

EXTENDED TO MAY 15, 2018

Exempt Organization Business Income Tax Return

OMB No. 1545-0687

For calendar year 2016 or other tax year beginning JUL 1, 2016, and ending JUN 30, 2017

2016

Open to Public Inspection for
501(c)(3) Organizations Only► Information about Form 990-T and its instructions is available at www.irs.gov/form990t

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue ServiceA Check box if
address changed

B Exempt under section

501(c)(3)
 408(e) 220(e)
 408A 530(a)
 529(a)

C Book value of all assets
at end of year

82,726,291

Name of organization (Check box if name changed and see instructions.)

THE CLEVELAND INSTITUTE OF ART

D Employer identification number
(Employees' trust, see
instructions)

34-0714334

Number, street, and room or suite no. If a P.O. box, see instructions.

11610 EUCLID AVENUE

E Unrelated business activity codes
(See instructions)

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

CLEVELAND, OH 44106

713990

Print
or
Type

F Group exemption number (See instructions.)

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

H Describe the organization's primary unrelated business activity. ► PUBLIC FILM PROGRAM SHOWING SPECIALTY FILMS

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?

If "Yes," enter the name and identifying number of the parent corporation. ►

J The books are in care of ► ALMUT ZVOSEC

Telephone number ► (216)421-7000

Part I Unrelated Trade or Business Income

		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	113,488.		
b	Less returns and allowances		c Balance	
2	Cost of goods sold (Schedule A, line 7)	113,488.		
3	Gross profit. Subtract line 2 from line 1c			113,488.
4a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule)	16,965.		16,965.
13	Total. Combine lines 3 through 12	130,453.		130,453.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)		14	
15	Salaries and wages		15	102,290.
16	Repairs and maintenance		16	13,646.
17	Bad debts		17	
18	Interest (attach schedule)		18	
19	Taxes and licenses		19	
20	Charitable contributions (See instructions for limitation rules)		20	
21	Depreciation (attach Form 4562)		21	
22	Less depreciation claimed on Schedule A and elsewhere on return		22a	22b
23	Depletion		23	
24	Contributions to deferred compensation plans		24	
25	Employee benefit programs		25	30,201.
26	Excess exempt expenses (Schedule I)		26	
27	Excess readership costs (Schedule J)		27	
28	Other deductions (attach schedule)		28	108,006.
29	Total deductions. Add lines 14 through 28		29	254,143.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	-123,690.
31	Net operating loss deduction (limited to the amount on line 30)		31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	-123,690.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33	1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	-123,690.

623701 11-22-17 LHA For Paperwork Reduction Act Notice, see instructions.

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16040513 138919 101079

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2016.05070 THE CLEVELAND INSTITUTE O 101079-1

29393153034308

Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ► See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) (2) (3) b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) (2) Additional 3% tax (not more than \$100,000)

c Income tax on the amount on line 34

► 35c 0.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041)

► 36

37 Proxy tax. See instructions

► 37

38 Alternative minimum tax

► 38

39 Tax on Non-Compliant Facility Income. See instructions

► 39

40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies

► 40 0.

Part IV Tax and Payments**41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)**

41a

b Other credits (see instructions)

41b

c General business credit. Attach Form 3800

41c

d Credit for prior year minimum tax (attach Form 8801 or 8827)

41d

e Total credits. Add lines 41a through 41d

► 41e 0.

42 Subtract line 41e from line 40

42 0.

43 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)

43

44 Total tax. Add lines 42 and 43

► 44 0.

45a Payments: A 2015 overpayment credited to 2016

45a

b 2016 estimated tax payments

45b

c Tax deposited with Form 8868

45c

d Foreign organizations: Tax paid or withheld at source (see instructions)

45d

e Backup withholding (see instructions)

45e

f Credit for small employer health insurance premiums (Attach Form 8941)

45f

g Other credits and payments:

 Form 2439 _____ Form 4136 _____ Other _____

Total ►

45g

46 Total payments. Add lines 45a through 45g

46

47 Estimated tax penalty (see instructions). Check if Form 2220 is attached ►

47

48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed

► 48 0.

49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid

► 49 0.

50 Enter the amount of line 49 you want: Credited to 2017 estimated tax ► Refunded ►

► 50

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ►

 Yes No X

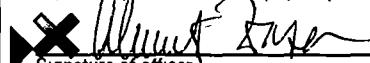
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?

If YES, see instructions for other forms the organization may have to file.

53 Enter the amount of tax-exempt interest received or accrued during the tax year ► \$

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

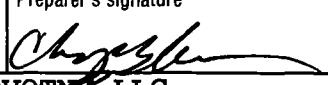
May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Sign Here  **Date** 5/14/2018 **Title** CFO/TREASURER

Signature of officer

Date

Title

Paid Preparer Use Only	Print/Type preparer's name CHRISTOPHER B. ANDERSON	Preparer's signature 	Date 5/14/18	Check <input type="checkbox"/> if self-employed	PTIN P00226559
	Firm's name ► MALONEY + NOVOTNY LLC			Firm's EIN ►	34-0677006
	1111 SUPERIOR AVE, SUITE 700				
	Firm's address ► CLEVELAND, OH 44114-2540			Phone no.	(216) 363-0100

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Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

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

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		

Total 0. Total 0. (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ► 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Total dividends-received deductions included in column 8		Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	0. 0.

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Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations

(see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations		
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10
Enter here and on page 1, Part I,
line 8, column (A)Add columns 6 and 11
Enter here and on page 1, Part I,
line 8, column (B)

Totals ► 0. 0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				

Enter here and on page 1, Part I, line 9, column (A)

Enter here and on page 1, Part I, line 9, column (B)

Totals ► 0. 0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						

Enter here and on page 1, Part I, line 10, col (A)

Enter here and on page 1, Part I, line 10, col (B)

Enter here and on page 1, Part II, line 26

Totals ► 0. 0. 0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						

Totals (carry to Part II, line (5)) ► 0. 0. 0.

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Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.				0.
Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)						
1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business			
(1)		%				
(2)		%				
(3)		%				
(4)		%				
Total. Enter here and on page 1, Part II, line 14						0.

Form 990-T (2016)

Name

THE CLEVELAND INSTITUTE OF ART

Employer identification number
34-0714334

Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).

- 1 Taxable income or (loss) before net operating loss deduction
- 2 **Adjustments and preferences:**
 - a Depreciation of post-1986 property
 - b Amortization of certified pollution control facilities
 - c Amortization of mining exploration and development costs
 - d Amortization of circulation expenditures (personal holding companies only)
 - e Adjusted gain or loss
 - f Long-term contracts
 - g Merchant marine capital construction funds
 - h Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)
 - i Tax shelter farm activities (personal service corporations only)
 - j Passive activities (closely held corporations and personal service corporations only)
 - k Loss limitations
 - l Depletion
 - m Tax-exempt interest income from specified private activity bonds
 - n Intangible drilling costs
 - o Other adjustments and preferences
- 3 Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o
- 4 **Adjusted current earnings (ACE) adjustment:**
 - a ACE from line 10 of the ACE worksheet in the instructions
 - b Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions
 - c Multiply line 4b by 75% (0.75). Enter the result as a positive amount
 - d Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. **Note: You must enter an amount on line 4d (even if line 4b is positive)**
 - e ACE adjustment.
 - If line 4b is zero or more, enter the amount from line 4c
 - If line 4b is less than zero, enter the **smaller** of line 4c or line 4d as a negative amount
- 5 Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT
- 6 Alternative tax net operating loss deduction. See instructions
- 7 Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions
- 8 **Exemption phase-out** (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):
 - a Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-
 - b Multiply line 8a by 25% (0.25)
 - c Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-
- 9 Subtract line 8c from line 7. If zero or less, enter -0-
- 10 Multiply line 9 by 20% (0.20)
- 11 Alternative minimum tax foreign tax credit (AMTFTC). See instructions
- 12 Tentative minimum tax. Subtract line 11 from line 10
- 13 Regular tax liability before applying all credits except the foreign tax credit
- 14 **Alternative minimum tax.** Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return

4a	-123,690.
4b	0.
4c	
4d	
4e	0.
5	-123,690.
6	
7	
8a	
8b	
8c	
9	
10	
11	
12	
13	
14	

STATEMENT 4

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2016)

THE CLEVELAND INSTITUTE OF ART

34-0714334

FORM 990-T	OTHER INCOME	STATEMENT 1
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DESCRIPTION	AMOUNT
CONCESSION SALES	136.
MEMBERSHIP SALES	16,297.
OTHER REVENUE	532.
 TOTAL TO FORM 990-T, PAGE 1, LINE 12	 16,965.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
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DESCRIPTION	AMOUNT
OFFICE SUPPLIES	17,685.
FILM RENTAL	78,336.
MARKETING & SPECIAL EVENTS	11,985.
 TOTAL TO FORM 990-T, PAGE 1, LINE 28	 108,006.
