

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: CLEVELAND MUSEUM OF ART
 % EDWARD W BAUER
 Doing business as

D Employer identification number: 34-0714336

E Telephone number: (216) 421-7340

G Gross receipts \$ 240,517,595

F Name and address of principal officer:
 WILLIAM M GRISWOLD
 11150 EAST BLVD
 CLEVELAND, OH 44106

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.CLEVELANDART.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1913 **M** State of legal domicile: OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 TO PROVIDE A COLLECTION OF ARTWORK REPRESENTING ACHIEVEMENT OF INDIVIDUALS AND CIVILIZATIONS, PAST AND PRESENT, FOR THE BENEFIT OF THE PUBLIC.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	39
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	38
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	655
6 Total number of volunteers (estimate if necessary)	6	800
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,453,198
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	38,413,035	33,444,649
9 Program service revenue (Part VIII, line 2g)	5,541,597	7,301,120
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,390,677	19,257,631
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,483,341	4,177,702
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	63,828,650	64,181,102
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	23,706,483	25,978,341
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,065,306		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	41,060,034	45,923,154
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	64,766,517	71,901,495
19 Revenue less expenses. Subtract line 18 from line 12	-937,867	-7,720,393

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,194,370,696	1,178,228,331
21 Total liabilities (Part X, line 26)	182,699,225	175,235,600
22 Net assets or fund balances. Subtract line 21 from line 20	1,011,671,471	1,002,992,731

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: _____ Date: 2020-07-14

EDWARD W BAUER TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____

Firm's name ▶ ERNST & YOUNG US LLP Firm's EIN ▶ _____

Firm's address ▶ 950 MAIN AVENUE SUITE 1800 CLEVELAND, OH 44113 Phone no. (216) 861-5000

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

THE MISSION OF THE CLEVELAND MUSEUM OF ART (CMA) IS TO FULFILL ITS DUAL ROLES AS ONE OF THE WORLD'S MOST DISTINGUISHED COMPREHENSIVE ART MUSEUMS AND AS ONE OF NORTHEASTERN OHIO'S PRINCIPAL CIVIC AND CULTURAL INSTITUTIONS. THE MUSEUM, ESTABLISHED IN 1913 "FOR THE BENEFIT OF ALL THE PEOPLE FOREVER," 1 SEEKS TO BRING THE PLEASURE AND MEANING OF ART TO THE BROADEST POSSIBLE AUDIENCE IN ACCORDANCE WITH THE HIGHEST AESTHETIC, INTELLECTUAL AND PROFESSIONAL STANDARDS. TOWARD THIS END THE MUSEUM AUGMENTS, PRESERVES, EXHIBITS AND FOSTERS UNDERSTANDING OF THE OUTSTANDING COLLECTIONS OF WORLD ART IT HOLDS IN TRUST FOR THE PUBLIC AND PRESENTS COMPLEMENTARY EXHIBITIONS AND PROGRAMS. THE CLEVELAND MUSEUM OF ART EMBRACES ITS LEADERSHIP ROLE IN COLLECTING, SCHOLARSHIP, EDUCATION AND COMMUNITY SERVICE. (1. J.H. WADE II, ACT OF CONVEYANCE OF LAND TO BE USED FOR THE CMA.)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 10,807,826 including grants of \$) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ 11,500,031 including grants of \$) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 5,171,039 including grants of \$) (Revenue \$ 3,977,974)
See Additional Data

4d Other program services (Describe in Schedule O.)
(Expenses \$ 30,547,222 including grants of \$) (Revenue \$ 5,536,781)

4e Total program service expenses ▶ 58,026,118

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 22 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
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	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30 Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
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? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 228	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

<p>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</p>	2a	655		
<p>b 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 (see instructions)</p>			2b	Yes
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a	Yes
<p>b If "Yes," has it filed a Form 990-T for this year?<i>If "No" to line 3b, provide an explanation in Schedule O</i></p>			3b	Yes
<p>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)?</p>			4a	No
<p>b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p>				
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a	No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b	No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c	
<p>6a 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 as charitable contributions?</p>			6a	No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b	
<p>7 Organizations that may receive deductible contributions under section 170(c).</p>				
<p>a 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?</p>			7a	Yes
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b	Yes
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c	No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d			
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e	No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f	No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g	
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h	
<p>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>			8	
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a	
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b	
<p>10 Section 501(c)(7) organizations. Enter:</p>				
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a			
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b			
<p>11 Section 501(c)(12) organizations. Enter:</p>				
<p>a Gross income from members or shareholders</p>	11a			
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</p>	11b			
<p>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</p>			12a	
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	12b			
<p>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</p>				
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>			13a	
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	13b			
<p>c Enter the amount of reserves on hand</p>	13c			
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a	No
<p>b If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O</i></p>			14b	
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>			15	No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>			16	No

Part VI 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. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (39); 1b Enter the number of voting members included in line 1a, above, who are independent (38); 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? (No); 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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (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 (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (No); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (CA, FL, OH); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [x] Upon request [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: EDWARD W BAUER 11150 EAST BLVD CLEVELAND, OH 44106 (216) 707-2248

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

Check if Schedule O contains a response or note to any line in this Part VII

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.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)									
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
See Additional Data Table									
1b Sub-Total									
1c Total from continuation sheets to Part VII, Section A									
1d Total (add lines 1b and 1c)						2,303,165	0	356,951	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 23			
---	--	--	--

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes	No
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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes	No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	Yes	No

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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MASTERPIECE INTERNATIONAL LTD, 39 BROADWAY 14TH FLR NEW YORK, NY 10006	ART TRANSPORTATION	637,526
FRED OLIVIERI CONSTRUCTION CO, 6315 PROMWAY AVE NW NORTH CANTON, OH 44720	CONSTRUCTION	395,346
STERN ADVERTISING, 950 MAIN AVE SUITE 700 CLEVELAND, OH 44113	ADVERTISING	329,523
HAHN LOESER PARKS LLP, 200 PUBLIC SQ SUITE 2800 CLEVELAND, OH 44113	LEGAL	295,541
ERNST YOUNG LLP, 950 MAIN AVE 1800 CLEVELAND, OH 44113	ACCOUNTING	277,013

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 12

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c	0		
	d Related organizations	1d	14,647,930		
	e Government grants (contributions)	1e	1,577,499		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	17,219,220		
	g Noncash contributions included in lines 1a - 1f: \$ _____		2,556,914		
	h Total. Add lines 1a-1f		33,444,649		

Program Service Revenue			Business Code				
	2a MEMBERSHIP DUES		712110	1,826,646	1,826,646	0	0
b EDUCATION		712110	485,996	485,996	0	0	
c COMMUNITY PROG & PERF ART		712110	993,483	993,483	0	0	
d SPECIAL EXHIBITIONS		712110	3,977,974	3,977,974	0	0	
e LIBRARY		712110	17,021	17,021	0	0	
f All other program service revenue.							
g Total. Add lines 2a-2f			7,301,120				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			8,450,846		1,453,198	6,997,648
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			47,111			47,111
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)	0	0				
	d Net rental income or (loss)			0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses	158,140,581	27,802,433				
	c Gain or (loss)	146,426,336	28,709,893				
	d Net gain or (loss)	11,714,245	-907,460	10,806,785			10,806,785
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	0				
	b Less: direct expenses	b	0				
	c Net income or (loss) from fundraising events			0			
	9a Gross income from gaming activities. See Part IV, line 19	a	0				
b Less: direct expenses	b	0					
c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances	a	2,027,154					
b Less: cost of goods sold	b	1,200,264					
c Net income or (loss) from sales of inventory			826,890	826,890			
Miscellaneous Revenue	Business Code						
11a PARKING GARAGE	812930	1,210,587		0	0	1,210,587	
b FOOD SERVICES COMMISSION	900099	706,369		0	0	706,369	
c ART REFUND PAYMENT	900099	925,000		925,000	0	0	
d All other revenue		461,745		461,745	0		
e Total. Add lines 11a-11d			3,303,701				
12 Total revenue. See Instructions.			64,181,102	9,514,755	1,453,198	19,768,500	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	1,888,741	1,216,979	333,272	338,490
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	17,668,037	14,181,979	1,817,159	1,668,899
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,366,210	1,885,101	248,863	232,246
9 Other employee benefits	2,722,061	2,209,758	299,450	212,853
10 Payroll taxes	1,333,292	1,053,301	146,662	133,329
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	273,841	98,480	175,361	0
c Accounting	317,430	0	317,430	0
d Lobbying	125,000	125,000	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	2,140,123	0	2,140,123	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,722,483	2,993,099	542,243	187,141
12 Advertising and promotion	757,047	739,896	15,375	1,776
13 Office expenses	1,344,299	826,757	236,263	281,279
14 Information technology	878,137	746,417	122,939	8,781
15 Royalties	5,878	5,878	0	0
16 Occupancy	2,279,145	1,950,230	306,987	21,928
17 Travel	775,792	655,018	52,640	68,134
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	0	0	0	0
20 Interest	4,707,249	3,992,704	667,572	46,973
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	10,581,687	8,994,434	1,481,436	105,817
23 Insurance	405,803	352,803	30,214	22,786
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ART ACQUISITION & TRANSP	13,285,231	13,285,231	0	0
b PUBLICATIONS & LIBRARY	814,341	812,098	0	2,243
c SPECIAL EXHIBITIONS	744,743	744,743	0	0
d MAINTENANCE & EQUIPMENT	783,382	707,886	75,496	0
e All other expenses	1,981,543	448,326	800,586	732,631
25 Total functional expenses. Add lines 1 through 24e	71,901,495	58,026,118	9,810,071	4,065,306
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	6,363,486	1	7,630,110
	2 Savings and temporary cash investments	19,790,000	2	19,844,991
	3 Pledges and grants receivable, net	17,955,800	3	16,064,023
	4 Accounts receivable, net	637,041	4	629,465
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	1,392,913	8	1,053,035
	9 Prepaid expenses and deferred charges	2,346,646	9	2,627,198
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	425,938,260		
	b Less: accumulated depreciation	134,289,375		
	11 Investments—publicly traded securities	299,761,258	10c	291,648,885
	12 Investments—other securities. See Part IV, line 11	750,533,826	11	741,466,364
	13 Investments—program-related. See Part IV, line 11	95,589,726	12	97,264,260
	14 Intangible assets	0	13	0
	15 Other assets. See Part IV, line 11	0	14	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,194,370,696	15	0	
17 Accounts payable and accrued expenses	1,194,370,696	16	1,178,228,331	
18 Grants payable	34,541,559	17	41,460,821	
19 Deferred revenue	0	18	0	
20 Tax-exempt bond liabilities	1,187,232	19	1,276,227	
21 Escrow or custodial account liability. Complete Part IV of Schedule D	146,970,434	20	132,498,552	
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	21	0	
23 Secured mortgages and notes payable to unrelated third parties	0	22	0	
24 Unsecured notes and loans payable to unrelated third parties	0	23	0	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	0	24	0	
26 Total liabilities. Add lines 17 through 25	182,699,225	25	0	
27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	109,223,241	26	175,235,600	
28 Temporarily restricted net assets	482,949,987	27	292,174,642	
29 Permanently restricted net assets	419,498,243	28	288,646,662	
30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		29	422,171,427	
31 Paid-in or capital surplus, or land, building or equipment fund		30		
32 Retained earnings, endowment, accumulated income, or other funds		31		
33 Total net assets or fund balances	1,011,671,471	32		
34 Total liabilities and net assets/fund balances	1,194,370,696	33	1,002,992,731	
		34	1,178,228,331	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	64,181,102
2	Total expenses (must equal Part IX, column (A), line 25)	2	71,901,495
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,720,393
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,011,671,471
5	Net unrealized gains (losses) on investments	5	7,875,125
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-8,833,472
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,002,992,731

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 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.
- 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?
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 34-0714336

Name: Cleveland Museum of Art

Form 990 (2018)

Form 990, Part III, Line 4a:

CURATORIAL, CONSERVATION, REGISTRAR AND LIBRARY THE ORGANIZATION, SECURITY, PRESERVATION, RESEARCH, AND PRESENTATION OF OUR COLLECTIONS ARE SUPPORTED BY THE WORK OF THE MUSEUM'S COLLECTIONS MANAGEMENT, CONSERVATION, CURATORIAL, EDUCATION, LIBRARY, DESIGN, AND EXHIBITIONS STAFF. OUR COLLECTIONS ARE ON VIEW IN STATE-OF-THE-ART FACILITIES AND WITH GALLERY SPACE THAT ALLOWS FOR THE DISPLAY OF MORE WORKS FROM OUR COLLECTIONS THAN EVER BEFORE. NEW EXHIBITION SPACES FURTHER AUGMENT OUR ABILITY TO CONNECT AUDIENCES WITH WORKS OF ART. IN ADDITION TO COMPLEMENTING THE COLLECTIONS, THE SPECIAL EXHIBITIONS PRESENTED AT THE MUSEUM EXTEND INTO THOSE HISTORIC PERIODS, GEOGRAPHIC AREAS, OR MEDIA THAT ARE ABSENT FROM OR NOT WELL REPRESENTED IN OUR COLLECTIONS. COLLECTING CENTRAL TO THE MISSION OF THE MUSEUM IS THE CONTINUED DEVELOPMENT AND PRESERVATION OF ITS ART COLLECTION. THE COLLECTION IS CONSIDERED A SELECTIVE SURVEY OF THE HISTORY OF ART PRESENTED WITH WORKS OF THE HIGHEST AESTHETIC QUALITY AND HISTORICAL SIGNIFICANCE. PARTICULARLY NOTABLE IS THE MUSEUM'S COMPREHENSIVE, DISTINGUISHED ASIAN ART COLLECTION AS WELL AS ITS ANCIENT ART, MEDIEVAL EUROPEAN ART AND PRE-COLUMBIAN HOLDINGS. CONSERVING IN THE MUSEUM'S CONSERVATION LABS, YOU WILL FIND CONSERVATORS WITH SPECIALIZATIONS RANGING FROM PAINTINGS TO SCULPTURE, ANTIQUITIES TO CONTEMPORARY ART, AND MEDIEVAL MANUSCRIPTS TO TAPESTRIES TO ASIAN FOLDING SCREENS. THESE INDIVIDUALS HAVE ACADEMIC BACKGROUNDS THAT INCLUDE ART HISTORY, STUDIO ART, AND CHEMISTRY AS WELL AS ADVANCED EDUCATION AND TRAINING IN THE CONSERVATION OF ART AND HISTORIC COLLECTIONS. THEIR MISSION IS TO STUDY, PRESERVE, AND CONSERVE THE WORKS OF ART IN CLEVELAND'S COLLECTION AND THE WORKS OF ART TRAVELING HERE FROM OTHER MUSEUMS AND COLLECTORS AROUND THE WORLD. USING SIMPLE HAND TOOLS AND MICROSCOPES AS WELL AS HIGH-TECH TOOLS SUCH AS X-RADIOGRAPHY AND INFRARED REFLECTOGRAPHY, THESE CONSERVATORS WORK WITH PATIENCE AND PRECISION TO EXAMINE ARTWORK AND PERFORM A WIDE RANGE OF CONSERVATION TREATMENTS. WALKING THROUGH THE CONSERVATION SUITE ON ANY GIVEN DAY, YOU MAY FIND A CONSERVATOR CLOSELY EXAMINING A UNIQUE 15TH-CENTURY ENGRAVING, CAREFULLY MOUNTING A 6TH-CENTURY EGYPTIAN COPTIC TEXTILE FOR DISPLAY, WORKING ON AN IMPRESSIONIST'S MASTERPIECE TO BRING IT AS CLOSE AS POSSIBLE TO ITS ORIGINAL STATE AND ARTIST'S INTENT, OR PREPARING A FRAGILE PORCELAIN VASE TO TRAVEL WITHIN THE BUILDING OR ACROSS THE WORLD WITHOUT HARM FROM MOVEMENT OR ENVIRONMENTAL CHANGES. TODAY, AS PART OF THE MUSEUM'S RENOVATION AND EXPANSION PROJECT, THE CONSERVATION DEPARTMENT WORKS IN A RECENTLY OPENED 18,000-SQUARE-FOOT SUITE OF STATE-OF-THE-ART LABORATORIES. IT IS ONE OF THE FINEST SPACES IN THE COUNTRY FOR ANALYSIS, STUDY, AND CONSERVATION OF MUSEUM COLLECTIONS. LIBRARY THE MISSION OF THE MUSEUM'S LIBRARY, INGALLS LIBRARY, IS TO SUPPORT THE MUSEUM'S CURRENT AND FUTURE COLLECTIONS, RESEARCH, EXHIBITIONS, PUBLICATIONS, LECTURES, PROGRAMS, AND ACTIVITIES. THE ARCHIVES' MISSION IS TO PRESERVE RECORDS THAT DOCUMENT THE ORIGINS, DEVELOPMENT, ACHIEVEMENTS, AND ACTIVITIES OF THE MUSEUM, AND TO ADMINISTER THE MUSEUM'S RECORDS MANAGEMENT PROGRAM. ALL LIBRARY MATERIALS, EXCEPT THOSE IN THE REFERENCE COLLECTION, ARE HOUSED IN CLOSED STACKS. WHEN THE MUSEUM OPENED IN 1916 THE LIBRARY CONSISTED OF JUST 600 VOLUMES, MOSTLY ACQUIRED THROUGH DONATION. THE COLLECTION GREW SLOWLY AT FIRST, WITH AN EMPHASIS ON ESSENTIAL REFERENCE TEXTS. AS FUNDING AND INSTITUTIONAL SUPPORT INCREASED, THE LIBRARY DEVELOPED INTO THE CENTER OF MUSEUM RESEARCH. SINCE REACHING 100,000 ITEMS IN 1979, COLLECTION GROWTH HAS INCREASED EXPONENTIALLY. FURTHER MILESTONES FOLLOWED QUICKLY, AS THE VOLUME COUNT TOPPED 200,000 IN 1995, THEN 300,000 IN 2000 AND 400,000 IN 2005. THERE ARE NOW MORE THAN 500,000 VOLUMES. TODAY, THE LIBRARY IS AN INTEGRAL PART OF THE MUSEUM'S IDENTITY. COLLECTIONS REMAIN A DYNAMIC AND CONSTANTLY EVOLVING RESOURCE FOR OUR VISITORS.

Form 990, Part III, Line 4b:

ART ACQUISITIONS THE CLEVELAND MUSEUM OF ART PRESENTS MAGNIFICENT ART FROM AROUND THE WORLD. CENTRAL TO THE MISSION OF THE MUSEUM IS THE CONTINUED DEVELOPMENT AND PRESERVATION OF ITS ART COLLECTION. THE MUSEUM'S HOLDINGS OF WORLD ART ARE INTERNATIONALLY CELEBRATED AND A GREAT SOURCE OF PRIDE FOR THE CLEVELAND COMMUNITY AND MUSEUM FIELD, EACH YEAR DRAWING HUNDREDS OF THOUSANDS OF VISITORS FROM THE REGION AND BEYOND. THE GROWTH OF THE COLLECTIONS IS GUIDED BY A PHILOSOPHY THAT FAVORS QUALITY OVER QUANTITY AND PRIVILEGES THE SINGULAR OBJECT OVER BROAD COVERAGE IN ANY GIVEN FIELD. THE MUSEUM'S ENDOWMENT HOLDS ONE OF THE LARGEST ACQUISITION FUNDS OF ANY ART MUSEUM IN THE COUNTRY. EACH YEAR, THIS FUND PRODUCES INCOME UPON WHICH OUR CURATORS, DIRECTOR, AND BOARD OF TRUSTEES DRAW TO ACQUIRE NEW WORKS OF ART, THUS ENSURING THAT OUR COLLECTIONS REMAIN A DYNAMIC AND CONSTANTLY EVOLVING RESOURCE FOR OUR VISITORS. APPROXIMATELY 300 WORKS OF ART ARE ACQUIRED PER YEAR.

Form 990, Part III, Line 4c:

SPECIAL EXHIBITIONS THE MUSEUM IS A SIGNIFICANT INTERNATIONAL FORUM FOR EXHIBITS. THE IMPROVED AND EXPANDED SPECIAL EXHIBITION SPACES MAKES CLEVELAND A DESIRABLE DESTINATION FOR PREEMINENT LOAN EXHIBITIONS, BRINGING THE BEST ART FROM AROUND THE WORLD TO THE PEOPLE OF THE REGION. HISTORICALLY, THE MUSEUM HAS SHOWCASED BETWEEN 13 AND 17 SPECIAL EXHIBITIONS PER YEAR, STAGING TEMPORARY EXHIBITIONS THAT DRAW FROM ITS PERMANENT COLLECTION AS WELL AS SHOWCASING INTERNATIONAL LOAN SHOWS.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HELEN FORBES FIELDS BOARD MEMBER	1.0 0.0	X						0	0	0
ROBERT W GILLESPIE BOARD MEMBER	1.0 0.0	X						0	0	0
AGNES GUND BOARD MEMBER	1.0 0.0	X						0	0	0
CYNTHIA AMES HUFFMAN BOARD MEMBER	1.0 0.0	X						0	0	0
SUSAN KAESGEN BOARD MEMBER	1.0 0.0	X						0	0	0
NANCY F KEITHLEY BOARD MEMBER	1.0 0.0	X						0	0	0
WILLIAM P MADAR BOARD MEMBER	1.0 0.0	X						0	0	0
MILTON MALTZ BOARD MEMBER	1.0 0.0	X						0	0	0
SCOTT C MUELLER VICE CHAIR & BOARD MEMBER	1.0 1.0	X		X				0	0	0
STEPHEN E MYERS BOARD MEMBER	1.0 1.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JULIA POLLOCK BOARD MEMBER	1.0 0.0	X						0	0	0
PETER E RASKIND BOARD MEMBER & CHAIRMAN	1.0 0.0	X		X				0	0	0
DANIEL P WALSH JR BOARD MEMBER	1.0 0.0	X						0	0	0
LEIGH HAYES CARTER BOARD MEMBER	1.0 0.0	X						0	0	0
KATHERINE TEMPLETON O'NEILL BOARD MEMBER	1.0 0.0	X						0	0	0
PAUL E WESTLAKE JR BOARD MEMBER	1.0 0.0	X						0	0	0
DOMINIC OZANNE BOARD MEMBER	1.0 0.0	X						0	0	0
R STEVEN KESTNER Board member	1.0 1.0	X						0	0	0
ALFRED M RANKIN JR BOARD MEMBER	1.0 1.0	X						0	0	0
ELLEN STIRN MAVEC BOARD MEMBER	1.0 0.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES A RATNER VICE CHAIR & BOARD MEMBER	1.0	X		X				0	0	0
SARAH S CUTLER VICE CHAIR	1.0	X		X				0	0	0
SECRETARY & BOARD MEMBER	1.0									
WILLIAM M GRISWOLD DIR & PRESIDENT	40.0	X		X				710,920	0	125,197
MICHELLE JESCHELNIG BOARD MEMBER	1.0	X						0	0	0
RICHARD P STOVSKY BOARD MEMBER	1.0	X						0	0	0
VIRGINIA N BARBATO BOARD MEMBER	1.0	X						0	0	0
FREDERICK E BIDWELL BOARD MEMBER	1.0	X						0	0	0
STEPHEN W BAILEY BOARD MEMBER	1.0	X						0	0	0
CHRISTOPHER GORMAN BOARD MEMBER	1.0	X						0	0	0
CHARLOTTE FOWLER BOARD MEMBER	1.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN WALTON BOARD MEMBER	1.0 0.0	X						0	0	0
LOYAL M WILSON BOARD MEMBER	1.0 0.0	X						0	0	0
EDWARD HEMMELGARN BOARD MEMBER (BEG 9/2018)	1.0 0.0	X						0	0	0
JON H OUTCALT BOARD MEMBER (Beg 09/2018)	1.0 0.0	X						0	0	0
FELTON THOMAS BOARD MEMBER (beg 09/2018)	1.0 0.0	X						0	0	0
WILLIAM LITZLER BOARD MEMBER (BEG 6/2019)	1.0 0.0	X						0	0	0
REV JAWANZA K COLVIN BOARD MEMBER	1.0 0.0	X						0	0	0
RICHARD H FEARON BOARD MEMBER	1.0 1.0	X						0	0	0
LAUREN RICH FINE BOARD MEMBER	1.0 1.0	X						0	0	0
DEAN BARRY BOARD MEMBER (END 2019)	1.0 0.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TOBY DEVAN LEWIS BOARD MEMBER (END 6/2019)	1.0 0.0	X						0	0	0
EDWARD W BAUER TREASURER	40.0 1.0			X				167,971	0	38,383
Stephen J Knerly Jr Assistant Secretary	1.0 0.0			X				0	0	0
HEATHER J LEMONEDES CHIEF CURATOR	40.0 0.0				X			220,341	0	18,840
CYRA LEVENSON DIR PUBLIC & ACADEMIC ENGMNT	40.0 0.0				X			216,569	0	30,673
JOHN EASLEY DIR PHILANTHROPY	40.0 0.0				X			305,392	0	31,250
JEFFREY W STREAN DIR DESIGN & ARCHITECTURE	40.0 0.0					X		140,730	0	43,223
MARJORIE L WILLIAMS LEADERSHIP GIVING OFFICER	40.0 0.0					X		136,470	0	22,566
JANE ALEXANDER CHIEF INFORMATION OFFICER	40.0 0.0					X		144,091	0	17,236
HEIDI STREAN DIR EXHIBITIONS & PUBLICATIONS	40.0 0.0					X		132,887	0	7,571

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Cleveland Museum of Art

Employer identification number

34-0714336

Part I 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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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: _____
- 5 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	49,687,513	35,979,294	27,854,956	38,413,035	33,444,649	185,379,447
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge.. . . .						0
4 Total. Add lines 1 through 3	49,687,513	35,979,294	27,854,956	38,413,035	33,444,649	185,379,447
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).						59,405,372
6 Public support. Subtract line 5 from line 4.						125,974,075

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4.	49,687,513	35,979,294	27,854,956	38,413,035	33,444,649	185,379,447
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,688,809	8,961,054	7,638,319	7,832,501	7,044,759	40,165,442
9 Net income from unrelated business activities, whether or not the business is regularly carried on					1,453,198	1,453,198
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	1,692,291	1,811,480	2,394,030	2,087,880	3,303,701	11,289,382
11 Total support. Add lines 7 through 10						238,287,469

12 Gross receipts from related activities, etc. (see instructions) **12** 38,706,251

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	52.866 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	15	50.509 %

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .						
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 . . .						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 . . .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge . . .						
6	Total. Add lines 1 through 5 . . .						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons . . .						
b	Amounts 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. . .						
c	Add lines 7a and 7b. . .						
8	Public support. (Subtract line 7c from line 6.) . . .						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6. . .						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . .						
c	Add lines 10a and 10b. . .						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . .						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .						
13	Total support. (Add lines 9, 10c, 11, and 12.) . . .						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** . . .

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2017. 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

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 34-0714336

Name: Cleveland Museum of Art

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 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" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization Cleveland Museum of Art	Employer identification number 34-0714336
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

Part 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 ▶ \$ _____

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.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. 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) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	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 excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	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 excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	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:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	0
d	Mailings to members, legislators, or the public?		No	0
e	Publications, or published or broadcast statements?		No	0
f	Grants to other organizations for lobbying purposes?		No	0
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	0
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
i	Other activities?	Yes		125,000
j	Total. Add lines 1c through 1i			125,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	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

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
LOBBYING ACTIVITES	SCHEDULE C, PART II-B, LINE 1I CMA PAID \$125,000 TO william p blair iii FOR LEGISLATIVE REPRESENTATION AND GENERAL COMMUNICATIONS WITH ELECTED OFFICIALS ON THE MUSEUM'S BEHALF.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2018
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
Cleveland Museum of Art

Employer identification number
34-0714336

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	796,842,000	763,493,000	698,378,000	759,315,000	772,894,000
b Contributions	2,728,000	5,797,000	1,091,000	1,367,000	2,118,000
c Net investment earnings, gains, and losses	20,775,000	48,884,000	86,898,000	-43,320,000	4,419,000
d Grants or scholarships					
e Other expenditures for facilities and programs	22,920,000	21,332,000	22,874,000	18,984,000	20,116,000
f Administrative expenses					
g End of year balance	797,425,000	796,842,000	763,493,000	698,378,000	759,315,000

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 13.000 %
 - b** Permanent endowment ▶ 53.000 %
 - c** Temporarily restricted endowment ▶ 34.000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-------------------|----|
| (i) unrelated organizations | 3a(i) Yes | |
| (ii) related organizations | 3a(ii) Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b Yes | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				0
b Buildings		391,966,503	108,484,478	283,482,025
c Leasehold improvements				
d Equipment		29,450,924	25,804,897	3,646,027
e Other		4,520,833		4,520,833
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				291,648,885

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) ALT INVEST - ABSOLUTE RETURN	19,275,639	F
(B) ALT INVEST - PRIVATE EQUITY	58,234,471	F
(C) ALT INVEST - HEDGED EQUITY	19,754,150	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	97,264,260	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	0

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	70,188,170
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	7,875,125	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-1,615,123	
e	Add lines 2a through 2d			2e 6,260,002
3	Subtract line 2e from line 1			3 63,928,168
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	252,934	
c	Add lines 4a and 4b			4c 252,934
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5 64,181,102

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	70,961,636
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	1,200,264	
e	Add lines 2a through 2d			2e 1,200,264
3	Subtract line 2e from line 1			3 69,761,372
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	2,140,123	
c	Add lines 4a and 4b			4c 2,140,123
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 71,901,495

Part XIII Supplemental Information

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 X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 34-0714336

Name: Cleveland Museum of Art

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART III, LINE 1A	footnote regarding art collection THE MUSEUM'S COLLECTIONS ARE MADE UP OF ART OBJECTS AND ARTIFACTS OF HISTORICAL SIGNIFICANCE THAT ARE HELD FOR EDUCATIONAL, RESEARCH, SCIENTIFIC, AND CURATORIAL PURPOSES. EACH OF THE ITEMS IS CATALOGED, PRESERVED, AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY . PURCHASES FOR THE COLLECTION ARE RECORDED AS EXPENDITURES FOR THE ACQUISITION OF ART OBJECTS IN THE STATEMENTS OF ACTIVITIES IN THE YEAR IN WHICH THE OBJECTS ARE ACQUIRED. PROCEEDS FROM THE DEACCESSION OF ART OBJECTS ARE RECORDED AS TEMPORARILY RESTRICTED NET ASSETS AND ARE RESTRICTED TO THE ACQUISITION OF OTHER ART OBJECTS. IN KEEPING WITH STANDARD MUSEUM PRACTICE, THE COLLECTIONS, WHICH WERE ACQUIRED VIA PURCHASES AND CONTRIBUTIONS, ARE NOT RECOGNIZED AS ASSETS ON THE STATEMENTS OF FINANCIAL POSITION.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART III, LINE 4	<p>DESCRIPTION OF COLLECTIONS & EXEMPT PURPOSE THE CLEVELAND MUSEUM OF ART PROVIDES A COLLECTION OF WORKS OF ART THAT REPRESENTS THE HIGHEST AESTHETIC ACHIEVEMENT OF INDIVIDUALS AND CIVILIZATIONS, PAST AND PRESENT, FOR THE BENEFIT OF THE PUBLIC. THE COLLECTION INCLUDES MORE THAN 45,000 OBJECTS AND SPANS 6,000 YEARS OF ACHIEVEMENT IN THE ARTS. THE MUSEUM HAS THREE EQUAL OBLIGATIONS: CARE, PRESENTATION, AND DEVELOPMENT. THE MUSEUM DEVELOPS AND REFINES THE EXISTING COLLECTION AND MAINTAINS HIGH ETHICAL STANDARDS IN ITS PURSUIT. IN ORDER TO PRESERVE THE COLLECTION FOR FUTURE GENERATIONS, PROPER CONSERVATION PRACTICES AND APPROPRIATE SECURITY ARE MAINTAINED. USING ITS COLLECTION AND OTHER RESOURCES, THE MUSEUM HAS A COMMITMENT TO SERVE A VARIETY OF AUDIENCES, ALWAYS SEEKING A DYNAMIC INTERACTION BETWEEN THE VISITORS AND THE WORKS OF ART. MUSEUM STAFF ENDEAVOR TO CREATE A RANGE OF PROGRAMS THAT ENLIGHTEN AND DELIGHT BOTH A BROAD AUDIENCE AND VISITORS WITH MORE SPECIFIC INTERESTS. INFORMATION ON THE COLLECTION AND THE CONTINUING RESEARCH THEREON BY THE PROFESSIONAL STAFF IS DISSEMINATED THROUGH EDUCATIONAL ACTIVITIES AND PUBLICATIONS. THE MUSEUM PRESENTS PROGRAMS IN RELATED AREAS SUCH AS MUSIC AND FILM SINCE THEY CAN CONTRIBUTE TO A BROADER UNDERSTANDING OF THE ARTS.</p>

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	<p>INTENDED USE OF ENDOWMENT FUNDS THE MUSEUM ENDOWMENT CONSISTS OF APPROXIMATELY 340 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. THE ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENT FUNDS. NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR IMPOSED RESTRICTIONS. THE MUSEUM HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN PURCHASING POWER OF THE ENDOWMENT ASSETS. ENDOWMENT ASSETS INCLUDE THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT THE MUSEUM MUST HOLD IN PERPETUITY OR FOR A DONOR-SPECIFIC PERIOD(S) AS WELL AS BOARD-DESIGNATED FUNDS. UNDER THIS POLICY, AS APPROVED BY THE BOARD OF TRUSTEES, THE ENDOWMENT ASSETS ARE INVESTED IN A MANNER THAT IS INTENDED TO PRODUCE A REAL RETURN, NET OF INFLATION AND INVESTMENT MANAGEMENT COSTS, OF AT LEAST 7% OVER THE LONG TERM. ACTUAL RETURNS IN ANY GIVEN YEAR MAY VARY FROM THIS AMOUNT.</p>

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	FIN 48 FOOTNOTE FROM FINANCIAL STATEMENTS THE MUSEUM IS A NONPROFIT ORGANIZATION AND IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THERE WERE NO AMOUNTS RECORDED FOR UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2019 AND 2018. SCHEDULE D, PART XI, LINE 2D OTHER REVENUE AMOUNTS INCLUDED ON BOOKS BUT NOT ON RETURN INVESTMENT MANAGEMENT FEES \$(2,140,123) Investment return deferred \$525,000 SCHEDULE D, PART XI, LINE 4B OTHER REVENUE AMOUNTS INCLUDED ON RETURN BUT NOT ON BOOKS RECLASS COGS Retail \$(1,200,264) Gain from partnership \$1,453,198 SCHEDULE D, part xii, line 2d other expense amounts included on books but not on return Reclass COGS Retail \$1,200,264 SCHEDULE D, PART XII, LINE 4B OTHER EXPENSE AMOUNTS INCLUDED ON THE RETURN BUT NOT ON BOOKS INVESTMENT MANAGEMENT FEES \$2,140,123

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Cleveland Museum of Art

Employer identification number

34-0714336

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central America and the Caribbean	0	0	Investments		28,802,472
3a Sub-total	0	0			28,802,472
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			28,802,472

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____
- 3 Enter total number of other organizations or entities ▶ _____

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

ReturnReference	Explanation

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2018
Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Cleveland Museum of Art

Employer identification number
34-0714336

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JEFFREY W STREAM DIR DESIGN & ARCHITECTURE	(i)	140,730	0	0	13,603	29,620	183,953	0
	(ii)	0	0	0	0	0	0	0
2 MARJORIE L WILLIAMS LEADERSHIP GIVING OFFICER	(i)	136,470	0	0	12,595	9,971	159,036	0
	(ii)	0	0	0	0	0	0	0
3 EDWARD W BAUER TREASURER	(i)	167,971	0	0	15,895	22,488	206,354	0
	(ii)	0	0	0	0	0	0	0
4 JANE ALEXANDER CHIEF INFORMATION OFFICER	(i)	144,091	0	0	7,207	10,029	161,327	0
	(ii)	0	0	0	0	0	0	0
5 WILLIAM M GRISWOLD DIR & PRESIDENT	(i)	710,920	0	0	115,238	9,959	836,117	0
	(ii)	0	0	0	0	0	0	0
6 HEATHER J LEMONEDES CHIEF CURATOR	(i)	220,341	0	0	8,826	10,014	239,181	0
	(ii)	0	0	0	0	0	0	0
7 CYRA LEVENSON DIR PUBLIC & ACADEMIC ENGMNT	(i)	216,569	0	0	9,885	20,788	247,242	0
	(ii)	0	0	0	0	0	0	0
8 JOHN EASLEY DIR PHILANTHROPY	(i)	305,392	0	0	10,230	21,020	336,642	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Schedule j, part iii, line 4b	Cleveland museum of art offers a deferred supplemental executive retirement plan (serp) for the president of the museum, william griswold. The serp was initially funded in FY18.



Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Cleveland Museum of Art

Employer identification number

34-0714336

Part I Bond Issues

Table with columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include CLEVELAND-CUYAHOGA COUNTY PORT AUTHORITY.

Part II Proceeds

Table with columns: A, B, C, D. Rows 1-17 detailing bond proceeds: Amount of bonds retired, Amount of bonds legally defeased, Total proceeds of issue, Gross proceeds in reserve funds, Capitalized interest from proceeds, Proceeds in refunding escrows, Issuance costs from proceeds, Credit enhancement from proceeds, Working capital expenditures from proceeds, Capital expenditures from proceeds, Other spent proceeds, Other unspent proceeds, Year of substantial completion, and Were the bonds issued as part of a current/advance refunding issue?

Part III Private Business Use

Table with columns: A, B, C, D. Rows 1-2: Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? Are there any lease arrangements that may result in private business use of bond-financed property?

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X	X					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			X					
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %				
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X				
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X				

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X				
b Exception to rebate?		X		X				
c No rebate due?	X		X					
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X			X				
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider	0		0					
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider	0		0					
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?		X		X				

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X				

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
DESCRIPTION OF PURPOSE FOR TAX-EXEMPT BONDS	<p>SCHEDULE K, PART I, COLUMN F, LINE A THE PROCEEDS FROM THE CULTURAL FACILITY REVENUE BONDS ISSUED BY THE CLEVELAND-CUYAHOGA PORT AUTHORITY WERE USED TO FINANCE THE MUSEUM'S CONSTRUCTION, RENOVATION AND EXPANSION PROJECT. THE BONDS WERE ISSUED IN FOUR SERIES (I) THE SERIES A BONDS IN THE PRINCIPAL AMOUNT OF \$30,000,000, (II) THE SERIES B BONDS IN THE PRINCIPAL AMOUNT OF \$20,000,000, (III) THE SERIES C BONDS IN THE PRINCIPAL AMOUNT OF \$20,000,000, AND (IV) THE SERIES D BONDS IN THE PRINCIPAL AMOUNT OF \$20,000,000. ISSUER NAME: CLEVELAND-CUYAHOGA COUNTY PORT AUTHORITY ISSUER EIN: 34-1029691 CUSIP#1: 18610PAB4 DATE ISSUED: 10/20/2005 ISSUE PRICE: \$30,000,000 DESCRIPTION: MUSEUM'S CONSTRUCTION, RENOVATION AND EXPANSION PROJECT DEFEASED: N ON BEHALF OF ISSUER: N CUSIP#2: 18610PAC2 DATE ISSUED: 10/20/2005 ISSUE PRICE: \$20,000,000 DESCRIPTION: MUSEUM'S CONSTRUCTION, RENOVATION AND EXPANSION PROJECT DEFEASED: N ON BEHALF OF ISSUER: N CUSIP#3: 18610PAD0 DATE ISSUED: 10/20/2005 ISSUE PRICE: \$20,000,000 DESCRIPTION: MUSEUM'S CONSTRUCTION, RENOVATION AND EXPANSION PROJECT DEFEASED: N ON BEHALF OF ISSUER: N CUSIP#4: 18610PAE8 DATE ISSUED: 10/20/2005 ISSUE PRICE: \$20,000,000 DESCRIPTION: MUSEUM'S CONSTRUCTION, RENOVATION AND EXPANSION PROJECT DEFEASED: N ON BEHALF OF ISSUER: N DESCRIPTION OF PURPOSE FOR TAX-EXEMPT BONDS SCHEDULE K, PART I, COLUMN F, LINE B THE PROCEEDS FROM THE CULTURAL FACILITY REVENUE BONDS ISSUED BY THE CLEVELAND-CUYAHOGA PORT AUTHORITY IN 2010 WERE USED TO FINANCE THE MUSEUM'S ONGOING CONSTRUCTION PROJECTS. THE 2010 BONDS WERE ISSUED AT A PREMIUM WITH VARYING MATURITY DATES RANGING FROM OCTOBER 2018 TO 2022 AND WITH COUPON RATES RANGING FROM 3.00% TO 5.00%. THE PROCEEDS THE MUSEUM REALIZED ON THE BONDS TOTALED \$75,917,326. CUSIP#1: 18610PAR9 DATE ISSUED: 07/01/2010 ISSUE PRICE: \$75,917,326 DESCRIPTION: MUSEUM'S CONSTRUCTION, RENOVATION AND EXPANSION PROJECT DEFEASED: N ON BEHALF OF ISSUER: N POOLED FINANCING: N TOTAL PROCEEDS OF ISSUE SCHEDULE K, PART II, LINE 3, COLUMN B THE BONDS WERE SOLD TO THE ORIGINAL PURCHASER UNDER THE TERMS OF THE BOND PURCHASE AGREEMENT AT AN AGGREGATE PURCHASE PRICE EQUAL TO \$75,477,248 DETERMINED AS FOLLOWS: THE PRINCIPAL AMOUNT OF THE BONDS (\$70,430,000), PLUS NET ORIGINAL ISSUE PREMIUM (\$5,487,326) AND LESS UNDERWRITER'S DISCOUNT (\$440,078). DATE THE REBATE COMPUTATION WAS PERFORMED SCHEDULE K, PART IV, LINE 2C, COLUMN A 12/16/2010 SCHEDULE K, PART IV, LINE 2C, COLUMN B 06/30/2015 PROCEDURES TO MONITOR REQUIREMENTS OF SECTION 148 SCHEDULE K, PART IV, LINE 7 WE DO NOT HAVE WRITTEN PROCEDURES TO MONITOR THE REQUIREMENTS OF SECTION 148. HOWEVER, WE BELIEVE THAT WE ARE IN FULL COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS RELATED TO OUR TAX-EXEMPT BONDS. PROCEDURES TO UNDERTAKE CORRECTIVE ACTION SCHEDULE K, PART V WE DO NOT HAVE WRITTEN PROCEDURES TO UNDERTAKE CORRECTIVE ACTION AT THIS TIME. HOWEVER, WE DO NOT BELIEVE WE ARE IN VIOLATION OF ANY FEDERAL TAX REQUIREMENTS.</p>

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Cleveland Museum of Art

Employer identification number
34-0714336

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	1,007	0	SEE SCH M, PART II
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	78	2,556,914	FMV-DATE OF GIFT
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				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 16

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE M, PART I, LINE 33	CONTRIBUTIONS OF ARTWORK VARIOUS ART OBJECTS NOT RECORDED ON BOOKS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization
Cleveland Museum of Art

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

34-0714336

990 Schedule O, Optional Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4D</p>	<p>Description of other program services USING ITS COLLECTION AND OTHER RESOURCES, THE MUSEUM HAS A COMMITMENT TO SERVE A VARIETY OF AUDIENCES, ALWAYS SEEKING A DYNAMIC INTERACTION BETWEEN THE VISITORS AND THE WORKS OF ART. MUSEUM STAFF ENDEAVOR TO CREATE A RANGE OF PROGRAMS THAT ENLIGHTEN AND DELIGHT BOTH A BROAD AUDIENCE AND VISITORS WITH MORE SPECIFIC INTERESTS. INFORMATION ON THE COLLECTION AND THE CONTINUING RESEARCH THEREON BY THE PROFESSIONAL STAFF IS DISSEMINATED THROUGH EDUCATIONAL ACTIVITIES AND PUBLICATIONS. THE MUSEUM PRESENTS PROGRAMS IN RELATED AREAS SUCH AS MUSIC AND FILM SINCE THEY CAN CONTRIBUTE TO A BROADER UNDERSTANDING OF THE ARTS. EDUCATION & COMMUNITY PROGRAMS CLEVELAND MUSEUM OF ART'S EDUCATION AND ACADEMIC AFFAIRS TEAM CREATES DYNAMIC PROGRAMMING, THOUGHTFUL CONTENT, AND MEANINGFUL COLLABORATIONS THAT TEACH, INSPIRE, AND SUPPORT VISITORS AND THE COMMUNITY TO ENGAGE WITH THE MUSEUM'S COLLECTION, FEEL A CONNECTION TO IT AND, ULTIMATELY, ENHANCE THEIR LIVES THROUGH ART. IN THE GALLERIES THE MUSEUM OFFERS A NUMBER OF WAYS TO CONNECT WITH ART AND EACH OTHER. THE ARTLENS APP ALLOWS VISITORS TO LEARN ABOUT THE ARTWORK ON THEIR OWN, OR VISITORS CAN TAKE A FREE TOUR LED BY TRAINED DOCENTS. VISITORS CAN ALSO HANDLE GENUINE WORKS OF ART FROM THE EDUCATION ART COLLECTION IN OUR ART CARTS, AND PARTICIPATE IN ACTIVITIES LIKE SCAVENGER HUNTS ON OUR FAMILY DAYS CALLED SECOND SUNDAYS. IN THE STUDIO OUR ARTISTS TEACH CLASSES FOR PEOPLE OF ALL AGES. WE OFFER CLASSES FOR OUR 'LITTLEST LEARNERS' BEGINNING AT 18 MONTHS, FOR ADULTS, AND EVERYONE IN BETWEEN. IN THE CLASSROOM, THE MUSEUM'S CONNIE TOWSON FORD TEACHER RESOURCE CENTER SERVES EDUCATORS WORKING WITH VARIOUS GRADE LEVELS, DISCIPLINES AND AUDIENCES. THE CENTER OFFERS A VARIETY OF WORKSHOPS THROUGHOUT THE YEAR FOR EDUCATORS. IN THE COMMUNITY VISITORS CAN EXPLORE THE MUSEUM PROGRAMS AT LOCATIONS AROUND NORTHEAST OHIO AND ONSITE AT THE MUSEUM. THE MUSEUM IS COMMITTED TO PUBLIC ARTS EDUCATION AND HOSTS MANY EDUCATIONAL EVENTS THROUGHOUT THE YEAR, INCLUDING FAMILY DAYS, SCHOOL TOURS, INTERGENERATIONAL STUDIO ARTS CLASSES AND THE DISTANCE LEARNING AND ART TO GO PROGRAMS. ANNUAL COMMUNITY ARTS FESTIVALS INCLUDE: SPRINGTIME'S PARADE THE CIRCLE, THE AUTUMN CHALK FESTIVAL AND A WINTER LIGHTS LANTERN FESTIVAL. MUSIC, PERFORMING ARTS AND FILM MUSIC AT THE CLEVELAND MUSEUM OF ART HAS A HISTORY NEARLY AS LONG AS THE INSTITUTION ITSELF, AND THE INITIAL PROGRAM HAS GROWN INTO AN EXTENSIVE PERFORMING ARTS SEASON THAT INCLUDES INTERNATIONAL MUSIC, DANCE AND THEATRE ARTISTS. THE MUSEUM'S ANNUAL SUMMER SOLSTICE FESTIVAL IS A CELEBRATION OF ART AND MUSIC. GUESTS HAVE AN OPPORTUNITY TO ENJOY DYNAMIC AND CUTTING-EDGE MUSIC FROM AROUND THE WORLD, AND EXPLORE MUSEUM GALLERIES LATE INTO THE NIGHT. IN ADDITION, THE INSTITUTION PLAYS HOST TO A YEAR-ROUND FILM PROGRAM THAT IS ONE OF THE OLDEST OF ANY MUSEUM IN THE UNITED STATES. APPROXIMATELY 90 FILMS ARE SCREENED ANNUALLY. THE ART AND FICTION BOOK CLUB IS ANOTHER EXAM</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	<p>PLE OF A MUSEUM BASED EVENT ORGANIZED BY THE DEPARTMENT OF EDUCATION AND INTERPRETATION FO R ART AND LITERATURE ENTHUSIASTS THROUGHOUT THE COMMUNITY. MEMBERS OF THE PUBLIC CAN DOWNLOAD MATERIALS CREATED BY OUR EDUCATORS, SUCH AS FAMILY GUIDES AND ART PROJECTS FOR HOME OR SCHOOL USE, INTERPRETATIVE RESOURCES THAT ADD PERSPECTIVE TO OBJECTS IN THE MUSEUM'S COLL ECTION, AND A HOST OF TEACHER ONLINE RESOURCES. CMA-CWRU JOINT PROGRAM THE JOINT PROGRAM I N ART HISTORY AND MUSEUM STUDIES OFFERED BY CASE WESTERN RESERVE UNIVERSITY IN ASSOCIATION WITH THE CLEVELAND MUSEUM OF ART PROVIDES STUDENTS THE OPPORTUNITY TO STUDY THE HISTORY O F ART AND PREPARE THEMSELVES FOR CAREERS IN THE MUSEUM FIELD USING THE RESOURCES OF A MAJO R RESEARCH UNIVERSITY, ONE OF THE COUNTRY'S FINEST GENERAL ART MUSEUMS, AND THE INGALLS LI BRARY, THE THIRD LARGEST ART MUSEUM LIBRARY IN THE COUNTRY. THE INGALLS LIBRARY PROVIDES R ESEARCH CONSULTATION AND USE OF THE LIBRARY SEMINAR ROOM FOR THE STUDENTS AND FACULTY IN T HE JOINT PROGRAM. IN 2002, THE MUSEUM EMBARKED ON A \$350 MILLION CAPITAL CAMPAIGN TO DRAMA TICALLY MODIFY THE INSTITUTION'S BLUEPRINT WHILE REORGANIZING AND RENEWING THE PRESENTATIO N OF ITS UNRIVALED COLLECTION. THE RENOVATION AND EXPANSION PROJECT REAFFIRMED THE VISION OF THE INSTITUTION'S FOUNDERS, WHO BELIEVED THAT A GREAT CITY LIKE CLEVELAND SHOULD BE END OWED WITH THE FINEST OF CULTURAL ASSETS, INCLUDING AN ART MUSEUM THAT IS ACCESSIBLE TO THE PUBLIC FREE OF CHARGE. THE PROJECT TRANSFORMED OUTDATED MUSEUM SPACES AND PREPARED THE IN STITUTION TO MEET THE FUTURE NEEDS OF THE PUBLIC. THE INTEGRITY OF THE ORIGINAL 1916 BUILD ING WAS RESTORED INCLUDING UPGRADED MECHANICAL STRUCTURAL SYSTEMS WITH THE LATEST ENVIRONM ENTAL CONTROLS THROUGHOUT. AN EXPANSION TO THE EAST AND WEST WITH TWO NEW WINGS RESTORED S YMMETRY AND PROVIDED SPECTACULAR VIEWS OF ROCKEFELLER PARK. THE NEW 39,000 SQUARE-FEET ENC LOSED ATRIUM IS CLEVELAND'S LARGEST FREE PUBLIC SPACE. THE MUSEUM INCREASED 33 PERCENT IN GALLERY SPACE, WITH ENHANCED INTERPRETATION OF THE COLLECTION THROUGH STATE-OF-THE-ART TEC HNOLOGY AS WELL AS INSTALLATIONS THAT ENGAGE THE FIRST-TIME VISITOR AND THE LONG-TIME DEVO TEE. ARTLENS EXHIBITION IS THE PRIMARY AND MOST RECENTLY RENOVATED ARTLENS GALLERY SPACE. ARTLENS GALLERY IS A 12,000-SQUARE-FOOT INTERACTIVE LEARNING CENTER. THE CLEVELAND MUSEUM OF ART'S MUSEUM-WIDE APP INCLUDES EVERY OBJECT ON VIEW AND CONNECTS TO THE ARTLENS GALLERY EXPERIENCE. ARTLENS APP ENHANCES THE VISITOR'S MUSEUM EXPERIENCE BY PROVIDING THE OPTION TO DESIGN INDIVIDUAL TOURS, OFFERING TOOLS TO BETTER UNDERSTAND ARTWORK THROUGH AUGMENTED REALITY, AND GUIDING USERS WITH INTERACTIVE REAL-TIME MAPS. ARTLENS APP MAY BE USED ON-SIT E OR FROM ANYWHERE IN THE WORLD. ARTLENS WALL IS A 40-FOOT MULTITOUCH, MICROTILE WALL THAT DISPLAYS IN REAL TIME WORKS OF ART FROM THE PERMANENT COLLECTION CURRENTLY ON VIEW IN THE GALLERIES. ARTLENS STUDIO ENCOURAGES ENGAGEMENT WITH THE COLLECTION THROUGH MOVEMENT AND PLAY. FORM 990, PART VI, LINE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	<p>11B DESCRIBE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990 IN CONJUNCTION WITH EXTERNAL TAX ADVISORS, THE MUSEUM'S TREASURER AND FINANCE OFFICE PARTICIPATE IN DETAILED REVIEWS OF FORM 990 IN ITS ENTIRETY. A COMPLETE COPY OF FORM 990, INCLUDING REQUIRED SCHEDULES IS PROVIDED TO MEMBERS OF THE AUDIT COMMITTEE OF THE MUSEUM BOARD OF TRUSTEES FOR REVIEW UPON ELECTRONIC FILING. FORM 990, PART VI, LINE 12C DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST IN ORDER TO ASSIST THE MUSEUM IN IDENTIFYING DUALITIES OF INTEREST AND THEN FOLLOWING APPROPRIATE PROCEDURES, TRUSTEES SHOULD MAKE ANNUAL DISCLOSURES TO THE MUSEUM. VIA THE DIRECTOR'S OFFICE, TRUSTEES ARE ASKED TO SIGN DISCLOSURE STATEMENTS AND CONFIRM RECEIPT AND SUBSTANTIAL COMPLIANCE OF THE ETHICAL GUIDELINES OF THE MUSEUM. THE ETHICAL GUIDELINES ASSIST TRUSTEES IN IDENTIFYING, FROM TIME TO TIME, POTENTIAL DUALITIES OF INTEREST THAT NEED TO BE DISCLOSED TO THE MUSEUM. FORM 990, PART VI, LINE 15A compensation process of top management official THE COMPENSATION COMMITTEE OF THE MUSEUM BOARD OF TRUSTEES DETERMINES THE COMPENSATION OF THE CEO AND MUSEUM DIRECTOR POSITION. THE VOTING MEMBERS OF THE COMMITTEE ARE INDEPENDENT MEMBERS OF THE BOARD OF TRUSTEES. THE COMMITTEE UTILIZES A COMPENSATION STUDY TO ASSIST IN DETERMINING REASONABLE COMPENSATION. FORM 990, PART VI, LINE 15B COMPENSATION PROCESS OF OFFICERS AND KEY EMPLOYEES COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS DETERMINED BY AN ANNUAL PERFORMANCE REVIEW AS PREPARED BY THE IMMEDIATE SUPERVISOR. EACH ASSESSMENT IS REVIEWED BY HUMAN RESOURCES AND THE DIVISION CHIEF. THE SALARY RANGES FOR THE INDIVIDUALS ARE CONFIGURED IN RELATION TO COMPARABLE INDUSTRY AND REGIONAL SUPPORT DATA. FORM 990, PART VI, LINE 19 AVAIL OF GOV DOCS, COI POLICY, & FINANCIAL STMTS TO GEN PUBLIC ANNUAL AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE MUSEUM'S WEBSITE. THE MUSEUM'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XI, LINE 9 CHANGE IN NET ASSETS CHANGE IN FV OF CHARITABLE PERPETUAL TRUSTS \$(886,153) CHANGE IN FUNDED STATUS PENSION AND POSTRET. MED. \$(1,631,008) CHANGE IN FV OF DERIVATIVE INSTRUMENTS \$(4,338,480) PARTNERS HIP GAINS REPORTED ON LINE 1 \$(1,453,198) CURRENT YR INVESTMENT RETURN DEFERRED \$(525,000) OTHER CHANGES TO NET ASSETS \$367 ----- Total \$(8,833,472)</p>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Cleveland Museum of Art

Employer identification number

34-0714336

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CLEVEHUNT LLC 11150 EAST BLVD CLEVELAND, OH 44106 30-0692741	INVESTMENT	OH	NA	Excluded	21,563,345	458,022,230		No		Yes		76.668 %
(2) 11141 EAST BLVD LLC 10900 EUCLID AVE CLEVELAND, OH 44106 81-3065762	PROPERTY IMPRMNT	OH	NA	Excluded				No			No	50.000 %
(3) 1800 EUCLID AVE 11150 EAST BLVD CLEVELAND, OH 44106 83-1656901	PROPERTY INVSTMNT	OH	Na	Excluded	10,003	210,003		No		Yes		50.000 %

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	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		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 thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CLEVEHUNT LLC	q	224,555	ACTUAL EXPENSE
(2) 1800 Euclid Ave	b	200,000	FMV

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) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions).

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 34-0714336
Name: Cleveland Museum of Art

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
KEYTOWER 127 PUBLIC SQ STE 2000 CLEVELAND, OH 44114 34-6526984	SUPPORT ORG	OH	501(c)(3)	12 iii-ni	NA		No
4176 DAVENTRY RD COLUMBUS, OH 43220 34-6001551	SUPPORT ORG	OH	501(c)(3)	12 iii-fi	NA		No
4900 tiedeman rd oh-01-49-0150 BROOKLYN, OH 44144 34-6506206	SUPPORT ORG	OH	501(c)(3)	12 III-NI	NA		No
11150 EAST BLVD CLEVELAND, OH 44106 34-6506384	SUPPORT ORG	OH	501(c)(3)	12 type ii	NA	Yes	
4900 TIEDEMAN RD BROOKLYN, OH 44144 34-6506884	SUPPORT ORG	OH	501(c)(3)	12 iii-ni	NA		No
4900 TIEDEMAN RD BROOKLYN, OH 44144 34-6844729	SUPPORT ORG	OH	501(c)(3)	12 iii-ni	NA		No
4900 TIEDEMAN RD BROOKLYN, OH 44144 34-6506247	SUPPORT ORG	OH	501(c)(3)	12 III-ni	NA		No
116 ALLEGHENY CENTER MALL PITTSBURGH, PA 15212 34-6511491	SUPPORT ORG	OH	501(c)(3)	12 iii-ni	NA		No
116 ALLEGHENY CENTER MALL PITTSBURGH, PA 15212 34-6512441	SUPPORT ORG	OH	501(c)(3)	12 iii-ni	NA		No
116 ALLEGHENY CENTER MALL PITTSBURGH, PA 15212 34-6512698	SUPPORT ORG	OH	501(c)(3)	12 iii-ni	NA		No
4900 TIEDEMAN RD BROOKLYN, OH 44144 34-6500656	SUPPORT ORG	OH	501(c)(3)	12 Type I	NA		No
C/O PNC BANK NA PO BOX 609 PITTSBURGH, PA 15212 34-6568634	SUPPORT ORG	OH	501(c)(3)	12 iii-ni	NA		No
Keybank 4900 tiedeman rd oh-01-49 BROOKLYN, OH 44144 34-6527627	SUPPORT ORG	OH	501(c)(3)	12 III-NI	NA		No