

soundideas, solidanswers.

4505 STEPHEN CIRCLE, NW SUITE 202 • CANTON, OHIO 44718

PHONE 330.453.7633

Mr. Max Barton Canton Museum of Art 1001 Market Ave N Canton, OH 44702-1075

Dear Max,

Enclosed are the following income tax returns prepared on behalf of Canton Museum of Art for the year ended June 30, 2021.

2020 990 - Return of Organization Exempt from Income Tax

2020 8879-EO - IRS E-file Signature Authorization Form

2020 Schedule A - Public Charity Status and Public Support

2020 Schedule B - Schedule of Contributors

2020 Schedule D - Supplemental Financial Statements

2020 Schedule M - Noncash Contributions

2020 Schedule O - Supplemental Information to Form 990 or 990EZ

The original of each of the above mentioned returns should be dated and signed in accordance with the following instructions included with the copy of the return. This copy is for your use and should be retained for your files.

These return(s) were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the return(s) before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the return(s), please contact us before filing them.

The Ohio Verification Annual Report has been filed electronically on your behalf. Paper check payments are no longer accepted for filing or late fees. Please login to your Ohio Attorney General Charitable Registration account to pay the amount due of \$200 by e-check or credit card. If you have not already done so, you may need to create an account on the Ohio Attorney General website to submit payment.

We appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.

Sincerely,

Karen M Brenneman , CPA Partner HALL, KISTLER & COMPANY LLP

Enclosures

Canton Museum of Art Instructions for Filing Form 8879-EO IRS e-file Signature Authorization for Form 990 For the year ended June 30, 2021

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-EO to:

HALL, KISTLER & COMPANY LLP 4505 STEPHEN CIRCLE NW - SUITE 202 CANTON OH 44718-3682

There is no tax due with the filing of this return.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before May 16, 2022. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning 07/01, 2020, and ending 06/30

Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization or person subject to tax Taxpayer identification number CANTON MUSEUM OF ART 34-0733127 Name and title of officer or person subject to tax MAX BARTON, EXECUTIVE DIRECTOR Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ► X **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12).... 1b 2a Form 990-EZ check here ▶ Form 1120-POL check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b Form 990-PF check here ▶ Form 8868 check here ▶ **b** Balance due (Form 8868, line 3c). 5b 5a Form 990-T check here ▶ **b Total tax** (Form 990-T, Part III, line 4) 6b Form 4720 check here ▶ **b** Total tax (Form 4720, Part III, line 1) 7b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that ____ I am an officer of the above organization or ____ I am a person subject to tax with respect to (name of organization) and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only lauthorize HALL, KISTLER & COMPANY LLP to enter my PIN as my signature **ERO firm name** on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Date $\triangleright 01/24/2022$ Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm

that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature

Date >

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2020)

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2020
Open to Public Inspection

Α_	For the	e 2020	calendar year, or tax year beginning	07/01,2020,	, and ending				, 20 21	
-			C Name of organization				D Employer iden	tification r	umber	
R	Check if a	pplicable:	CANTON MUSEUM OF ART			[34-0733	3127		
	Addre		Doing business as							
	Name	e change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite		E Telephone nur	nber		
	Initial	I return	1001 MARKET AVE N				(330) 453	3-7666		
	Final termin	return/ nated	City or town, state or province, country, a	and ZIP or foreign postal code						
	Amen	nded	CANTON, OH 44702-1075				G Gross receipts	\$	3,224	1,973.
		cation	F Name and address of principal officer:	MAX BARTON			H(a) Is this a grou		Yes	X No
		9	1001 MARKET AVE N, CAI	NTON, OH 44702-1075			subordinates? H(b) Are all subordi		Yes	No
ī	Tax-ex	empt st	atus: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	7	If "No," att	ach a list. Se	e instructions	;
J	Websi	ite: 🕨	WWW.CANTONART.ORG				H(c) Group exemp	tion number	•	
K	Form	of organ	ization: X Corporation Trust	Association Other	L Year of	formation	on: 1935 M s	State of leg	al domicile:	ОН
Р	art I		mmary	1	I		<u> </u>			
		Briefly	describe the organization's mission o	r most significant activities: THE C	ANTON MU	SEUM	OF ART IS	S WHER	E ART	
ø			IS LIFE, PROVIDING OPPOR							
anc		LEA	RN, AND BE INSPIRED THRO	OUGH A CONNECTION WITH	AMERICA	N ART	Γ.			
ern	2	Check	this box if the organization d	iscontinued its operations or dispose	ed of more tha	an 25%	of its net assets	i .		
Governance	3		er of voting members of the governing				1	3		18.
			er of independent voting members of t					4		18.
ties	5		number of individuals employed in cale					5		54.
Activities &	6		number of volunteers (estimate if necess					6		280.
Ą	7a		unrelated business revenue from Part V					7a		0.
			nrelated business taxable income from					7b		
		IVCL UI	irelated business taxable income from	Tomi 350-1, Farti, inte 11		<u> </u>	Prior Year		Current Y	 /ear
	8	Contri	butions and grants (Part VIII, line 1h)				1,555,19		1,509	
Jue	9		am service revenue (Part VIII, line 2g)				128,86			,363.
Revenue	10		ment income (Part VIII, column (A), line				1,118,98			,345.
R	11		revenue (Part VIII, column (A), lines 5,				10,92			,544.
							2,813,96		1,737	
_			revenue - add lines 8 through 11 (must					0.		0.
			s and similar amounts paid (Part IX, colu					0.		0.
	4.5		its paid to or for members (Part IX, colu				573,90		560	,664.
Expenses	15		es, other compensation, employee bene					0.		0.
en	16a		ssional fundraising fees (Part IX, column					0.		<u> </u>
Ä	D		fundraising expenses (Part IX, column (I				892,68	0	1,184	007
			expenses (Part IX, column (A), lines 11				1,466,59		1,744	
			expenses. Add lines 13-17 (must equal				1,347,37			,883.
		Rever	ue less expenses. Subtract line 18 from	n line 12		Daning				
Net Assets or						Beginn	1 5 , 608 , 13		6,871	
SSe	20		assets (Part X, line 16)				<u> </u>			
et A	21		iabilities (Part X, line 26)				354,59 5,253,53		6,487	,681.
			ssets or fund balances. Subtract line 21	from line 20			5,255,55	7 •	0,407	,052.
	art II		gnature Block	in waterum in alcoding a second province scale of						aliaf it ia
tru	e, corre	ect, and	of perjury, I declare that I have examined th complete. Declaration of preparer (other than	n officer) is based on all information of whi	ich preparer has	s any kn	owledge.	my knowie	age and b	ellel, it is
							01/2/	1/2022		
Sig	n	5	signature of officer				Date	1/2022		
He	-		MAX BARTON	EVECUT	TVE DIDE	СПОВ	Date			
		_	vpe or print name and title	EAECUI	IVE DIRE	CIOR				
			Type preparer's name	Preparer's signature	Date			: PTIN		
Pai	d	1.1111/	Typo preparers name	i reparers signature	Date		Check	"	100000	0.1
	parer		FINIT WIGHT DD C C			T	self-employe		770	эт
	Only		name ▶HALL, KISTLER & C				Firm's EIN ► 3			
			address ▶4505 STEPHEN CIRCLE NW -				1 110110 110.	30-453		
_			iscuss this return with the prepare	,	<u> </u>	<u></u>		X		No
For	Pape	rwork	Reduction Act Notice, see the separat	e instructions.					Form 99	U (2020)

Page 2 Form 990 (2020)

Check if S	chedule O contain	s a response or note to any line in this Par	t III	X
Briefly describe the	organization's mis			
If "Yes," describe the Did the organizati	ese new services on cease conduc	on Schedule O. ting, or make significant changes in	how it conducts, any progr	ram
If "Yes," describe the	ese changes on So	chedule O.		
expenses. Section	501(c)(3) and 50	1(c)(4) organizations are required to rep		
		937,082. including grants of \$) (Revenue \$	479,240)
		316,435. including grants of \$) (Revenue \$	59,080)
(Code:	_) (Expenses \$	including grants of \$) (Revenue \$)
Other program serv	vices (Describe on	Schedule O.)		
	Briefly describe the ATTACHMENT Did the organizatio prior Form 990 or 9 If "Yes," describe the Did the organizati services? If "Yes," describe the organization expenses. Section the total expenses, (Code: ATTACHMENT (Code: ATTACHMENT (Code: ATTACHMENT	Briefly describe the organization's mis ATTACHMENT 1 Did the organization undertake any sprior Form 990 or 990-EZ?	Briefly describe the organization's mission: ATTACHMENT 1 Did the organization undertake any significant program services during the year prior Form 990 or 990-E2? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of expenses. Section 501(c)(3) and 501(c)(4) organizations are required to repet the total expenses, and revenue, if any, for each program service reported. If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of expenses. Section 501(c)(3) and 501(c)(4) organizations are required to repet the total expenses, and revenue, if any, for each program service reported. If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of expenses. Section 501(c)(3) and 501(c)(4) organizations are required to repet the total expenses, and revenue, if any, for each program service reported.	Did the organization undertake any significant program services during the year which were not listed on prior Form 990 or 990-E2? If Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any progressives?, if Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program service the organization and 501(c)(4) organizations are required to report the amount of grants are the total expenses. and revenue, if any, for each program service reported. (Code:) (Expenses \$ 937,082, including grants of \$) (Revenue \$ ATTACHMENT 2 (Code:) (Expenses \$ 116,435, including grants of \$) (Revenue \$ ATTACHMENT 3

Form 990 (2020) Page 3

Part	V 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	X	
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		X
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		X
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		X
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		X
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		X
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		X
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		X
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		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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		X
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	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	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		X
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	1		37
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	١		37
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.0		v
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	1.0		v
00 -	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Λ
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		Х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	4		

Form 990 (2020) Page 4

Part	Checklist of Required Schedules (continued)		Vac	- No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a			X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
C	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?			
	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		X
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%			3.5
07	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .	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		Х
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			
	, , , , , , , , , , , , , , , , , , , ,	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			3.5
20	, , , , , , , , , , , , , , , , , , , ,	28c	X	X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	Λ	
30	conservation contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		Х
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		X
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		X
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
D	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	350		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38		X
Part				
	Check if Schedule O contains a response or note to any line in this Part V			<u>. L J</u>
-			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Fermi W 20 metadad in into Fa. Enter of infort applicable			
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			990	(2020)
0E1030	1.000 35892P 2740 5/6/2022 4:18:54 PM V 20-7.21	. 51111		(2020) AGE

Form 990 (2020) Page 5

Par	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 54			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (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? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
τu	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country			
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
		5b		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
ъa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	Ua		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6 h		
_	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			X
	and services provided to the payor?	7a		Λ
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		v
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		3.7
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		X
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		X
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
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			
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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
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.			

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Sec.	ion A. Coverning Pody and Management					Λ
sect	ion A. Governing Body and Management				Yes	No
		1a	18		169	140
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or	ıa	10			
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.	1b	18			
b	Enter the number of voting members included on line 1a, above, who are independent					
2	Did any officer, director, trustee, or key employee have a family relationship or a business re			2		X
•	any other officer, director, trustee, or key employee?					
3	Did the organization delegate control over management duties customarily performed by or un			3		X
	supervision of officers, directors, trustees, or key employees to a management company or other p			4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi			5		X
5	Did the organization become aware during the year of a significant diversion of the organization's Did the organization have members or stockholders?			6		X
6 70	Did the organization have members of stockholders, or other persons who had the power to el					
7a	one or more members of the governing body?			7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval			- u		
b	stockholders, or persons other than the governing body?			7b		X
Q	Did the organization contemporaneously document the meetings held or written actions und					
8	the year by the following:	JIIAKE	an during			
•	The governing body?			8a	Х	
a b	Each committee with authority to act on behalf of the governing body?			8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot					
3	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Secti	ion B. Policies (This Section B requests information about policies not required by the Inte			Code	.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p		-	10b		
11a		•		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	3				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Χ	
b						
	rise to conflicts?		_	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	olicy?	If "Yes,"			
	describe in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review ar	nd app	oroval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and	decision?			
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar		-	40		X
	with a taxable entity during the year?			16a		Λ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization					
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?			16h		
Secti	ion C. Disclosure			16b		
17 18	List the states with which a copy of this Form 990 is required to be filed ▶ OH, Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),	900	and 000 T	(800	tion F	01/0\
16	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap X Own website Another's website X Upon request Other (explain on Science).	ply.		(Sec	นเดท อ	01(0)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents	nents,	conflict o	finte	est p	olicy,
	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 KRISTINA BELLIVEAU 1001 MARKET AVE N CANTON, OH 44702-1075 330-453-7666	oooks	and record	s ►		

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

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.

(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	neck ss pe	more erson lirect	e than of is both cor/trust	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	mer	(W 211000 miles)	(11 2) 1000 11100)	related organizations
(1)MAX BARTON II	40.00									
EXECUTIVE DIRECTOR	0.			Х				86,000.	0.	0
(2)MARK BELGYA	1.00									
PRESIDENT	0.	Х		Х				0.	0.	0
(3) THOMAS BORDEN	1.00									
TRUSTEE	0.	Х						0.	0.	0
(4)JOE FELTES	1.00									
IMMEDIATE PAST PRESIDENT	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) DR. VIRGINIA BANKS	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		Χ				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		L	L	0.	0.	0
(13) DR. PAUL TURGEON	1.00									
1ST VICE PRESIDENT	0.	Х		Χ				0.	0.	0
(14) VICKI HAINES	1.00									
TRUSTEE	0.	X						0.	0.	0

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Employees (Page o
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than o is both	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other compensate	of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	_	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organizatio and relate organizatio	on ed
15) ROBIN KRATZER	1.00	- 37						0	0		
TRUSTEE 16) CINDY WINICK	1.00	X						0	0.		0
TRUSTEE	$-\frac{1.00}{0.}$	X						0	0.		C
17) LINDSAY ZIMMERMAN	1.00	25									
SECOND VICE PRESIDENT	0.	X		X				0	0.		C
18) MELEAH SKILLERN	1.00							-			
TRUSTEE	0.	Х						0	0.		C
19) MARK SPANER	1.00										
TRUSTEE	0.	Х						0	0.		C
1b Sub-total							>	86,000.	0.		0
c Total from continuation sheets to Part VII, S							\blacktriangleright	0.	0.		0
d Total (add lines 1b and 1c)							>	86,000.	0.		0
2 Total number of individuals (including but not reportable compensation from the organization)		hose 0		d a	bov	e) who	re	eceived more than	\$100,000 of		
										Yes	No
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Scheoo										3	Х
4 For any individual listed on line 1a, is the organization and related organizations gindividual.	reater than	\$15	50,0	00?	. It	"Yes	3,"	complete Schedu	le J for such	4	X
5 Did any person listed on line 1a receive of for services rendered to the organization? If "	accrue co	mpen	sati	on i	fron	n any	un	related organizati	on or individual	5	Х
Section B. Independent Contractors											
 Complete this table for your five highest cor compensation from the organization. Report year. 											
(A)							Т	(B)		(C)	

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.

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Part VIII Statement of Revenue

(B) (C) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts Membership dues 24,348 **c** Fundraising events 1c Government grants (contributions) . . All other contributions, gifts, grants, and similar amounts not included above ... 1,485,268 1f g Noncash contributions included in 420,180 lines 1a-1f. 1g \$ 1,509,616. Total. Add lines 1a-1f **Business Code** Program Service Revenue ADMISSIONS 711130 33,966 33,966 616000 35,397 35,397 EDUCATIONAL FEES h С d е All other program service revenue 69,363. Total. Add lines 2a-2f Investment income (including dividends, interest, and 124,090 124,090 0. Income from investment of tax-exempt bond proceeds . 5 0. (i) Real (ii) Personal 131 6a Gross rents 6a **b** Less: rental expenses 6b 131. Rental income or (loss) 6c d Net rental income or (loss) . . 131 131. Gross amount from (i) Securities (ii) Other sales of assets 1,495,768. other than inventory 7a b Less: cost or other basis Other Revenue 7b 1,478,513. and sales expenses . . 17,255. c Gain or (loss) 7c 17,255. 17,255 d Net gain or (loss) 8a Gross income from fundraising events (not including \$ _ of contributions reported on line 1c). See Part IV, line 18 0. 8b **b** Less: direct expenses 0. c Net income or (loss) from fundraising events. 9a Gross income from gaming 0. activities. See Part IV, line 19 0. 9b **b** Less: direct expenses 0. c Net income or (loss) from gaming activities. \triangleright Gross sales of inventory, less 29.078. returns and allowances b Less: cost of goods sold 10b 8,592. Net income or (loss) from sales of inventory 20,486. 20,486 **Business Code** Miscellaneous Revenue MISCELLANEOUS INCOME 900099 5,226 5,226 11a DEACCESSION OF ART 711130 -8,299. -8,299 b All other revenue -3,073. Total. Add lines 11a-11d Total revenue. See instructions 1,737,868. 86,776. 141,476.

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Part IX Statement of Functional Expenses

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

000	Check if Schedule O contains a resp	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
Do	not include amounts reported on lines 6b, 7b,				· · · · · · · · · · · · · · · · · · ·
	9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations		ехрепзез	general expenses	ехрепзез
•	and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	0.			
3	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	0			
_	persons described in section 4958(c)(3)(B)	0. 389,373.	197,096.	122,117.	70,160.
	Other salaries and wages	309,373.	197,090.	122,117.	70,100.
8	Pension plan accruals and contributions (include	15,555.	8,447.	4,812.	2,296.
_	section 401(k) and 403(b) employer contributions)	32,730.	17,774.	10,125.	4,831.
	Other employee benefits	37,006.	20,097.	11,448.	5,461.
10	Payroll taxes	3.,000.	20,007.		
	Management	0.			
	Legal	0.			
	Accounting	17,147.		17,147.	
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17	0.			
	Investment management fees	35,187.		35,187.	
	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	258,386.	224,163.	27,003.	7,220.
13	Office expenses	26,304.	16,289.	10,015.	
14	Information technology	4,198.		4,198.	
15	Royalties	0. 420,180.	346,648.	73,532.	
16	Occupancy	420,180.	340,040.	73,532.	
17	Travel	0.			
18	Payments of travel or entertainment expenses	0.			
10	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	4,125.		4,125.	
20 21	Interest Payments to affiliates Payments to affiliates Payments	0.		, === 0	
22	Depreciation, depletion, and amortization	24,981.		24,981.	
23	Insurance	46,858.	42,038.	4,820.	
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.)				
а	CURATORIAL EXPENSES	9,691.	9,691.		
~	MEMBERSHIP DUES	4,054.		4,054.	
_	MISCELLANEOUS	14,103.	14,103.	1 110	
_	SHIPPING	114,380.	112,712.	1,668.	
	All other expenses ATCH 4	204,493.	183,399.	21,094.	00 000
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	1,744,751.	1,253,517.	401,266.	89,968.
20	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720) if	0.			
_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5.1			Form QQ ((2020)

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Part X Balance Sheet

		(A) Beginning of year		(B)
Τ.	Cook non-interest hooving	8,090.	1	End of year 8,548.
	Cash - non-interest-bearing	452,876.	2	611,171.
	Savings and temporary cash investments	33,323.	3	12,065
	Pledges and grants receivable, net	5,352.	4	11,369
	Accounts receivable, net	3,332.	4	11,303
;	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	0
		<u> </u>		
'	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0
<u>,</u> .		0.	7	0
		5,130.	8	11,380
! ;		71,108.	9	25,574
	a Land, buildings, and equipment: cost or other	,		- , -
•	basis. Complete Part VI of Schedule D 10a 872,014.			
	b Less: accumulated depreciation	326,716.	10c	304,676
1.		4,705,537.	11	5,886,950
12		0.	12	0
13		0.	13	0
14	· -	0.	14	0
15		0.	15	0
16		5,608,132.	16	6,871,733
17		73,697.	17	114,424
18	· ·	0.	18	0
19		0.	19	0
20		0.	20	0
2	· · · · · · · · · · · · · · · · · · ·	0.	21	0
l	, · · · ·			
22	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	22	0
i 2:		280,898.	23	270,257
24	Unsecured notes and loans payable to unrelated third parties	0.	24	0
2	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	0.	25	0
26	Total liabilities. Add lines 17 through 25	354,595.	26	384,681
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
2	Net assets without donor restrictions	3,629,484.	27	4,670,509
28	Net assets with donor restrictions	1,624,053.	28	1,816,543
25	Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
	Capital stock or trust principal, or current funds		29	
30	F		30	
30			31	
32		5,253,537.	32	6,487,052
3	Total liabilities and net assets/fund balances	5,608,132.	33	6,871,733

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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			37,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2			44,7	
3	Revenue less expenses. Subtract line 2 from line 1	3			-6,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		5,2	53,5	37.
5	Net unrealized gains (losses) on investments	5		1,2	40,3	98.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain 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					
	32, column (B))	10		6,4	87,0	52.
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," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted or	na 📗			
	separate basis, consolidated basis, or both:					
	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	ersight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in t	:he			
	Single Audit Act and OMB Circular A-133?		• • –	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b		

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 Open to Public Inspection

Employer identification number

34-0733127

Department of the Treasury Internal Revenue Service Name of the organization

CANTON MUSEUM OF ART

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

Pai	rt I	Reason for Public Cha	rity Status. (All	organizations must	complet	te this p	art.) See instructions	S.
	_	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches descr	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A hospital or a cooperative	hospital service organization described in section 170(b)(1)(A)(iii).					
4		A medical research organiz	-	-				(iii). Enter the
		hospital's name, city, and st	=	•	•		,,,,,,	. ,
5		An organization operated t	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C	complete Part II.)					
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	X	An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org	ganization describe	ed in section 170(b)(1)(A)(ix) (operated	I in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Eı	nter the	name, city, and state of	the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ted to its exempt frent income and u	unctions, subject to c nrelated business tax	ertain ex able incc	ceptions me (les	s; and (2) no more than s section 511 tax) from	331/3 % of its
1		An organization organized						
2		An organization organized	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to o	arry out the purposes
		of one or more publicly su	pported organizati	ons described in sect	ion 509	(a)(1) or	section 509(a)(2). S	ee section 509(a)(3)
		Check the box in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	zation and complete lir	nes 12e, 12f, and 12g
а		Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a ma	ajority of	the directors or truste	es of the
	_	supporting organization. \	ou must complet	e Part IV, Sections A	and B.			
b		Type II. A supporting org	•					
		control or management of			the sam	e persor	ns that control or man	age the supported
		organization(s). You must	-					
С		☐ Type III functionally integrated integrated in the property of the prop						ly integrated with,
_		its supported organization		-				
d		Type III non-functionally						= ::
		that is not functionally inte	-	= -	-		•	d an attentiveness
		requirement (see instruct	•	-				L T
е		Check this box if the orga						ı, туре III
f	En	functionally integrated, or iter the number of supported	• •			•	ion.	
'n		ovide the following information						
_ 9		lame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	()		(, =	(described on lines 1-10	listed in you	ur governing	support (see	other support (see
				above (see instructions))	Yes	nent?	instructions)	instructions)
					103			
A)								
D)								
B)								
C)								
D)								
E)								
Г <u>о</u> 4-								
Γota	11							

Page 2 Schedule A (Form 990 or 990-EZ) 2020

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,385,890.	1,119,918.	1,243,712.	1,497,143.	1,509,616.	6,756,279.
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	1,385,890.	1,119,918.	1,243,712.	1,497,143.	1,509,616.	6,756,279.
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						6,756,279.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1,385,890.	1,119,918.	1,243,712.	1,497,143.	1,509,616.	6,756,279.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	188,038.	187,049.	178,323.	146,638.	124,221.	824,269.
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.) ATCH 1	7,531.	6,536.	7,160.	5,195.	5,226.	31,648.
11	Total support. Add lines 7 through 10						7,612,196.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup				1		
14	Public support percentage for 2020 (lin				ĺ	14	88.76 %
15	Public support percentage from 2019					15	87.43 %
16a	331/3% support test - 2020. If the org						3.7
	box and stop here. The organization qu	•		-			
b	331/3% support test - 2019. If the org this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2	020. If the org	anization did no	ot check a box	on line 13, 16a	a, or 16b, and lir	ne 14 is
	10% or more, and if the organization					-	-
	Part VI how the organization meets	the facts-and-c	ircumstances te	st. The organiz	ation qualifies	as a publicly su	ipported
	organization						
b	10%-facts-and-circumstances test - 2	019. If the org	ganization did no	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the organize	ation meets the	e facts-and-circu	umstances test,	check this box	and stop here.	Explain
	in Part VI how the organization meets organization.			_			
18	Private foundation. If the organization	n did not chec	k a box on line	13, 16a, 16b,	17a, or 17b,	check this box	and see
	instructions					chedule A (Form 99	

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

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

Sec	tion A. Public Support			, ı	'	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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					<u> </u>	
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_						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10 a	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.)		<u> </u>				
14	First 5 years. If the Form 990 is for	-			•		` ` ` `
	organization, check this box and stop here.			<u> </u>			▶ 🔃
	tion C. Computation of Public Supp			mn (f))		45	0/
15	Public support percentage for 2020 (line 8,					15	<u>%</u>
16 Soc	Public support percentage from 2019 Schetion D. Computation of Investment					16	<u>%</u>
				12 column (f))		17	0/
17	Investment income percentage for 2020 (lin					17	<u>%</u>
18	Investment income percentage from 2019 S					18	%
туа	331/3% support tests - 2020. If the org	_					. \square
	17 is not more than 331/3%, check this	-	-	•			
b	331/3% support tests - 2019. If the orga				·		
20	line 18 is not more than 331/3 %, check Private foundation. If the organization d		•	•			H-1
20	i iivate iouniuation. Ii tile organization o	iu not check a	A DOX OIL IIIIE I	τ, ισα, Οι 19D,	CHECK THIS DOX	and see mstruc	LIUI IO

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 line 10b below.
 - 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.)

		Yes	No
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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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44-		
Secti	detail in Part VI. on B. Type I Supporting Organizations	11c		
Occii	on B. Type roupporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 Part 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		V	NI-
_			res	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
1	Did the expeniention provide to each of its competed expenientions, by the local day of the fifth month of the		Yes	No
'	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	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 line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr		s). No
2	Activities Test. Answer lines 2a and 2b below.		163	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," 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? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s				
1							
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Se	ection 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					
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
_ е	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e					
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Se	ection C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 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-functional		ited Type III supporting	organization			
-	(see instructions).						

Schedule A (Form 990 or 990-EZ) 2020

Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purp	oses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	n the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				

Schedule A (Form 990 or 990-EZ) 2020

6

b

d

Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in*

Excess distributions carryover to 2021. Add lines 3j

Part VI. See instructions.

Excess from 2017 Excess from 2018 . . .

Excess from 2019 Excess from 2020 . . .

Breakdown of line 7:
Excess from 2016

and 4c.

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								
DESCRIPTION	2016	2017	2018	2019	2020	TOTAL		
MISC SALES	7,531.	6,536.	7,160.	5,195.	5,226.	31,648.		
TOTALS	7,531.	6,536.	7,160.	5,195.	5,226.	31,648.		

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service
Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Employer identification number

CANTON MUSEUM OF ART 34-0733127 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990. 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization CANTON MUSEUM OF ART

Employer identification number 34-0733127

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ARTS IN STARK 900 CLEVELAND AVE NW CANTON, OH 44702	\$256,800.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ARTS IN STARK 900 CLEVELAND AVE NW CANTON, OH 44702	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	CANTON FINE ARTS ASSOCIATES, INC. 1001 MARKET AVENUE NORTH CANTON, OH 44702	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(0)	/L\		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 OHIO ARTS COUNCIL 30 E. BROAD ST., 33RD FLOOR	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 4 (a)	Name, address, and ZIP + 4 OHIO ARTS COUNCIL 30 E. BROAD ST., 33RD FLOOR COLUMBUS, OH 43215 (b)	\$ 30,673.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4 OHIO ARTS COUNCIL 30 E. BROAD ST., 33RD FLOOR COLUMBUS, OH 43215 (b) Name, address, and ZIP + 4 TIMKEN FOUNDATION OF CANTON 200 MARKET AVE N SUITE 210	\$30,673.	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization CANTON MUSEUM OF ART

Employer identification number 34-0733127

			34 0733127
Part I	Contributors (see instructions). Use duplicate cop	pies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	THE HOOVER FOUNDATION 400 MARKET AVENUE N. #200 CANTON, OH 44702	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	STARK COMMUNITY FOUNDATION 400 MARKET AVE N #210 CANTON, OH 44702	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	MARK & BEVERLY BELGYA 8206 EDMUND CT. CIRCLE NW MASSILLON, OH 44646	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll

\$

Noncash (Complete Part II for noncash contributions.) Name of organization CANTON MUSEUM OF ART **Employer identification number** 34-0733127

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	RENT OF FACILITY		
		\$\$	07/01/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization CANTON MUSEUM OF ART **Employer identification number** 34-0733127 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

CAN	TON MUSEUM OF ART	34-0733127
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	n donor advised
J	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fur	— —
U	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	
	conferring impermissible private benefit?	
Da	rt II Conservation Easements.	
1 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•		f a historically important land area
		f a certified historic structure
	Preservation of open space	r a certified flistoffe structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	he form of a concernation
2	·	Held at the End of the Tax Year
_	easement on the last day of the tax year.	
a		2a
b		2b
C	· · · · · · · · · · · · · · · · · · ·	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
_	3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termin	ated by the organization during the
_	tax year	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	-
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing c	onservation easements during the year
_		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	nservation easements during the year
_	> \$	470 (L) (A) (B) (C)
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
_	and section 170(h)(4)(B)(ii)?	Yes L No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	ii statements that describes the
Do	organization's accounting for conservation easements.	Cimilar Acasta
Га	Organizations Maintaining Collections of Art, Historical Treasures, or Other Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Sillilai Assets.
_	· •	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education, or	statement and balance sneet works or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	ese items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta	atement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research to the fall and the	arch in furtherance of public service,
	provide the following amounts relating to these items:	> 0
	(i) Revenue included on Form 990, Part VIII, line 1	
_	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	ssets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	. .
a	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	· · · · · · / \$

Schedule D (Form 990) 2020 Page **2**

Pa	rt III Organizations Maintaini	ng Collections of	Art, Histo	rical Treas	sures, or	Other Sin	nilar Assets (d	continued)	rage =
3	Using the organization's acquisition								
	collection items (check all that appl	ly):							
а	X Public exhibition		d	Loan or	exchange	program			
b	Scholarly research		e	Other					
С	X Preservation for future gener	rations		_					
4	Provide a description of the organ	nization's collection	s and expl	ain how the	ey further	the organi	zation's exemp	t purpose i	n Part
	XIII.								
5	During the year, did the organization	on solicit or receive	donations of	of art, histori	cal treasu	ires, or othe	er similar		
	assets to be sold to raise funds rath	ner than to be maint	tained as pa	art of the org	ganization	's collection	ı? [Yes	X No
Pa	rt IV Escrow and Custodial A	rrangements.					_		
	Complete if the organiza	tion answered "Y	es" on For	m 990, Pa	rt IV, line	9, or repo	rted an amour	nt on Form	1
	990, Part X, line 21.								
1a	Is the organization an agent, trus								
	included on Form 990, Part X?						L	Yes	No
b	If "Yes," explain the arrangement in	n Part XIII and com	plete the fo	llowing table	:				
							Amount		
С	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance					L			1
	Did the organization include an am							Yes _	No
	If "Yes," explain the arrangement in	n Part XIII. Check h	nere if the e	xplanation h	as been p	rovided on F	Part XIII		
Pa	rt V Endowment Funds.	ution oncurred "V	oo" on For	000 Da	rt I\/ lin o	. 10			
	Complete if the organiza		1		(c) Two yea		- T		
		(a) Current year	(b) Pric	or year	(c) Two yea	is back (a)	Three years back	(e) Four yea	rs dack
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance		·						
2	Provide the estimated percentage Board designated or quasi-endowm			e (line 1g, co	olumn (a))	held as:			
a b	Permanent endowment	%	%						
C									
C	The percentages on lines 2a, 2b, a	. ' -	100%						
3 a	Are there endowment funds not in			ation that ar	e held an	d administe	red for the		
Ju	organization by:	the possession of t	inc organize	ation that ar	c ricia ari	a administr	ica ioi tiic	Yes	No
	(i) Unrelated organizations							3a(i)	+
	(ii) Related organizations							3a(ii)	+
b	If "Yes" on line 3a(ii), are the relate							3b	
4	Describe in Part XIII the intended u	J	•					•••	
	Complete if the organiza	ation answered "Y	es" on Fo						0.
	Description of property	(a) Cost o	or other basis stment)	(b) Cost or o		(c) Accumu depreciat) Book value	
1a	Land	,	,	(2.11)		,			
b	Buildings								
С	Leasehold improvements			68	2,509.	408	,295.	274	214.
d	Equipment								
е	Other			18	9,505.	159	,043.	30	,462.
	I. Add lines 1a through 1e. (Column		m 990. Part	X. column (B). line 10	Oc.)	•	304	676.

Page 3 Schedule D (Form 990) 2020

Part VII	Investments - Other Securities.		N. Part IV. line 44b, Con Favor 000, Part V. line 40
), Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	al derivatives		
(2) Closely	held equity interests		
(3) Other _			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	n (h) must aqual Form 000. Part V. cal. (P) line 12.)		
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) . Investments - Program Related.		
Part VIII		Yes" on Form 990), Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
<u>(5)</u>			
<u>(6)</u>			
<u>(7)</u> (8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.	I.	
		I "Yes" on Form 990), Part IV, line 11d. See Form 990, Part X, line 15.
	(a) De	scription	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	umn (b) must equal Form 990, Part X, col. (B) I	ine 15.)	<u></u> ▶
Part X	Other Liabilities. Complete if the organization answered line 25.	I "Yes" on Form 990), Part IV, line 11e or 11f. See Form 990, Part X,
 1.		tion of liability	(b) Book value
(1) Feder	al income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)		.
			the organization's financial statements that reports the the text of the footnote has been provided in Part XIII .

Page 4 Schedule D (Form 990) 2020

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	2,986,858.
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.)	.	1,240,398.
е	Add lines 2a through 2d	2e 3	1,746,460.
3	Subtract line 2e from line 1	3	1,710,100.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a b	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.)	-	
C	Add lines 4a and 4b	4c	-8,592.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,737,868.
Part	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	1,753,343.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	.	
b	Prior year adjustments	.	
С	Other (Describe in Part XIII.) 2c 2d 8,592.	-	
d	Other (Describe in Lat Alli.)	2e	8,592.
e	Add lines 2a through 2d	3	1,744,751.
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b		
a b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	1,744,751.
	XIII Supplemental Information.		
2; Part	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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform 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 \$38,758,479 AND \$32,635,389 AT JUNE 30, 2021 AND 2020, 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 XIII Supplemental Information (continued)

PART XII

COST OF SALES PER FINANCIAL STATEMENTS NETTED AGAINST INCOME.

Schedule D (Form 990) 2020

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

Employer identification number Name of the organization CANTON MUSEUM OF ART 34-0733127

Par	Types of Property					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts	S
1	Art - Works of art	Х	3.	0.	N/A	_
2	Art - Historical treasures					_
3	Art - Fractional interests					_
4	Books and publications					_
5	Clothing and household					_
J	goods					
6	Cars and other vehicles					
-	Boats and planes					_
7 8	Intellectual property					_
	Securities - Publicly traded					_
9	Securities - Publicly traded Securities - Closely held stock					_
10	Securities - Closely field stock					_
11						
40	or trust interests					
12	Qualified conservation					
13						
	contribution - Historic					
4.4	structures					_
14						
4.5	contribution - Other					
15						
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 Other ►(FACILITY USE)	X	1.	420,180.	FAIR RENTAL VALUE	_
25			1.	120,100.	THE REPAIRE VIEWER	_
26	Other ► ()					
27	Other ►()					
28	Other ►()	la 4la.aa.u.u.				_
29	Number of Forms 8283 received				29	
	which the organization completed F	-01111 0203,	Part v, Donee Acknowledge	ament	Yes No	_
302	During the year, did the organizat	ion receive	hy contribution any prope	rty reported in Part I line		Ť
Jua	28, that it must hold for at least the				_	
	to be used for exempt purposes for	-			· -	X
h	If "Yes," describe the arrangement i		olding period:			
31	Does the organization have a		tance nolicy that require	s the review of any	nonstandard	
J 1	contributions?			-	31 X	
322	Does the organization hire or use					_
JZa	contributions?	•	J			X
h	If "Yes," describe in Part II.					
33	If the organization didn't report an	amount in o	olumn (c) for a type of pro-	nerty for which column (a)	is checked	
JJ	describe in Part II.	annount in C	olulli (o) for a type of pro	porty for willou column (a	is officiated,	
	GOODING III I GIT II.					

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

Schedule M (Form 990) 2020

Schedule M (Form 990) (2020) 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 M (Form 990) (2020)

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.

OMB No. 1545-0047

Omage

Om

Department of the Treasury Internal Revenue Service

Name of the organization

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

34-0733127

PART VI - SECTION A

CANTON MUSEUM OF ART

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.

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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 EDUCATION 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

Name of the organization
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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

Name of the organization	Employer identification number
CANTON MUSEUM OF ART	34-0733127

ATTACHMENT	4	(CONT'D)
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FORM 990, PART IX - OTHER EXPENSES

DESCRIPTION	(A) TOTAL EXPENSES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
TELEPHONE	5,170.	4,265.	905.	
EXHIBITS & GALLERY EVENTS	41,224.	41,224.		
UTILITIES & MAINTENANCE	115,367.	95,178.	20,189.	
SECURITY	6,909.	6,909.		
TEACHERS & CLASSROOM SUPPLIES	35,823.	35,823.		
SCHOLARSHIPS				
TOTALS	204,493.	183,399.	21,094.	

ATTACHMENT 5

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	ENDING BOOK VALUE
PREPAID INSURANCE & CONTRACTS	5,492.
PREPAID EXHIBITS	20,082.
TOTALS	25,574.

ATTACHMENT 6

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

	ENDING	COST	
DESCRIPTION	BOOK VALUE	OR FMV	
MONEY FUNDS	98.166.	FMV	

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ATTACHMENT 6 (CONT'D)	

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
COMMON STOCKS	2,208,549.	FMV
MUTUAL FUNDS	2,994,838.	FMV
INVESTMENT IN SCF POOLED ACCT	585,397.	FMV
TOTALS	5,886,950.	