Financial derivatives and other financial products			your market raide
Closely-held equity interests			
Other MUTUAL FUNDS	49,786,849		F
Other INVESTMENT IN OIL ROYALTIES	20,200		F
Other CSV - LIFE INSURANCE	2,133		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	49,809,182		
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line 1	.3.	
(a) Description of investment type	(b) Book value	• •	d of valuation · year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) ▶			
Part IX Other Assets. See Form 990, Part X, I			
(a) Descri	iption		(b) Book value
ACCRUED INTEREST RECEIVABLE PERPETUAL AND SPLIT INTEREST TRUST AGREEMEN	 тс		73,027 48,159,708
BOND ORIGINATION COSTS	13		86,186
DEPOSITS - FACILITIES			20,000
OTHER ASSETS			113,670
			110,070
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		48,452,591
Part X Other Liabilities. See Form 990, Part	X, line 25.		· · · · · · · · · · · · · · · · · · ·
(a) Description of Liability Federal Income Taxes	(b) A mount		
GIFT ANNUITIES - NON-CURRENT	288,115		
ACCRUED WAGES & VACATION PAY	162,298		
DEFERRED INCOME	27,132		
INTEREST RATE SWAP AGREEMENT	865,301		
PENSION LIABILITY	3,547,307		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	4,890,153		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	-31,171,354
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	24,026,761
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-55,198,115
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-21,686,399
9	Total adjustments (net) Add lines 4 - 8	9	-21,686,399
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-76,884,514
Par	XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	eturn
1	Total revenue, gains, and other support per audited financial	_	-30,896,314
_	statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	30.006.314
3	Subtract line 2e from line 1	3	-30,896,314
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a Other (Describe in Part XIV)		
b	Other (Describe in Part XIV)	4c	-275,040
с 5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	,
Part			-31,171,354 Return
1	Total expenses and losses per audited financial statements	1	23,876,074
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		, ,
а	Donated services and use of facilities		
b	Prior year adjustments	1	
С	Losses reported on Form 990, Part IX, line 25	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	23,876,074
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b 150,687		
c	Add lines 4a and 4b	4c	150,687
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	24,026,761

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part III, Line 1a		Part III, line 1a Expenditures for the purchase of works of art are expensed as purchased Each of the objects in the art collection, which collection is of significant value, are catalogued for educational and curatorial purposes Procedures are employed continuously to verify the condition and existence of each object in the collection Proceeds from sales of collection objects which are no longer deemed appropriate for the Museum's art collection are to be used to acquire other objects for the collection Gifts of works of art (amounting to \$553,285 in 2009 and \$285,020 in 2008) are not recorded since the Museum has adopted the policy of expensing works of art
Part XI, Line 8 - O ther Adjustments		UNREALIZED GAIN (LOSS) ON INVESTMENTS -10840961 CHANGE IN VALUE OF PERPETUAL AND SPLIT-INTEREST TRUST -9701860 UNDISTRIBUTED NET (INCOME)/LOSS FROM PASS-THROUGH ENTITIES 425727 FAIR VALUE ADJUSTMENT - INTEREST RATE SWAP AGREEMENT - 163857 PROVISION FOR PENSION LIABILITY -1405448
Part XII, Line 4b - Other Adjustments		INCOME FROM PASS-THROUGH ENTITIES -275040
Part XIII, Line 4b - Other Adjustments		EXPENSES FROM PASS-THROUGH ENTITIES 150687

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Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493132024470

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public **Inspection**

Name of the organization	-					Employer identi	iication number
THE TOLEDO MUSEUM OF AR	1					34-4434678	
Part I General Inforn	nation on Grai	nts and Assistance	е			'	
	to award the granger ganization's proce ner Assistance	nts or assistance? edures for monitoring the to Governments				organization answere	d "Yes" on
Part IV and Sche	edule I-1 if addi					. ▶ □	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
2 Enter total number of sect organizations		_			•		
3 Enter total number of othe	r organizations .						▶

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SUMMER 2008 SCHOLARSHIPS	65	4,358			
FALL 2008 SCHOLARSHIPS	36	4,175			
WINTER 2009 SCHOLARSHIPS	69	7,253			
SPRING 2009 SCHOLARSHIPS	39	4,578			
UNIVERSITY OF TOLEDO SCHOLARSHIPS	45	51,400			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 THE SCHOLARSHIPS ISSUED BY THE MUSEUM ARE TO BE USED FOR INTERNAL ART CLASSES HELD AT THE TOLEDO MUSEUM OF ART THE FUNDS ARE HELD IN A SEPARATE ACCOUNT UNTIL IT IS REQUESTED BY THE RECIPIENT ONCE REQUESTED, THE FUNDS ARE PAID TO THE OPERATING FUND ON BEHALF OF THE SCHOLARSHIP RECIPIENT REGULAR REQUIRED REPORTS ARE REVIEWED BY THE PROGRAM STAFF TO MONITOR THE GRANT FUNDS

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DLN: 93493132024470

OMB No 1545-0047

Compensation Information

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008

Open to Public Inspection

Nan	ne	of	t h	ıe	org	jan	iza	t io	n
THE	TO	LEC	0	Mι	JSEŪ	JM	OF	ART	-

Employer identification number

34-4434678

Pa	rt I Questions Regarding Compensatio	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "N			1b		
2	Did the organization require substantiation prior to i					
	officers, directors, trustees, and the CEO/Executive	Direct	tor, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all the					
	Compensation committee	고	Written employment contract			
	Independent compensation consultant	⊽	Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part V I	I, Section A, line 1a			
а	Receive a severance payment or change of control p	paymen	nt?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal noi	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide t	he applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	e lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a	a, did the organization pay or accrue any			
а	The organization?			5a		Νo
ь	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a	a, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," of			7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III		•	8		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Don Bacıgalupı (ı)				10,347	6,189	345,840	
Rod Bigelow (i)				6,240	10,509	162,829	
(i)							
(ii))						
(i)							
(ii))						
(i)							
(ii))						
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
-		
	·	

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DLN: 93493132024470

OMB No 1545-0047

Inspection

SCHEDULE M **Non-Cash Contributions** (Form 990)

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Name of the organization THE TOLEDO MUSEUM OF ART Employer identification number

					34-4434678			
Pā	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of de reven	etermı	nıng	
1	Art—Works of art	Х	202	0				
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							
	Intellectual property							
	Securities—Publicly traded .	X	13	102,799	MARKET QUOTE			
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	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	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Other (describe)							
26	Other (describe)							
	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828	33, Part IV, Donee	ar for contributions for	29			16
30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it must		Yes	No
	hold for at	. 6				I	l I	
	least three years from the date of			not required to be used for a	exempt purposes			
	for the entire holding period? .					30a		No
31	If "Yes", describe the arrangement			roviow of any non-standard	contributions?	31	Yes	
	Does the organization have a gif	·		·			1 62	
32a	Does the organization hire or us contributions?	· ·	ies or related organizations	to solicit, process, or sell i	non-cash • • • • •	32a		Νo
Ŀ	If "Yes", describe in Part II							
33	If the organization did not report checked, describe in Part II	revenues i	n Column (c) for a type of p	roperty for which Column (a	ı) ıs			

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. ReturnReference Identifier Explanation Non Reporting of Revenue Part I, Line 33 Schedule M, Line 33 NO VALUES WERE REPORTED ON FORM 990 PART VIII, STATEMENT OF REVENUE, LINE G, FOR WORKS OF ART BECAUSE THE MUSEUM DID NOT CAPITALIZE ITS COLLECTIONS, AS ALLOWED UNDER SFAS 116

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Attach to Form 990. To be completed by organizations to provide additional information for

Supplemental Information to Form 990

responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization THE TOLEDO MUSEUM OF ART

Employer identification number

34-4434678

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		THE FORM 990 IS REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD AND THE ORGANIZATION'S CHIEF OPERATING OFFICER AND INTERIM EXECUTIVE DIRECTOR

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Annually, the Board members and committe members shall report to the Audit Committee concerning all transactions and all business or professional relationships of the Museum, with any of the companies, firms or institutions or involving any of the interests amounting to more than \$10,000 per year. Whenever a matter involving any conflict of interest on the part of any Director is discussed, or proposed for action, such conflict shall be disclosed to other Directors present, and the Director having such conflict shall not vote or use his or her personal influence on the matter

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The Leadership & Governance Committee will consider all elements of compensation And rely upon comparability data showing the compensation and benefits paid by similar organizations for employees with those reported for functionally comparable and analogous positions at comparable organizations, both taxable and tax-exempt. The Leadership & Governance Committee relies on comparable data from competent internal and/or external sources. This data shall be researched and selected for similar positions among organizations of comparable scope, scale and purpose. The Leadership & Governance Committee may also consider factors such as the employee's performance, tenure, and any circumstances that distinguish the position from the positions considered in the comparability data.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Form 990, Part VI, Section C, Line 19 ALL OF THE ABOVE DOCUMENTS ARE AVAILABLE ON REQUEST

ldentifier	Return Reference	Explanation
FORM 990, PART V, LINE 7G		THE ORGANIZATION IS NOT REQUIRED TO FILE FORM 8899 BECAUSE IT DID NOT RECEIVE ANY CONTRIBUTIONS OF QUALIFIED INTELLECTUAL PROPERTY

ldentifier	Return Reference	Explanation
FORM 990, PART V, LINE 7H		THE ORGANIZATION DID NOT FILE A FORM 1098-C BECAUSE IT DID NOT RECEIVE CONTRIBUTIONS OF CARS, BOATS, AIRPLANES, AND OTHER VEHICLES

ldentifier	Return Reference	Explanation
FORM 990, PART VI, LINE 2A		BASED ON THE INFORMATION THAT IS AVAILABLE TO THIS ORGANIZATION, NONE OF THE OFFICERS, DIRECTORS, TRUSTEES, OR KEY EMPLOYEES, OR HIGHEST COMPENSATED EMPLOYEES, OR HIGHEST COMPENSATED PROFESSIONAL AND OTHER INDEPENDENT CONTRACTORS ARE RELATED TO EACH OTHER THROUGH FAMILY RELATIONSHIPS IN ADDITION, THEY DO NOT HAVE COMMON OWNERSHIP OF BUSINESSES NOR EMPLOYMENT RELATIONSHIPS WITH EACH OTHER THESE INDIVIDUALS COULD HAVE PROFESSIONAL DEALINGS WITH EACH OTHER FROM TIME TO TIME IN THE NORMAL COURSE OF BUSINESS HOWEVER, ANY SUCH BUSINESS DEALINGS AMONG THE SPECIFIED PARTIES WOULD NOT IMPACT THIS ORGANIZATION