# Form **990**

(Rev. January 2020)

## **Return of Organization Exempt From Income Tax**

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

Department of the Treasury

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

AI	For th	e 2019 calendar year, or tax year beginning	07/01,2019	, and endin	ng		06,	/30,20	20
_		C Name of organization				D Employer ider	ntificat	ion number	r
B	Check if a	CANTON MUSEUM OF ART				34-0733	3127		
	Addr chan								
	Nam	e change Number and street (or P.O. box if mail is not delivered to street a	address)	Room/suite	)	E Telephone nur	nber		
	Initia	I return 1001 MARKET AVE N				(330) 45	3-76	566	
		City or town, state or province, country, and ZIP or foreign posta	al code						
	Ame retur	CANTON, OH 44702-1075				G Gross receipts			13,490.
	Appl pend	ication ling <b>F</b> Name and address of principal officer: MAX BARTON	1			H(a) Is this a grou subordinates	ip return ?	for	Yes 🛛 No
		1001 MARKET AVE N, CANTON, OH 447	02-1075			H(b) Are all subord		luded?	Yes No
<u> </u>		xempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.)	4947(a)(1)	or 5	527	If "No," att	ach a lis	st. (see instruc	tions)
J	Webs	ite: 🕨 WWW.CANTONART.ORG				H(c) Group exemp			
r -		of organization: X Corporation Trust Association Oth	ner 🕨	L Year	of formati	ion: 1935 <b>M</b> :	State o	f legal domi	icile: OH
Ρ	art I	Summary							
	1	Briefly describe the organization's mission or most significant ac						IERE AR	τ.
S		MEETS LIFE, PROVIDING OPPORTUNITIES FO					,		
nar		LEARN, AND BE INSPIRED THROUGH A CONNE	CTION WITH	AMERIC	'AN AR'	т.			
Activities & Governance	2	Check this box ▶ if the organization discontinued its ope	•				I I		
ŏ	3	Number of voting members of the governing body (Part VI, line 1					3		18.
ŝ	4	Number of independent voting members of the governing body					4		18.
vitie	5	Total number of individuals employed in calendar year 2019 (Par					5		42.
cti	6	Total number of volunteers (estimate if necessary)					6		280.
٩	1 1 0	Total unrelated business revenue from Part VIII, column (C), line					7a		0.
	b	Net unrelated business taxable income from Form 990-T, line 39	<u> </u>		<u></u>		7b		
						Prior Year	2		nt Year 55,195.
ne	8	Contributions and grants (Part VIII, line 1h)				1,310,92			
Revenue	9	Program service revenue (Part VIII, line 2g)				141,90 119,73			28,866.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)				7,53			10,982.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and				1,580,09			10,924.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, colu				1,300,09	0.	2,0	0.
	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)				529,07		5	73,903.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column Performing for (Part IX, column (A) line 11c)				525,07	0.	5	0.
ben	100	Professional fundraising fees (Part IX, column (A), line 11e)	145,579	)	•		0.		
Ĕ	17	Total fundraising expenses (Part IX, column (D), line 25) ► Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			-	951,84	1	8	92,689.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A).			•	1,480,91			66,592.
	19	Revenue less expenses. Subtract line 18 from line 12			•	99,18			47,375.
es						ning of Current Y		End o	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)				5,102,69	1.	5,6	08,132.
Ass IBa	21	Total liabilities (Part X, line 26)			•	98,25			54,595.
"Net	22	Net assets or fund balances. Subtract line 21 from line 20				5,004,43	5.	5,2	53,537.
	art II	Signature Block							
Un	der pe	nalties of perjury, I declare that I have examined this return, including ac	companying sched	lules and stat	ements, a	nd to the best of	my kr	nowledge ar	nd belief, it is
tru	e, corr	ect, and complete. Declaration of preparer (other than officer) is based on a	Il information of wh	iich preparer	has any kn	iowledge.			
						10/1	5/20	20	
Sig		Signature of officer				Date			
He	re	MAX BARTON	EXECUT	'IVE DIR	ECTOR				
		Type or print name and title							
Dai	-1	Print/Type preparer's name Preparer's signature		Date		Check	if P	ΓIN	
Paie		KAREN M BRENNEMAN CPA	N CPA			self-employe		P0008	2881
	parer e Only	Firm's name HALL, KISTLER & COMPANY LLP				Firm's EIN 🕨 3			
		Firm's address >220 MARKET AVENUE SOUTH - SUITE 700 CANTOR				1 110110 1101		153-763	33
Ma	y the	IRS discuss this return with the preparer shown above? (s	see instructions	)		<u>.</u> .		X Yes	
For	Pape	erwork Reduction Act Notice, see the separate instructions.						Form	<b>990</b> (2019)

JSA

Check if Schedule 0 contains a response or note to any line in this Part III		m 990 (2019)	Page <b>2</b>
Briefly describe the organization's mission:         ATTACLIMENT 1         Did the organization undertake any significant program services during the year which were not listed on the prior Form 900 or 500-E27	Pa		X
Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 990-E27       Ives ( > No         Did the organization case conducting, or make significant changes in how it conducts, any program services, as measured by services?       Ives ( > describe these changes on Schedule 0.)         Describe the organization case conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. A conditions ( > describe the organizations are required to report the amount of grants and allocations to others, the total expenses. Section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. Section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. Section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses \$	1	Briefly describe the organization's mission:	
prior Form '930 or 990-EZ?,		ATTACHMENT 1	
prior Form '930 or 990-EZ?,			
prior Form '930 or 990-EZ?,			
If "Yes," describe these new services conducting, or make significant changes in how it conducts, any program services, as measured by services of schedule 0. Describe the organization case or schedule 0. Describe the organization's program service accomplishments for each of its three largest program services, as measured by services in St(1)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, section St(1)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, section St(1)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, section St(1)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, section St(1)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses section St(1) (S) and S(1) (Revenue \$	2		X No
services?		If "Yes," describe these new services on Schedule O.	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expresses. Section 501(c(1) 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.  a (Code:) (Expenses \$		services?	X No
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.  a (Code:) (Expenses \$			rod by
ATTACHMENT       2	4	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	
b (Code:) (Expenses \$sssss. including grants of \$) (Revenue \$ssssss.) ATTACHMENT 3  b (Code:) (Expenses \$including grants of \$) (Revenue \$)  c (Code:) (Expenses \$including grants of \$) (Revenue \$)  c (Code:) (Expenses \$including grants of \$) (Revenue \$)  c (Code:) (Expenses \$including grants of \$) (Revenue \$)  c (Code:) (Expenses \$including grants of \$) (Revenue \$)  c (Code:) (Expenses \$including grants of \$) (Revenue \$)  c (Code:) (Expenses \$including grants of \$) (Revenue \$)  c (Code:) (Expenses \$including grants of \$) (Revenue \$)  c (Code:) (Expenses \$including grants of \$) (Revenue \$)  c (Code:) (Expenses \$including grants of \$) (Revenue \$)  c (Code:) (Expenses \$including grants of \$) (Revenue \$)  c (Code:) (Revenue \$) (Revenue \$)  c (Code:) (Revenue \$) (Revenue \$	la		
ATTACHMENT 3		ATTACHMENT 2	
ATTACHMENT 3			
c (Code:) (Expenses \$including grants of \$) (Revenue \$)	1b	(Code:         ) (Expenses \$ 353,115. including grants of \$ ) (Revenue \$ 370,962. )	
d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ ) e Total program service expenses ▶ 918,856. Ago 2000 Form <b>990</b> (2019)		ATTACHMENT 3	
d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ ) e Total program service expenses ▶ 918,856. Ago 2000 Form <b>990</b> (2019)			
d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ ) e Total program service expenses ▶ 918,856. Ago 2000 Form <b>990</b> (2019)			
d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ ) e Total program service expenses ▶ 918,856. Ago 2000 Form <b>990</b> (2019)			
d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ ) e Total program service expenses ▶ 918,856. Ago 2000 Form <b>990</b> (2019)			
d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ ) e Total program service expenses ▶ 918,856. Ago 2000 Form <b>990</b> (2019)			
d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ ) e Total program service expenses ▶ 918,856. Ago 2000 Form <b>990</b> (2019)			
d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ ) e Total program service expenses ▶ 918,856. Ago 2000 Form <b>990</b> (2019)			
d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ ) e Total program service expenses ▶ 918,856. Ago 2000 Form <b>990</b> (2019)			
d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ ) e Total program service expenses ▶ 918,856. Ago 2000 Form <b>990</b> (2019)			
d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ ) e Total program service expenses ▶ 918,856. Ago 2000 Form <b>990</b> (2019)		(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )	
(Expenses \$ including grants of \$ ) (Revenue \$ )         e Total program service expenses ▶ 918,856.         A 1020 2.000         Form 990 (2019)			
(Expenses \$ including grants of \$ ) (Revenue \$ )         e Total program service expenses ▶ 918,856.         A 1020 2.000         Form 990 (2019)			
(Expenses \$ including grants of \$ ) (Revenue \$ )         e Total program service expenses ▶ 918,856.         A 1020 2.000         Form 990 (2019)			
(Expenses \$ including grants of \$ ) (Revenue \$ )         e Total program service expenses ▶ 918,856.         A 1020 2.000         Form 990 (2019)			
(Expenses \$ including grants of \$ ) (Revenue \$ )         e Total program service expenses ▶ 918,856.         A 1020 2.000         Form 990 (2019)			
(Expenses \$ including grants of \$ ) (Revenue \$ )         e Total program service expenses ▶ 918,856.         A 1020 2.000         Form 990 (2019)			
(Expenses \$ including grants of \$ ) (Revenue \$ )         e Total program service expenses ▶ 918,856.         A 1020 2.000         Form 990 (2019)			
(Expenses \$ including grants of \$ ) (Revenue \$ )         e Total program service expenses ▶ 918,856.         A 1020 2.000         Form 990 (2019)			
(Expenses \$ including grants of \$ ) (Revenue \$ )         e Total program service expenses ▶ 918,856.         A 1020 2.000         Form 990 (2019)			
(Expenses \$ including grants of \$ ) (Revenue \$ )         e Total program service expenses ▶ 918,856.         A 1020 2.000         Form 990 (2019)			
(Expenses \$ including grants of \$ ) (Revenue \$ )         e Total program service expenses ▶ 918,856.         A 1020 2.000         Form 990 (2019)			
e Total program service expenses ► 918,856. A 1020 2.000 Form <b>990</b> (2019)	ld	Other program services (Describe on Schedule O.)	
A 1020 2.000 Form <b>990</b> (2019)			
1020 2.000			
	JSA 9E10	020 2.000	(2019) PAGE 4

CANTON MUSEUM OF ART

Form 990 (2019)

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	ĺ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20 2	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

JSA 9E1021 2.000 35892P 2740 11/4/2020 3:40:12 PM V 19-7.5F

-	90 (2019)		F	Page 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			Х
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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		Х
21 2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
-	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	20-		Х
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
U	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			Х
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31		
50	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	Х	
Part				L
- art	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0.			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA 9E1030	2.000	Form	990	(2019)

Form 990 (2019)

Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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. 2a 42			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.	4a		Х
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
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?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
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?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

Form 9	90 (2019) CANTON MUSEUM OF ART 34-0'	733127	F	Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b bel	ow, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule			
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	18		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	18		
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?			x
3	Did the organization delegate control over management duties customarily performed by or under the dire	·		<u> </u>
3	supervision of officers, directors, trustees, or key employees to a management company or other person?			Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			Х
6	Did the organization have members or stockholders?			Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoi			
	one or more members of the governing body?			Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) member	s,		
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken durin	g		
	the year by the following:		37	
а	The governing body?		X	x
	Each committee with authority to act on behalf of the governing body?			A
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> .			x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ـــــــــــــــــــــــــــــــــــــ	
0000		<u>10 0000</u>	Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapter			<u> </u>
D D	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?		Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	;,"		
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?		X	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	X	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval b	-		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		x	
a	The organization's CEO, Executive Director, or top management official		X	<u> </u>
b	Other officers or key employees of the organization	150	- 22	
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangeme			х
h	with a taxable entity during the year?			
b	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?			
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ OH ,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 99	0-T (Sec	tion 5	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 on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflic	t of inte	rest p	oolicy,
	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 rec KRISTINA BELLIVEAU 1001 MARKET AVE'N CANTON, OH 44702-1075 330-453-7666	ords 🕨		
16.4			000	(2040)
JSA		Form	220	(2019)

9E1042 2.000

Page 7

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, and 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. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

<b>(A)</b> Name and title	<b>(B)</b> Average hours per week	box,	unles	neck ss pe	ition more rson	e than c is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) MAX BARTON II	40.00									
EXECUTIVE DIRECTOR	0.			Х				86,000.	0.	0.
(2) MARK BELGYA	1.00									
PRESIDENT	0.	x		Х				0.	0.	0.
(3) THOMAS BORDEN	1.00									
TRUSTEE	0.	X						0.	0.	0.
(4)JOE FELTES	1.00									
TRUSTEE	0.	X						0.	0.	0.
(5) ALEX FISHER	1.00									
TRUSTEE	0.	X						0.	0.	0.
(6) SHARON MAZGAJ	1.00									
TRUSTEE	0.	X						0.	0.	0.
(7)NANCY STEWART MATIN	1.00									
TRUSTEE	0.	X						0.	0.	0.
(8) CHRISTINE PETERSON	1.00									
TRUSTEE	0.	X						0.	0.	0.
(9)CARRIE SIBILA	1.00									
TREASURER	0.	X		Х				0.	0.	0.
(10) VICKY STERLING	1.00									
TRUSTEE	0.	X						0.	0.	0.
(11) JEFF STRAYER	1.00									
TRUSTEE	0.	X						0.	0.	0.
(12) TERESA GOLDEN-MCCLELLAND	1.00									
SECRETARY	0.	Х		Х				0.	0.	0.
(13) DR. PAUL TURGEON	1.00									
VICE PRESIDENT	0.	Х		Х				0.	0.	0.
(14) VICKI HAINES	1.00									
TRUSTEE	0.	X						0.	0.	0.

JSA

Form 990 (2019)

### CANTON MUSEUM OF ART

Part	VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	yee	es, a	Ind H	ligl	nest Compensat	ed Emplo	yees (co	ontinue	d)	
	(A) Name and title	(B) Average hours per week (list any hours for	Average nours per (do n ek (list any box, l			rson is	than of s both a	an ee)	(D) Reportable compensation from the	<b>(E)</b> Reporta compensati relate organiza	on from	from amou oth		n
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		orga and	m the nization related nizations	
	DR. WALTER WAGOR TRUSTEE	1.00 0.	x						0 .		0.			
	CINDY WINICK TRUSTEE	1.00	x						0		0.			
	LINDSAY ZIMMERMAN SECOND VICE PRESIDENT	1.00	x		x				0		0.			
	MELEAH KINLOW TRUSTEE	1.00	x						0		0.			
	MARK SPANER TRUSTEE	1.00	x						0		0.			
			-											
			-											
			-			_								
			-											
			-						86.000		0.			(
сΤ	ub-total otal from continuation sheets to Part VII, S	=		 	• •	•••	•••		86,000. 0. 86,000.		0.			(
<b>2</b> T	otal (add lines 1b and 1c)	limited to t		listed			) whc	o re		\$100,000				
	bid the organization list any former offic				otor		<u> </u>	mn	loves or highes	toompon	atod		Yes	No
е	mployee on line 1a? If "Yes," complete Sched	ule J for su	ch ind	ividu	al _		• • •	• •				3	_	X
0	or any individual listed on line 1a, is the s rganization and related organizations gra advidual	eater than	\$15	0,00	)0?	lf	"Yes	," (	complete Schedu	le J for	such	4		Х
5 D	ndividual id any person listed on line 1a receive or or services rendered to the organization? If "Yo	accrue co	mpen	satic	n f	rom	any	uni	related organization	on or indiv	idual			X
	ion B. Independent Contractors	es, comple		leau	eJ	101 3	such	per	son	<u></u>		5		
C	complete this table for your five highest com ompensation from the organization. Report c ear.													
	(A) Name and business add	lress							<b>(B)</b> Description of se	rvices	Co	(C) ompensa	ation	
														_
														_
								Τ						

Form	990	(2019)	
	000	(2010)	

		Check if Schedule	Осо	ontains a r	espor	nse or note to an	y line in this Part V	/		X
							<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns .			1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b	29,112.				
٥Ĕ	c	Fundraising events			1c	58,052.				
ifts ır A	d	Related organizations .			1d					
ji g	е	Government grants (co		Г	1e					
Sin	f	All other contributions,								
er		and similar amounts not in	-	-	1f	1,468,031.				
ibi	g	Noncash contributions	includ	ded in		· · ·				
d	5	lines 1a-1f			1g	\$ 420,180.				
aCo	h	Total. Add lines 1a-1f		-			1,555,195.			
						Business Code	· ·			
e	20	ADMISSIONS				711130	13,609.	13,609.		
Program Service Revenue	2a	EDUCATIONAL FEES				616000	115,257.	115,257.		
Se	b									
E S	C .									
gra	d									
5	e									
-	f	All other program servic Total. Add lines 2a-2f					128,866.			
	g						120,000.			
	3	Investment income (i		•			141,643.			141,643.
		other similar amounts).					0.			111,015
	4 5	Income from investmer Royalties		•		· .	0.			
			••	(i) Rea		(ii) Personal				
		Cross rents	<b>C</b> -	.,	,995.	(				
	6a	Gross rents	6a		.,995.					
	b	Less: rental expenses	6b		,995.					
	C L	Rental income or (loss)	6c		-		4,995.			4,995.
	d	Net rental income or (los	<u>ss) -</u>	(i) Secur		(ii) Other	4,995.			4,995.
	7a	Gross amount from			nies					
		sales of assets	_	5,265	251					
		other than inventory	7a	5,205	,251.					
anc	b	Less: cost or other basis		4 207	010					
Revenue		and sales expenses	7b	4,287						
Re	C .	Gain or (loss)	7c		,339.	L	077 220			077 220
ler	d	Net gain or (loss)	• • •		· <u>• • •</u>	· · · · · · · <b>&gt;</b>	977,339.			977,339.
Other	8a	Gross income from		0						
•		events (not including \$		58,052.						
		of contributions repo	orted	on line						
		1c). See Part IV, line 18			8a	0.				
	b	Less: direct expenses .			8b	0.				
	c	Net income or (loss) fro	om fu	-	events	<u> ▶</u>	0.			
	9a		rom	gaming						
		activities. See Part IV, lir	ne 19			0.				
	b	Less: direct expenses .			9b	0.				
	c	Net income or (loss) fr	om g	aming acti	vities.	· · · · · · · <b>&gt;</b>	0.			
	10a	Gross sales of in								
		returns and allowances				21,879.				
	b	Less: cost of goods sold			10b	11,611.	10.000	10.055		
	C	Net income or (loss) fro	лп sal	es of inven	lory_		10,268.	10,268.		
sno		MTOODI I NIDOWO TYPOT				Business Code	E 105	E 105		
nec	11a	MISCELLANEOUS INCOME				900099	5,195.	5,195.		
ella ver	b	DEACCESSION OF ART				711130	-9,534.	-9,534.		
Miscellaneous Revenue	C L									
Ϊ	d	All other revenue					-4,339.			
	<u>е</u> 12	Total. Add lines 11a-11 Total revenue. See inst					2,813,967.	134,795.		1,123,977
	14	. otal revenue. Occ IIISt					2,013,307.	101,190.		1,143,377

Part IX Statement of Functional Expenses		A.H		(4)
Section 501(c)(3) and 501(c)(4) organizations must				
Check if Schedule O contains a respo				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	86,000.	61,060.	24,940.	
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.			
7 Other salaries and wages	402,487.	190,074.	135,080.	77,333.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,134.	6,030.	3,467.	1,637.
9 Other employee benefits	29,556.	15,073.	9,754.	4,729.
10 Payroll taxes	44,726.	22,810.	14,760.	7,156.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	0.			
c Accounting	18,661.		18,661.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	24,853.		24,853.	
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	0.			
12 Advertising and promotion	86,031.	36,051.	22,600.	27,380.
13 Office expenses	26,093.	17,462.	8,631.	
14 Information technology	357.		357.	
15 Royalties		346,648.	72 522	
16 Occupancy	420,180.	340,040.	73,532.	
17 Travel	0.			
<b>18</b> Payments of travel or entertainment expenses	0.			
for any federal, state, or local public officials	0.			
	0.			
20       Interest         21       Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	24,883.		24,883.	
23 Insurance	28,264.	23,460.	4,804.	
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
aCURATORIAL EXPENSES	2,718.	2,718.		
b <sup>MEMBERSHIP</sup> DUES	11,609.		11,609.	
c <sup>MISCELLANEOUS</sup>	10,559.	10,559.		
dPOSTAGE	17,661.	15,209.	2,452.	00 044
e All other expenses ATCH 4	220,820.	171,702.	21,774.	27,344.
<ul> <li>25 Total functional expenses. Add lines 1 through 24e</li> <li>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 ▶ if following SOR 08 2 (ASC 058 720)</li> </ul>	1,466,592.	918,856.	402,157.	145,579.

0.

following SOP 98-2 (ASC 958-720)

JSA

	CANTON MUSEUM OF ART		34-0	0733127
rm 990 (i Part X				Page 1
	Check if Schedule O contains a response or note to any line in this Pa	art X		Σ
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	6,790.	1	8,090
2	Savings and temporary cash investments.	235,470.	2	452,876
3	Pledges and grants receivable, net	29,979.	3	33,32
4	Accounts receivable, net.	30,610.	4	5,35
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	
7	Notes and loans receivable, net	0.	7	
7 8	Inventories for sale or use	3,658.	8	5,13
9	Prepaid expenses and deferred chargesATCH.5	44,782.	9	71,10
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 869,074.			
b	Less: accumulated depreciation	344,634.	10c	326,71
11	Investments - publicly traded securities	4,406,768.	11	4,705,53
12	Investments - other securities. See Part IV, line 11	0.	.~	
13	Investments - program-related. See Part IV, line 11	0.		
14	Intangible assets	0.		
15	Other assets. See Part IV, line 11	0.	10	
16	Total assets. Add lines 1 through 15 (must equal line 33)	5,102,691.	16	5,608,13
17	Accounts payable and accrued expenses	98,256.	17	73,69
18	Grants payable	0.		
19	Deferred revenue.	0.		
20	Tax-exempt bond liabilities.	0.		
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%	0		
22	controlled entity or family member of any of these persons	0.		280,89
23	Secured mortgages and notes payable to unrelated third parties	0.		
24	Unsecured notes and loans payable to unrelated third parties	0.	24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X	0.		
	of Schedule D	98,256.	25	354,59
26	Total liabilities. Add lines 17 through 25         Organizations that follow FASB ASC 958, check here ►       X	98,230.	26	554,59
	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	3,760,802.	27	3,629,484
28	Net assets with donor restrictions	1,243,633.	28	1,624,053
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	5,004,435.	32	5,253,53
33	Total liabilities and net assets/fund balances	5,102,691.	33	5,608,132

Form **990** (2019)

CANTON MUSEUM OF ART

Form 9	00 (2019)			Page <b>1</b>	2
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		13,967	_
2	Total expenses (must equal Part IX, column (A), line 25)	2		66,592	_
3	Revenue less expenses. Subtract line 2 from line 1	3		47,375	_
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		04,435	_
5	Net unrealized gains (losses) on investments	5	-1,0	98,273	•
6	Donated services and use of facilities	6			•
7	Investment expenses	7		0	_
8	Prior period adjustments	8		0	_
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0	•
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
_		10	5,2	53,537	•
Part					-
	Check if Schedule O contains a response or note to any line in this Part XII			· · ·	
				Yes No	)
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2a</u>	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled 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?		2b	X	_
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	sight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant	-	-	X	_
	If the organization changed either its oversight process or selection process during the tax year, exp				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fort	n in the			
	Single Audit Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo the			-
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such aud	•			

Form **990** (2019)

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.

OMB No. 1545-0047 20 19

		nt of the Treasury evenue Service		Go to www.irs.go	/Form990 for instruction	ons and t	he latest i	nformation.	Inspection
		ne organization				_		Employer identif	
-		N MUSEUM OF						34-07331	
Ра				- · · ·	organizations must c		•	,	5
	orga				is: (For lines 1 throug			,	
1					tion of churches desc				
2 3					. (Attach Schedule E	-			
3 4	$\square$		-		rganization described conjunction with a hos				(iii) Entor the
4		hospital's nam	-	-		spilai ue	SCIDEU II		
5					a college or universit	vowne	d or ope	rated by a governme	ental unit described in
Ũ		-	-	Complete Part II.)	a conogo er aniveren	.y enne		fatoa by a govornine	
6					rnmental unit describe	d in <b>sect</b>	tion 170(	b)(1)(A)(v).	
7	Х								om the general public
		described in s	ection 170(b)	(1)(A)(vi). (Compl	ete Part II.)		-		
8		A community	trust describe	ed in section 170(b	<b>b)(1)(A)(vi).</b> (Complete	e Part II.)			
9		An agricultura	l research or	ganization describe	ed in <b>section 170(b)(1</b>	)(A)(ix)	operated	in conjunction with a	land-grant college
		-	or a non-land-	grant college of ag	griculture (see instruct	tions). E	nter the i	name, city, and state o	f the college or
		university:							
10 11		receipts from support from acquired by th	activities rela gross investme organizatio	ted to its exempt f nent income and u in after June 30, 1	ore than 331/3 % of its functions - subject to nrelated business tax 975. See <b>section 509</b> usively to test for publi	certain e able inco ( <b>a)(2).</b> (0	exception ome (less Complete	s, and (2) no more tha s section 511 tax) from Part III.)	n 331/3% of its
12	$\square$	•	•		•	•			carry out the purposes
		-	-		-	-			See section 509(a)(3).
									nes 12e, 12f, and 12g.
а				-	, supervised, or contr				-
					regularly appoint or e	-			
					e Part IV, Sections A				
b		Type II. A su	upporting org	anization supervise	ed or controlled in co	nnectior	n with its	supported organizati	on(s), by having
		control or m	anagement c	of the supporting o	organization vested in	the sam	e persor	s that control or mar	age the supported
	_	_ organization	(s). You must	complete Part IV	, Sections A and C.				
С		Type III fund	ctionally integ	<b>grated.</b> A supporti	ng organization opera	ated in c	onnectio	n with, and functiona	lly integrated with,
	_		-		ns). You must comple				
d		•••			porting organization c	•			• • • •
			-		nization generally mus	-			d an attentiveness
					omplete Part IV, Sect				
е			-		a written determinatio				II, Type III
	<b>E</b>				ionally integrated sup			ion.	
f					orted organization(s).				•••••
<u> </u>		ame of supported of	Ť	(ii) EIN	(iii) Type of organization	(iv) le the	organization	(v) Amount of monetary	(vi) Amount of
	(I) IN	ame of supported t	organization		(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
					above (see instructions))	docu Yes	ment? No	instructions)	instructions)
						163			
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	al								
For I	aper	work Reduction A	ct Notice. see th	e Instructions for Form	990 or 990-EZ.			Schedule A	(Form 990 or 990-EZ) 2019

### Schedule A (Form 990 or 990-EZ) 2019

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 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.)

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,071,843.	1,385,890.	1,119,918.	1,243,712.	1,497,143.	6,318,506.
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	1,071,843.	1,385,890.	1,119,918.	1,243,712.	1,497,143.	6,318,506.
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).						0.
6	Public support. Subtract line 5 from line 4						6,318,506.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	(e) 2019	(f) Total
7	Amounts from line 4	1,071,843.	1,385,890.	1,119,918.	1,243,712.	1,497,143.	6,318,506.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	175,440.	188,038.	187,049.	178,323.	146,638.	875,488.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH 1</u>	6,341.	7,531.	6,536.	7,160.	5,195.	32,763.
11	Total support. Add lines 7 through 10						7,226,757.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First five years. If the Form 990 is for organization, check this box and stop here	or the organizat	ion's first, second	d, third, fourth,	or fifth tax year	ar as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Supp	port Percenta	ge				
14	Public support percentage for 2019 (lin	ne 6, column (f)	divided by line	11, column (f)).		14	87.43 <b>%</b>
15	Public support percentage from 2018	Schedule A, Pa	rt II, line 14			15	86.30 <b>%</b>
16a	33 1/3% support test - 2019. If the org	anization did n	ot check the box	k on line 13, an	d line 14 is 33 <sup>2</sup>	1/3% or more, ch	
	box and stop here. The organization qu						
b	331/3% support test - 2018. If the org	anization did no	ot check a box o	n line 13 or 16a	a, and line 15 is	s 331/3 % or mor	e, check
	this box and stop here. The organization			-			
17a	10%-facts-and-circumstances test - 2	•					
	10% or more, and if the organization					-	-
	Part VI how the organization meets the organization.			-	-		ıpported ►
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the orga						-
	Explain in Part VI how the organization				•	•	
18	Private foundation. If the organization instructions						

Schedule A (Form 990 or 990-EZ) 2019

## Schedule A (Form 990 or 990-EZ) 2019

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

(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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
	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						
с	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 f	or the organiza	tion's first, seco	nd, third, fourth	, or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here	-					
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2019 (line 8	, column (f), divid	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2018 Sche	edule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investmen	t Income Perc	centage				
17	Investment income percentage for 2019 (li			13, column (f))		17	%
18	Investment income percentage from 2018					18	%
19 a	331/3% support tests - 2019. If the o					ore than 331/3%	, and line
	17 is not more than 331/3%, check th						
b	331/3% support tests - 2018. If the org	-	-	-		•••••	
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		•	•			
JSA	1 1.000					Schedule A (Form 9	
JE 122	35892P 2740 11/4/2020 3	:40:12 PM	V 19-7.5F				PAGE 1

Page 3

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

34-0733127

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 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 (as 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.*
- **10 a** 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 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.)

10b Schedule A (Form 990 or 990-EZ) 2019

JSA

-	le A (Form 990 or 990-EZ) 2019		ł	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	on B. Type I Supporting Organizations	110		
0000			Yes	No
			163	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? 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.	1		
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? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
			100	
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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			
		1		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	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?	1		
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ū	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? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	uucu	ons).	
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instruc		
2	Activities Test. Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	the supported organization(s) to which the organization was responsive: in res, then in <b>Part vincentry</b> 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.	2a		
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? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
	-	20		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
JSA	Schedule A (Form	990 or	990-E2	Z) 2019

Page **6** 

Schedule A	(Form	990 or	r 990-EZ) 2019
------------	-------	--------	----------------

Schedule A (Form 990 or 990-EZ) 2019			Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizatior	າຣ	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust c	on Nov. 20, 1970 (expla	in in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organized	zations	must complete Sectio	ns 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 Yea (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):			
a Average monthly value of securities	1a		
<b>b</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		
<b>4</b> 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 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

Part Sect	V Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions		, ,	Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer		ed	
	organizations, in excess of income from activity	1.1.1.1		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
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 resp	onsive	
	(provide details in <b>Part VI</b> ). See instructions.	0		
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

Page 8

## Schedule A (Form 990 or 990-EZ) 2019

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.)

SCHEDULE A, PART II -	OTHER INCOME	C			ATTACHMENT 1	-
	0015	0.01.6	0015		0010	
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
MISC SALES	6,341.	7,531.	6,536.	7,160.	5,195.	32,763.
TOTALS	6,341.	7,531.	6,536.	7,160.	5,195.	32,763.

SCHEE	DULE D
(Form	990)

## **Supplemental Financial Statements**

9 ublic

OMB No. 1545-0047

		-	he organization answered				2(0) <b>19</b>
		Part IV, line 6, 7,	8, 9, 10, 11a, 11b, 11c, 11d,	11e, 11f, 12a, or	12b.		Open to Public
	artment of the Treasury	Go to your irs gov	► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.				
	nal Revenue Service e of the organization					loyer identificat	Inspection
	NTON MUSEUM OF					34-073312	
-		tions Maintaining Donor Adv	sed Funds or Other Si	milar Funds or			
10		e if the organization answered			,		
	Complete		(a) Donor advised		()	b) Funds and	other accounts
1	Total number at o	nd of year	(-)			-,	
2		of contributions to (during year)					
3		of grants from (during year)					
4		at end of year					
5		ion inform all donors and donor	advisors in writing that	the assets held	in dor	or advised	
•	•	inization's property, subject to the	•				Yes No
6	-	on inform all grantees, donors, a	-	-			
	-	purposes and not for the bene					
	•	issible private benefit?			•		Yes No
Pa		tion Easements.					
	Complete	e if the organization answered	"Yes" on Form 990, Pa	rt IV, line 7.			
1	Purpose(s) of con	servation easements held by the	organization (check all tha				
	Preservatio	n of land for public use (for example	, recreation or education)			• •	portant land area
		of natural habitat		<b>Preservation</b>	of a ce	rtified histor	ric structure
		n of open space					
2		through 2d if the organization he	eld a qualified conservation	on contribution in	the fo		
		ast day of the tax year.				Held at the	End of the Tax Year
a		onservation easements			2a		
b		tricted by conservation easements			2b		
C		vation easements on a certified			2c		
d		rvation easements included in (c			24		
3		isted in the National Register rvation easements modified, tra			2d	by the orac	nization during the
3	tax year ►	rvation easements moulled, tra	nsieneu, releaseu, exting		nateu	by the orga	inization during the
4	•	where property subject to conse	rvation easement is locate	d 🕨			
5		ation have a written policy reg			ion ha	andling of	
Ũ	-	orcement of the conservation ea				-	
6		hours devoted to monitoring, insp					
-	•		3,	,			<b>3 1 1</b>
7	Amount of expens	es incurred in monitoring, inspec	ting, handling of violations,	, and enforcing co	onserv	ation easem	ents during the year
	▶\$			-			
8	Does each conserv	vation easement reported on line 2	2(d) above satisfy the requi	irements of secti	on 170	(h)(4)(B)(i)	
		)(4)(B)(ii)?					Yes No
9		be how the organization reports			•		
		d include, if applicable, the text of	•	nization's financi	al state	ements that o	describes the
D		ounting for conservation easeme				lan Assata	
Pa		tions Maintaining Collections e if the organization answered			Simi	lar Assets.	
		, v					
1a	If the organization of art, historical t service, provide in	n elected, as permitted under FA treasures, or other similar asset Part XIII the text of the footnote	SB ASC 958, not to report to held for public exhibit to its financial statements	ort in its revenue tion, education, that describes th	e state or res nese ite	ment and b earch in fur ems.	alance sheet works rtherance of public
b	art, historical treas	n elected, as permitted under F/ sures, or other similar assets he ing amounts relating to these iter	d for public exhibition, e				
	•	ded on Form 990, Part VIII, line 1				► \$	
		d in Form 990, Part X					
2		n received or held works of a					I gain, provide the

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 FASB ASC 958 relating to these items:
а	Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X	orm 990. Schedule D (Form 990	990) 2019

PAGE 27

CANTON MUSEUM OF ART

34-0733127
JH 0/JJIZ/

Parture         Complete interm (check all the organization's acquisition, accession, and other records, check any of the following that make significant use of as collection items (check all that opply):           a         Yebbic exhibition         d         Loan or exchange program           b         Scholarly research         e         Done           c         Yebbic exhibition         d         Loan or exchange program           c         X         Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII.           During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection?         Yes         No           PartW         Excreme and Custofial Arrangements.         Complete if the organization answered 'Yes' on Form 990, Part V, line 9, or reported an amount on Form 990, Part X, line 21.         No           a         Is the organization an agent, trustee, custofian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Yes         No           b         If 'Yes, "explain the arrangement in Part XIII and complete the following table:         Amount         1e           c         Beginning balance         1e         1e         1e         1e           c         Endowment Funds.	Sche	dule D (Form 990) 2019							51 075	512,	P	age <b>2</b>
3         Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection tems (check all that apply):         d         Land or exchange program           a         X         Public exhibition         d         Land or exchange program           c         X         Preservation for future generations         d         Land or exchange program           c         X         Preservation for future generations         d         Land or exchange program           f         Preservation for future generations         de         During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds raher than to be maintained as part of the organization's collection?         Yes         No           PartW         Escrow and Custodial Arrangements.         Complete if the organization an asperted "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Yes         No           b         If 'se organization an agent, tustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2.         No         Yes         No           b         If 'se organization include an amount on Form 990, Part X, line 21, for escrow or custodial account lability?         Yes         No           c         Beginning balance         10         Genomaterunde         Qentres in			ections of A	Art. Histo	rical Tre	asures.	or Other	Similar A	ssets (c	ontinue		ige 🗖
collection keins (check all that apply):       d       Loan or exchange program         b       Scholarly research       e       Other         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part Xill.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solit or raise funds rather than to be maintained as part of the organization's collection?       Yes X No         20rtIV       Eccrew and Custofial 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, line 21.       Amount       Yes No         b       Uring parts.       Imagenet in Part XIII and complete the following table:       Amount       Yes No         c       Additions during the year.       1d       Imagenet in Part XIII.       Imagenet in Part XIII.       The charagement in Part XIII.												fits
a       Public exhibition       d       Loan or exchange program         b       Scholarly research       e       Other	•		colori, and co		,	c any or			and eight	and and a		
b       Scholarly research       e       Other         4       Prevention for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to rake funds rather than to be maintained as part of the organization's collection?       Yes X       No         Part VI       Escow and Custodial Arrangements.       Complete if the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X, line 21.       Yes No       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       4       4       Amount       1 <t< th=""><th>а</th><th></th><th></th><th>d</th><th>Loan</th><th>or exchar</th><th>nae proara</th><th>m</th><th></th><th></th><th></th><th></th></t<>	а			d	Loan	or exchar	nae proara	m				
c       A preservation for future generations         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 solid traits fund into to be maintained as part of the organization collection?       ves       X       No         Part W       Escrew and Custodial Arrangements.       Complete if the organization asswered Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Ves       No         11       Is the organization angument in Part XIII and complete the following table:       Ves       No         12       Complete if the organization angument in Part XIII and complete the following table:       Imount       Ves       No         13       Bedginning balance       16       Imount       Imount       Ves       No         14       Ending balance       11       Imount       Ves       No       Imount       Ves       No         14       Ending balance       11       Imount       Ves       No       Imount       Ves       No         14       Ending balance       11       Imount       Ves       No       Imount       Ves       No       Imount       Ves					4		• • •					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII.     During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assurs to be sold to raise funds rather than to be maintained as part of the organization's collection?												
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       X No         PartW       Escrow and Custodial Arrangements.       Complete if the organization an sowered Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Yes       No         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, ill and complete the following table:       Yes       No         c       Beginning balance       1d       Image: State S	4		s collections	and expla	in how t	they furth	ner the or	ganization's	s exempt	purpose	e in l	Part
assets to be sold to raise funds runds runds ments.       Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1       Is the organization anguments.       Ves         1       Is the organization angument fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       No         1       Is the organization angument in Part XIII and complete the following table:       Image: Complete I if the organization angument in Part XIII and complete the following table:         2       Baginning balance       Image: Complete I if the organization angument in Part XIII.       Additions during the year       Image: Complete I if the organization angument in Part XIII.       No         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account lability?       Yes       No         2       Did the organization angument in Part XIII. Check here if the explanation has been provided on Part XIII.       No         3       Beginning of year balance       Image: Complete I if the organization angument in Part XIII. Check here if the explanation has been provided on Part XIII.       No         4       Organization angument in Part XIII. Check here if the explanation has been provided on Part XIII.       Organization angument in Part XIII. Check here if the explanation has been provided on Part XIII.         4       Grants or scholarships       Image: Complete I if the organization ang												
assets to be sold to raise funds runds runds ments.       Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1       Is the organization anguments.       Ves         1       Is the organization angument fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       No         1       Is the organization angument in Part XIII and complete the following table:       Image: Complete I if the organization angument in Part XIII and complete the following table:         2       Baginning balance       Image: Complete I if the organization angument in Part XIII.       Additions during the year       Image: Complete I if the organization angument in Part XIII.       No         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account lability?       Yes       No         2       Did the organization angument in Part XIII. Check here if the explanation has been provided on Part XIII.       No         3       Beginning of year balance       Image: Complete I if the organization angument in Part XIII. Check here if the explanation has been provided on Part XIII.       No         4       Organization angument in Part XIII. Check here if the explanation has been provided on Part XIII.       Organization angument in Part XIII. Check here if the explanation has been provided on Part XIII.         4       Grants or scholarships       Image: Complete I if the organization ang	5	During the year, did the organization solicit	or receive do	onations of	f art, histe	orical trea	asures, or	other simila	ar			
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?,		assets to be sold to raise funds rather than	to be maintai	ined as pa	rt of the o	organizat	ion's colle	ction?	[	Yes	Х	No
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?       Image: Control Contende Contende Control Control Control Control Control C	Ра	rt IV Escrow and Custodial Arrange	nents.									
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Image: Contributions during the arrangement in Part XIII and complete the following table:         c       Additions during the arrangement in Part XIII and complete the following table:       Image: Contributions during the year.       Image: Contrite year.       Image: Contributions during the			swered "Yes	s" on Forr	n 990, F	Part IV, li	ne 9, or r	eported a	n amoun	t on Fo	m	
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       1d         d       Additions during the year.       1d         d       Distributions 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 on Part XIII.       No         b       Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: State		990, Part X, line 21.										
b       If "Yes," explain the arrangement in Part XIII and complete the following table:         c       Beginning balance         d       Additions during the year         d       Additions during the year         f       Ending balance         f       Endowment Funds.         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         c       No         b       Contributions         c       No         b       Contributions         and losses       (a) Current year         d       Grants or scholarships         d       Gran	1a	Is the organization an agent, trustee, custo	dian or other	r intermed	iary for c	ontributio	ons or othe	r assets no	t			
c       Beginning balance       Amount         d       Additions during the year       1d         e       Distributions during the year       1d         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custoidial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       No         Part V       Endowment Funds.       (e) Four years back       (d) Three years back       (e) Four years back         a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (d) Three year balance       (e) Four years       (e) Four years back       (e) Four years back       (e) Four years back         c       Other expenditures for facilities and programs       (d) Three year balance       (e) Four years back       (e) Four years back       (e) Four years back         f       Administrative expenses       (f) Administrative expenses       (f)		included on Form 990, Part X?								Yes		No
c       Beginning balance       Ic       Ic         d       Additions during the year       Id       Id         e       Distributions during the year       Id       Id         f       Ending balance       If       Id       Id         f       Ending balance       If       Id       Id       Id         f       Ending balance       If       Id       Id <th>b</th> <th>If "Yes," explain the arrangement in Part X</th> <th>III and compl</th> <th>ete the fol</th> <th>owing tab</th> <th>ole:</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	b	If "Yes," explain the arrangement in Part X	III and compl	ete the fol	owing tab	ole:						
d Additions during the year,									Amount			
e       Distributions during the year	С	Beginning balance				· · · · [/	1c					
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         Part V       Endowment Funds.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (e) Current year       (e) Four years back       (f) Four years back       four data sta	d	Additions during the year				· · · ·   ′	1d					
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       No         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         4 Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         2 Provide the expenditures for facilities and programs       (a) Current year end balance (line 1g, column (a)) held as:       (a) Garats or scholarships       (c) Term endowment >       %         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       (a) Garats or the possession of the organization that are held and administered for the organization by:       (i) Unrelated organizations       (a) Garat         3 Are there endowment bunds not in the possession of the organization that are held and administered for the organization by:       (i) Unrelated organizations       (a) Gar	е	Distributions during the year				· · · ·   ′	1e					
b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds.         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance	-											
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (c) The years back       (e) Four years       (f) The years         g       End of year balance       (c) The years back       (f) The years       (f) The years      <		-										No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Ia Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         Ia Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         Ia Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         Ia Contributions       (c) Two years back       (e) Two years back       (e) Two years back       (e) Four years back         Ia Contributions       (c) Two years back       (e) Two years back       (e) Two years back       (e) Four years back         Ia Contributions       (c) Two years back       (c) Two years back       (e) Two years back       (e) Four years back         If Administrative expenditures for facilities       (c) Two years back       (c) Two years back       (c) Two years back       (c) Two years back         If Administrative expendence       (c) Two years       (c) Two years back       (c) Two years back       (c) Two years back       (c) Two years back         If Administrative expendence       (c) Two years			III. Check he	re if the ex	planation	has beer	n provided	on Part XIII			•	
(a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance	Pa					<b>De et IV / 1</b>						
1a       Beginning of year balance		· · · ·						( ) =				
b       Contributions       Image: Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions       Image: Contributions         e       Other expenditures for facilities and programs       Image: Contributions       Image: Contributions       Image: Contributions         f       Administrative expenses       Image: Contributions       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contributions       Image: Contributions       Image: Contributions         g       Term endowment Image: Contr		(a) C	urrent year	(b) Prioi	year	(c) 1 WO	years back	(d) Three ye	ears back	(e) Foury	ears b	back
c       Net investment earnings, gains, and losses	1a	Beginning of year balance										
and losses	b	Contributions										
d Grants or scholarships	С											
e       Other expenditures for facilities and programs		and losses										
and programs												
f       Administrative expenses	е											
g End of year balance												
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶%         b       Permanent endowment ▶%         c       Term endowment ▶%         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:         (i)       Unrelated organizations.         (ii) Related organizations.       3a(i)         j       1"Yes" on line 3a(ii), are the related 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 (b) Cost or other basis (c) Accumulated (other)       (c) Book value         1a       Land, .       4         b       Buildings       4         c       Leasehold improvements       682, 509         a       682, 509       388, 173         a       294, 336.       4	f	-										
a Board designated or quasi-endowment ▶%         b Permanent endowment ▶%         c Term endowment ▶%         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: <ul> <li>(i) Unrelated organizations</li></ul>	g	-										
b       Permanent endowment ▶%         c       Term endowment ▶%         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: <ul> <li>(i) Unrelated organizations.</li> <li>(ii) Related organizations.</li> <li>(iii) Related organizations.</li> <li>(ii) Related organizations.</li> <li>(iii) Related organizations.</li> <li>(iii) Related organizations.</li> <li>(ii) Related organizations.</li> <li>(iii) Related organizations.</li> <li>(i) It "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?</li> <li>(iiii) Related negative in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <ul> <li>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.</li> <li>Description of property</li> <li>(a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation</li> <li>(d) Book value</li> </ul> 1a       Land       1       1       Leasehold improvements.       682,509, 388,173, 294,336.         c       Leasehold improvements.       1       1       2       2         e       Other       1       1       3       3       3         a       1       1       3       3		Provide the estimated percentage of the c			e (line 1g,	column (	a)) held as					
c       Term endowment ▶%         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: <ul> <li>(i) Unrelated organizations.</li> <li>(ii) Related organizations</li> <li>b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <ul> <li>Part VI</li> <li>Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Description of property</li> <li>(a) Cost or other basis</li> <li>(b) Cost or other basis</li> <li>(c) Accumulated depreciation</li> <li>d Book value</li> </ul> 1a       Land.       682,509.       388,173.       294,336.         c       Leasehold improvements.       682,509.       388,173.       294,336.         e       Other       186,565.       154,185.       32,380.		<b>u</b>		/0								
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: <ul> <li>(i) Unrelated organizations.</li> <li>(ii) Related organizations.</li> <li>(ii) Related organizations.</li> <li>(ii) Related organizations.</li> <li>(iii) Related organizations.</li> <li>(ii) Related organizations.</li> <li>(iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(c) Accumulated depreciation depreciation (d) Book value depreciation (d) Reverses (d) R</li></ul>												
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations.</li> <li>(ii) Related organizations.</li> <li>b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <ul> <li>(a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation depreciation</li> <li>(d) Book value</li> <li>(d) Book</li></ul>	Ŭ		hould equal 1(	00%								
organization by:       Yes       No         (i) Unrelated organizations.       3a(i)       3a(ii)       3a(ii)       3a(ii)       3a(ii)       3a(ii)       3a(ii)       3a(ii)       3a(ii)       3a(ii)       3b       3c       3b       3c       3b       3c       3b       3c       3b       3c       3b       3c       3c       3c       3c       3c       3c       3c       3c       3c	3a				tion that	are held	and admir	nistered for	the			
(i) Unrelated organizations.       3a(i)         (ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         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)       (c) Accumulated depreciation       (d) Book value         1a Land.              b Buildings          294,336.         c Leasehold improvements             e Other       186,565.       154,185.       32,380.		•		· g						Y	es	No
(ii) Related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         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.										3a(i)		
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         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.		.,										
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	b											
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	-			•								
Description of property     (a) Cost or other basis (investment)     (b) Cost or other basis (other)     (c) Accumulated depreciation     (d) Book value       1a Land	Pa							<u> </u>				
1a Land       (investment)       (other)       depreciation       (other)         b Buildings		Complete if the organization an										
b Buildings	_								(d)	BOOK Valu	ie	
b Buildings	1a	Land										
d Equipment e Other	-											
e Other	с	Leasehold improvements			6	582,509	). 3	88,173.		29	4,3	36.
	d	Equipment										
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 326, 716.	e	Other										
	Tota	I. Add lines 1a through 1e. (Column (d) mus	st equal Form	990, Part	X, colum	n (B), line	10c.)			32	6,7	16.

Schedule D (Form 990) 2019

Schedule D (F	Form 990) 2019			Page
Part VII	Investments - Other Securities.			
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990, I	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio Cost or end-of-year market	
1) Financia	al derivatives			
	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) 🔒 🕨			
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on Form 990	. Part IV. line 11c. See Form 990. F	Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuatio	
			Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (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, I	Part X, line 15.
	(a) Des	scription		(b) Book value
(1)		·		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) li	ne 15.)		
Part X	Other Liabilities. Complete if the organization answered			990, Part X,
	line 25.		1	
		tion of liability		(b) Book value
<b>、</b> ,	ral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 25.)		<u> </u>	
. Liability fo	or uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements that	t reports the

CANTON	MUSEUM	OF	ART

Schedu	le D (Form 990) 2019		Page 4
Part		n.	
1	Total revenue, gains, and other support per audited financial statements	1	1,727,305.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	-1,098,273.
3	Subtract line 2e from line 1	3	2,825,578.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	-11,611.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,813,967.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	1,478,203.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
2 a	Donated services and use of facilities		
_	Prior year adjustments		
b	Other losses.		
c d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	11,611.
e	Subtract line 2e from line 1	3	1,466,592.
3			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a			
b		4c	
с 5	Add lines <b>4a</b> and <b>4b</b>	5	1,466,592.
-	XIII       Supplemental Information.	5	1,100,071
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	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.

SEE PAGE 5

Part XIII Supplemental Information (continued)

#### PART III

THE MUSEUM'S ART COLLECTIONS, WHICH WERE PURCHASED OR DONATED, ARE NOT INCLUDED AS ASSETS IN THE STATEMENT OF FINANCIAL POSITION. EACH OF THE ITEMS IS CATALOGED, PRESERVED, AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. THE COLLECTIONS ARE SUBJECT TO A POLICY THAT REQUIRES PROCEEDS FROM THEIR SALES TO BE USED TO ACQUIRE OTHER ITEMS FOR COLLECTIONS. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED. CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED ON THE FINANCIAL STATEMENTS. PROCEEDS FROM DEACCESSIONS ARE REFLECTED AS INCREASES IN NET ASSETS. THE ESTIMATED FAIR VALUE OF THE COLLECTION FOR INSURANCE PURPOSES WAS APPROXIMATELY \$32,635,389 AND \$32,594,764 AT JUNE 30, 2020 AND 2019, RESPECTIVELY. THE PERMANENT COLLECTION IS BROKEN DOWN INTO SIX (6) CATEGORIES: 3D, CERAMICS, DRAWINGS, OILS, PRINTS & WATERCOLORS. EACH CATEGORY OF ARTWORK IS APPRAISED ONCE EVERY TEN (10) YEARS, AS SUGGESTED BY PROFESSIONAL APPRAISERS.

#### PART III

THE MUSEUM'S COLLECTIONS ARE MADE UP OF ART OBJECTS THAT ARE HELD FOR EDUCATIONAL AND CURATORIAL PURPOSES.

#### PART XI

COST OF GOODS SOLD CHANGE.

PART XII

COST OF SALES PER FINANCIAL STATEMENTS NETTED AGAINST INCOME.

SCH	EDULE G	Supplemental	Information Re	garding	Fundra	ising or Gamir	ng Activities	OMB No. 1545-0047
(For	m 990 or 990-EZ)		the organization answer organization entered r	red "Yes" or nore than \$1	n Form 990, F	Part IV, line 17, 18, or 1 rm 990-EZ, line 6a.	•	20 <b>19</b> Open to Public
	tment of the Treasury al Revenue Service	►œ	Go to www.irs.gov/Form	990 for inst	ructions and	the latest information		Inspection
Name	of the organization						Employer identificati	on number
CAN	TON MUSEUM O						34-0733127	
Par		<b>g Activities.</b> Comp EZ filers are not re	•			Yes" on Form 99	90, Part IV, line 1	7.
1	Indicate whether	r the organization rai	sed funds through	any of the	following	activities. Check a	all that apply.	
а	Mail solicita	tions	е			non-government g	•	
b Internet and email solicitations f Solicitation of government grants								
С	Phone solic	itations	g	Spe	cial fundra	ising events		
d	In-person se	olicitations						
	or key employee If "Yes," list the	ition have a written c es listed in Form 990 10 highest paid indi least \$5,000 by the	), Part VII) or entity ividuals or entities	in connec	ction with p	professional fundra	ising services?	Yes No fundraiser is to be
	(i) Name and add or entity (fu		(ii) Activity	custody of	ndraiser have or control of butions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No			
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Tota 3		which the organiza	tion is registered c	or licensed	► d to solicit	contributions or	has been notified	l it is exempt from
		- 0						

### Schedule G (Form 990 or 990-EZ) 2019

Page 2

Pa	rt l	Fundraising Events. Complet more than \$15,000 of fundra events with gross receipts gree	aising event contributi			
			<b>(a)</b> Event #1 VARIOUS	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
~			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	58,052.			58,052
£	2 3	Less: Contributions Gross income (line 1 minus line 2)	58,052.			58,052
	4	Cash prizes				
	5	Noncash prizes				
sesu	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses				
Pa		Net income summary. Subtract lin Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered "` e 6a.		Part IV, line 19, or	reported more than
Revenue	4		<b>(a)</b> Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
		Gross revenue Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes %	Yes% No	Yes%	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)		
9 a k	1	Enter the state(s) in which the organization licensed to con	anization conducts ga	ming activities: in each of these state		Yes No
10a k		Were any of the organization's gaming If "Yes," explain:	g licenses revoked, susp			Yes No

Schedule G (Form 990 or 990-EZ) 2019

CANTON MUS	EUM OF	ART
------------	--------	-----

	CANION MUSEUM OF ARI	34-073	3127	
Sched	lule G (Form 990 or 990-EZ) 2019			Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other enti			
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:	· · · · ·		
a	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events book			/0
14	records:			
	Nomo N			
	Name ►			
	Address			
15 0	Does the organization have a contract with a third party from whom the organization receives	aomina		
IJa			Yes	No
h	revenue? If "Yes," enter the amount of gaming revenue received by the organization ► \$	and the		
D	in res, enter the amount of gaming revenue received by the organization $\blacktriangleright$ $\Im$			
-	amount of gaming revenue retained by the third party ► \$			
C	If "Yes," enter name and address of the third party:			
	Nama N			
	Name			
	Address			
16	Gaming manager information:			
10	Gaming manager mormation.			
	Nama N			
	Name			
	Coming manager companyation <b>b</b>			
	Gaming manager compensation ► \$			
	Description of services provided ►			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Director/officer Employee Independent contractor			
47	Mandatany diatributiona			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming pro			<b></b>
-	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt orga	anizations		
	or spent in the organization's own exempt activities during the tax year <b>s</b>	/	()	
Part				
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additio	nal inforr	nation	
	(see instructions).			

Schedule G (Form 990 or 990-EZ) 2019

## SCHEDULE M (Form 990)

## **Noncash Contributions**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

20**19** Open to Public Inspection

Name of the organization	
--------------------------	--

Employer	identif

CANTON MUSEUM OF ART

ployer identification	number
34-0733127	

Par	Types of Property						
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	eterminin	
1	Art - Works of art	X	30.	0.	N/A		
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						
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 ►( FACILITY USE )	X	1.	420,180.	FAIR RENTAI	J VALU	ſΕ
26	Other ►()						
27	Other ►()						
					<u> </u>		
29	Number of Forms 8283 received						
	which the organization completed F	orm 8283,	Part IV, Donee Acknowledg	ement	29		
						Yes	No
30a	During the year, did the organizat				-		
	28, that it must hold for at least the	-					37
	to be used for exempt purposes for		olding period?			)a	X
	If "Yes," describe the arrangement i						
31	Does the organization have a						
	contributions?					1 X	+
32a	Does the organization hire or use	•	•				
	contributions?					2a	X
	If "Yes," describe in Part II.						
33	If the organization didn't report an describe in Part II	amount in c	olumn (c) for a type of pro	perty for which column (a)	is checked,		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2019

Page 2

**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.

WORKS OF ART

A ZERO AMOUNT IS REPORTED ON FORM 990, PART VIII, LINE 1G, BECAUSE IT DID

NOT CAPITALIZE ITS COLLECTION OF WORKS OF ART, AS ALLOWED UNDER FASB ASC

958-360-25 (FORMERLY SFAS 116)

## SCHEDULE O (Form 990 or 990-EZ)

## 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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service Name of the organization CANTON MUSEUM OF ART

PART VI - SECTION A

MINUTES ARE KEPT AT EACH MEETING OF THE GOVERNING BODY AND THE PRIOR MINUTES ARE REVIEWED AND APPROVED PRIOR TO THE START OF THE NEXT MEETING. NO COMMITTEES HAVE THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

PART VI - SECTION B

990 IS PROVIDED TO FINANCE DIRECTOR WHO REVIEWS IT AND SENDS COPIES TO THE BOARD TREASURER AND BOARD PRESIDENT FOR REVIEW. ANY DISCREPANCIES ARE DISCUSSED AND RESOLVED WITH THE PREPARER.

PART VI - SECTION B

DISCLOSURE IS REQUIRED ANNUALLY AND A FORM IS SUBMITTED TO EACH TRUSTEE TO BE FILLED OUT AT THE FIRST BOARD MEETING OF THE YEAR.

PART VI - SECTION B COMPENSATION ISSUES ARE DISCUSSED AND REVIEWED AS PART OF THE ANNUAL BUDGET PROCESS. ALL COMPENSATION ISSUES FOR THE DIRECTOR AND OTHER KEY EMPLOYEES ARE APPROVED BY THE FULL BOARD.

PART VI - SECTION C

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Schedule O (Form 990 or 990-EZ) 2019	Page 2
Name of the organization	Employer identification number
CANTON MUSEUM OF ART	34-0733127
	ATTACHMENT 1

### FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE CANTON MUSEUM OF ART (CMA) IS ONE OF OHIO'S PREMIER MUSEUMS FOR AN EXCEPTIONAL VISUAL ARTS EXPERIENCE. CMA IS RECOGNIZED FOR POWERFUL EXHIBITIONS FOCUSED ON AMERICAN ART, ITS INFLUENCES AND THEMES THAT ALLOW EVERYONE TO CONNECT WITH CREATIVITY AND CULTURAL HERITAGE. THE MUSEUM'S DIVERSE EDUCTION PROGRAMS SERVE THOUSANDS OF STUDENTS AND ADULTS OF ALL AGES. CMA'S ACCLAIMED PERMANENT COLLECTION FOCUSES ON AMERICAN WORKS ON PAPER, PRIMARILY WATERCOLORS AND CERAMICS. FOUNDED IN 1935, CMA IS A CULTURAL DESTINATION FOR THE CITY AND REGION, WITH COMMUNITY EVENTS AND PROGRAMS MAKING THE INSPIRATION OF ART ACCESSIBLE TO ALL - SERVING NEARLY 45,000 PARTICIPANTS ANNUALLY.

ATTACHMENT 2

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4A

EXHIBITIONS/COLLECTIONS: AS ONE OF STARK COUNTY'S PREMIER MUSEUMS FOR AN EXCEPTIONAL VISUAL ARTS EXPERIENCE, THE CANTON MUSEUM OF ART (CMA) IS RECOGNIZED FOR POWERFUL EXHIBITIONS AND PROGRAMS THAT "CONNECT ART TO LIFE" - CENTERED AROUND AMERICAN ARTWORKS AND THEMES THAT ALLOW AUDIENCES TO EXPLORE SOCIAL TOPICS, HISTORY, AND CULTURAL HERITAGE THROUGH ART. CMA'S PERMANENT COLLECTION IS ONE OF THE FINEST COLLECTIONS IN OHIO, WITH OVER 1,500 PIECES INCLUDING WATERCOLORISTS SUCH AS EDWARD HOPPER, WINSLOW HOMER, AND ANDREW WYETH, AND CERAMIC ARTISTS SUCH AS TOSHIKO TAKAEZU AND PETER VOULKOS. ANNUALLY CMA PROVIDES 12-14 DIFFERENT EXHIBITIONS TO THE PUBLIC, INCLUDING NATIONAL TOURING PRODUCTIONS; ORIGINALS CURATED BY CMA STAFF TO SHOWCASE CELEBRATED AMERICAN ARTISTS AND

Employer identification number 34-0733127

ATTACHMENT 2 (CONT'D)

EMERGING REGIONAL TALENTS; AND FEATURED EXHIBITS FROM OUR OWN PERMANENT COLLECTION.

ATTACHMENT 3

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4B

EDUCATION & OUTREACH: EDUCATION IS INTEGRAL TO THE CMA EXPERIENCE, FUELING CREATIVITY IN MINDS OF ALL AGES. THIS INCLUDES OUR FREE MUSEUM TO GO PROGRAM TO STARK COUNTY SCHOOLS, WHICH SUPPORT STUDENTS AND EDUCATORS THROUGH STANDARDS ALIGNED ART INSTRUCTION; IN-MUSUEM GROUP TOURS; AND FREE FAMILY DAYS THROUGHOUT THE YEAR THAT ENGAGE THE COMMUNITY AND UNDERSERVED AUDIENCES. CMA'S EDUCATION STATION ALLOWS A PLACE WHERE VISTIORS CREATE AND LEARN ABOUT ART CONCEPTS FEATURED IN AN EXHIBITION. EDUCATION STATION ACTIVITIES CHANGE THROUGHOUT THE SEASON AND ARE FOCUSED ON BRINGING CHILDREN AND FAMILIES IN GREATER CONNECTION TO ART AND EACH OTHER. CMA'S SCHOOL OF ART FEATURES CLASS OFFERINGS FOR ALL AGES IN OIL PAINTING, WATERCOLORS, POTTERY, AND MORE. CMA ALSO WORKS WITH COMMUNITY AND HEALTHCARE AGENCIES FOR USING ART AS THERAPY FOR THEIR CLIENTS. CMA'S EDUCATION AND OUTREACH PROGRAMS ENABLE PEOPLE OF ALL AGES TO USE OUR RESOURCES AS A PLACE TO LEARN, PLAY, AND BE INSPIRED BY ART.

ATTACHMENT 4

			Page	
		Employer identifica	ation number	
		34-0733127		
		ATTACHMENT 4	(CONT'D)	
(A)	(B)	(C)	(D)	
TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING	
EXPENSES	SERVICE EXP.	AND GENERAL	L EXPENSES	
	TOTAL	TOTAL PROGRAM	(A) (B) (C) TOTAL PROGRAM MANAGEMENT	

POTTERS GUILD	3,210.		3,210.	
TELEPHONE	4,330.	3,572.	758.	
EXHIBITS & GALLERY EVENTS	38,154.	10,810.		27,344.
UTILITIES & MAINTENANCE	101,747.	83,941.	17,806.	
SECURITY	2,655.	2,655.		
TEACHERS & CLASSROOM SUPPLIES	61,274.	61,274.		
SCHOLARSHIPS	9,450.	9,450.		
TOTALS	220,820.	171,702.	21,774.	27,344.

	ATTACHMENT 5
FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES	
DESCRIPTION	ENDING BOOK VALUE
PREPAID INSURANCE & CONTRACTS	7,699.
PREPAID EXHIBITS	63,409.
TOTALS	71,108.

ATTACHMENT 6

lame of the organization	Employer identifica	ation number
CANTON MUSEUM OF ART	34-07331	.27
	ATTACHMENT 6 (C	'ONT ' D )
FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES		
	ENDING	COST
DESCRIPTION	BOOK VALUE	OR FMV
IONEY FUNDS	127,860.	FMV
OMMON STOCKS	2,731,711.	FMV
ORPORATE BONDS AND NOTES		FMV
UTUAL FUNDS	1,392,318.	FMV
NVESTMENT IN SCF POOLED ACCT	453,648.	FMV

TOTALS

4,705,537.