Form 990-T	Ex	empt Organiz	zation	Bus	iness In der sectio	come 7	Γax Retu ∍)) / 190		OMB No 1545-0687
	For cales	ndar year 2018 or other ta							2018
	ror cale	► Go to www.irs.go						20 =	<u> </u>
Department of the Treasury Internal Revenue Service	▶ Do	not enter SSN numbers						(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (7		ne changed and s			D Emplo	yer Identification number yees' trust, see instructions)
B Exempt under section	_	CLEVELAND MU	SEUM OF	ART					
X 501(C)(5 3)	Print	Number, street, and room	n or suite no	faPO	box, see instructi	ons		34-0	714336
408(e) 220(e	Type								ated business activity code
408A 530(a		11150 EAST B	OULEVARI	D				(Sea in:	structions)
529(a)	}	City or town, state or pro	ovince, country	y, and Z	IP or foreign post	al code			
C Book value of all assets	1	CLEVELAND, O	H 44106					52599	90
at end of year	F Gro	up exemption number (See instruct	ions) I	>				
1,178,228,331.	G Che	ck organization type	X 501	(c) cor	poration	501(c)) trust	401(a)	trust Other trust
H Enter the number o	f the orga	nization's unrelated trad	es or busine	sses	1		Describ	e the only	(or first) unrelated
trade or business he	re ▶INV	ESTMENTS				if only one,	complete Parts	I-V If more	than one, describe the
		end of the previous se	entence, cor	mplete	Parts I and II, o	omplete a S	chedule M for ea	ach addition	nal
trade or business, tl				•		•			
		corporation a subsidiai	y in an affili	ated gr	oup or a parent	-subsidiary o	controlled group?	,	Yes X No
•		identifying number of t	•	_		•	,		
J The books are in ca						Telephon	e number > 2	16-707-	-2248
		or Business Incom	ie		(A) Inc	ome	(B) Expe	nses	(C) Net
1a Gross receipts or			_		, ,			•	1
b Less returns and allow			c Balance	1c					
		lule A, line 7)		2					
		2 from line 1c		3					,
-		attach Schedule D)		4a	3(09,632.	****		309,632.
		Part II, line 17) (attach Fo		4b		•			
=		trusts		4c					
·		r an S corporation (attach state		5	1,14	13,566.	ATCH 1		1,143,566.
				6	· · · · · · · · · · · · · · · · · · ·	•		·	
		ncome (Schedule E)		7				/	
_		ents from a controlled organizat							
		91(c)(7), (9), or (17) organization							_
		ncome (Schedule I)		10					
	•	dule J)		11					
-		ctions, attach schedule)		12			-		
		ough 12			1.45	3,198.			1,453,198.
Part N. Deduction	ns Not	Taken Elsewhere	(See inst	ructio				Except f	
		t be directly conne						LACCHI	or contributions,
		directors, and trustees						14	
15 Salaries and was	1 OITICEIS,	directors, and trustees	(Scriedule IX)		 /				
16 Repairs and mai	ntenance		REC	EIV	ĘØ∵;¦∵				
17 Bad debts	interiarice								
18 Interest (attach		(see instructions)		(3)	lõl				
	00.1044.07	(***	. 400	1·0 ·L	050			18	1,669.
19 Taxes and licens	es	See instructions for limit	/	• • •	<u>· · · · · </u>]& · ·			19	1,003.
20 Charitable contr	ibutions (See instructions for limit	"OGDE	ΞŃ.	$0.1 \cdot 1.1$			20	
						21		 	
		t on Schedule A and els						22b	
		/							
		compensation plans .							
		s							
		Schedule I)							
		Schedule J)							1 22 222
		schedule)							22,331.
/		es 14 through 28							24,000.
,		ole income before ne							1,429,198.
,		ng loss arising in tax ye	_	-					1 2 2 2 2 2 2
		le income Subtract line		e 30 .	<u> </u>		<u></u>	32	1,429,198.
8X2740 1 000	tion Act	Notice, see instructions	.						Form 990-T (2018)
8X2740 1600039J SA	33			V 1	8-8.6F				

	n 990-T ¹ (Page 2
Pa	art lif	Total Unrelated Business Taxable Income	
33		of unrelated business taxable income computed from all unrelated trades or businesses (see unctions)	198.
34	Amou	unts paid for disallowed fringes	
35		action for net operating loss arising in tax years beginning before January 1, 2018 (see uctions)	198.
36	Total	of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	
37			,000.
38		Plated business taxable income. Subtract line 37 from line 36 lf line 37 ls greater than line 36, 1 ls the smaller of zero or line 36	0.
Pa		Tax Computation	
139		inizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	
40	-	ts Taxable at Trust Rates. See instructions for tax computation Income tax on	
		Imount on line 38 from Tax rate schedule or Schedule D (Form 1041)	
41		y tax. See instructions	
42		native minimum tax (trusts only).	
43	Jax o	on Noncompliant Facility Income. See instructions	
1144		I. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	
		Tax and Payments	
7		ign tax credit (corporations attach Form 1118, trusts attach Form 1116) [4] 45a	
	b Other	r credits (see instructions)	
	c Gener	eral business credit. Attach Form 3800 (see instructions)	
1	d Credit	it for prior year minimum tax (attach Form 8801 or 8827)	
	e Total	I credits. Add lines 45a through 45d	
46		ract line 45e from line 44	
47	Other	r taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 47	
48	Total	I tax. Add lines 46 and 47 (see instructions)	0.
49	2018	I tax. Add lines 46 and 47 (see instructions)	
50	a Paym	nents: A 2017 overpayment credited to 2018	
		estimated tax payments	
	c Tax d	deposited with Form 8868	
		ign organizations Tax paid or withheld at source (see instructions)	
,	e Backı	sup withholding (see instructions)	
,	f Credit	lit for small employer health insurance premiums (attach Form 8941)	
!		Form 4136 Other Total 50g	
51	Total	I payments. Add lines 50a through 50g	
52		nated tax penalty (see instructions) Check if Form 2220 is attached	
53	Tax d	due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	
54	Overp	rpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	
55	Enter	the amount of line 54 you want Credited to 2019 estimated tax Refunded 55	
Pa	art VI	Statements Regarding Certain Activities and Other Information (see instructions)	
56		iny time during the 2018 calendar year, did the organization have an interest in or a signature or other authority Yes	No
	over	a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	1
		EN Form 114. Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country	1
	here		X
57	During	ng the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	X
		es," see instructions for other forms the organization may have to file	
<u>58</u>	Enter	r the amount of tax-exempt interest received or accrued during the tax year ▶ \$	
۵.	}	Under penalties of pegury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and betrue, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	elief, it is
Siç	- ;	7-9-2020 TREASURER May the IRS discuss this	retum
не	ere 🖊	The second of th	
	i	Signature of officer Date Title (see instructions)? X Yes Print/Type preparer's name Preparer'e eignature Date , PTIN	No
Pa	id	Check III	.02
_	eparer	FIRENCE M KENNEDY	
	e Only	Firm's RIN 34-050535	
_		Form 990-7 Firm's address ▶ 950 MAIN AVENUE SUITE 1800, CLEVELAND, OH 44113 Phone no 216-861-500	
ISA		Form 930-1	: (∠∪18)

JSA

Form 990-T (2018)							Pa	age 3	
Schedule A - Cost of Go	ods Sold. En	ter method	of inventory valuation I	<u> </u>					
'1 Inventory at beginning of ye	ear . 1				ar	6			
2 Purchases			7 Cost of	7 Cost of goods sold. Subtract line					
3 Cost of labor	3		6 from I	ine 5 En	ter here and in				
4a Additional section 263A co	sts		Part I, line	2		7			
(attach schedule)	4a		8 Do the	rules of	section 263A (w	oth respect to	Yes	No	
b Other costs (attach schedul	e) . 4b				or acquired for				
5 Total. Add lines 1 through			to the orga	anization?.		<u></u>		X	
Schedule C - Rent Income	(From Real P	roperty an	nd Personal Property	Leased V	Vith Real Proper	rty)			
(see instructions)									
1. Description of property						. <u> </u>			
(1)									
(2)									
(3)						. <u> </u>			
(4)									
	2. Rent receiv	ved or accrue	d						
for personal property is more than 10% but not percentage of rent			om real and personal property ge of rent for personal property if the rent is based on profit or	or personal property exceeds in columns 2(a) and 2(b) (attach sch				ne	
(1)									
(2)									
(3)						**			
(4)									
Total		Total			#\\ T	_			
(c) Total income. Add totals of co	olumns 2(a) and 2(b) Enter			(b) Total deduction Enter here and on				
here and on page 1, Part I, line 6,					Part I, line 6, colur				
Schedule E - Unrelated De	ebt-Financed I	ncome (se	e instructions)						
1 Description of deb	t-financed nmnedy		Gross income from or allocable to debt-financed	3 (Deductions directly cor debt-finance		able to		
r Bescription of dea	chinarioca property		property		(a) Straight line depreciation (b) Other deductions (attach schedule) (attach schedule)				
(1)									
(2)									
(3)									
(4)									
4 Amount of average 5 Average adjusted basis acquisition debt on or of or allocable to			6. Column 4 divided by column 5		income reportable n 2 x column 6)	8 Allocable of (column 6 x total 3(a) and	al of column	ns	
(1)			%						
(2)			%						
(3)			%						
(4)			%						
Totals					re and on page 1, ne 7, column (A)	Enter here and Part I, line 7, o			
Total dividends-received deducti									

Form **990-T** (2018)

Schedule F-Interest, Annu	ities Royalties	and Rent	s From (Contro	led Or	ganizat	ons (see	Instructio	ns)	
Ocheudie i iliterest, Alliit	nues, Noyalues		pt Contro				13 (366	man dello		· ·
1. Name of controlled organization	2. Employer identification number	er 3. Net	t unrelated i	ncome	4 Total	of specified	ified included in the controlling c		6 Deductions directly connected with income in column 5	
(1)										
(2)		·				_				-
(3)							· ·			
(4)						•				
Nonexempt Controlled Organiz	ations				-					
7 Taxable Income	8 Net unrelated in (loss) (see instruct	l l		of specific ents made		ınclud	rt of column ed in the cor ation's gross	ntrolling		Deductions directly inected with income in column 10
(1)										
(2)										
(3)										
(4)					_					
Totals					•	Enter	columns 5 a here and on , line 8, colur	page 1,	Ent	dd columns 6 and 11 ter here and on page 1, rt I, line 8, column (B)
Schedule G-Investment In	come of a Sec	tion 501(c	(7), (9)	or (17) Orga	nizatior	(see inst	tructions)		 -
1 Description of income	2. Amount of		d	3. Deductive cor	tions nected		4 Se	t-asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)	
(1)			<u> </u>							
(2)		•								
(3)									_	
(4)										
Totals	Enter here and o Part I, line 9, co				• -					Enter here and on page 1 Part I, line 9, column (B)
Schedule I-Exploited Exe	mpt Activity In	come. Oth	er Than	Advert	ising Ir	ncome (see instru	ictions)		
, 1. Description of exploited activity	2. Gross unrelated business income from trade or business	3 Expens directly connected production unrelated business inc	es from or or or of life	Net incorpor unrelate business minus confia gain, cools 5 thm	ne (loss) ted trade (column lumn 3) ompute	5 Gros from a	ss income ctivity that unrelated ss income	6. Expe attributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)					-					
(2)										
(3)							_			
(4)										
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here and page 1, Page 10, col	irt I,					•		Enter here and on page 1, Part II, line 26
Schedule J- Advertising Ir	ncome (see instr	uctions)	1				-			· · · · · · · · · · · · · · · · · · ·
Part I Income From Per			onsolida	ted Ba	sis					
										7 Excess readership
1 Name of periodical	2 Gross advertising income	3 Directadvertising of	costs	4 Advergain or (lo: 2 minus c a gain, co cols 5 thr	ss) (col ol 3) If impute	1	culation come	6 Reade cost	•	costs (column 6 minus column 5, but not more than column 4)
(1)						1		 		
(2)										\dashv
(3)	 		$\overline{}$							
(4)										\dashv
<u> </u>	 		+		•			 	_	
Totals (carry to Part II, line (5))										

34-0714336

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 ▶]			
	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) ▶					<u> </u>	<u> </u>
Schedule K - Compensation	n of Officers D	irectors and Tr	ustees (see instr	uctions)		·

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)		%	
)		%	
otal. Enter here and on page 1, Part II, line 14			

Form **990-T** (2018)

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-F, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T

▶ Go to www irs gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

CIEVELAND MUSEUM OF APT

Employer identification number

CLEV	VELAND MUSEUM OF ART				_ 3	34-0714336
Part	Short-Term Capital Gains and Losses	(See instructions)	<u>'</u>		
	See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to	(d) Proceeds	(e) Cost	(g) Adjustments to or loss from Form 8949, Part I, line	(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine
	whole dollars	(sales price)	(or other basis)	column (g)		the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1 b	Totals for all transactions reported on Form(s) 8949					
	with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
	Totals for all transactions reported on Form(s) 8949		<u> </u>			
	with Box C checked	59,129.				59,129.
4	Short-term capital gain from installment sales from F		7		4	
5	Short-term capital gain or (loss) from like-kind exchain	nges from Form 8824			_5_	
6	Unused capital loss carryover (attach computation)				6	()
	(<u> </u>	
7	Net short-term capital gain or (loss) Combine lines		1 <u>,,,,,,,,,,</u>	<u></u> .	7	59,129.
Part		(See instructions)		(a) Advistments t		(h) Gain or (loss)
	See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales pnce)	(e) Cost (or other basis)	(g) Adjustments t or loss from Form 8949, Part II, line column (g)	(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
81	o Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked	250,503.				250,503.
11	Enter gain from Form 4797, line 7 or 9				11	
12	Long-term capital gain from installment sales from F	Form 6252, line 26 or 37	,		12	
13	Long-term capital gain or (loss) from like-kind exchar	nges from Form 8824			13	
14	Capital gain distributions (see instructions)				14	
15 Par	Net long-term capital gain or (loss) Combine lines 8 till Summary of Parts I and II	Ba through 14 in column	<u>h</u>		15	250,503.
Q1	- anninary or roll to rull and in					
16	Enter excess of net short-term capital gain (line 7) of	over net long-term capita	l loss (line 15)		16	59,129.
17	Net capital gain Enter excess of net long-term capi	tal gain (line 15) over no	et short-term capital lo	oss (line 7)	17	250,503.
18	Add lines 16 and 17 Enter here and on Form 1120				18	309,632.
	Note: If losses exceed gains, see Capital losses in th	e instructions				

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2018

Form 8949

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No 1545-0074

Department of the Treasury

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

				· · · · · · · · · · · · · · · · · · ·					
Name(s) shown on return CLEVELAND MUSEUM OF AR	ım.			Soci	ial sec	-	taxpayer identificati 0714336	on number	
Before you check Box A, B, or C below, statement will have the same information broker and may even tell you which box	see whether yo	-				ment(s) from ye	our broker A subst		
Part I Short-Term. Transactinstructions). For long Note: You may aggree reported to the IRS a Schedule D, line 1a	g-term transa egate all sho and for which	actions, see ort-term tran h no adjustr	page 2 sactions report nents or codes	ted on Fo	orm(s iired	s) 1099-B sh Enter the to	nowing basis wa otals directly on	as	
You must check Box A, B, or C be complete a separate Form 8949, for one or more of the boxes, com (A) Short-term transactions (B) Short-term transactions X (C) Short-term transactions	page 1, for e aplete as mar reported on F reported on F	ach applicab ny forms with form(s) 1099 form(s) 1099	le box If you had the same box chul-B showing basis B showing basis	ve more s lecked as s was repo	hort- you n rted t	term transac eed o the IRS (se	tions than will fit o		
1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo,day,yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other See the Note and see Colu	below imn (e) trate	If you enter an a enter a co	any, to gain or loss amount in column (g), de in column (f) arate instructions (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result	
		(, 33), 31 7	(ccc aron datorio)	instructio	ens	Code(s) from instructions	Amount of adjustment	with column (g)	
STCG FLOW THRU FROM INVESTMENTS	VAR	VAR	59,129					59,129	
2 Totals. Add the amounts in columns	(d), (e), (q), an	d (h) (subtract							

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

For Paperwork Reduction Act Notice, see your tax return instructions.

negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

above is checked), or line 3 (if Box C above is checked)

Form **8949** (2018)

1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds (sales pnce)	(e) Cost or other basis See the Note below and see Column (e)	Adjustment, if a lift you enter a content of See the separate	Gain or (loss). Subtract column (e) from column (d) and	
(Example 100 sh XYZ Co)	(Mo , day, yr)	(Mo, day, yr)	(see instructions)	in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
LTCG FLOW THRU FROM INVESTMENTS	VAR	VAR	250,503				250,503
				. ,			

Z Totals. Add the amounts in columns negative amounts) Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box D above line 10).	here and incl is checked), line	lude on your e 9 (if Box E	250,503.				250,503

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2018)

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

CLEVEHUNT LLC

1,143,566.

INCOME (LOSS) FROM PARTNERSHIPS

1,143,566.

34-0714336

ATTACHMENT 2

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEES

22,331.

PART II - LINE 28 - OTHER DEDUCTIONS

22,331.

. CLEVELAND MUSEUM OF ART

EIN: 34-0714336 FYE: 6/30/2019

FORM 990-T, PART III, LINE 35 - NET OPERATING LOSS DEDUCTION

YEAR GENERATED	CARRYOVER AMOUNT	AMOUNT PREVIOUSLY UTILIZED	AMOUNT UTILIZED 2018	AMOUNT AVAILABLE FOR CARRYOVER
6/30/2007	2,914	2,914		-
6/30/2008	31,704	31,704		-
6/30/2009	34,439	34,439		-
6/30/2010	120,999	36,386	84,613	-
6/30/2011	246,744	-	246,744	-
6/30/2012	294,272	-	294,272	-
6/30/2013	112,959	-	112,959	-
6/30/2014	315,606	-	315,606	-
6/30/2015	17,347	-	17,347	-
6/30/2016	493,828	-	357,657	136,171
6/30/2017	572,206	-	-	572,206
6/30/2018	-	-	-	-
6/30/2019	-	-	-	
•	2,243,018	105,443	1,429,198	708,377