Form <b>990-T</b>	Exempt Organization Bus	siness Income T	ax Return	OMB No 1545-0687			
.,	(and proxy tax und	2010					
	For calendar year 2018 or other tax year beginning JUL 1,	ZU IÖ					
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990T for instructions and the latest information  Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).						
A Check box if address changed	Name of organization ( Check box if name	changed and see instructions.)	, (Em	oloyor identification number ployees' trust, see			
B Exempt under section	Print COLUMBUS MUSEUM OF ART	14		31-4379447			
X 501(c)(3 %)	or Number, street, and room or suite no. If a P.O. bo		E Unro	elated business activity code			
408(e) 220(e)	Type 480 EAST BROAD STREET	t ha	·				
408A 530(a)	City or town, state or province, country, and ZIP of	or foreign postal code	4.5	222			
529(a)	COLUMBUS, OH 43215		[453	3220			
C Book value of all assets at end of year	F Group exemption number (See instructions.)	repretion 501(e) trust	401(a) trust	Other trust			
186,624,5		4	401(a) trust				
	organization's unrelated trades or businesses.  SEE STATEMENT 1		the only (or first) unrelated complete Parts I-V. If more				
	lank space at the end of the previous sentence, complete P.	<del></del>	•				
business, then complete		arts i and ii, complete a schedule	W TO Cach additional trad	6 01			
	the corporation a subsidiary in an affiliated group or a pare	nt-subsidiary controlled group?	<b>▶</b> □ Y	es X No			
T	and identifying number of the parent corporation	nt babbialary bank and g. cop	•	٠٠ <u>ـــــــ</u> ،،،			
	► KIMBERLY AUFDENCAMP	Teleph	one number > 614-	-221-6801			
Part I Unrelated	d Trade or Business Income	(A) Income	(B) Expenses	(C) Net			
1 a Gross receipts or sale	1,224,041.			-/			
b Less returns and allow	wances c Balance	1c 1,224,041.					
2 Cost of goods sold (S	chedule A, line 7)	2 575,324.					
<ol> <li>Gross profit, Subtract</li> </ol>	line 2 from line 1c	3 648,717.		648,717.			
4 a Capital gain net incon	ne (attach Schedule D)	4a					
<b>b</b> Net gain (loss) (Form	4797, Part II, line 17) (attach Form 4797)	4b					
, c Capital loss deduction	•	4c -					
	partnership or an S corporation (attach statement)	5		<del>                                     </del>			
6 Rent income (Schedu		.6	·· / ·· ·	<del>                                     </del>			
7- Unrelated debt-financ	•	7	<del></del>				
· '.	ralties, and ronts from a controlled organization (Schedule F)	8	·	<u> </u>			
	a section 501(c)(7), (9), or (17) organization (Schedule G)	10 .					
10 Exploited exempt acti 11 Advertising income (S		11					
,	structions, attach schedule)	12					
13 Total. Combine lines		13. 17 648,717.		648,717.			
	ns Not Taken Elsewhere (See instructions	or limitations on deductions)	<u> </u>	<u> </u>			
	contributions, deductions must be directly connected	d with the unfelated business	income)				
14 Compensation of off	icers, directors, and trustees (Schedule K) MAY 2	7520	14				
15 Salaries and wages		انم است	15	430,526.			
16 Repairs and mainten	ance OGDE!	N. U.T	16	7,333.			
17 Bad debts	Total Control of the		17	80.			
18 Interest (attach sche	dule) (see instructions)		18				
19 Taxes and licenses			19	40,116.			
20 Charitable contributi	ons (See instructions for lymitation rules)		20				
21 Depreciation (attach	· —	21	94,564.	04.564			
22 Less depreciation cla	aimed on Schedule A and elsewhere on return	22a	22b	94,564.			
23 Depletion			23	4.1			
	erred compensation plans		24	41.			
25 Employee benefit pro	/		25	42,678.			
26 Excess exempt expe			26				
27 Excess readership co		מסט פשאח	27	114,539.			
	/ 28/ 1- 720 977						
,		et line 20 from line 12	30	-81,160.			
/	axable income before net operating loss deduction. Subtrac erating loss arising in tax years beginning on or after Janua		31	01,100.			
	axable income Subtract line 31 from line 30	1. j 1, 2010 (300 manuonoma)	$\sqrt{31}$ $\sqrt{\frac{31}{32}}$	-81,160.			
	or Paperwork Reduction Act Notice, see instructions			Form 990-T (2018)			

Form 990-1	(2018) COLUMBUS MUSEUM OF ART	31	<u>-4379447</u>	Page 2
Part I	II Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instru	uctions)	( 333	-81,160.
34	Amounts paid for disallowed fringes	ŕ	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions	STMT	3 35	0.
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	, – – – –		
36			2	-81,160.
	lines 33 and 34		$\sqrt{20}$	1,000.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		30-11	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	1	1/2 91	01 160
	enter the smaller of zero or line 36	<u> </u>	38	-81,160.
Part I	V Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)		▶ 39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line	38 from		
	Tax rate schedule or Schedule D (Form 1041)		▶ 40	
41	Proxy tax See instructions		<b>▶</b> 41	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income See instructions		43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
Part \			1	
			11	
		<del> </del>		
-	General business credit. Attach Form 3800	4-		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1	<del> </del> 1	
е	Total credits Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44	_	46	0.
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866	Other (attach so		
48	Total tax Add lines 46 and 47 (see instructions)		48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	1	49	0.
50 a	Payments A 2017 overpayment credited to 2018 50a			
b	2018 estimated tax payments 50b			
	Tax deposited with Form 8868 50c			
	Foreign organizations Tax paid or withheld at source (see instructions)  50d			
	Backup withholding (see instructions)  50e			
	Credit for small employer health insurance premiums (attach Form 8941)  50f	<u> </u>		
	Other credits, adjustments, and payments Form 2439			
y		1		
		<u> </u>	[,	
51	Total payments Add lines 50a through 50g		51	
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53	· · · · · · · · · · · · · · · · · · ·
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	1	▶ 54	<del></del>
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	Refunded	<b>▶</b>   55	
Part \	<u> </u>			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may h			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign	r country		
	here			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transfer	or to, a foreign tru	ıst?	X
	If "Yes," see instructions for other forms the organization may have to file			
58	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 correct that complete, Declaration of which preparer (other than taxpayer) is passed on all information of which preparer has an	, and to the best of r	ny knowledge and b	elief, it is true,
Sign	corrections complete, rectarbly of proparer (other than taxpayer) is passed on all information of which preparer has an	y knowledge		
Here	EXECUTIVE	DIRECTOR		discuss this return with shown below (see
	Signature of officer Date Title		ı · ·	Yes No
	Priot/Type preparer's name Preparer's signature Date	Check	ıf PTIN	
<b>.</b>	Tripo tipo proporor o manto		nployed	
Paid	T.J. CONGER, CPA T.J. CONGER, CPA 04/27			00068140
Prepa	TOUN CERTACH C COMPANY LLD			L-4419361
Use (	37 W. BROAD ST., STE. 530	''		<del></del>
	Firm's address ► COLUMBUS, OH 43215	Phone	e no. 614-2	224-2164
200744.04	Innivations P COLUMN ON AUDITO	1010		Form 990-T (2018)

Schedule A - Cost of Good	s Sold. Enter	method of invent	ory valuation N/	A	·-··			
1 Inventory at beginning of year	1	0.	6 Inventory at end of year			6	0.	
2. Purchases	2	575,324.	7 Cost of goods sold. Subtract line 6					
3 Cost of labor	3		from line 5. Enter here and in Part I,					
4 a Additional section 263A costs			line 2			7	575,324.	
(attach schedule)	4a		8 Do the rules of section	n 263A (	with respect to		Yes No	
b Other costs (attach schedule)	4b		property produced or	acquire	d for resale) apply to			
5 Total. Add lines 1 through 4b	5	575,324.	the organization?				X	
Schedule C - Rent Income (see instructions)	(From Real i	Property and	Personal Property	Lease	d With Real Prop	erty) 		
1. Description of property								
(1)								
(2)								
(3)	_		<del></del>		<u></u>			
(4)					<del></del>			
	2. Rent receive	d or accrued			0/2) 8-4 -1 4		th. th. a a	
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for pe	d personal property (if the percentrisonal property exceeds 50% or if its based on profit or income)	tage	3(a) Deductions directly connected with the income in columns 2(a) and 2(h) (attach schildule)			
(1)								
(2)								
(3)								
(4)								
Total	0.	Total	·-	0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		er 🕨		0.	(b) Total deductions. Enter here and on page 1, Part I line 6, column (B)	<b>•</b>	0.	
Schedule E - Unrelated Del	ot-Financed	Income (see i	nstructions)					
			2. Gross income from		Deductions directly confito debt-finance		or allocable	
Description of debt-financed property			or allocable to debt- financed property	(a)	(a) Straight line depreciation (attach schedule)		(b) Other doductions (attach schodule)	
(1)	<del></del>							
(2)	<del></del>			+		<del> </del>		
(3)						┪──		
(4)				<del>                                     </del>		-		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis flocable to aced property schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		Allocable deductions mn 6 x total of columns 3(a) and 3(b))	
(1)				<del>                                     </del>	<del></del>	+		
(3)	<u> </u>		%		<del></del>	1		
(3)	<del> </del>		%	<del> </del>		1		
(4)	†—— <del>-</del>		%	1	<del></del>	1		
2.7	<u> </u>				nter here and on page 1, Part I, line 7, column (A)		here and on page 1, I, line 7 column (B)	
Totals			•		0 .	.	0.	
Total dividends-received deductions in	ncluded in column	8	•		<b>&gt;</b>		0.	
			<u></u>				Form 990-T (2018)	

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

0

0.

Totals (carry to Part II, line (5))

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 costs   advertising costs   advertising costs   advertising costs   color floss) (col 2 minus col 3) If a gain, compute costs   5. Circulation income   6. Readership costs (column 8 minus column 4)	Form 990-T (2018) COLUMBUS MUSEUM OF ART					31-4379447		
1. Name of periodical   2. Street advertising advertising costs   3. Direct advertising costs   3. Direct advertising costs   col 2 minus   col 3   16 gain, compute   costs   column 6 minus				ate Basis (For eac	ch periodical liste	d in Part	: II, fill in	
(2) (3) (4)  Totals from Part I	1. Namo of periodical	advertising		or (loss) (col 2 minus col 3) If a gain, compute				costs (column 6 minus column 5, but not more
(3) (4)  Totals from Part I	(1)							
(4)       Totals from Part I       ▶       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 I, line 11, col (B)         Totals, Part II (lines 1-5)       ▶       0.       0.         Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)       3 Percent of time devoted to business       4. Compensation attributable to unrelated business         (1)       %         (2)       %         (3)       %         (4)       %	(2)							
(4)       Totals from Part I       ▶       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 I, line 11, col (B)         Totals, Part II (lines 1-5)       ▶       0.       0.         Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)       3 Percent of time devoted to business       4. Compensation attributable to unrelated business         (1)       %         (2)       %         (3)       %         (4)       %	(3)							
Totals from Part I Dotals from P		. ,			· <del>-</del>			
Page 1, Part II, line 11, col (A)   Part II, line 11, col (B)   Part II, line 12, col (B)	Totals from Part I	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)  (4)		page 1, Part I,	page 1, Part I,		•	•		on page 1,
1. Name   2. Title   3 Percent of time devoted to business   4. Compensation attributable to unrelated business	Totals, Part II (lines 1-5)	0.	0.					0.
1. Name   2. Title   time devoted to business   1. Name   2. Title   time devoted to business   1. Name   2. Title   time devoted to unrelated business   1. Name   2. Title   2. Name   2. Title   2. Name   2. Title   2. Name   2. Title   2. Name   2	Schedule K - Compensation	n of Officers, [	Directors, and	Trustees (see in:	structions)			
(2) - % (3) % (4) %	1. Name			2. Title	time devo	ted to		
(2)	(1)					%		
(3) (4) %						%		
						%		
Total. Enter here and on page 1, Part II, line 14	(4)					%		
	Total. Enter here and on page 1, Part II, I	ne 14				<b>&gt;</b>		0.

Form 990-T (2018)

0.

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

SPECIAL EVENTS AND COMMISSIONS FOR ON-SITE FACILITY USE AND MUSEUM SHOP SALES.

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
ADVERTISING OFFICE EXPENSES UTILITIES SUPPLIES INSURANCE MISCELLANEOUS PROFESSIONAL FEES BANK & CREDIT CARD FEES INTEREST EXPENSE EQUIPMENT RENTAL		5,846. 7,203. 18,644. 4,209. 7,059. 8,582. 7,850. 21,300. 3,838. 30,008.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 28	114,539.

	OPERATING LOSS	DEDUCTION	STATEMENT 3
LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
75,924.	0.	75,924.	75,924.
97,851.	0.	97,851.	97,851.
186,080.	0.	186,080.	186,080.
206,134.	0.	206,134.	206, 134.
192,559.	0.	192,559.	192,559.
203,180.	0.	203,180.	203,180.
274,746.	0.	274,746.	274,746.
160,950.	0.	160,950.	160,950.
300,281.	0.	300,281.	300,281.
ER AVAILABLE THIS	YEAR	1,697,705.	1,697,705.
	75,924. 97,851. 186,080. 206,134. 192,559. 203,180. 274,746. 160,950. 300,281.	PREVIOUSLY APPLIED  75,924. 97,851. 186,080. 206,134. 192,559. 203,180. 274,746. 160,950.  PREVIOUSLY APPLIED  0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	PREVIOUSLY LOSS REMAINING  75,924. 97,851. 186,080. 206,134. 192,559. 203,180. 274,746. 160,950. 300,281.  PREVIOUSLY LOSS REMAINING  0. 75,924. 97,851. 186,080. 2724,851. 0. 206,134. 0. 206,134. 0. 206,134. 0. 203,180. 274,746. 0. 274,746.