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Form **990**

Department of the Treasury

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

2009

Open to Public
Inspection

Δ For	the :	2009 caler	ıdar vea	r, or tax year beginning	g 07-01-2009 and ending 06	5-30-2010				
				C Name of organization		3-30-2010		D Employer	identi	fication number
- Addı		nange us	ease se IRS	CINCINNATI MUSEUM CE	:NTER			31-1212	634	
— Nam		la	bel or int or	Doing Business As				E Telephone		per
Initia		ty	pe. See ecific				I	(513) 28	7-70	00
Tem		In	struc- ons.	Number and street (or P 1301 Western Avenue	O box if mail is not delivered to sti	reet address)	Room/suite	G Gross recei	pts \$ 3	4,449,645
- Ame	ended i	return		City or town, state or cou			•	1		
App	lication	pending		Circiniati, 011 4320311.						
				ne and address of princ	ipal officer		H(a) Is th	■ ıs a group ret	urn fo	r
			_	ss W McDonald Vestern Ave			affilia	ates?		⊤Yes 🔽 No
				natı,OH 452031130			H(b) Are a	II affiliates inc	luded?	Yes Γ No
										ee instructions)
I Tax	-exem	npt status	5 01(c))(3) ◄ (insert no)	947(a)(1) or 527		H(c) Grou	up exemption	numb	er 🟲
J W€	ebsite	:⊢ www.c	ıncymus	eum org						
K Form	of org	ganization 🔽	Corporat	tion Trust Association	Other ►	-	L Year of fo	ormation 1987	M St	ate of legal domicile OF
Par	τΙ	Summa	ıry							
92	1	Cincinnati	Museun	_	n or most significant activitie le of all ages to learn more ab periences		rld through	science, reg	ional	history, and
Governance										
ී	2		,		scontinued its operations or d					
× 5	3				ng body (Part VI, line 1a) .					4
Activities &	4				of the governing body (Part V)	I, line 1b)		•		4
[]				nployees (Part V, line 2						36 85
¥				·	ecessary)	no 12			_	
		_			om Form 990-T, line 34		•		7a _ 7b	
$\overline{}$		Wet dillera	tea basi	The ST CANADIC INCOME II		•	Dric	or Year	Ť	Current Year
	8	Contribut	ions and	d grants (Part VIII, line	e 1h)			12,220,463	3	13,768,274
₽	9				e 2g)			10,844,685	+	7,698,323
Revenue	10	-		· ·	(A), lines 3, 4, and 7d)			-809,835		141,387
2	11	O ther rev	enue (P	art VIII, column (A), lı	nes 5, 6d, 8c, 9c, 10c, and 1	.1e)		532,773	3	585,627
	12				must equal Part VIII, columr			22.700.000		22 102 611
\longrightarrow	12				X, column (A), lines 1-3) .			22,788,086	+	22,193,611
	13 14				, column (A), lines 1-3).				+	0
	15				benefits (Part IX, column (A				<u>' </u>	
8	13	10)	other co	impensation, employee	beliefits (Fart 1x, Column (A), lilles 3-		8,512,717	,	8,445,268
Expenses	16a	Professio	nal fund	raising fees (Part IX, c	olumn (A), line 11e)			94,200		0
ੜੀ	b	Total fundra	aising exp	enses (Part IX, column (D),	line 25) ▶ 1,326,000					
_	17	Otherex	penses (Part IX, column (A), lır	nes 11a-11d, 11f-24f)			10,947,710		8,535,535
	18	Total exp	enses A	Add lines 13–17 (must	t equal Part IX, column (A), lı	ne 25)		19,554,627	·	16,980,803
	19	Revenue	less exp	enses Subtract line 1	8 from line 12			3,233,459)	5,212,808
20 G							_	g of Current fear		End of Year
10 of	20	Total ass	ets (Par	rt X, line 16)				47,300,470	,	56,768,349
₹"	21	Total liab	ılıtıes (F	art X, line 26)				10,846,136	;	13,385,547
포용		Netasse	ts or fun	d balances Subtract lı	ne 21 from line 20			36,454,334		43,382,802
Fee	22			o.c.k						
Par Par		Signat	ure Blo	UCK			hedules and s	tatements, and	to the	best of my knowledge
		Signat Under pena	lties of pe	erjury, I declare that I have o	examined this return, including acco aration of preparer (other than office					
Par Sign	t II	Signat Under pena and belief,	Ities of pe it is true, o	erjury, I declare that I have correct, and complete Decla			on all informat			
Par Sign	t II	Signat Under pena and belief, Signatur	Ities of pe it is true, of re of office	erjury, I declare that I have of correct, and complete Declare			on all informat	ion of which pre		
Par Sign	t II	Signat Under pena and belief, Signatur Douglas	Ities of pe it is true, o e of office s McDonal	erjury, I declare that I have of correct, and complete Declarence. Per land the complete Declarence of the complete Declarence o			on all informat	ion of which pre		
Par Sign	t II	Signat Under pena and belief, Signatur Douglas	Ities of pe it is true, o e of office s McDonal	erjury, I declare that I have of correct, and complete Declare	aration of preparer (other than office	er) is based o	on all informat 2011 [.] Date	-02-14	parer h	nas any knowledge
Par Sign Here	t II	Signat Under pena and belief, Signatur Douglas Type or	Ities of pe it is true, o e of office s McDonal print nam	erjury, I declare that I have of correct, and complete Declarence. Per land the complete Declarence of the complete Declarence o		Che self	2011- Date	ion of which pre	parer h	nas any knowledge
Sign Here	t II	Signat Under pena and belief, Signatur Douglas Type or Preparer's signature	Ities of pe it is true, of e of office s McDonal print nam	enjury, I declare that I have of correct, and complete Declared to the Declare	aration of preparer (other than office	Che self	2011 Date	-02-14 Preparer's ide	parer h	nas any knowledge
Par Sign Here Paid Prepa	t III	Signat Under pena and belief, Signatur Douglas Type or Preparer's signature Firm's name	Ities of pe it is true, of e of office s McDonal print nam	enjury, I declare that I have of correct, and complete Declared to the Declare	aration of preparer (other than office	Che self	2011- Date	-02-14 Preparer's ide	parer h	nas any knowledge
Par Sign Here Paid	t III	Signat Under pena and belief, Signatur Douglas Type or Preparer's signature	lties of pe it is true, of e of office s McDonal print nam e (or yours	enjury, I declare that I have of correct, and complete Declared to the Declare	aration of preparer (other than office	Che self	2011- Date	Preparer's ide (see instructi	parer h	nas any knowledge

Cat No 11282Y

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Cincinnati Museum Center inspires people of all ages to learn more about our world through science, regional history, and educational, engaging and meaningful experiences

2	Did the organization u the prior Form 990 or		. •	rvices during the year v	which were not listed on	┌ Yes ┌ No
	If "Yes," describe thes	se new services on S	chedule O			
3	Did the organization c services?		_	t changes in how it con	ducts, any program	┌ Yes ┌ No
	If "Yes," describe thes	se changes on Sched	ule O			
4	Section 501(c)(3) and	d 501(c)(4) organiza	tions and section	_	argest program services b e required to report the an ervice reported	•
4a	(Code) (Expenses \$	7,274,834	ıncludıng grants of \$	0) (Revenue \$	4,181,697)
	Children's Museum provid also host temporary exhil film theater presents film	de public exhibits and inte bits that we rent from oth s on natural and cultural l	ractive programmi er organizations to nistory topics We I	ng for visitors of all ages We supplement the topics prese have participated in the produ	nted in our permanent museum action of 7 films shown worldwid	ther museums in North America and exhibits OMNIMAX large-format
4b	(Code) (Expenses \$	2,241,822	ıncludıng grants of \$	0) (Revenue \$	513,074)
	and two small theater spa	aces are used for live per group programs are provid	formances that brii led in our museum	ng historical events to life, pross and also at school sites. Do	oviding reinforcement of topics a	nuseum exhibit themes One large and an additional avenue for um exhibit areas to interact with
4c	(Code) (Expenses \$	2,130,914	ıncludıng grants of \$	0) (Revenue \$	0)
	historians, as well as prov zoology to increase our u	viding objects and informa nderstanding of life, proce	ation about them for esses, earth and hi	or our museum exhibits. Our iman history. This research p	for use by current and future go staff conducts field investigation rovides information and materia by CMC, including a number o	ns in paleontology, archaeology and Il for exhibits and for articles
4d	Other program servi	ces (Describe in Sch	nedule O) See :	also Additional Data for	Description	
	(Expenses \$	2,074,244 ind	luding grants o	f \$	0) (Revenue \$	1,242,920)
4e	Total program servic	e expenses +\$	13,721,81	4		

Part TV	Checklist	of Do	auired	Schadu	عما
anu v	CHECKHSL	UI RE	uuneu	Scheuu	110

			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	Yes	
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 similar funds or 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		No
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, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		N o
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
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 U S? If "Yes," complete Schedule F, Part II	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 U S ? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
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</i> "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

1 01111	330 (2003)			Page •
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1^7 If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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 line 25	24a		No
b	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		
25a	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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
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		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
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	Yes	
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	Yes	
36	Section 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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements	Regarding	Other IRS	Filings and	Tax	Compliance
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			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			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 110			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	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			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νo
Ь	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
5a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Yes	
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
•	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
	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			
.1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

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

	י וץ	ocesses, or changes in Schedule O. See instructions.	
Section	Δ	Governing Body and Management	

<u>Se</u>	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
ь	Enter the number of voting members that are independent 1b 40			
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	Yes	
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?	3		No
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		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	75		110
	year by the following			
a	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
	ection B. Policies (This Section B requests information about policies not required by the Internal			
<u></u>	evenue Code.)		Yes	No
100	Does the organization have local chapters, branches, or affiliates?	10a	165	No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	IUa		NO
D	affiliates, and branches to ensure their operations are consistent with those of the organization?	10Ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
11A		11	Yes	
	Describe in Schedule O the process, if any, used by the organization to review the Form 990	11	Yes	
12a	Describe in Schedule O the process, if any, used by the organization to review the Form 990	11 12a	Yes	
b	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	Yes Yes	
b c	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b 12c	Yes Yes Yes	
b c 13	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b 12c 13	Yes Yes Yes	
b c 13 14 15	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b 12c 13	Yes Yes Yes	
b c 13 14 15	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b 12c 13 14	Yes Yes Yes Yes	
b c 13 14 15	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b 12c 13 14	Yes Yes Yes Yes Yes	

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

taxable entity during the year? . . .

- 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
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨

Cincinnati Museum Center Finance Department 1301 Western Ave Cincinnati, OH 452031130 (513) 287-7000 16a

16b

Νo

Part VIII 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 Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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, 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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

1b Total .									F	795,727	0	99,911

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►5

			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	3		Νo
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			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo

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

(A) Name and business address	(B) Description of services	(C) Compensation
Blue Chip 2000 Commercial Cleaning Inc 6001 Madison Rd Cincinnati, OH 45227	General housekeeping services at Union Terminal and Geier Collections and Research Center	502,076
Duke Energy Retail Sales LLC 139 East Fourth St Cincinnati, OH 45202	Purchase electricity from unregulated utility	349,090
I Unit 2155	Rental of Dinosaurs Unearthed traveling exhibit	319,009
Bonnie K White Associates Inc 7800 Cooper Rd Suite 203 Cincinnati, OH 45242	Marketing and advertising media purchasing agent	242,377
Norton Outdoor Advertising Inc 5280 Kennedy Avenue Cincinnati, OH 45213	Provision of billboard advertising media	165,837
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►19) who received more than	

Page 8

Form 99		<u>*</u>						Page 9
Part V	<u>/1111</u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts ots	1a	Federated camp	paigns 1a	0				
g Za	Ь	Membership du	es 1b					
ું.⊞	c	Fundraising eve	ents 1c					
ਛੁੱ≅	d		ations 1d					
e E E E	e	Government grants						ļ
Contributions, gifts, grants and other similar amounts	f g	sımılar amounts no	butions included in	4,480,822				
and	h	Total. Add lines	: 1a-1f	▶	13,768,274			
				Business Code				
Program Service Revenue	2a	Museum admission	fees	712,100	2,291,137	2,291,137	0	0
.¥6 ₹	ь	Membership fees		712,100	1,760,632	1,760,632	0	0
93	c	Parking, food servi	ces and concessions	900,099	1,242,920	0	0	1,242,920
ē. E	d	OMNIMAX theater a	admissions	713,990	1,189,882	1,189,882	0	0
S ∈	e	Exhibit design, buil	d and travel	712,100	700,678	700,678	0	0
Ĉ. Ø	f	All other progra	m service revenue		513,074	513,074	0	0
ξ	g	Total. Add lines	32a-2f		7,698,323			
	3	Investment inc	ome (including dividen	ds, interest				
		and other simila	aramounts)	▶ [418,345	0	0	418,345
	4		tment of tax-exempt bond	· · · · · · · · · · · · · · · · · · ·	0	0	0	0
	5	Royalties			74,577	0	0	74,577
	6a	Gross Rents	(ı) Real 0	(II) Personal				
	ь	Less rental	0	0				
	_c	expenses Rental income	0	0				
	d	or (loss) Net rental incor	ma or (loss)		0	0	0	0
	"	Net lental incol	ne or (loss)	(II) O ther	J	,		
	7a	Gross amount from sales of assets other than inventory	11,529,831	8,950				
	b	Less cost or other basis and	11,815,739	0				
	c	sales expenses Gaın or (loss)	-285,908	8,950				
	d	Net gaın or (los	s)	▶	-276,958	8,950	0	-285,908
une	8a	Gross income fi events (not incl \$						
Other Revenue		of contributions See Part IV, lin	reported on line 1c) e 18 a	0				
Ě	b		penses b	0	0	0	0	0
J	c 9a		loss) from fundraising or rom gaming activities	events F	0	U	0	0
		See Part IV , lin	e 19 a	0				
	b с		penses b loss) from gaming activ	vities	0	0	0	0
		Gross sales of returns and allo	inventory, less					
	Ь	Less cost of a	oods sold b	951,345 440,295				
	С		loss) from sales of inve		511,050	511,050	0	o
		Miscellaneous	s Revenue	Business Code				
	11a							
	ь							
	С							
	d	All other revenu	!					
	e	Total. Add lines	3 11a-11d		О			
12 Total revenue. See Instructions				22,193,611	6,975,403	0	1,449,934	

	990 (2009)				Page 10
Par	t IX Statement of Functional Expenses				
Δ	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D)	
Do no	ot include amounts reported on lines 6b, b, 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	0	0		· · · · · · · · · · · · · · · · · · ·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	380,374	95,093	95,093	190,188
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	6,796,847	4,414,623	1,763,183	619,041
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	220,533	145,241	56,869	18,423
9	Other employee benefits	452,063	291,819	112,410	47,834
10	Payroll taxes	595,451	381,757	153,688	60,006
11	Fees for services (non-employees)				
а	Management	0	0	0	0
b	Legal	27,633	9,974	7,959	9,700
c	Accounting	26,200	0	26,200	0
d	Lobbying	112,000	0	0	112,000
e	Professional fundraising See Part IV, line 17	0			0
f	Investment management fees	101,212	81,211	20,001	0
g	Other	1,189,432	773,076	364,200	52,156
12	Advertising and promotion	1,036,206	728,168	308,038	0
13	Office expenses	162,030	89,393	44,202	28,435
14	Information technology	94,256	25,094	62,165	6,997
15	Royalties	0	0	0	0
16	Occupancy	1,144,475	34,018	1,110,102	355
17	Travel	123,988	106,914	8,901	8,173
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	22,186	16,161	3,444	2,581
20	Interest	203,121	5,810	179,257	18,054
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	1,989,437	1,058,545	930,892	0
23	Insurance	239,325	44,044	177,832	17,449
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		869,443	856,571	12,867	5
Ь	Printing and publication	214,827	111,843	92,492	10,492
c	Postage and shipping	219,904	178,001	28,965	12,938
d	Materials and supplies	630,113	387,113	194,310	48,690
e	Allocation of facility costs	0	3,802,794	-3,821,452	18,658
f	All other expenses	129,747	84,551	1,371	43,825
25	Total functional expenses. Add lines 1 through 24f	16,980,803	13,721,814	1,932,989	1,326,000
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
				_	000 (2000)

Part X Balance Sheet (A) (B) Beginning of year End of vear 33.910 95.633 1 1 970,621 2 768,533 2 2,736,162 3,631,097 3 3 4 584.967 2.404.555 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of ٥l 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of ol 0 0 0 Notes and loans receivable, net 7 Inventories for sale or use 428.065 417,629 212,465 640,070 Land, buildings, and equipment cost or other basis Complete 58.093.211 10a 10a Part VI of Schedule D 22.536,703 **10c** 10b 31.188.475 26.904.736 b Less accumulated depreciation 16.694.095 11 18.689.226 11 οl 12 0 12 Investments—other securities See Part IV, line 11 ol 13 13 Investments—program-related See Part IV, line 11 . . 14 ٥l 14 0 3.103.482 3.216.870 15 15 16 47,300,470 16 56,768,349 Total assets. Add lines 1 through 15 (must equal line 34) . . . 2,127,574 17 2.887.940 17 Accounts payable and accrued expenses . ol 0 18 18 1,389,224 19 1,410,132 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 0 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified οl 0 22 7,323,838 9.081.975 23 23 Secured mortgages and notes payable to unrelated third parties . . 5,500 5,500 24 Unsecured notes and loans payable to unrelated third parties 24 0 25 Other liabilities Complete Part X of Schedule D 25 26 **Total liabilities.** Add lines 17 through 25 10,846,136 13,385,547 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 23,439,205 29.259.266 27 27 Unrestricted net assets 28 5.121.902 28 6.206.074 Temporarily restricted net assets Fund 7.893.227 29 7.917.462 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 📂 🥅 and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 36,454,334 33 Total net assets or fund balances 33 43,382,802 Total liabilities and net assets/fund balances 34 47,300,470 56,768,349 34

Part XI Financial Statements and Reporting

			Yes	No
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	☐ Separate basis			
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		No
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	3b		

Form **990** (2009)

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

Name of the organization

CINCINNATI MUSEUM CENTER

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

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Employer identification number

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 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 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 that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other ∏ Туре I **b** Type II

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (III) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizat col (i) list your gove docume	e Ion In ted In rnIng	(v) Did you not organizati col (i) of suppor	on in your	organizati col (i) orga	(vi) Is the organization in col (i) organized in the U S ? (vi) Am sup		
		1	instructions))	Yes	No	Yes	No	Yes	No	
Total										

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
_	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averagest	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

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

(Complete only if you checked the box on line 9 of Part I.)

Se	(Complete only if yo ction A. Public Support	d checked the i	50X 011 11110 5 01	ruici.,			
	ndar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(u) 2008	(e) 2009	(I) I otal
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,552,034	3,701,959	5,879,412	7,947,332	10,523,385	31,604,122
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	5,930,016	7,805,104	11,680,494	10,474,928	7,406,748	43,297,290
3	Gross receipts from activities that are not an unrelated trade or business under section 513	965,919	957,412	1,302,422	1,641,524	1,242,920	6,110,197
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	2,891,047	3,303,846	2,748,940	4,273,131	3,244,889	16,461,853
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	22,719	22,719
6	Total. Add lines 1 through 5	13,339,016	15,768,321	21,611,268	24,336,915	22,440,661	97,496,181
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	О	0
_	A mounts 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	0	0	0	0	0	0
c	Add lines 7a and 7b	0	0	0	0	0	0
8	Public Support (Subtract line 7c						97,496,181
	from line 6) ction B. Total Support						
	ndar year (or fiscal year						
Carci	beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6	13,339,016	15,768,321	21,611,268	24,336,915	22,440,661	97,496,181
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	796,715	987,842	1,191,714	462,463	492,922	3,931,656
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c	Add lines 10a and 10b	796,715	987,842	1,191,714	462,463	492,922	3,931,656
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income Do not include gain or loss from the sale of	0	0	0	0	0	0
	capital assets (Explain in Part IV)						
13		14,135,731	16,756,163	22,802,982	24,799,378	22,933,583	101,427,837

check this box and stop here

Section C. Computation of Public Support Percentage

Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))

Public support percentage from 2008 Schedule A, Part III, line 15

15	96 124	%
16	89 49	%

Section D. Computation of Investment Income Percentage

Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))

Investment income percentage from 2008 Schedule A, Part III, line 17

17	3 876	%
18	10 51	%

19a 33 1/3% support tests—2009. 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 ▶✓

33 1/3% support tests—2008. 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

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493045014111

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization an	swered "Yes,"	to Form 990, Part	IV, Line 3, or Forn	n 990-EZ, Part VI, lin	e 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," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

∙ Se	ction 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part	II-A D	o not co	omplet	e Part II-B	
• Se	ction 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete	Part I	l-B Do	not co	mplete Part	II-A
f th	e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, lin	e 35a	(regai	rding	proxy tax)	, the n
• Se	ction 501(c)(4), (5), or (6) organizations Complete Part III			_		
		Emplo	yer ide	ntıfıca	ition numbe	r
CIN	CINNATI MUSEUM CENTER					
			12634			
'a r	t I-A Complete if the organization is exempt under section 501(c) or is a s	ectio	on 52	org	janizatio	<u>n.</u>
1	Provide a description of the organization's direct and indirect political campaign activities in Par	tΙV				
2	Political expenditures		F	\$		
3	Volunteer hours			_		
Par	t 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		F	\$		
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					
Par	t I-C Complete if the organization is exempt under section 501(c) except :	secti	on 50	1(c)	(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function ac	tıvıtıe	s 🕨	\$		
2	Enter the amount of the filing organization's funds contributed to other organizations for section !	527				
	exempt funtion activities		•	\$		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line	L 7 b	•	\$_		
4	Did the filing organization file Form 1120-POL for this year?				┌ Yes	┌ No
_	Chata the name and described and applications of the Control of th					

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. 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) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and file	d Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1					
f	Lobbying nontaxable amount Enter the amount f					
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000 The lobbying nontaxable amount is: 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	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,000,000				
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

/h)

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)).

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Modia advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? No Other activities? If "Yes," describe in Part IV Total lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? No If "Yes," enter the amount of any tax incurred under section 4912				u /	(6)	
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? No Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Forants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? No Other activities? If "Yes," describe in Part IV Total lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? No			Yes	No	A mount	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? F Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? No Other activities? If "Yes," describe in Part IV Total lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? No	L	legislation, including any attempt to influence public opinion on a legislative matter or referendum,				
d Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? No Other activities? If "Yes," describe in Part IV Total lines 1c through 1: Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	а	Volunteers?	Yes			
d Mailings to members, legislators, or the public? Publications, or published or broadcast statements? No Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? No Other activities? If "Yes," describe in Part IV Total lines 1c through 1: Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? No	b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo		
Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Yes Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? No Other activities? If "Yes," describe in Part IV Total lines 1c through 1: Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? No	c	Media advertisements?	Yes		262,855	
f Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Yes Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? No Other activities? If "Yes," describe in Part IV Total lines 1c through 1: Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? No	d	Mailings to members, legislators, or the public?	Yes		46,218	
p Direct contact with legislators, their staffs, government officials, or a legislative body? Pallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? No Other activities? If "Yes," describe in Part IV Total lines 1c through 1: Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? No	е	Publications, or published or broadcast statements?		Νo		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV yes j Total lines 1c through 1: Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? No	f	Grants to other organizations for lobbying purposes?		Νo		
i Other activities? If "Yes," describe in Part IV j Total lines 1c through 1: Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? No	g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		112,000	
j Total lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? No	h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	i	Other activities? If "Yes," describe in Part IV	Yes		109,853	
	j	Total lines 1c through 1i			530,926	
b If "Yes," enter the amount of any tax incurred under section 4912	2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo		
	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	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?	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).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

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

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
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?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
SchC_P2B_S00_L01		Cincinnati Museum Center engaged in direct lobbying activities by hiring three independent lobbyist firms to educate legislators at the local, state and federal levels of government about the mission and programs of CMC, in an effort to obtain funding for the Museum Center's programs. In the current year, CMC also engaged in a grassroots effort to assure renewal of a Hamilton County, Ohio tax levy to provide operating support for Cincinnati Union Terminal, our main facility, where CMC operates three museums and an OMNIMAX theater. We hired a levy campaign consultant and funded mailings and local media advertising to inform Hamilton County voters of the importance of renewing the tax levy support of Cincinnati Museum Center for an additional 5 years.

1

DLN: 93493045014111

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

	ie of the organization INNATI MUSEUM CENTER		Empl	loyer identification	number	_
O1111	ANNUT TIESEST SENTEN		31-1	1212634		
Pa	organizations Maintaining Donor Acordanization answered "Yes" to Form 99	0, Part IV, line 6.	1		•	
		(a) Donor advised funds	(b) Funds and other	accoun	ts
	Total number at end of year					
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advifunds are the organization's property, subject to the	-	nor advi		Yes	┌ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit	efit of the donor or donor advisor, or for a	ny othe	r purpose	Yes	┌ No
I	Conservation Easements. Complete	if the organization answered "Yes" t	o Form	າ 990, Part IV, lii	ne 7.	
	Preservation of land for public use (e g , recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualication on the last day of the tax year	Preservation of a	certified	d historic structure		
				Held at the End	of the \	′ ear
	Total number of conservation easements		2a			
	Total acreage restricted by conservation easements		2b			
	Number of conservation easements on a certified his	toric structure included in (a)	2c			
	Number of conservation easements included in (c) ac	cquired after 8/17/06	2d			
	Number of conservation easements modified, transfe	erred, released, extinguished, or terminate	ed by th	e organızatıon durı	ng	
	the taxable year ▶					
	Number of states where property subject to conserva	ation easement is located ►				
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of		Yes	┌ No
	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easen	nents du	uring the year ►		
	A mount of expenses incurred in monitoring, inspection	ng, and enforcing conservation easement	s during	the year ►\$		
	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	(d) above satisfy the requirements of sec	tion	Γ	Yes	┌ No
	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	the footnote to the organization's financia		•	!S	
7	Organizations Maintaining Collection Complete if the organization answered		or Oth	ner Similar Ass	sets.	
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resear	ch ın fuı			
	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i			•	
	(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, histofollowing amounts required to be reported under SFA:		or finan	. —		

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	Organizations Maintaining Co	llections of Art	, His	toric	<u>al Tre</u>	ası	ires, or C	<u> </u>	r Simila	<u>ir Ass</u>	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne follo	wing tha	atar	re a signific	ant u	ise of its o	ollectio	n	
а	▼ Public exhibition		d	▽ 1	Loan or	exc	hange prog	rams				
ь	Scholarly research		e	Г (Other							
С	✓ Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	w they	further t	the	organızatıoı	n's ex	xempt pur	pose in		
5	During the year, did the organization solicity assets to be sold to raise funds rather than t								nılar	Г	Yes	√ No
Pai	rt IV Escrow and Custodial Arrang						n answere	d "Y	es" to Fo	orm 99	0,	
	Part IV, line 9, or reported an ar											
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?					ons	or other ass	ets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng tab	ole		г		I			
_							}	4 -		A mo	unt	
C _	Beginning balance						-	1c				
d	Additions during the year						-	1d				
e	Distributions during the year						-	1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on Fo		e 21?								Yes	No
	If "Yes," explain the arrangement in Part XI\				1 1137 11		F 000		1.7) (1	- 10		
Ра	rt V Endowment Funds. Complete	ir the organization (a)Current Year		b)Prior Y			FORM 990 Two Years Bad				e) Four Ye	ears Back
1a	Beginning of year balance	19,541,683	(-		965,927	(0)	TWO TEATS BAC		711100 1001	3 Back (-	cars back
b	Contributions	2,170,774		3,0	003,366							
c	Investment earnings or losses	1,834,633		-4,:	174,895							
d	Grants or scholarships	0			0							
e	Other expenditures for facilities	922,887		1,	145,728							
_	and programs	101,212			106,987			+				
f	Administrative expenses	22,522,991			541,683							
g	End of year balance	, ,		19,.	341,003							
2	Provide the estimated percentage of the year	E 4 3 0/	as									
а	Board designated or quasi-endowment	542% %										
Ь	Permanent endowment - 32 % %	•										
c	Term endowment 138% %											
3а	Are there endowment funds not in the posse organization by	ssion of the organiza	ation	that ar	e held a	ind a	administere	d for	the		Yes	No
	(i) unrelated organizations									3a(i)		
	(ii) related organizations									3a(ii)		Νο
b	If "Yes" to 3a(II), are the related organizatio	ns listed as require	d on S	chedu	le R? .					3b		
4	Describe in Part XIV the intended uses of th	e organization's end	dowme	ent fun	ds							
Pai	rt VI Investments—Land, Building:	s, and Equipme	nt. S	ee Fo	rm 990), P	art X, lıne	10.	ı			
	Description of investment				ost or oth investme		(b)Cost or o basis (othe		(c) Accum depreca		(d) Boo	ok value
1a	Land		•			0	978	3,709				978,709
b	Buildings					0	11,208	3,007	2,	805,677		8,402,330
c	Leasehold improvements					0	30,96:	L,403	20,	740,981	10	0,220,422
d	Equipment				<u></u>	0	8,32	L,778	7,	641,817	<u></u>	679,961
е	Other					0	6,623	3,314		0		6,623,314

26,904,736

Part VII Investments—Other Securities. See (a) Description of security or category	Form 990, Part X, line 1		od of valuation
(including name of security)	(b) Book value		f-year market value
Financial derivatives	0		
Closely-held equity interests	0		
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	0		
Part VIII Investments—Program Related. Sec	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Metho	od of valuation
	12,200,74140	Cost or end-o	f-year market value
	 		
	+		
	1		
	<u> </u>		
	<u> </u>		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III	ne 15.		
(a) Descrip	otion		(b) Book value
Interests in perpetual trusts			2,664,945
Beneficial interests in charitable remainder trusts			297,578
Film production costs			254,347
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1		.	3,216,870
Part X Other Liabilities. See Form 990, Part X	, line 25.		
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
See Additional Data Table			
	!		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	0		

Par	TEXES Reconciliation of Change in Net Assets from Form 990 to Financial Statement	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	22,193,61
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	16,980,803
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,212,808
4	Net unrealized gains (losses) on investments	4	1,715,660
5	Donated services and use of facilities	5	(
6	Investment expenses	6	(
7	Prior period adjustments	7	(
8	Other (Describe in Part XIV)	8	(
9	Total adjustments (net) Add lines 4 - 8	9	1,715,660
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	6,928,468
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue		
1	Total revenue, gains, and other support per audited financial statements	1	24,478,82
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d -455		
e	Add lines 2a through 2d	2e	1,844,91
3	Subtract line 2e from line 1	3	22,633,906
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b	Other (Describe in Part XIV) 4b -440,295		
c	Add lines 4a and 4b	4c	-440,29!
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	22,193,61
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial statements	1	17,550,35!
2	Amounts 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	
c	Other losses		
d	Other (Describe in Part XIV) 2d 440,295	1	
e	Add lines 2a through 2d	2e	570,00
3	Subtract line 2e from line 1	3	16,980,348
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 0		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	45!
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	16,980,803
Par	t XIV Supplemental Information		
	oplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV , line	s 1b and 2b,

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

additional information	Detum Defensive	Fundamation
Ident if ier	Return Reference	Explanation
SchD_P03_S00_L01	Schedule D, Part III, Line 1	Cincinnati Museum Center owns collections of works of art, historical treasures, and similar assets that it and its predecessor organizations acquired over the years. Such collections are protected and cared for and held in CMC's museums and facilities for public exhibition, education, and research. Such collections have not been capitalized and contributions of such items are not recognized as support/revenue in CMC's financial statements.
SchD_P03_S00_L04	Schedule D, Part III, Line 4	Cincinnati Museum Center collections contain approximately two million objects, specimens and archive documents. Nearly 80% of the items in our collections are from the Ohio Valley region. Several collections date from the early 1800s and have been further developed over time by the Cincinnati Museum of Natural History and the Cincinnati Historical Society. CMC collections are the basis of museum exhibits, scholarly research, and educational programs within our museums. Collections are made available to the community through an active incoming and outgoing loan program for both exhibit and scientific research purposes. CMC collections provide the foundation for delivery of our educational mission.
SchD_P05_S00_L04	Schedule D, Part V, Line 4	Cincinnati Museum Center has adopted investment and spending policies for endowment assets that emphasize long-term appreciation of the assets and consistency of total portfolio returns, CMC has adopted a policy of appropriating no more than 5% of the previous twelve quarter moving average of endowment fund assets for operating support. There are a number of separately identified endowment funds intended to support specific program areas, such as Cincinnati History Library, Science Camps, Invertebrate Paleontology, Vertebrate Paleontology, Archaeology, and other science collections. The remaining assets are intended for general operating support in carrying out the organization's mission.
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	Bad debt expense related to allowance for uncollectable pledges reduced permanently restricted contributions in audit statement
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	A udit statement reported merchandise sales revenue not reduced by cost of goods sold
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	A udit statement reported cost of goods sold with other expenses, not as an offset to merchandise sales revenue
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Bad debt expense related to allowance for uncollectable pledges reduced permanently restricted contributions in audit statement

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DLN: 93493045014111

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

CINCINNATI MUSEUM CENTER 31-1212634 Questions Regarding Compensation Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee ✓ Written employment contract Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? **4**a Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Yes Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Νo Any related organization? 6Ь Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

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)(1)-(111) 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-MISC compensation			(C) Retirement and		(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Douglass W McDonald	(1) (11)	279,562 0	40,000 0	I	34,060 0	18,947 0	380,374 0	o 0
Lee Hoffheımer	(ı) (ıı)	111,592 0	20,000 0		6,162 0	16,946 0	154,700 0	0

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
SchJ_P01_S00_L01a	1	Cincinnati Museum Center pays dues for the purpose of conducting CMC related business. Memberships are required to be in an individual's (Mr McDonald) name
	Part I, Line 3	The Board of Trustees Compensation Committee, a standing committee comprised entirely of independent trustees, annually reviews the President/CEO's performance and establishes compensation for the CEO and Vice Presidents. Written documentation of this review is produced and filed with the director of human resources. The review is based on CMC's financial and programmatic performance, and compensation increases are based on merit. The CEO recommends the Vice Presidents' compensation, which is reviewed by the committee and set based on the VP's performance and the CEO's recommendation. Benchmark data for comparable positions is utilized by the committee for the CEO and VPs and includes tax returns, published reports and formal compensation studies. The committee utilizes a comprehensive study by Economic Research Institute comparing CMC to arts, culture and humanities organizations nationally (excluding New York, California, Massachusetts and other dissimilar states) that have similar budget and organizational structures.
	1	Cincinnati Museum Center's Board of Trustees approved a deferred compensation plan as described in IRC Section 457(b) that allows certain key executives to defer compensation up to an annual amount governed by Section 457(e)(15)(A) of the Code The plan also provides for an employer contribution of \$17,500 to the plan for the benefit of President and CEO, Douglass McDonald

Schedule J (Form 990) 2009

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DLN: 93493045014111

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization CINCINNATI MUSEUM CENTER		Employer identifica	Employer identification number				
		31-1212634					
a ı	rt I Excess Benefit Transactions (section 501(c)(3) a Complete if the organization answered "Yes" on Form 990, if	,,,,	ine 40b				
1	(a) Name of disqualified person	(b) Description of transaction	(c) Co	rected			
_	(a) Name of disquamica person	(b) Description of transaction	Yes	No			
2	Enter the amount of tax imposed on the organization managers or section 4958	disqualified persons during the year under					
3	Enter the amount of tax, if any, on line 2, above, reimbursed by th	ie organization					
Рa	rt II Loans to and/or From Interested Persons.						
	Complete if the organization answered "Yes" on Form 990), Part IV, line 26, or Form 990-EZ, Part V, line 38	a				

Complete if the organization	n answered "Yes" on Fo	rm 9

(a) Name of interested person and purpose	or fro	oan to om the ization?	(c)Original principal amount	(d) Balance due	(e) I defau		Approv by boar committ	d or	(g) Writ	
	То	From			Yes	No	Yes	No	Yes	No

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person

(b)Relationship between interested person and the organization

(c)A mount of grant or type of assistance

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of Interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organı	aring of zation's nues?
	organization			Yes	No
Duke Energy Corporation James Turner and Gregory Wolf are key employees of Duke Energy	Mr Turner and Mr Wolf are Trustees of the organization	792,967	Purchase of electricity and natural gas delivery from local utility company		No
Cincinnati Bell John F Cassidy is President and CEO of Cincinnati Bell	Mr Cassidy is a Trustee of the organization	101,101	Purchase telephone and internet services from local phone company		No
US Bank Richard J Hidy is Executive VP and Chief Risk Officer	Mr Hidy is a Trustee of the organization	103,931	Credit card transaction processing fees		No

SCHEDULE M

NonCash Contributions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

► Attach to Form 990.

Employer identification number

	e of the organization INNATI MUSEUM CENTER				Employer identificat	ion nu	mber	
01.10.					31-1212634			
Pa	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 d reven	etermı	nıng	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications	Х		C	see Part II			
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	X	21	465,642	FMV on gift date			
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	Х	103	C	see Part II			
23	Scientific specimens	X	23	C	see Part II			
	Archeological artifacts	Х	2	C	see Part II			
	Other ► ()							
26	O ther ▶()							
27	O ther ▶()							
28	O ther ▶ ()							
29	Number of Forms 8283 received for which the organization comp				29			0
							Yes	No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three year	s from the	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	period?			30a		No
b	If "Yes," describe the arrangem							
31	Does the organization have a gif	ft acceptan	ce policy that requires the i	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us	e third part	ies or related organizations	to solicit, process, or sell	non-cash			
	contributions?					32a	Yes	<u> </u>
	If "Yes," describe in Part II							
33	If the organization did not report	trevenues	ın column (c) for a type of p	roperty for which column (a	ı) ıs checked,			1

describe in Part II

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.

Ident if ier	Return Reference	Explanation
SchM_P01_S00_L04	Schedule M, Part I, Line 4	This explanation applies to the contributions listed on lines 4, 22, 23 and 24 Except for publicly traded securities listed on line 9, the contributions listed in Schedule M were items added to Cincinnati Museum Center collections. Zero amount was included on Form 990, Part VIII, Statement of Revenue line 1g because CMC does not capitalize its collections, as permitted by SFAS 116
SchM_P01_S00_L09	Schedule M, Part I, Line 9	Gifts of publicly traded securities are valued at fair market value on the date the gift is received
SchM_P01_S00_L32b	Schedule M, Part I, Line 32b	Gifts of publicly traded securities are sold through one of the investment managers of Cincinnati Museum Center's endowment fund accounts
SchM_P01_S00_L33	Schedule M, Part I, Line 33	Zero amount was included on Form 990, Part VIII, Statement of Revenue line 1g because Cincinnati Museum Center does not capitalize its collections, as permitted by SFAS 116 There is no revenue recognition for donated collections in our financial statements

Schedule M (Form 990) 2009

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization CINCINNATI MUSEUM CENTER

Employer identification number

31-1212634

ldentifier	Return Reference	Explanation
F990_P06_S0A_L02	Form 990, Part VI, Section A, Line 2	Two Trustees, James Turner and Gregory Wolf, have a business relationship, in that they are both employed by Duke Energy as key employees. Three Trustees, George H. Vincent, Jeffrey P. Hinebaugh and Robert W. Olson, have a business relationship, in that they are all key employees of Dinsmore and Shohl, LLP.
F990_P06_S0B_L11	Form 990, Part VI, Section B, Line 11	The Form 990 is reviewed by the President/CEO, CFO/VP Administration, and the organization's outside audit firm. The return is also provided to all members of the Board of Trustees for review and comment before being filing.
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Each Trustee completes a Cincinnati Museum Center Conflicts of Interest Policy questionnaire regarding potential conflicts of interest serving in their capacity as a CMC Trustee. All transactions in which a Trustee, directly or indirectly, receives a financial benefit from Cincinnati Museum Center are disclosed in the questionnaires. The Governance Committee, in consultation with management, reviews the completed questionnaires and deliberates on any potential conflict of interest. The Governance Committee monitors compliance with the policy. The Governance Committee also determines if a Trustee is an "independent" Trustee, and only independent Trustees may serve on the following committees Governance, Finance and Audit, Investment, and Compensation.
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The Board of Trustees Compensation Committee, a standing committee comprised entirely of independent trustees, annually review is the President/CEO's performance and establishes compensation for the CEO and Vice Presidents. Written documentation of this review is produced and filed with the director of human resources. The review is based on CMC's financial and programmatic performance, and compensation increases are based on merit. The CEO recommends the Vice Presidents' compensation, which is reviewed by the committee and set based on the VP's performance and the CEO's recommendation. Benchmark data for comparable positions is utilized by the committee for the CEO and VPs and includes tax returns, published reports and formal compensation studies. The committee utilizes a comprehensive study by Economic Research Institute comparing CMC to arts, culture and humanities organizations nationally (excluding New York, California, Massachusetts and other dissimilar states) that have similar budget and organizational structures. The committee met in July 2009 to review the CEO's and VP's performance and compensation.
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	Cincinnati Museum Center currently makes its governing documents, Conflict of Interest policy, and financial statements available to the public upon request, through its finance office at Cincinnati Union Terminal, Cincinnati, Ohio
SchL_P04_S00_L00	Schedule L, Part IV	Five other business relationships with companies where Trustees are key employees of those companies were well below reportable levels

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DLN: 93493045014111

OMB No 1545-0047

SCHEDULE R (Form 990)

Name of the organization

CINCINNATI MUSEUM CENTER

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Related Organizations and Unrelated Partnerships

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

31-1212634

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

Name, address, and EIN of disregarded entity

Primary activity

Legal domicile (state or foreign country)

Total income

End-of-year assets

Direct controlling entity

Helen Steiner Rice Foundation Fund LLC 1301 Western Ave Cincinnati, OH 452031130 27-0338861

Preservation and dissemination of the literary works of Helen Steiner Rice

ОН

220,610

905,711 N/A

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.)

Name, address, and EIN of related organization

Primary activity

Legal domicile (state or foreign country)

(d) Exempt Code section

Public charity status (if section 501(c)(3)) Direct controlling entity

Enjoy the Arts

1301 Western Ave

Cincinnati, OH 452031130 31-1040339

Facilitate access to Cincinnati arts for diverse new audiences

OH

501(c)(3)

line 9

N/A

(j)

General or

managing

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)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

Yes No

Yes

No

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

(2)

(3)

(4)

(5)

(6)

Note. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related org	anizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No
b Gift, grant, or capital contribution to other organization(s)		1b		No
c Gift, grant, or capital contribution from other organization(s)		1c		No
d Loans or loan guarantees to or for other organization(s)		1d		No
e Loans or loan guarantees by other organization(s)		1e		No
f Sale of assets to other organization(s)		1f		No
g Purchase of assets from other organization(s)		1 g		No
h Exchange of assets		1h		No
i Lease of facilities, equipment, or other assets to other organization(s)		1i		No
j Lease of facilities, equipment, or other assets from other organization(s)		1 <u>j</u>		No
k Performance of services or membership or fundraising solicitations for other organization(s)		1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)		11		No
m Sharing of facilities, equipment, mailing lists, or other assets		1m		No
n Sharing of paid employees		1n		No
• Reimbursement paid to other organization for expenses		10		No
p Reimbursement paid by other organization for expenses		1p	Yes	
q O ther transfer of cash or property to other organization(s)		1 q		No
r Other transfer of cash or property from other organization(s)		1r		No
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 thre	sholds		
(a) Name of other organization	(b) Transaction type(a-r)		(c) t involve	ed
L) Enjoy the Arts	n		19	9,321
L) See Additional Data Table	٢		-	-,-21

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)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

Additional Data

Software ID: Software Version:

EIN: 31-1212634

Name: CINCINNATI MUSEUM CENTER

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other progran	n services				
(Code) (Expenses \$	1,397,638	ıncludıng grants of \$	0) (Revenue \$	1,242,920)
,	ervices provide food service, pa ests at Cincinnati Union Termin	• ,		ons for the convenience of our	members and
(Code) (Expenses \$	676,606	including grants of \$	0) (Revenue \$	0)
geneology, historic pamphlets, period Monday through Fi in-house research is available in the	cal figure geography, architecti icals and maps), the Manuscrip riday, noon to 5 p m , Saturday iers and answered 2,185 teleph Library on-line catalog/databas	ural and busin t Collection a , 10 am to 5 none and emai se 114,012 i	ess archives Users may cons nd the Audiovisual Collection pm Closed Sundays and ma I reference questions A detai nternet visitors viewed 364,5	States providing public access sult the Printed Works Collection in the library reading room Library states and library states are sold listing of 30,000 history colons and administer the collections and administer the colle	on (books, brary hours are aff hosted 1,912 ollection holdings ear Library staff

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, a					(5)	/E\	/E\
(A) Name and Title	(B) Average hours per		(C) Ition (check all that apply)		(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	week	Individual trustee or director	Highest compensated employee Key employee Officer Institutional Trustee	Former	organization (W- 2/1099-MISC)		
John Baumann Trustee	2	Х			0	0	0
David T Bohl	2	Х			0	0	0
Trustee	2	^			Ü	0	0
Cynthia O Booth Trustee	2	X			0	0	0
Otto M Budig Jr Chair, Board of Trustees	4	Х	Х		0	0	0
John F Cassidy Trustee	2	X			0	0	0
A David Davis Trustee	2	Х			0	0	0
Edward D Diller Secretary	4	X	X		0	0	0
James C Ellerhorst Trustee	2	Х			0	0	0
Susan B Esler Trustee	2	X			0	0	0
David E Foxx Vice Chair, Board of Trustees	2	X	Х		0	0	0
Anne D Garber Trustee	2	X			0	0	0
Jane Garvey Trustee	3	X			0	0	0
Deeliaan A Gettler Trustee	2	X			0	0	0
R Keith Harrison Past Chair, Board of Trustees	2	Х	Х		0	0	0
Mark J Hauser Treasurer	2	X	Χ		0	0	0
Carrie K Hayden Trustee	2	Х			0	0	0
David F Herche Trustee	2	X			0	0	0
Richard J Hidy Trustee	2	Х			0	0	0
Jeffrey P Hınebaugh Trustee	2	X			0	0	0
Francie S Hiltz Vice Chair, Board of Trustees	2	X	Х		0	0	0
Cynthia Walker Kenney Vice Chair, Board of Trustees	3	X	Х		0	0	0
Ronald A Koetters Trustee	2	X			0	0	0
Gary Z Lındgren Trustee	2	X			0	0	0
Phillip C Long Trustee	2	X			0	0	0
Shenan Murphy Trustee	1	X			0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
Robert W Olson Trustee	2	Х						0	0	0	
Thomas H Quinn Trustee	2	Х						0	0	0	
J Scott Robertson Trustee	2	Х						0	0	0	
Lois Rosenthal Trustee	1	Х						0	0	0	
Yvonne C Robertson Trustee	2	Х						0	0	0	
Matthew Sheakley Trustee	2	Х						0	0	0	
Keith P Spiller Trustee	2	X						0	0	0	
Judith K Stein MD Trustee	2	Х						0	0	0	
Steven Steinman Trustee	2	X						0	0	0	
Merrie Stewart Stillpass Trustee	2	Х						0	0	0	
Robert A Sullivan Trustee	2	X						0	0	0	
John M Tew Jr MD Trustee	2	X						0	0	0	
Anne Drackett Thomas Trustee	2	X						0	0	0	
James L Turner Trustee	1	X						0	0	0	
George Vincent Vice Chair, Board of Trustees	2	X		Х				0	0	0	
AIW Vontz III Trustee	2	Х						0	0	0	
Joey D Williams Trustee	2	Χ						0	0	0	
Gregory C Wolf Trustee	2	Χ						0	0	0	
Mary Zalla Trustee	2	Χ						0	0	0	
Douglass W McDonald President and CEO	60	X		Х				327,367	0	53,007	
A Larry Sisk CFO and VP Administration	70			Χ				125,697	0	356	
Lee Hoffheimer Vice President, Institutional Advancement	45				X			131,592	0	23,108	
Sandra Shipley Vice President, Exhibits and Chief of Staff	45					X		108,826	0	5,702	
David J Duszynski Vice President, Featured Experiences and Customer Services	45					X		102,245	0	17,738	

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

•	, and a second s						
	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		
Museum admission fees	712,100	2,291,137	2,291,137	0	0		
Membership fees	712,100	1,760,632	1,760,632	0	0		
Parking, food services and concessions	900,099	1,242,920	0	0	1,242,920		
OMNIMAX theater admissions	713,990	1,189,882	1,189,882	0	0		
Exhibit design, build and travel	712,100	700,678	700,678	0	0		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Rental fees	869,443	856,571	12,867	5
Printing and publication	214,827	111,843	92,492	10,492
Postage and shipping	219,904	178,001	28,965	12,938
Materials and supplies	630,113	387,113	194,310	48,690
Allocation of facility costs	0	3,802,794	-3,821,452	18,658